DEAR DR. BENFIELD: Can you explain the difference between a full term baby and a near-term baby? Does a near-term baby have more problems after birth? Are there special precautions a parent should take when her baby is born near-term. Is a near-term baby still a preemie? H.K.

DEAR H.K.: A full-term pregnancy is one that lasts 40 weeks, plus or minus two weeks. When a baby is born within that magic window of time, we make the following assumptions about the baby:

- She is mature enough to coordinate sucking, swallowing, and breathing, all at the same time.
- She can breathe easily in between feedings and sleep peacefully most of the time.
- She will maintain her temperature while dressed in a t-shirt and diaper, and wrapped in a blanket.
- It will be safe to take her home from the hospital within 24 to 48 hour hours after birth.

But what about those babies born at 37 weeks, or 36 weeks, or 35 weeks, or even at 34 weeks, those babies born three to six weeks earlier than 40 weeks? How much different are they?
Is a near-term baby still a preemie?

Recent studies show that babies born “near-term,” or three to six weeks early, are at greater risk for potentially serious health problems than full-term newborns. And they often require longer or repeated hospital stays. It’s important for parents of these near-term babies to understand this and to be alert for the special needs that may arise because their baby is just a few weeks early.

Here are five things parents of a near-term baby should know and watch for:

- **Feeding.** Because near-term babies tend to eat less at each feeding, they may need to be fed more often. They may also have difficulty coordinating sucking, swallowing, and breathing and may need to be watched closely while they are being fed. Since some near-term babies may have problems breastfeeding, their mothers may need extra support from a lactation specialist.

- **Sleeping.** Most healthy, full-term babies wake up when they are hungry. However, a near-term baby is more likely to sleep through a feeding, in which case she should be awakened to eat. All infants, including near-term babies, should sleep on their backs. I repeat, all infants, including near-term babies, should sleep on their backs.

- **Breathing.** Near-term babies are more likely to experience apnea – a prolonged pause between breaths that may last for up to 15 to 20 seconds. Babies who experience apnea in the hospital nursery
require close monitoring until their nervous system has matured and the episodes of apnea are gone. If the apnea persists, special testing may be required to pinpoint the cause and to develop a plan of treatment, including the possible need for medication and a home monitor.

- **Temperature.** Near-term babies have less body fat and may be less able to control their own body temperature than full-term infants. Like all babies, they should be kept away from drafts, especially at bath time.

- **Infections and Jaundice.** Near-term babies are more likely to develop infections and, like all babies, should always be watched for signs of illness. These signs include a fever, periods of apnea or rapid breathing, poor feeding, or “just not acting right.” Near-term infants are also more likely to develop jaundice, which can be dangerous if the level of jaundice goes too high. All near-term babies should be screened for jaundice before discharge and seen by their doctor within a week after discharge.

Before leaving the hospital, parents of all newborns, not just those born near-term, should have the following questions answered:

- When should I bring my baby in for the first checkup?
- What is the minimum number of times my baby should eat every day?
- What is the longest period of time I should let my baby go without eating?
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- What sorts of things should I watch for in terms of behavior or appearance?
- How will I know if I should call my doctor?
- How do I reach her?

Now you know just about everything you need to know if you happen to have a near-term baby. And, yes, a near-term baby is still a preemie.

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