# The Almost Term Newborn-Not the Best Goal

## Objectives

- Recognize that infants born between 34 0/7 and 36 6/7 weeks' gestation represent a significant proportion of all preterm births in North America and often present with signs of physiologic immaturity
- Describe the current trends in medical interventions, gestational age assessment, obstetric practice guidelines, and practice patterns that potentially influence the etiology and volume of late preterm births
- Outline the pathophysiology involved in the range of clinical outcomes encountered in caring for late preterm infants, and relate the specifics to overall morbidity and mortality observed, including the long-term neurodevelopmental impact
- Identify the common reasons for hospitalization or rehospitalization of late preterm infants after discharge
- Summarize the critical elements of admission, management, and discharge of the late preterm infants

## Content Outline

1. The Late Preterm Infant
   - 1.1 Definition, epidemiology, and trends involving the late preterm infant
   - 1.2 Etiology of prematurity including impact of medical interventions and iatrogenic causes
   - 1.3 Gestational age assessment and its impact on obstetric practice guidelines
   - 1.4 Pathophysiology of the disorders encountered in late preterm infants
   - 1.5 Clinical outcomes and trends in morbidity and mortality
   - 1.6 Post discharge hospitalizations and rehospitalizations
   - 1.7 Long-term neurodevelopmental outcomes
   - 1.8 Admission and discharge criteria for late preterm infants
   - 1.9 Inpatient management of the late preterm infant

## Reading Material Resources

**Module WB2724: The Almost Term Newborn-Not The Best Goal is** based on the resource listed below. A copy of the resource is included with the module.

Chapter 41 The Late Preterm Infant, Arnold HE et al., in *Fanaroff and Martin's Neonatal-Perinatal Medicine, Twelfth Edition*, Elsevier, 2025, 704-719