



PO Box 3102 Durham, NC 27715 USA Skype name: hugyourbaby [hugyourbaby@earthlink.net](mailto:hugyourbaby@earthlink.net) [www.hugyourbaby.org](http://www.hugyourbaby.org)

## **Innovative Strategies, Tools and Techniques to Help Parents Understand and Care for their Newborn**

(Part I and II)

Jan Tedder, BSN, FNP, IBCLC

### **Objectives**

List three newborn “Zones” and six newborn “SOSs.”

Describe three HUG strategies.

Describe normal infant crying patterns and sleep cycles.

Describe variables impacting breastfeeding duration and how understanding baby’s behavior impacts breastfeeding.

Describe an infant’s abilities to interact and how to facilitate this interaction.

Give two examples of how misunderstanding newborn behavior might impact the developing parent-child relationship.

### **Outline**

#### **1) What do families want and need?**

- a) Pediatric literature: “Listening to Parents” – increasing worry about child’s development; “Well Child Care” – anticipatory guidance is limited in scope (Young).
- b) Child development literature: Zero to Three – 39% parents misunderstand intent of 1 year old child.
- c) “Learning about the baby.” Expectant parents want more information about understanding and caring for their baby.
- d) Need us to find delight in child, help them understand child development, and help them solve problems.

#### **2) Growing a brain**

- a) *Neurons to Neighborhoods* (Shonkoff)
- b) *Why Love Matters* (Gerhardt)
- c) *Disorders of Emotional and Behavioral Regulation in the First Year of Life* (Papoušek)
- d) The Cortisol “Two-Step”: Stress increases cortisol but love and attention increase receptor sites to bind the cortisol. (Gerhardt)
- e) Three parts of developing brain: “Sensing Brain” (Brain Stem) at birth, “Feeling Brain” (Limbic Brain) at 4 months, “Thinking Brain” (Neocortex) at 9 months

#### **3) View of “Who the baby is & What impacts the baby.”**

- a) Growth in the field of child development: mother’s role, learning in infancy, research methods
- b) Work of Dr. T. Berry Brazelton’s NBAS exam – detailed look at 28 behaviors and 18 reflexes in newborns (Brazelton)
- c) Thomas and Chess’s view of Temperament: Intensity, Persistence, Sensitivity, Perceptiveness, Adaptability, Regularity, Energy Mood (Thomas)
- d) “Goodness of Fit” can complicate parent’s attachment
- e) Misunderstood behavior can lead parent to emotionally retreat and underreact, or become agitated and over-react
- c) “Trajectory”- misunderstanding of baby’s behavior can interfere with current and future attachment and well being

#### **4) Attachment and Mother’s Confidence**

- a) “Bonding” Mother coming to love, know, and accept the new infant...an enduring relationship (Sanders, 2006)
- b) “Maternal confidence . . . being able to care for and *understand her infant* is the driving force for a healthy mother-infant relationship.” (Liu)
- c) Types of attachment: Secure, Anxious, Insecure
- d) Depressed mothers perceive a neutral face as agitated and cannot perceive a happy face (Arteche)

- 5) **Effective intervention should:** Provide information on infant cues, increase parent confidence and sensitivity, focus on the individual child (not children in general), demonstrate rather than discuss
- 6) **Hug Strategies**
- a) Start Here, not There
    - i) Consider their agenda, not yours
  - b) See, then Share
    - i) Share baby's behavior (Brazelton)
    - ii) Types of "sharing": Broadcasting (describe what you SEE), Commentating (Describe MEANING of what you see)
  - c) Gaze, then Engage
    - i) Consider "Goodness of Fit"
    - ii) Consider "Sticky Points" when: you feel uncomfortable, parent's intensity is out of proportion, story does not make sense, or parent "clouds over" (tears up); be a "translator"
- 7) **Language for effective teaching:** words must be clear, concrete, and should associate new idea with familiar ones
- 8) **Skills parents need:** To understand a baby's sleep/wake cycles (states); To recognize when a baby's body is sending out a stress response
- a) **"Zones" instead of "states"**
    - i) Newborn States; baby's general body activity, eye movement, facial movement, vocalizing, breathing pattern, level of responsiveness
    - ii) State is a combination of infant behaviors and responses that describe where a baby is on a continuum from asleep to crying
    - iii) Sleep/wake cycles develop in utero
    - iv) HUG language
      - (1) Resting Zone, Ready Zone, Rebooting Zone
      - (2) "Almost" refers to in-between Zones
    - v) Reasons it is important that babies develop stable and distinct Zones
      - (1) Managing Zones determines how a baby presents himself
      - (2) Managing Zones influences the parent's behavior
      - (3) Zone regulation gives us a window into baby's neurological system
    - vi) What is "self-regulation"?
      - (1) Finding homeostasis, meeting the routine challenges of stimulation from the world, centering oneself, "Getting to where they're going!"
      - (2) Difficulty with regulation: premature, jaundiced, exposed to smoking in utero
      - (3) Zone regulation contributes to later cognitive, language and social development
  - b) **Newborn SOSs (Signs of Over-Stimulation) instead of "stress responses"**
    - i) Recognize a baby's SOS
      - (1) Body SOSs
        - (a) Change in color – red or pale
        - (b) Change in breathing – irregular or choppy
        - (c) Changes in movement – jerky or tremors
      - (2) Behavioral SOSs
        - (a) Switching off (gaze aversion)
        - (b) Spacing Out (going from the Ready Zone toward the Resting Zone)
        - (c) Shutting Down (going from drowsy to the Resting Zone)
- 9) **Helping the crying baby**
- a) Excessive crying: triggers child abuse, increases maternal depression, associated with more behavioral and emotional problems in 2-3 y/o (Castiglia)
  - b) Difficulty with crying research
  - c) Interventions work for crying babies: Empathetic listening and advise (McKenzie), "REST" program (Keefe), NBAS (Skin to Skin) (Ohgi), Proximal parenting works (and increases breastfeeding) (St. James-Roberts)
  - d) 15-25% have "inconsolable" crying regardless of parenting style
  - e) "Learned Helplessness" shows need to help parents early (Donovan)
  - f) "Best outcome with "difficult babies" is when parents learn to be very objective about their baby (Thomas and Chess)
  - g) Normal crying – Increases at 2 weeks, peaks at 6 weeks, and decreases at 12 weeks (Barr)
  - h) What "T.O. Do"
  - i) "T" – Talk to baby. Soft, sing-song voice can comfort baby

- ii) "O" – Observe – Does baby take actions to self-comfort? (bring hand to mouth, make sucking movements, use fencing reflex, demonstrate behavioral SOSs – "Switching Off," "Spacing Out," "Shutting Down")
- iii) "Do" actions: Step-wise approach (Brazelton): hold hands to chest, swaddling, encourage sucking, swaying
- i) What about pacifiers and swaddling? – conflicting research – Pacifiers interfere with breastfeeding if used before breastfeeding is established; swaddling babies too much may cause hip difficulties

## 10) Helping a baby sleep well

- a) Influences on sleep
  - i) Development of types of sleep (Brazelton)
    - (1) REM - active/light sleep (begins at 7 months gestation)
    - (2) Non-REM = still/deep sleep (begins at 8 months gestation)
    - (3) Babies cycle between two types of sleep every 30-90 minutes
  - ii) Development of circadian rhythm – melatonin hormone passed to baby in utero and increases by 6 weeks of age (Rivkees)
  - iii) Parent's care -"Re-settlers or self-soothers" can get self back to deep sleep, others need your help
    - (1) Prepare baby to sleep: night time place, calm approach, darkened room, soft music, +- swaddling, "5 W's warmth, water, wearing, womb sounds, wrapping" (McKay)
    - (2) Get baby to sleep: put baby down drowsy, gentle jiggle if deeply asleep, "Pat at mum's heart rate and 'bore to sleep'" (Chilton)
    - (3) Help baby stay asleep: don't pick up during active/light sleep
  - iv) Consider that a baby sleeping at night can feel, to some parents, like separation

## 11) Playing with a newborn so that s/he can grow and learn

- a) Engaging fathers
  - i) If in first few hours father establishes eye to eye contact, he spends more time with baby first 3 months (Ekstrom)
  - ii) Babies' ability to respond shown to promote later interaction with parents
- b) Skills fathers need
  - i) Time to talk about their new role as father
  - ii) Skills for practicing presence of mind
  - iii) Specific skills to be a coach and a partner
- c) Fatherhood programs: [www.goodmenproject.com](http://www.goodmenproject.com) [www.fatherhood.org](http://www.fatherhood.org) [www.fatherstobe.org](http://www.fatherstobe.org) [www.australianfatherhoodinitiative.org](http://www.australianfatherhoodinitiative.org) Engaging Fathers: A report of the Fatherhood Engagement Research Project, 2009-10; Ngala - [www.ngala.com.au](http://www.ngala.com.au)
- d) Baby's capabilities (Brazelton)
  - i) Baby's vision
    - (1) Initially near sighted (and distinguish red from gray), but like adults by 6 months; 4 primary colors by 3 months
    - (2) "Programmed" to look at faces. Can pick their mother out of a photo line up a week after birth
    - (3) Babies feel a parent's emotions
    - (4) Development of looking abilities: get quiet, turn toward, turn toward and look at face
  - ii) Baby's hearing
    - (1) Prefers music over noise, language over nonsense syllable, high over low pitch
    - (2) Prefers "child directed" speech: exaggerated intonations, singsong rhythm, abbreviated utterances, repetition
    - (3) Babies around the world move in synchrony with lullabies
- e) Steps to paying attention – Quieting, turning, looking
- f) Babies can't multitask – use comforting techniques to help baby get to Ready Zone

## 12) Helping a baby eat well

- a) All international organizations recommend exclusive breastfeeding for 6 months and continuing to 1 – 2 years.
- b) 77% initiate breastfeeding, only 25% (or less) continue exclusively to 6 months
- c) Issues impacting breastfeeding: Psychological, demographic, biological, social (Thulier)
- d) Lactation support: "Mining for liquid gold," "It's not rocket science," and "Don't forget the baby!" (Burns)
- e) When LC waits for mother to initiate, support comes too late.
- f) Why women stop breastfeeding according to age of baby (Li)
  - i) 0-3 month: lactational, "Baby not satisfied," "Not enough milk"
  - ii) 3-8 months: "Baby lost interest," "Baby not satisfied," "Not enough milk"
  - iii) 9-12 months "Baby lost interest," "Baby not satisfied," "Baby biting"
- g) 5% of breastfeeding problems due to anatomic or hormonal problems, 95% to misperception or mismanagement (Niefert)

- h) Many studies confirm that the following impact continued breastfeeding: maternal sensitivity, confidence, self-efficacy, and mother understands baby
- i) Mothers continue breastfeeding when they see their baby as “satisfied” (Karl)
  - i) Lactation Cues: good latch, sucking well, emptying breast, gaining weight, lots of pees and poops
  - ii) Non-feeding cues: ability to calm, to organize state, to cuddle, to become alert, to make and maintain eye contact
- j) Dr. T. Berry Brazelton’s *Touchpoints*: Predictable times when surges in development leads to DISORGANIZATION in the child, and then in the family; changes in eating, sleeping or behavior

**k) Roadmap to Breastfeeding Success**

- i) Prenatal
  - (1) Establish personal and professional support
  - (2) Attend birth class and lactation support group
  - (3) Make birth plan
  - (4) Learn about understanding newborn behavior (Watch HUG DVD)
- ii) Birth
  - (1) Skin to skin
  - (2) Breastfeeding first hour
  - (3) Avoid bottles
  - (4) Nurse 8-10 x a day (including night time nursing)
  - (5) Know what to expect in breast changes and stool production
- iii) Second week
  - (1) Anticipate growth spurt
  - (2) Normal increase in crying (peaks at 6 weeks and decreases by 12 weeks)
  - (3) “What ‘TO DO’” – T=Talk, O=Observe for infants contribution to calming down, DO=Swaddle, sway, suck
- iv) One month old
  - (1) Developing sleep/wake cycles
    - (a) Two types of sleep: still/deep, and active/light sleep (60% active/light in full-term newborn)
    - (b) Circadian rhythm – melatonin developing during pregnancy, peaks at 6 weeks
    - (c) Parent’s care: Preparing baby to sleep, Getting baby to sleep, Helping baby stay asleep
    - (d) Lactation is well established: If weight gain is good (one ounce a day), see if baby will wiggle through active sleep back to deep sleep
  - (2) Develop new understanding of infant feeding cues and behavior
- v) Three months old – Mother returning to work
  - (1) Know your rights and resources - See “Business Case for Breastfeeding”
  - (2) Talk to boss and to successful breastfeeding mothers; reconsider options
  - (3) Consider initial plan, then ongoing plan
  - (4) Return to work on a Wednesday
- vi) Four months old – Being distracted (Brazelton)
  - (1) Increase cognitive burst causes distraction – not a sign of early weaning - Feed in “boring”/ un-stimulating environment
  - (2) Possible growth spurt
- vii) Six months old – Getting a tooth
  - (1) Monitor position
  - (2) Notice when feeding seems finished, then take baby off breast
- viii) Nine months old – Separation/Stranger Anxiety
  - (1) Normal new awakening at night
  - (2) More calories are not needed
  - (3) May avoid returning to breastfeeding if baby is not hungry
  - (4) Comfort baby with a “boring” affect
- ix) Twelve months old – Starting to Walk
  - (1) Normal new awakening at night
  - (2) More calories are not needed
  - (3) May avoid returning to breastfeeding if baby is not hungry
  - (4) Comfort baby with a “boring” affect
- l) General considerations:
  - i) Comfort a baby who “Spaces Out” or “Shuts Down” at feeding time.
  - ii) If it is time to eat, awaken baby from active/light sleep.
  - iii) Consider impact of sexual abuse history, or history of traumatic pregnancy or L&D

**13) HUG Research and Resources**

- a) Published: NICU fathers (more knowledge of infants and decreased stress), Professionals taking HUG online (increased skill and would recommend to colleagues), Home Visitors (improved confidence to teach parents)

- b) In progress: Using HUG with undergraduate nursing students, Incorporating HUG Roadmap E-Newsletters into Birth Center, Using HUG with Resident Physicians
- c) Resources: Certified HUG Teacher, online courses for professionals; DVD and “Roadmap”; E-Newsletter for Parents.

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