

between a favorable outcome and a lifetime of disability. It is estimated that late-preterm infants represent 70% of the total preterm infant population and that the mortality rate for this group is up to five times higher than that of term infants ([Cheong and Doyle, 2012](#)). Because late-preterm infants' birth weights often range from 2000 to 2500 g (4.4 to 5.5 pounds) and they appear relatively mature compared with smaller preterm infants, they may be cared for in the same manner as healthy term infants while risk factors for late-preterm infants are overlooked. Late-preterm infants are often discharged early from the birth institution and have a significantly higher rate of rehospitalization than term infants ([Bowers, Curran, Freda, et al, 2012](#)). Discussions regarding high-risk infants in this chapter also refer to late-preterm infants who are experiencing a delayed transition to extrauterine life. Nurses in newborn nurseries should be familiar with the characteristics of neonates and recognize the significance of serious deviations from expected observations. When providers can anticipate the need for specialized care and plan for it, the probability of successful outcome is increased.

The [Association of Women's Health, Obstetric and Neonatal Nurses](#) has published the *Assessment and Care of the Late Preterm Infant* (2010) guide for the education of perinatal nurses, regarding the late-preterm infant's risk factors and appropriate care and follow-up care.

Classification of High-Risk Newborns

High-risk infants are most often classified according to birth weight, gestational age, and predominant pathophysiologic problems. The more common problems related to physiologic status are closely associated with the state of maturity of the infant and usually involve chemical disturbances (e.g., hypoglycemia, hypocalcemia) or consequences of immature organs and systems (e.g., hyperbilirubinemia, respiratory distress, hypothermia). Because high-risk factors are common to several specialty areas—particularly obstetrics, pediatrics, and neonatology—specific terminology is needed to describe the developmental status of the newborn ([Box 8-1](#)).