

- 1  **Teaching Patients about Baby Behavior**
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- 2  **Overview**
 - Baby Behavior Beginnings
 - Baby Behavior Basics and Newborn Behavior
 - Teaching Baby Behavior
- 3  **Importance of the Newborn Period**
 - UC Davis Study: Maternal Request for Supplementation of Healthy Breastfed Newborns
 - Parents were surprised & overwhelmed by their babies' behavior
 - Parents had unrealistic expectations about newborns and parenting that resulted in requests for formula as part of efforts to fix their babies' "problems"
 - Biologically normal behaviors were seen as problems
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- 4  **Unrealistic Expectations about Newborns**
 - Newborns expected to be quiet
 - "Every time that I tried to breastfeed, he would have a tantrum, become really angry. So then I thought 'Why? Why should I make him suffer?'"
 - "We started the formula on the 2nd day...since he never stopped crying."
- 5 
 - Newborns expected to sleep
 - "He wasn't sleeping and was constantly crying and when I would get him to latch, there was nothing."
 - "I guess she wasn't getting enough from me... they brought me the milk and after she ate, she slept."
 - "She wouldn't go to sleep but I knew she was still hungry, and then I would feed her a little bit [formula] and then she would go to sleep."
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- 6  **Day 1: The "Good" Baby**
 - Heightened alert state in the first 2 hours, followed by longer periods of sleep (over next 24 hours)
 - Parents will think:
 - *What a "good" quiet, sleeping baby!*
 - And then...
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- 7  **Days 2 & 3: Everything Changes**
 - Reality sets in! There is a sudden change in the baby's behavior
 - Baby is expected to be quiet and sleeping, but now...SOMETHING IS WRONG!
 - Parents ask for formula and the frantic baby falls asleep

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8 **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
 - ✗

9 **USDA WIC Special Projects Grant**

- 3-year quasi-randomized educational intervention (8 sites in CA)
 - 1 year intervention period
- Concept: Create a clinic environment supporting positive caregiver-infant interactions
 - Training, social marketing, handouts, classes, activities
 - Effort to create messaging that can be delivered quickly, effectively, and inoffensively

10 **Baby Behavior Education**

- Anticipatory guidance provides parents with skills to *interact* more effectively with their infants
 - Addresses “trigger” behaviors that result in overfeeding or inappropriate feeding practices

11 **Exclusive BF Food Package by Age**

12 **Infants >95th percentile wt/age**

- Attained weight-for-age > 95th percentile (5-7 months-of-age)
 - Baseline: N = 339
 - Post: N = 411
 - * P < .01
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13 **California WIC Baby Behavior Campaign**

- State WIC has just launched a statewide campaign
 - Booklet
 - DVD
 - Classes
 - Staff refresher trainings
- Other states to follow

14 **Research Background**

- Berry Brazelton, Kevin Nugent (Touchpoints, NBAS, NBO)

- Kathryn Barnard (NCAST and First Relationships)
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- 15  **Baby Basics #1**
Infant behavior is organized into 6 “states.”
- 16  **Crying**
 - Tears
 - Jerking motions
 - Color changes
 - Tight muscles
 - Rapid breathing
 - Generally don't respond
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- 17  **Irritable**
 - Lots of body and facial movement
 - Irregular breathing
 - Eyes open but may not want to interact
 - Sometimes fussy
 - Sensitive to what's going on inside and around them
 - Common before feeding
- 18  **Quiet Alert**
 - Little body movement
 - Eyes open and wide
 - Steady, regular breathing
 - Highly responsive
 - Wants to learn and play - interactive
 - For young babies, requires active effort to control! Tiring.
- 19  **Drowsy**
 - Variable movement
 - Irregular breathing
 - Opens and closes eyes
 - Eyes glazed
 - Takes time to react
 - Easily startled
- 20  **Active Sleep**
 - Moves a little every now and then
 - Irregular breathing
 - Facial twitches
 - Rapid Eye Movements (REM)
 - Easy to wake
- 21  **Quiet Sleep**

- No body movement
- Rhythmic breathing
- Bursts of sucking
- Startles but does not wake
- Does not respond
- Hard to wake

22 Caregiver Actions Influence State

- Variety to waken
 - Use different positions, touch, words
 - Will take longer if very drowsy or in deep sleep
 - Useful when infants will not wake fully to feed
- Repetition to soothe
 - Address the child's needs – see if change in position or circumstances helps
 - Repeat actions or words over and over
 - May take time if infant is very upset

23 Baby Basics #2

Babies are driven to learn and socialize. They use cues to signal readiness.

24 Types of Infant Cues

- Young infants try to tell caregivers when they want to interact (engagement cues)
- Young infants try to tell caregivers when they need something to be different (disengagement cues)

25 Engagement Cues

- 1 • Subtle
 - Eyes open
 - Face relaxed
 - Feeding posture
 - Raising head
 - Following voices and faces
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- 2 • Obvious
 - Looking intently at faces
 - Rooting
 - Feeding sounds
 - Smiling
 - Smooth body movements
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26 Disengagement Cues

- 1 • Subtle
 - Looks away
 - Faster breathing
 - Yawning
 - Hand to ear

- Grimace
 - Glazed look
- 2 • Obvious
- Turns away
 - Pushes, arches away
 - Crying
 - Choking, coughing
 - Extending fingers, stiff hand
 - Falling asleep
- 27  **Key Messages for Parents**
- Cues are simplistic and NOT specific
 - Parents may need to “play detective” to figure out what their babies are trying to tell them
 - For most healthy term babies, feeding cues are obvious
- 28  **Baby Basics #3**
- Crying is a vital “talent” used by infants to indicate distress.
- 29  **Crying: Babies’ “Super Power”**
- Crying results in a sound that affects the nervous system in most adults
 - Drives adult activity!
 - Must be loud to rouse sleeping caregivers
 - Prompt response to cues can reduce crying
 - Crying peaks early
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- 30  **Calming Crying Babies**
- Address the issue – look for cues!
 - Not all crying babies are hungry
 - Babies respond well to faces, touch, sucking
 - Reduce varied stimulation
 - Introduce repetitive, sustained stimulation (repetition to soothe)
 - Listen for changes in cry
- 31  **Understanding Crying**
- All babies cry
 - Hungry babies use hunger cues
 - Increases when cues are not addressed
 - Cues not clear?
 - Inappropriate response?
 - Decreases as babies become more able to tolerate stimulation and use other means to communicate their needs
- 32  **Baby Basics #4**
- Babies do not sleep like adults.

33 **Parents' Perceptions of Sleep**

- "Good" babies sleep through the night
- If babies do not sleep through the night, they will "wake constantly"
- Goal becomes to "fix" the infant's sleep "problem"

34 **Infant Sleep States**

- Active sleep (REM) is light sleep - important for brain development
 - Babies dream and blood flow increases to the brain bringing nutrients to active brain cells
 - Images stimulate brain development
 - Easy to wake

35 **Newborn Sleep/Wake Cycle**36 **Infant Sleep Cycles**

- Infant sleep cycles are 60 minutes long (adult cycles are 90 minutes long)
- Infants sleep 13-14 hours per day from 2-12 months – but not all at once!

◦ Initially, newborns will wake with each cycle (every 1-2 hours)

37 **2-Month-Old Infant Sleep/Wake Cycle**38 **3-4 Month-Old Infant Sleep/Wake Cycle**39 **Infant Sleep Patterns**

- As infants get older, they can link cycles together:
 - ≤ 2 mo (links 2 cycles: 2 hrs)
 - 3 - 4 mo (links 4 cycles: 4 hrs)
 - ≥ 6 mo (links 6+ cycles: 6-8 hrs)
- So, infants will sleep longer and to wake as they get older will not be as easy

40 **The First 72 Hours**

- Peak of parents' misunderstanding?
- First 2 hours : heightened alert state
- 2 – 24 hours : Periods of longer sleep, recovery, conservation of energy, states erratic
- 24 – 72 hours : Increased alert periods, attempts to feed, sensitivity to stimuli

41 **Days 4 – 7**

- Increasing interactions
- Latch improves rapidly

- Feeding frequency maximizes as milk comes in
- Parent contributes to infant state regulation
- Parents' relationship become disorganized
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42 **1 to 6 Weeks**

- State regulation continues to improve
- Increased interactions and attempts at cues
- May increase crying
- Sleep starts to extend and active sleep periods shorten
- Mothers challenged by physical recovery/hormone shifts
- Parents develop parallel relationships with baby

43 **The Cornerstones of Baby Behavior**

1. *Engage* the caregiver using your knowledge of baby "secrets" – explain what you see!
2. Stay with the *basics* that related to caregiver action
 - Cues
 - Crying
 - Sleep
3. Value and validate the *baby's skills*

44 **Promoting Positive Infant-Parent Interactions**

- Value and Validate Babies' Skills
 - "Isn't it amazing how *your* baby can tell *you* what she needs?"
 - "He's trying so hard to tell *you* that he needs something to be different. What do you think it might be?"
- ("you " may refer to individual or family as a whole)

45 **Simplify**

- Parents get overwhelmed if you make baby behavior too complicated
- Identify cues/signs that the baby is already exhibiting or that parents are most likely to see
 - Every contact can be a "teaching moment" (use baby as guide)
- Promote and support *interaction* rather than focus on infant development
- Newborn period likely to be misunderstood (provide warning on day 1)
- Consistent messaging is important

46 **For More Information**

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