

## **INTRODUCTION**

Premature infant is one who is born before the end of 37 weeks from the first day of last menstrual period. It represents the highest percentage of high risk – group and accounts for the largest number of admission to the Neonatal Intensive Care Unit (*NICU*). Approximately 5% to 7% of all infants are born prematurely worldwide. In Egypt premature births accounts for the highest mortality rate among infant in the first year of life (*MOHP, 2001*). Because of the immaturity of premature body systems and lack of adequate nutritional reserves; premature infants are at risk for a number of short and long-term problems (*Green, and Wilkinson 2004; Klosner and Hatfield, 2006; and Wong et al., 2007*).

All premature infants having priority needs in the first days of life that must be met as, initiation and maintenance of respiration, establishing of extrauterine circulation, control of body temperature, intake of adequate nourishment, establishment of waste elimination, prevention of infection, and establishment of infant– parent relationship (*Pillitteri, 2003*). However fulfilling these needs may require special care in the *NICU*, which have specialized medical staff and equipment that can deal with the multiple problems faced by premature infant (*Rudolph and Hoffman, 2003; and American College of Obstetricians and Gynecologists, 2005*) .

The birth of a premature infant is an unexpected and stressful event for mothers. They are faced with the problem of learning about the special care needs of premature infants and how they differ from the needs of premature infants and how they differ from the needs of full term infants. Ideally parents are involved in the physical care of their

infants before discharge and developmentally supportive care practiced in the NICUs helps them adapt to the behavior of premature infants. On other hand, comprehensive long-term follow-up care is especially important for every premature infant because of the incidence of significant handicaps and appropriate treatment when indicated will improve the outcome (*Littelton and Engebreston, 2005; and Wong et al., 2007*).

Discharge of the premature infant considered one of nursing tasks. In most situations, the infant will need only primary care or health maintenance, and the parent should know where this would be provided when management of problems is necessary. It is the responsibility of the nurse to arrange plan of care for the infant and parents. Parents are often anxious when their premature infants are discharged, they should receive discharge instruction which includes; breast feeding skills, formula feeding techniques, formula preparation, bathing, diapering, normal elimination pattern, safety measures, signs of illness, administration of medications, the infant health condition and the importance of follow up care after discharge (*MOHP, 2001; and Olds et al., 2004*).

A well planned discharge of medically stable infant is important to assure safe and effective care at home and to minimize avoidable hospital readmissions. The nurse provides additional support and teaching about the infants' care, if necessary, and answers any questions the family might have (*Ritchie, 2002; and Hummel and Cronin, 2004*).