**Patient information**

**Information about premature children at 7G**

**Skin-to-skin contact:**

It is recommended to sit skin-to-skin with your child as much as possible. This is done by placing the child in stomach position on your chest. The child must only wear a nappy. Cover the child with a warm blanket. The skin on your chest is about half a degree warmer than the rest of your body and will therefore be the best incubator for your child.

Skin-to-skin contact improves and simplifies communication, as well as strengthening the bond with the parents. It facilitates early initiation of breastfeeding, increases the incidence of breastfeeding, extends the breastfeeding period, and affects earlier milk production. The smell from the amniotic fluid is also present in your skin so the child recognizes you as the mother. Skin-to-skin contact also leads to your child being colonized with your and the family’s bacterial flora.

Research shows that children who are allowed skin-to-skin contact cry less, they breathe more regularly, have fewer infections, put on weight better, come home faster and are breastfed more and longer. In addition, studies of early skin-to-skin contact after birth show more stable temperature and blood sugar. The mothers feel less stressed and are more secure in their parental role, and this contact promotes the bond between parents and children.

**Breastfeeding/nutrition/tube feeding:**

Premature children must be fed at least every 3 hours or when the child shows signs of needing to feed. It is recommended to offer the child the breast from the start, but you cannot expect a premature child to be able to breastfeed as often as a child born to term.

The child should focus on the mother and breastfeeding during the meal. If there is too much noise and other stimuli during breastfeeding the child will quickly become tired. The premature child is not so easily able to block out disturbing stimuli from the environment.

Your child will also receive extra nutrition by tube, see separate information sheet.

Signs of correct suction technique:

* The child’s chin is in contact with the mother’s breast, the head slightly backwards, the nose pointing towards the nipple.
* A large gap is important to get a lot of the breast into the mouth.
* The child’s tongue should lie under the nipple, and the nipple should be far into the child’s mouth, right up against the soft palate.
* When the child is on the chest, it should have an open gap, no pout, and the lower lip should be curled slightly downwards. More of the areola should be visible outside the upper lip than outside the lower lip.
* The child’s jaw movements must be rhythmic and appear all the way back to the ear. Listen and check if the child sucks and swallows.
* When the child lets go of the breast, the nipple should be round and point in the same direction as the breast = correct suction.

**Temperature regulation:**

It is easier for your child to get cold, as premature babies have less subcutaneous fat. It is therefore recommended that you dress the child in wool and a small hat during the periods when the child is not lying skin-to-skin. For the first few days, we will therefore measure the child’s temperature several times a day.

**Hygiene:**

Premature babies are more prone to infection. It is therefore important to thoroughly wash your hands and/or disinfect your hands with alcohol, and especially from visitors. We know that mobile phones store a lot of bacteria, so it may be a good idea to disinfect the mobile phone and limit the use in contact with the child. It is also recommended that you carry out thorough hand washing and/or hand disinfection with alcohol before breastfeeding, hand milking and pumping to prevent mastitis.

**Limitation of visits:**

Premature children need peace and quiet. We recommend as few visits as possible during the hospital stay. If you receive visitors, short visits are recommended.

**Care:**

It is a good idea not to dress the child completely naked during grooming as it quickly loses heat. Let the child wear a bodysuit/blanket etc. This will also give the child a sense of security and support, and the caregiving situation will then be perceived as less frightening for the child. The child is weighed daily.

**Interaction:**

You will eventually learn to read your child’s signals. Your baby will show signs of breastfeeding, searching for the mother with his eyes and body language. The child will also let you know when he or she is tired and needs rests, for example yawning, turning away, and closing his/her eyes.

**Jaundice:**

Premature children get more frequent and somewhat more pronounced jaundice than others. We take a TC-measurement (a small device is held against the child’s skin, and it sends a small flash of light into the skin) from the first day, and a blood test is ordered later if the TC measurement is elevated. If the measurement exceeds a certain value, the child is treated with light. Some children need ut to several light treatment. We use pacifiers and sugar water as pain relief when taking blood samples.

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