East Kent Hospitals University NHS Foundation Trust

Information for parents who may give birth to babies at 27 weeks or less

Information for parents from Child Health

You have been given this leaflet because there is a chance that your baby may be born prematurely. Premature or preterm babies are those that are born before 37 weeks of pregnancy. In this leaflet we focus on babies born at 27 weeks or less. This is often referred to as “extreme prematurity”.

Babies born at 27 weeks or less will need specialist support to live outside of the womb. There are chances that some of these babies will not be able to survive even with this help. There are many factors that influence the journey of these babies. In this leaflet, we focus on the common challenges both you and they may face.

Why are babies born early?

The simple answer is that we don’t always know.

- Labour can start suddenly with no cause.
- It might be triggered by an infection or bleeding.
- Babies may need to be delivered early. This could be due to:
    - concerns about baby growth or blood flow from baby to mother; or
    - there might be concerns about the mother, for example high blood pressure.
- Twins and triplets have a higher chance of being born early.

Who will look after us in the hospital?

Before the birth of your baby you will be cared for by the midwifery team and the obstetric doctors. Following the birth, your baby will be looked after by a specialist team of nurses and doctors. This team is called either the Neonatal Intensive Care Unit (NICU) team or Special Care Baby Unit (SCBU) team.

- The NICU team is based at William Harvey Hospital (WHH), Ashford.
- The SCBU team is based at Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate.

Nationally, neonatal care is divided into 3 levels.

- **Tertiary, Level 3 or Neonatal Intensive Care Units (NICUs)**. They offer the highest level of support necessary for babies born before 27 weeks. Tertiary neonatal care is provided at WHH. Level 2 and level 1 care is also offered at WHH.
- **Level 1 or Special Care Baby Units (SCBUs)** offers support for babies born at more mature gestations and with less complex needs. Level 1 care is provided at QEQM.

What happens before the birth of my baby?

The NICU or SBCU teams look after babies once they are born. If there are signs that you are prematurely going into labour, they will speak to you and answer any questions you may have.

There may be a chance to offer you interventions. Interventions can prepare you and your baby (or babies) for a safer premature birth. These interventions are described below.

- **Magnesium sulphate** is a medicine that can protect the preterm brain from the stress of preterm birth. This medicine is given as an injection through a drip (cannula).
- **Steroids** are a medicine that can mature and develop a preterm baby's lungs. This will be given as an injection in the mother's thigh. A complete course includes 2 injections 12 hours apart.
- **Antibiotics** are given to treat bacterial infections. These may be given as an injection through a drip (cannula) or as oral tablets.
- We aim for **a preterm birth to occur at a hospital with a NICU**. This may involve moving the mother and unborn baby to a different hospital, if safe to do so.

The Obstetric and Midwifery team will go through these options with you in detail. If they do not, please feel free to ask them. If you have any concerns or questions about any of these treatments, please ask. No treatment will be given without your consent.

You should also be given a British Association of Perinatal Medicine (BAPM) passport. (https://hubble-live-assets.s3.eu-west-1.amazonaws.com/bapm/file_asset/file/2072/POP_Baby_Passport__9__HIGH-RES.pdf) The passport is yours to keep. It summarises the treatments that you have had to support a safer preterm birth.

What will happen at the time of birth?

Your baby will be delivered on the labour ward. Midwives and obstetric doctors will support the delivery of your baby, and look after you once your baby is born. There will be a team of neonatal doctors and nurses waiting to meet your baby when they are born.

- We will place your baby into a specialised plastic cover called a neohelp, keeping only their face exposed. This cover helps to trap a protective layer of moisture and air, keeping your baby warm.
- We will check your baby for signs of breathing, heart rate, colour, and movement.
- We aim to keep your baby attached to your placenta via their umbilical cord for at least 60 seconds after birth, if the following are reassuring:

- signs of breathing
- heart rate
- colour, and movement.

This helps to support a premature baby as they move from the womb to taking their first breaths. It is known as optimal or delayed cord clamping.

- The cord will be cut immediately, if signs of breathing, colour, heart rate and movement are not present or are concerning.
- The team will move your baby onto a resuscitaire. A resuscitaire is a specialised cot with a heat source that allows us to care for your baby. The resuscitaire may be in the same room as you or in a separate room close by.
- The team caring for your baby will update you as soon as they can.
- Once your baby is stabilised, we will bring your baby to meet you. We will offer you the chance to hold and cuddle your baby. After this your baby will be brought to the NICU.
- Your birthing partner can usually be present throughout this process.

A resuscitaire

What does “being born prematurely” mean for your baby?

Every premature baby is different. Below we have listed some areas that may affect your baby, but not everything in this list will apply to them. Your doctor will discuss these issues with you, and answer any questions you have.

- **Breathing support**
  - Your baby will need support to help their breathing. Breathing support gives pressure to inflate the lungs, as well as extra oxygen. Many babies born at 27 weeks or less may need a breathing tube placed in their airway and a ventilator to support their breathing.
  - Sometimes babies’ breathing may be supported with nasal breathing support. This is called CPAP (Continuous Positive Airway Pressure) or high flow oxygen.
  - Babies born extremely prematurely lack a natural lubricant that is found in the lung, called surfactant. This lubricant helps a baby’s lung to easily expand with each breath. We routinely give surfactant to babies who are born extremely prematurely and who need breathing support.
  - In the hours after birth we will give your baby a medication called caffeine. This medication helps make sure your baby is breathing regularly. It prevents pauses in breathing, known as apnoea.
- **Milk and nutrition**

  We know that mother’s milk is the best milk for babies. We will support you to express your milk in the hours after you give birth.

Your first milk is called colostrum. We can usually give your first milk to your baby straight away. This milk not only provides your baby with nutrition, but also lifesaving immune factors that protect premature babies from inflammation and infection.

Premature babies are at risk of developing inflammation of the gut, called necrotising enterocolitis (NEC). This can be a very serious condition. Giving breast milk and increasing feeds slowly, helps to reduce this risk.

Your neonatal nurse, midwife, and the Infant Feeding team can support you with expressing breastmilk.

Extreme preterm babies will not know how to feed using their mouth. To support their feeding, a thin tube known as a nasogastric tube is passed through their mouth or nose into their stomach to give them milk. To start with, we will only give small drops of milk to see if they can tolerate this milk. This will be gradually built up over a period of days and weeks.

Babies are started on a probiotic supplement in the first few days of life. The supplement helps maintain the health of their gut. To meet your baby's nutritional needs whilst they are on a small amount of milk, they are given artificial nutrition called 'total parenteral nutrition' or TPN. TPN contains vitamins, minerals, carbohydrates, proteins, and fats.

It may take some time for you to build a milk supply. This can be normal after a preterm birth. If this happens, we will talk to you about donor breast milk. This is breast milk that has been donated to a milk bank. The milk is tested thoroughly, to make sure it is safe to be offered to other babies.

- **Belly-button lines (or catheters)**

  Belly-button lines (also known as catheters) are thin plastic tubes. They are placed in the artery and / or vein of your baby's umbilical cord. These lines allow us to:

  - give your baby medicine
  - take blood samples; and
  - check your baby's blood pressure.

- **Brain**

  Babies born at 27 weeks or less are at increased risk of problems affecting their learning, hearing, vision, and movement. These are known as neurodevelopmental problems.

  These problems may be:

  - mild - your baby will need more time to reach a developmental milestone.
  - moderate - your baby will need support to reach a milestone.
  - severe - your baby will never reach a milestone.

  We know that the earlier a baby is born, the more likely they are to have developmental problems of a severe nature. Some families choose to know the 'statistics / numbers' around neurodisability. This is your choice. If you would like to know, please speak to a member of your healthcare team.

  Babies born prematurely have increased risk of bleeding in the brain. This can also be mild, moderate, or severe. We will perform regular ultrasound scans on your baby's brain, to look for signs of bleeding. These scans are safe, do not cause discomfort, and can be performed at the cot side.

- **Blood pressure**

  Your baby's blood pressure will be monitored very closely. If your baby has low blood pressure, this may have harmful effects on how other organs in their body work. Your baby may need medicine to support their blood pressure, and make sure that their heart is pumping well. Very sick babies may need more than one blood pressure medication.

- **Eyes**

  An eye specialist will come to the NICU to check your baby's eyes from a few weeks of age. This is done to identify early signs of a condition called retinopathy of prematurity (ROP). ROP can lead to visual problems. Some babies will need long-term follow up for their eyes. For more information, please read the **Retinopathy of prematurity** leaflet. (https://leaflets.ekhuft.nhs.uk/retinopathy-of-prematurity-rop/html/)

What are the chances that my baby will survive?

Unfortunately, some babies born extremely prematurely may not survive. Babies may die at different stages of their neonatal journey. Some families choose to know the 'statistics / numbers' around death and neurodisability. This is your choice. If you would like to know, please speak to a member of your healthcare team.

They can also provide you the BAPM 'infographic' which summarises these statistics. It is important to say that these numbers are an average of large groups of babies born at these gestations. Each mother and baby have a unique set of factors that can cause preterm birth. The chances of death and neurodisability may increase or reduce based on these factors.

What is Comfort Care (also known as palliative care)?

We know that some babies who are born extremely prematurely are too small and fragile and may not survive labour. If this happens, we have a team of specialist midwives who will support you and your baby.

You and the team may decide that it will be best to provide comfort care to your baby, either because:

- there is an extremely high risk that your baby will not survive; or
- they are likely to suffer from life-long disability, even with the very best treatment.

Comfort care is also known as palliative care. It is special care for babies whose time is precious but short. It means providing treatments that will make their time as comfortable as possible. We will help you to be part of this care if you would like. Holding your baby close to you and talking to your baby may be very comforting.

More information about comfort care or 'palliative care' for babies is available on the **Together for Short Lives** web site. (https://www.togetherforshortlives.org.uk/)

How long will my baby be in the hospital for?

The length of time your baby will stay in hospital depends upon how early your baby is born and how sick they are.

- Most babies usually need to stay in hospital until around their due date. Some babies may need to stay longer. Others will be able to leave the hospital sooner.
- Babies being cared for at WHH may be transferred to a neonatal unit closer to your home address, as their health improves and they get nearer to discharge. You will be told about any plans to transfer your baby.
- Babies that need surgery will be moved to a specialist surgical unit in London or Brighton. You will be told about any plans to transfer your baby.

There are some skills that babies need to have before they can be discharged home.

- They need to be stable off / on minimal breathing support.
- They need to be able to feed well and safely.
- They need to be able to show a steady weight gain.
- They need to be able to hold their temperature outside of the incubator.

What if my baby does not come now?

If your baby is not born in the next few days, then this may improve the outcome for your baby. A member of the NICU or SCBU team will talk to you again to update you on your estimated due date.

I have been asked if my baby can take part in a research study? What should I do?

This is completely your choice. Understanding which treatments work when looking after premature babies relies on good quality research. Many of the treatments that your baby will receive will be based on the results of other research studies.

Our team may speak to you about one or more research studies while your baby is in our unit. It is your decision as to whether you feel the research study is right for your baby. Please ask the team as many questions as you like.

If you decide you do not wish your baby to take part, you do not have to give a reason. Your baby's care will not be affected in any way. If your baby takes part and you change your mind at a later date, you are free to withdraw them at any time.

Our teams are here for you and your baby. If you have any questions, please ask anyone on your team.

Further information

- Bliss. Equipment on the neonatal unit. (https://www.bliss.org.uk/parents/in-hospital/about-neonatal-care/equipment-on-the-unit)
- Bliss. Going home from the Neonatal unit: a guide. (https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/images/Going-Home_Nov-2020_screen_2021-01-04-141215.pdf?mtime=20210104141215&focal=none)

- Bliss. Words you might hear on the neonatal unit. (https://www.bliss.org.uk/parents/in-hospital/about-neonatal-care/words-you-might-hear-on-the-neonatal-unit)
- East Kent Hospitals offer a secure video messaging service know as ‘vCreate’. It allows the nursing team to send you short videos and photos of your baby, when you are unable to be on the unit. For more information, please read the **An introduction to vCreate** leaflet. (https://leaflets.ekhuft.nhs.uk/an-introduction-to-vcreate/html/)
- vCreate: 5 tips for taking your baby home from the Neonatal Unit. (https://www.youtube.com/watch?app=desktop&v=-S4uqUGhox4)(YouTube video)
- British Intrapartum Care Society & British Association of Perinatal Medicine. Perinatal Optimisation Passport. (https://hubble-live-assets.s3.eu-west-1.amazonaws.com/bapm/file_asset/file/2072/POP_Baby_Passport__9__HIGH-RES.pdf)
- East Kent Hospitals. Retinopathy of prematurity leaflet. (https://leaflets.ekhuft.nhs.uk/retinopathy-of-prematurity-rop/html/)
- NHS England South East. Unit information.
    - Queen Elizabeth the Queen Mother (QEQM) Hospital, Special Care Baby Unit (SCBU) (https://my.matterport.com/show/?m=kUbo73cvbGg)
    - William Harvey Hospital, NICU (https://my.matterport.com/show/?m=Eht2crgf1Jt)
- Unicef Baby Friendly Initiative: transforming healthcare for babies, their mothers, parents and families in the UK. (https://www.unicef.org.uk/babyfriendly/)

[Websites last accessed 28th November 2025]

References

- BLISS: for babies born premature or sick. (https://www.bliss.org.uk/)
- British Association of Perinatal Medicine. Perinatal Management of Extreme Preterm Birth Before 27 weeks of Gestation: a BAPM framework for practice. 2019. (https://www.bapm.org/resources/80-perinatal-management-of-extreme-preterm-birth-before-27-weeks-of-gestation-2019)
- Sands: saving babies' lives and supporting bereaved families (https://www.sands.org.uk/) Telephone: 0808 164 3332
- Together for short lives (https://www.togetherforshortlives.org.uk/)
- Tommy’s: the pregnancy and baby charity (https://www.tommys.org/)
- Evelina London. Premature (less than 30 weeks) babies: information parents. June 2020.

[Websites last accessed 28th November 2025]

Contact details

- Neonatal Intensive Care Unit (NICU), **William Harvey Hospital**, Ashford
  Telephone: 01233 616204
- Special Care Baby Unit (SCBU), **Queen Elizabeth the Queen Mother (QEQM) Hospital**, Margate
  Telephone: 01843 234260

What do you think of this leaflet?

We welcome feedback, whether positive or negative, as it helps us to improve our care and services.

If you would like to give us feedback about this leaflet, please fill in our short online survey. Either scan the QR code below, or use the web link. We do not record your personal information, unless you provide contact details and would like to talk to us some more.

Giving feedback about this leaflet

https://www.smartsurvey.co.uk/s/MDOBU4/

If you would rather talk to someone instead of filling in a survey, please call the Patient Voice Team.

- **Patient Voice Team**
  Telephone: 01227 868605
  Email (ekhuft.patientvoice@nhs.net)

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (https://www.ekhuft.nhs.uk/ais).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (https://pp.ekhuft.nhs.uk/login).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (https://www.ekhuft.nhs.uk/patient-information).

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