

1 **ADVANCED BABY BEHAVIOR: UNDERSTANDING EARLY CHALLENGES**

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2 **Goals for Today**

- Provide *information* about expected behavioral differences among newborns and infants
- Share *resources* for those working with families facing “mild to moderate” challenges

3 **Baby Science**

- Berry Brazelton, Kevin Nugent (Touchpoints, NBAS, NBO)
- Kathryn Barnard (NCAST and First Relationships)
- Heidelise Als (NIDCAP)
- Barry Lester, Ed Tronik (NNNS)
- Many others...
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4 **Overview: Advanced Topics**

- Introduction: Baby Behavior and Infant Feeding
- Newborn Variation
- Infant Temperament
- Premature Infants

5 **Baby Behavior Promotes Breastfeeding**

- Baby Behavior is just another tool for BF promotion
- Addresses perceived insufficient milk and maternal confidence
 - 35-40% of women cite insufficient milk as a reason for BF cessation

6 **Baby Behavior: Focused on Healthy Families**

- Simplified normal newborn behavior
- Baby Behavior reduces barriers to BF but does not address clinical issues

7 **What is the Role of the Lactation Specialist?**

- Discriminate between clinical and behavioral causes of poor outcomes
- Address clinical issues
- Provide advanced support and instruction for families with challenges or special needs

8 **Let's Not Stray Too Far**

- Advanced information should be used sparingly
- Complexity is the enemy of communication in today's world
- Cues, Crying, Sleep should stay the focus

9 **Coping with Stress**

- ¹ • If people believe there is a solution – Problem Management
 - ✦ Seek information
 - ✦ Identify solutions
 - ✦ Attempt and evaluate solutions

- ✖
- 2 • If people don't believe there is a solution – Emotional Regulation
 - ✖ Reinterpret goals
 - ✖ Disengage, detach
 - ✖ Denial of consequences
 - ✖ Anger, aggression
 - ✖
- 10  **Variation in Newborn Cues and Feeding**
 - Newborn cues often mixed
 - Many have limited motor control
 - Cues are initially "trial and error"
 - Infants born with wide variation in motor control and feeding ability
 - About 1/2 of infants do not latch well 0-24 hr
 - Most will have rapid improvement
 - About 27% in WHO study needed ongoing support
 - Some reflexes (strong in early pp) may interfere
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- 11  **Variation in State Regulation and Crying**
 - Some may bounce from state to state or mix behaviors
 - No clear transitions or patterns of behavior
 - Varied ability to self-soothe or respond to caregiver attempts to soothe
 - Sensitivity to stimulation
 - May vary by degree and sensory system
 - Variation in ability to habituate to stimulation (internal or external)
- 12  **Persistent Crying: Definition**
 - Persistent crying is sometimes called "colic" but term is used inconsistently
 - Affects about 20% of the 0 to 3-month population
 - "Persistent crying" refers to daily inconsolable crying
 - Persistent criers continue to cry despite caregiver efforts
 - Only 25-30% of persistent criers have problems with digestion - obvious signs
 - Medical concerns should be ruled out
- 13  **Persistent Crying: Reasons**
 - Infant is sensitive to stimulation
 - Low threshold or heightened response
 - Infant can't regulate states
 - Infant can't provide readable cues
 - Infant illness, injury, or GI problems
 - Crying with signs of illness or a big change in behavior should be investigated by the doctor
 - Parents may need referral for professional help
- 14  **Variation in Sleep Patterns**
 - The sleepy baby
 - Medication exposure, prolonged or stressful labor, preterm birth

- Hyper-alert or fussy drowsy baby
 - Poor state control, medication exposure, maternal medication or caffeine exposure
 - Inability to maintain sleep states
 - Immature system can't habituate to external stimulation
 - Immature system with prolonged light sleep
- 15  **Temperament Defined**
- "Constitutionally based individual differences in emotional, motor, and attentional reactivity and self-regulation."*
- 16  **Assessment of Temperament**
- Activity level
 - Rhythmicity
 - Approach-withdrawal
 - Adaptability
 - Intensity of reaction
 - Threshold of responsiveness
 - Quality of mood
 - Distractibility
 - Attention span
- 17  **Classifications**
- Not classified (35%)
 - Easy (40%)
 - Responds well to stimuli, adapts to routines, social, happy, easy to distract
 - Difficult (10%)
 - Irregular, intense, disturbed by sensory input, unhappy, hard to distract
 - Slow to warm up (15%)
 - Unwilling to approach or adapt to new experience but do adjust with time
- 18  **NCAST/Brazelton Assessment Areas**
- 1  •Consoling by caregivers
 - Cuddliness
 - Smiling
 - Motor behavior
 - Irritability
 - Readability
 - 2  •Alertness
 - Visual response
 - Auditory response
 - Habituation
 - Consolability
 - Self-consoling
- 19  **Temperament and Behavior**
- Temperament influences states, cues, sleep patterns, and caretaking
 - Brazelton and Barnard support sharing observations of infant temperament with new

parents

- Included in the *Newborn Behavioral Observation*

20  **The Preterm Infant**

- Broad classification of infants with varying medical/ physical issues depending on:
 - Gestational age
 - Developmental progress
 - Size
 - Health status

21  **The Preterm Infant**

- 37 weeks or earlier
- “Very preterm” is typically \leq 28 weeks gestation
 - Survival rates have grown exponentially
- Deficits in state regulation, organ function, and motor skills increase with degree of prematurity

22  **The Preterm Infant**

- Preterm infants enter the extra-uterine environment before vital functions are developed
 - Intrauterine environment promotes development and regulation of function and response
- Parental development also impaired
- Many preterm infants have long-term deficits in learning, attention, behavioral control, communication, self-esteem, and motor skills

23  **Common Early Issues**

- Physiological instability
- Limited motor function
- Impaired reflexes
- Sensory sensitivities
- Limited GI function

24  **Preterm Behavior**

Procedures and equipment needed to save lives may be in conflict with infants’ needs for appropriate physical/ regulatory/ emotional development

25  **Behavioral Interventions**

- Skin-to-skin care (kangaroo)
- Milk expression
- Shared-observation based education for parents and caregivers
 - Individualized approach
- Increasing parents’ responsibility for care

26  **Late Preterm Challenges**

- 34-37 weeks gestation
- Sometimes “elective”
- Challenged by *looking* too similar to term
- Limited reflexes, immune function, state regulation, motor skills, and stamina

- 27  **Late Preterm Challenges**
- ¾ of all preterm births –up 25% from 1990 to 2005; 2/3 of medical costs associated with prematurity
 - Interrelated factors – multiple births, obesity, older mothers, consumer demand, litigation, advancements in fetal monitoring
 - 4 times more likely than term infants to have jaundice, respiratory distress, poor feeding, temperature instability, hypoglycemia, and readmission within 2 weeks
 - Mortality rate is 4.6 times that of term infants
- 28  **The Breastfeeding Conundrum**
- “Breastfeeding at discharge” is *strongly associated with rehospitalization* in the late preterm infant
 - This is a classification, not a well-defined behavior
 - Predictable behavior issues include:
 - Ineffective or poor suck (fewer sucks per feeding episode, lower pressures than term infants)
 - Low stamina (shorter bursts of sucking)
 - Poor suck-swallow-breathe coordination
 - Limited alert periods
 - Sensory sensitivities
- 29  **Shared Observation-Based Education**
- Reorient parents’ and caregivers’ expectations
 - Carefully assess infants’ abilities and behaviors
 - Understand baseline
 - Help parents’ monitor progress
 - (Learn from skilled colleagues)
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- 30  **Specialized Behavioral Assessments and Interventions**
- Newborn Individualized Developmental Care and Assessment Program (NIDCAP)
 - NICU Network Neurobehavioral Scale (NNNS)
 - Preterm Infant Breastfeeding Behavior Scale (PIBBS)
 - AWHONN Near Term Initiative
- 31  **Summary**
- Anticipatory guidance and follow-up in the newborn period are central to maintaining exclusive breastfeeding
 - Lactation specialists play a central role in assessment and skilled support
- 32  **Summary**
- Infant temperament influences behavior but caution should be used to avoid “labeling” infants
 - Preterm infants’ health, function, and abilities vary widely, requiring an individualized approach
- 33  **Baby Behavior Team**

¹ UC Davis

- ²
- Jennifer Bañuelos
 - Jennifer Goldbronn
 - Luz Vera Becera
 - Karolina Gonzalez
 - Taryn Barrette
 - Kerri Moore
 - And many students

³ California WIC

- ⁴
- Jackie Kampp
 - Judy Sheldon
 - Karen Tabor
 - Valerie Haack
 - Erika Trainer
 - Holt Reeves
 - And state and local agency staff (workgroup)

³⁴  **UC Davis - Secrets of Baby Behavior**

- <http://lactation.ucdavis.edu>
 - Website, blog, Facebook page used to centralize messages
- Blog at: www.secretsofbabybehavior.com