



WakeMed, 3000 New Bern Avenue, Raleigh, NC 27610, 919-350-8000

Name: Shane Ranilla | DOB: 9/3/1992 | MRN: 5467580 | PCP: Duke Primary Care Meadowmont

Consult Notes

Signed Feb 15, 2026

Consult Notes by Stephanie Land, NP at 2/15/2026 11:39 AM

**WakeMed
Neonatology Consult Note**

Reason for Consult: 33 weeks gestation of pregnancy

Consulting Physician: Sparzak

Maternal History:

Name: Shane Ranilla

Date of Birth: 9/3/1992

Age: 33 y.o. **Gravida/Para:** G2P0010

Prenatal labs:

ABO Group (no units)

Date	Value
02/15/2026	A

Rh Type (no units)

Date	Value
02/15/2026	POS

Maternal History:

Past Medical History: This patient's mother is not on file.

This patient's mother is not on file.

Medications:

- PNV no.63-iron,carbonyl-FA-dha 27 mg
iron- 800 mcg-200 mg cap

Labor:

Preterm labor:

Rupture type:

Rupture of Membrane

Duration:

Labor Complications:

This patient has no babies on file.

This patient has no babies on file.

This patient's mother is not on file.

This patient has no babies on file.

Consult:

Requested to consult for patient with 33 weeks gestation of pregnancy who presented in PTL. Currently admitted and receiving mag sulfate and beta methasone. Not ruptured.

I met with parents to discuss care and management of infant delivered at this gestational age. Current survival for inborn infants at >33 weeks is >99% (VON data 2014-2023).

We discussed incidence of RDS at this gestational age and interventions to include oxygen and/or nasal CPAP. We discussed use of Caffeine, which is not typically prescribed at this GA. Occasionally, a one time bolus may be administered.

Mom plans to breast feed and will be pumping initially. She is open to using DBM as a bridge until her milk volume transitions in. We discussed use of human milk fortifiers to augment calories and nutrition of BM. IVFs in the form of TPN/SMOF initially used and addition of NG feedings to provide calories, nutrients and volume to maintain euglycemia and growth. Despite suck swallow reflex present at this GA, the suck swallow breathing coordination to PO feed safely does not begin to develop until 34-35 weeks gestation. Feedings will be cue based. Gradual advancement with PO feedings will be determined by infant's cues and stamina. We discussed benefits of skin to skin care to include improved breast milk production and neurodevelopment for infant.

We discussed team that will be present at delivery and staff caring for infant in SCN. Visitation open at all times. Conservative LOS would be due date however, most infants are ready for discharge closer to 37-38 weeks gestation. Discussed criteria for discharge to include maintaining temperature in open crib, ability to PO feed all feedings around the clock and demonstrate weight gain, have no apnea;brady events for 5 days

prior to discharge and pass car seat screening. I recommended receiving Beyfortus vaccine prior to discharge in addition to Vitamin K at birth.

Parents verbalized understanding of information and had no further questions at this time. If other concerns or questions arise, please feel free to reach out.

Stephanie Gretchen Land, NP

Greater than 50% of this 40 minute consult was spent in face-to-face counseling, speaking with patient's physician, and chart review.

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