

Keeping your premature baby well after going home

A Guide to Chest Infections

Practical information for families of babies born prematurely.



Babies born prematurely can sometimes become unwell with chest infections because their lungs and immune system are still developing. This leaflet explains:

- Practical ways to reduce risk and severity
- What RSV protection is available
- What to do if your baby develops a cough or cold
- When to seek help



Why can infections matter more after premature birth?

Babies born early have developing lungs and immune systems. Some premature babies develop bronchopulmonary dysplasia (BPD), also called chronic lung disease (CLD), or need oxygen or breathing support. Chest infections can be significant for babies born early.



Bronchiolitis and RSV

Bronchiolitis is a viral infection of the small breathing tubes or airways in the lung. It often begins with a blocked or runny nose and cough. Some babies can develop faster breathing or have difficulty in breathing, wheezing, reduced feeding, irritability or tiredness. Symptoms are often worst between days 3 and 5.

Common respiratory viruses include Respiratory Syncytial Virus (RSV), Rhinovirus, Influenza ('flu) and SARS-CoV-2, which causes COVID-19.

Treatment is mainly supportive while the infection improves. Babies who need hospital care may require oxygen, help with feeding or fluids, or breathing support.

2 Keeping your baby's lungs healthy

You do not need to isolate your baby completely. These practical steps can reduce exposure to infection and help protect developing lungs.



Wash hands

Everyone, including siblings, should wash their hands before touching the baby. Clean frequently touched toys and surfaces.



Unwell visitors

Ask visitors with a cold, cold sore or other infection to wait until better. Ask visitors to wash hands and avoid kissing baby's face or hands.



Smoke-free

Keep your baby's home and car smoke-free. Smoke and vape exposure can irritate and damage developing lungs.



Routine protection

Keep your baby's immunisations up to date; eligible household members should do the same. Breast milk provides antibodies.



Protection against RSV

RSV vaccination is offered from 28 weeks of pregnancy. Babies born before 32 weeks, or with eligible heart, lung or immune conditions, should also be offered long-acting RSV antibody protection, even if their mother was vaccinated. Ask your neonatal team whether protection has been given or arranged for the first RSV season.

Remember

RSV protection reduces the risk of severe RSV disease but does not prevent every respiratory infection. Guidance and eligibility can change, so check what applies to your baby.

3 If your baby has a cough or cold – what should I do?



What can I do at home?

Offer your baby's usual milk - smaller, more frequent feeds may be easier. Keep checking breathing, feeding, alertness and wet nappies, including overnight. Keep your baby away from tobacco smoke and from vaping.

For every sleep: on their back, on a firm, flat mattress in a clear cot. No toys, pillows, wedges or loose bedding; keep their head uncovered. Do not share a bed with a premature baby.



Temperature: get medical assessment now

Go to A&E now if:

temperature **38°C or higher** for baby under 3 months

39°C or higher if baby is aged 3-6 months

below 36°C at any age

If **below 36°C** and otherwise well, recheck twice within 10 minutes. Do not delay help if unwell. Call 999 for any red sign.

When should I get help?

Premature babies can sometimes become unwell more quickly, so it is appropriate to have a lower threshold for seeking advice.



GREEN - usually manage at home

Baby is comfortable
Breathing normally for them
Feeding reasonably
Alert or behaving normally
Having usual wet nappies.



AMBER - call NHS 111 or seek urgent advice

Their cold is getting worse, or they are breathing faster than usual.

Only taking **half to three-quarters** (or less) of usual milk, or breastfeeding is much harder.

They have had a dry nappy for **12 hours** or show other signs of dehydration. Seek help early if worried – do not wait for 12 hours without a wet nappy.

They are very tired, irritable, not themselves, or you are worried.



RED - call 999 or go to your nearest Emergency Department (A&E)

- Difficulty breathing: grunting, tummy sucking in under the ribs, or very fast breathing.
- Pauses in breathing or unusually slow breathing.
- Blue or grey lips, tongue or skin. Colour changes may be harder to see on darker skin: check the lips, gums, palms and soles, and also assess breathing, feeding and alertness.
- Your baby is floppy, exhausted, difficult to wake, or will not stay awake.

4 Where to get help



Who can help?

Call 999 now for any red sign on page 3 or if your baby is seriously unwell

- NHS 111 for urgent medical advice when it is not a 999 emergency
- Your GP surgery
- Your neonatal or community neonatal team

Follow your baby's discharge plan for oxygen, medicines and feeding. Contact your neonatal team if you are unsure.

Research to help premature babies stay well after discharge

Research studies such as the BALLOON Trial are investigating new ways to reduce respiratory illnesses after premature babies leave hospital and to support healthy lung growth.



Developed by the BALLOON Team

<https://balloon-trial.uk>

Scan the QR code for the BALLOON website and parent information.

Important information

This leaflet provides general information and does not replace individual medical advice, diagnosis or treatment from your baby's healthcare team. Recommendations for vaccination, RSV prevention, healthcare services and emergency contact numbers may change over time.

Trusted information and guidance

Guidance checked 8 October 2026 against NHS, NICE and UKHSA sources. Scan a code or select a label to open the website.



[NHS bronchiolitis](#)



[NHS RSV vaccine](#)



[NICE guidance](#)



[UKHSA RSV](#)