1. **Feeding.** Good feeding is needed for growth and development. Late-preterm infants tend to feed slower and may need to be fed more often than full-term babies. In addition, a late-preterm infant may not be able to take in as much breast milk or formula as a full-term infant. Your baby may be sleepy and may want to sleep through needed feedings, in which case she/he should be awakened to eat. It is essential your baby feed often for the first several days to help prevent jaundice. As with all infants, if your baby begins to refuse feedings, even for less than a day, or consistently takes longer than one hour to feed, you should contact the baby's pediatric care provider. Make sure you are feeding your baby at least every three hours, and more if he/she wants. Pay attention during feedings so that your baby doesn't doze off or slip off the nipple. Your baby should have at least five wet diapers and be stooling two to three times every 24 hours. The best proof that your baby is feeding well is weight gain, which will be checked at the doctor appointments or during a follow up visit from the lactation consultant.

2. **Sleeping.** Late-preterm infants may be sleepier than most full-term infants. Their sleeping environment should be a firm surface, without comforters, pillows, or stuffed animals. The baby should always be placed on his/her back for sleep (to prevent SIDS). Take care to turn the baby's head to the side (alternating sides) to prevent flattening of the back of the head. Routine activity, such as household conversations, rocking, a noisy room, music, vibration or too much stimulation all at once may stress out your baby. Watch for signs of stress like frequent splaying of fingers like a stop hand signal, increased crying, difficulty feeding, consoling or settling.

3. **Breathing.** Late-preterm infants may be at greater risk for respiratory difficulty because their lungs may not be fully developed. If you think your baby is having difficulty breathing, call your pediatric care provider. If your baby stops breathing for 30 seconds or more, or turns blue, call 911. Even though your baby passed the car seat test in the hospital, you should limit the time he/she spends in an upright position to 90 consecutive minutes or less. This is including time sitting in swings, infant seats, and strollers. Your baby may get tired and have problems breathing if left in this position too long.

4. **Temperature.** Late-preterm infants have less body fat and may be less able to regulate their own body temperature. Like all newborns, late-preterm infants should be kept away from drafts. Room temperatures should be warm enough to maintain the baby's normal temperature. A good rule of thumb is to dress your baby in one more layer than you are wearing. If you are uncertain what feels normal when you feel your baby's skin or if you are concerned that your baby is ill, check their temperature. Call your baby's doctor if their rectal temperature is 100.4°F or higher.

5. **Jaundice.** Late-preterm infants may be more likely to develop jaundice, a symptom of a condition called hyperbilirubinemia. In rare cases, this can lead to severe brain damage if not identified and treated early. This condition causes your baby's eyes and skin to become yellow from excess bilirubin. At home, if your baby looks more yellow, call the pediatric care provider. At the pediatric care provider appointment, the doctor will be checking for jaundice.

6. **Infection.** Late-preterm infants have an immature immune system. This places him/her at a greater risk of infection. Therefore, you, your family and all your visitors should wash their hands before touching your baby. Do not allow any visitors who are sick to be around your baby. If he/she gets a fever of 100.4°F or higher, is limp, has trouble breathing or won't wake up to eat, or you are unable to console your baby, call the pediatric care provider. During flu season, it is recommended that both parents get a flu shot if possible.