

Having a baby at 36 weeks

Information for patients



Congratulations on the birth of your baby

Your baby arrived a little early, between 36 and 37 weeks. We call this a late preterm infant. Most babies arrive after 37 weeks; this is called a term birth.

We hope to keep you and your baby together while you are in hospital. This leaflet explains the extra care they may need. It also explains why staff will check your baby during your stay.

Midwives, doctors and Advanced Neonatal Nurse Practitioners (ANNPs) will check your baby. They will check your baby's:

- temperature
- blood sugar (glucose) level
- feeding
- jaundice (yellow skin and eyes)

Keeping your baby warm

Babies can get cold quite quickly. We keep the room warm for your baby. We dry your baby with warm towels after birth. We also put a hat on their head.

You can hold your baby skin-to-skin. Your baby lies on your chest, wearing only a nappy and a hat. We place blankets over you both. This keeps your baby warm and helps with feeding.

Some babies need extra help to stay warm. We may place your baby in a heated cot. This may be on the delivery ward or the postnatal ward.

We use the heated cot until your baby can keep a steady temperature. This can take a few days. We slowly turn the heat down and check how your baby responds.

Staff will check your baby's temperature several times a day. We will also show you how to keep your baby warm.

Checking your baby's blood sugar (glucose)

Some babies born early do not have enough sugar stores. Their blood sugar can fall after birth.

You can help your baby by keeping them warm and feeding them early.

We check your baby's blood sugar with a small blood test. We take a drop of blood from your baby's heel. We call this a heel prick.

We test at times that suit your baby's needs. If your baby has three normal results in a row, we will stop testing. We will only start again if we see signs of low blood sugar.

If the blood sugar is low, we will make a feeding plan with you. Your midwife, doctor, or ANNP will explain what to do. Your baby may need extra feeds.

We can support you to:

- help your baby latch onto the breast
- express your milk
- give extra milk if needed

If you are formula feeding, your baby may need extra feeds.

If your baby's blood sugar stays low, they may need more care. Some babies go to the Transitional Care Unit. You can usually stay with your baby there, with support from staff.

A small number of babies need care on the Neonatal Unit. This is for babies who need more specialised help.

Jaundice

Jaundice is common in babies. It makes the skin and the whites of the eyes look yellow. It is more common in babies born a little early.

Jaundice can make your baby sleepy. Your baby may feed less well.

Staff will check your baby for jaundice. We may check the level with a monitor placed on your baby's skin. We may also take a blood test.

Some babies need treatment called phototherapy. This uses a special blue light to lower the jaundice level. Your baby may lie on a blanket or be under a light.

Your baby needs to stay on or under the light as much as possible. This helps the treatment work.

If your baby has phototherapy, we will take regular blood tests. We will stop the treatment when the level is safe. We will check again with another blood test after 12 hours. This is to make sure the level does not rise again.

Feeding your baby often can help lower jaundice. If the level is high, your baby may need extra milk. We will talk with you about this if needed.

Feeding your baby

Babies born a little early are often sleepy. This can make feeding harder. Keeping your baby warm and keeping their blood sugar normal can help.

You can choose how you want to feed your baby. If you choose to breastfeed, the midwives will show you how to hold your baby and help them latch.

Babies born a little early might struggle to suckle in the early days. This means they may need extra help to get the milk they need. You can help your baby get more milk by using breast compressions. Gently squeeze your breast with your hand when your baby is suckling. Stop squeezing when they pause. Squeeze again when they suckle and release again when they pause. This helps milk flow from your breast to your baby. It often keeps them motivated to feed better and for longer. Extra top-ups of expressed milk may be needed in the first days and weeks.

It is important to express your breastmilk if your baby is not ready to breastfeed straight away. Expressing regularly tells your body to make milk. When you first express, you may only get small amounts of colostrum. This is normal. Giving your baby your expressed milk helps them get ready to breastfeed more quickly. It will also help them become ready to feed directly from your breast.

Try to express milk 8-12 times in 24 hours. This should include at least once at night. This helps build a good milk supply, especially if your baby is sleepy.

We will check your baby's feeding every day. We will make a feeding plan with you. This helps us know if your baby is feeding well and getting enough milk.

Watch for feeding cues, such as:

- moving their head from side to side
- sucking their hands
- opening their mouth

Offer a feed as soon as you see these signs. Your baby should have at least 8-12 feeds in 24 hours. In the early days, try to feed your baby often and keep gaps between feeds to no more than three hours.

If your baby is very sleepy, try skin-to-skin contact or give a small amount of expressed milk to help wake them.

Your baby's nappies can show how well feeding is going. In the first days, your baby may have 1-2 wet or dirty nappies. This will increase over time.

If you're worried about feeding, please ask staff - they can help you.

Review before going home

The neonatal team will check your baby every day while you are in hospital. We want to support you and your baby in the early days.

We do not recommend going home early (before six hours after birth).

Most babies lose some weight after birth. We usually weigh your baby on day three. We may weigh them more often if needed.

The neonatal team will tell you when your baby is ready to go home.

Before going home, your baby should:

- keep a normal temperature in a standard cot
- feed well (with a feeding plan if needed)
- not require treatment for jaundice
- have no concerns about weight.

The first few days at home

Before going home, we share a summary of care with the community midwife team.

A community midwife will visit you at home. They will check that you and your baby are doing well.

After about two weeks, they will pass your baby's care to your health visitor.

Contact numbers & resources

Community midwifery triage line:

0113 206 7111

Postnatal ward teams:

L36 0113 392 7436

J05 0113 206 9105

Lullaby trust safe sleeping guidance:

<https://www.lullabytrust.org.uk>

Bliss charity:

<https://www.bliss.org.uk>



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