

# Secrets to Baby Behavior:

*How understanding newborn  
communication can facilitate  
breastfeeding, positive parenting,  
and foster secure attachment.*

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# Power Dynamics in Healthcare

**How to use  
your powers  
for good**

What am I looking at here?



# Pivotal Moments in Life Collective

Personal



# Baby Behavior Research

Common,  
healthy behaviors  
are  
misinterpreted as  
constant hunger.



“Heinig et al. 2006; DiSantis et al., 2013; Hodges et al., 2008; Brown, Raynor, & Lee, 2011; DiSantis et al., 2011; Wasser et al., 2017

# Words have power!

That baby is using you as a pacifier

Boy, he's showing you who's in charge!

You don't have milk yet, that's why he's so fussy,  
you **NEED** formula, that baby is **STARVING!**

Is she a GOOD baby?

What a smart baby! He's doing a great job learning  
how to breastfeed!!! (Hospital Lactation  
Consultant)

You are such a good mother, you are so calm and  
patient with her... (Hospital Housekeeper)

“Let him cry, it's good for his lungs.”

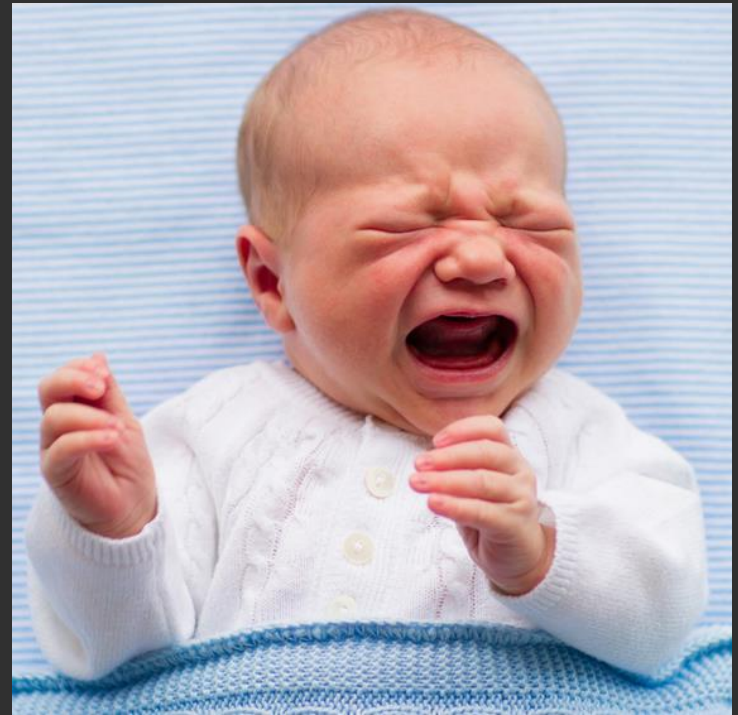
“Infants can't feel pain.”

**“It's no big deal, he won't remember it  
anyway...”**

**When you say something, what is it based  
on???**

# Sleep Training / Cry it Out

- AWHONN, AAP, AAFP, APA(American Psychological Association) Advise **AGAINST** both Cry It Out (Babywise, etc.) and Controlled Crying (Baby Whisperer, Ferber Method, etc.)
- Respond to an infant as you would any toddler, child or adult.



- Physical and Psychological damage occurs in humans **at all developmental stages** when their needs are consistently neglected or intentionally unmet.

# Pre-Verbal/Pre-Memory=Subconscious





# Adverse Outcomes - Child

Adverse childhood experiences (ACEs) can have a tremendous impact on future violence, victimization, perpetration, lifelong health and opportunity.

Felitti, Anda, Nordenberg, et al. (1998)



Infants need responsive parenting with reliable co-regulation to form healthy attachment, and grow into physically and psychologically healthy adults.

Erickson, E.(1950).; Bowlby, J. (1961) ; Ainsworth et al. (1978);

Potential to develop chronic post-traumatic illness and anxiety disorders.

Adults raised with strict time-based parenting report life-long symptoms of anxiety, hostility, depression, self-consciousness, distrust of others, and a high vulnerability to stress.

May lead to faulty diagnosis of personality disorders.

Van der Kolk, B. A. (2015). *The body keeps the score: brain, mind and body in the healing of trauma*. New York: Penguin Books.

# Adverse Outcomes – Parent(s)

Dissatisfaction/Anger/Shaken Baby Syndrome

Maternal / Parental Depression

Substance Use/Misuse

Abandonment of parental role



# Expectations vs. REALITY!

Our culture expects babies to act in a way that is physiologically incompatible and then we blame ourselves/the parents when THEY don't comply.



Appropriate  
expectations=  
Better  
OUTCOMES!

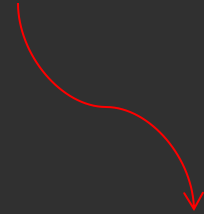
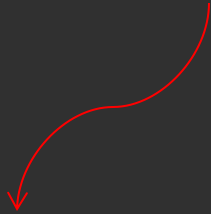


# Patient's Mirror what we say and do!



How do you respond to stress?

# Coping with Stress



# Problem Management

Most people believe babies cry or wake because of hunger

They believe formula and cereal prevent hunger



*“Heinig et al. J Hum Lact. 2006; 22: 27-38.*

# Emotional Regulation/Dysregulation



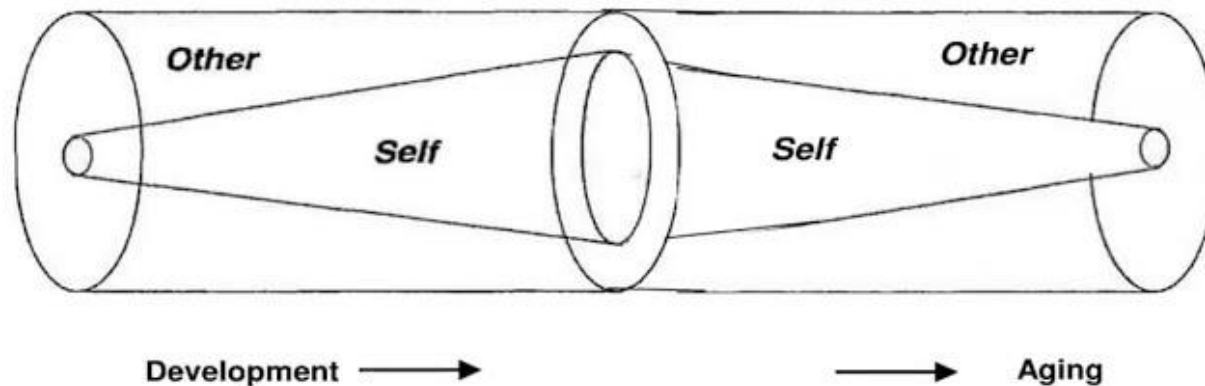
If people **don't** believe there is a solution -

- **Emotional Dysregulation**
- **Emotional Regulation**
  - Reinterpret goals
  - Discharge Disorganized Emotions in some way:
    - Denial of consequences
    - Sadness, anger, aggression
    - Disengage, detach, dissociate



# Co-regulation precedes self-regulation

Changing balance between other-regulation and self-regulation as a child develops into an adult and as an adult ages



Changing balance between other-regulation and self-regulation as a child develops into an adult. (From "Ports of Entry and the Dynamics of Mother-Infant Interventions," by A. J. Sameroff, 2004, in *Treating Parent-Infant Relationship Problems*, p. 12, by A. J. Sameroff, S. C. McDonough, & K. L. Rosenblum [Eds.], New York: Guilford Press. Copyright 2004 by The Guilford Press. Reprinted with permission.) Found in the Neurorelational Framework Book on page 20. Adapted by C. Lillas 2016.

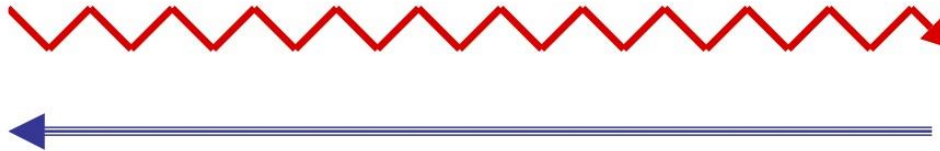
## Effective Emotional Regulation

Child experiences catastrophic anxiety and terror.



Child's emotions are regulated.

**Child cries**



Adult soothes and thus communicates, verbally and non-verbally, that they recognise the feeling and it will be ok.

Parent briefly becomes anxious too



But

Manages their own emotions quite quickly. The adult can cope with it.

Over time, when the child experiences this on *most* occasions (it does not need to be all of the time) they acquire the capacity, through developing neural networks, to regulate their own emotions.

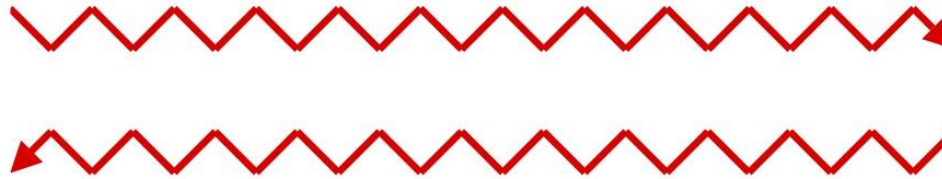
## Ineffective Emotional Regulation

Child experiences catastrophic anxiety and terror.



Child continues to feel catastrophic anxiety and terror.

**Child cries**



The adult cannot soothe and therefore communicates (verbally and non-verbally) that the feeling is indeed frightening and catastrophic.

Parent/ Carer finds the baby's cry frightening/ punishing/ over-whelming etc.



Adult cannot cope with it

Over time, when the child experiences this on *most* occasions, the child fails to develop capacity to regulate their own emotions.

Okay, co-regulation and responsiveness are important . . . now what???



# Changing your perspective

Take what you know  
about newborns and  
challenge it with:

What is typical Physical  
Development?

What is typical  
Psychological  
Development?

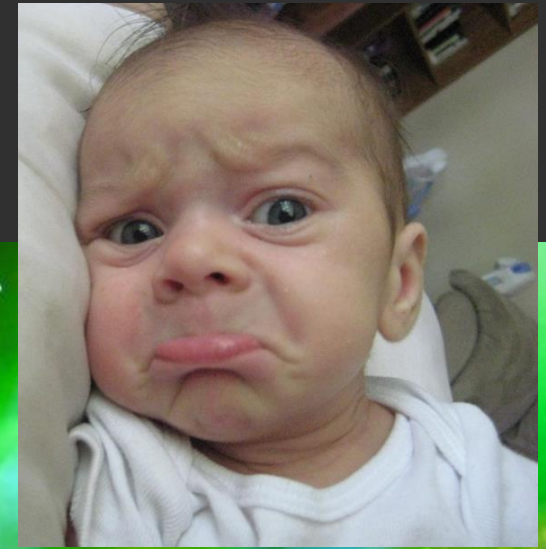


What is the perspective of our babies?

# Inside the Womb



# Outside the Womb



What is the perspective  
of our mamas?

# One Brain, Two Minds

Elephant = Emotional, impulsive mind

Rider = Rational, thinking mind

Path = Environment/Expectations



Haidt, J. (2006) The Happiness Hypothesis.



# Infant States

# 6 States

There are **six** infant behavioural states



Reflects an infant's level of arousal and ability to respond.

# Quiet Sleep

Little to no body movement

No eye movement

Little to no facial movement

Smooth, regular respirations

Generally unresponsive



# Active Sleep

Some body movement

Movement of eyes  
under lids (rapid eye  
movement)

Movement of face,  
may smile

Irregular respirations

More responsive to  
stimuli



Where and how  
should babies  
sleep?

If it has a buckle, it is not safe for sleep!





# Infant Safe Sleep

YES!!!



NO!!!





# Awake States

Drowsy

Quiet Alert

Active Alert

Crying



# Drowsy

Variable activity

Eyes glazed, heavy-lidded

Some facial movements

Irregular respirations

Delayed responsiveness



# Quiet Alert

Minimal body activity

Eyes wide and bright

Face has bright, shiny look

Regular respirations

Most attentive to stimuli



# Active Alert

Much body activity

Eyes open, but not bright

Some facial movement

Irregular respirations

Fussy, sensitive to stimuli

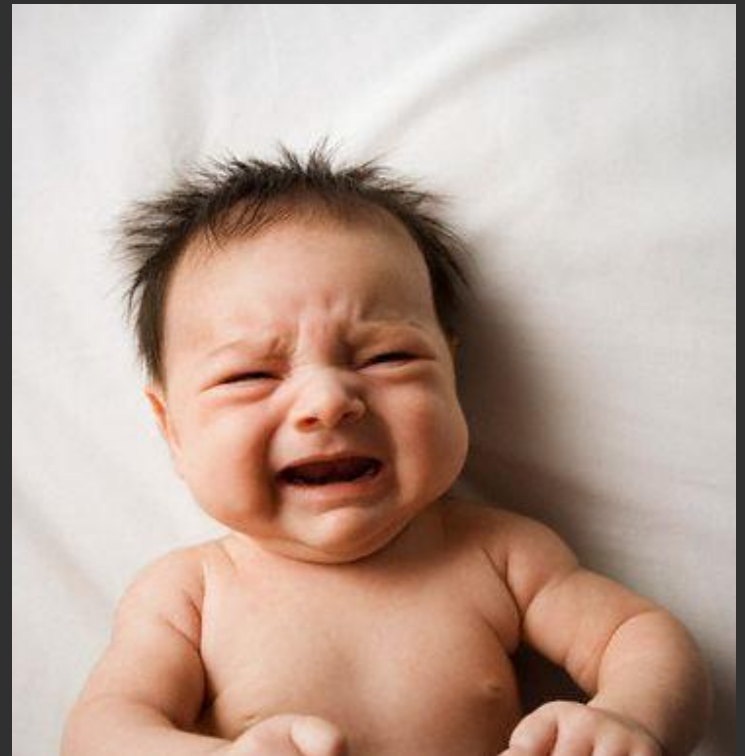


# Crying

Crying is:

- A **LATE** communication signal
- A response to unpleasant stimuli from the environment
- A response to internal stimuli such as fatigue, hunger, or discomfort.

Crying tells caregiver that baby's limits have been reached.



# Factors Influencing Infant State



# Variety to Awaken

“Many different ways in an active style”



# Repetition to Soothe

“One or more ways over and over in a slow style”





# Infant Behavior

# Infant Behaviors

Alertness

Visual Response

Auditory Response

Habituation

Cuddliness

Consolability

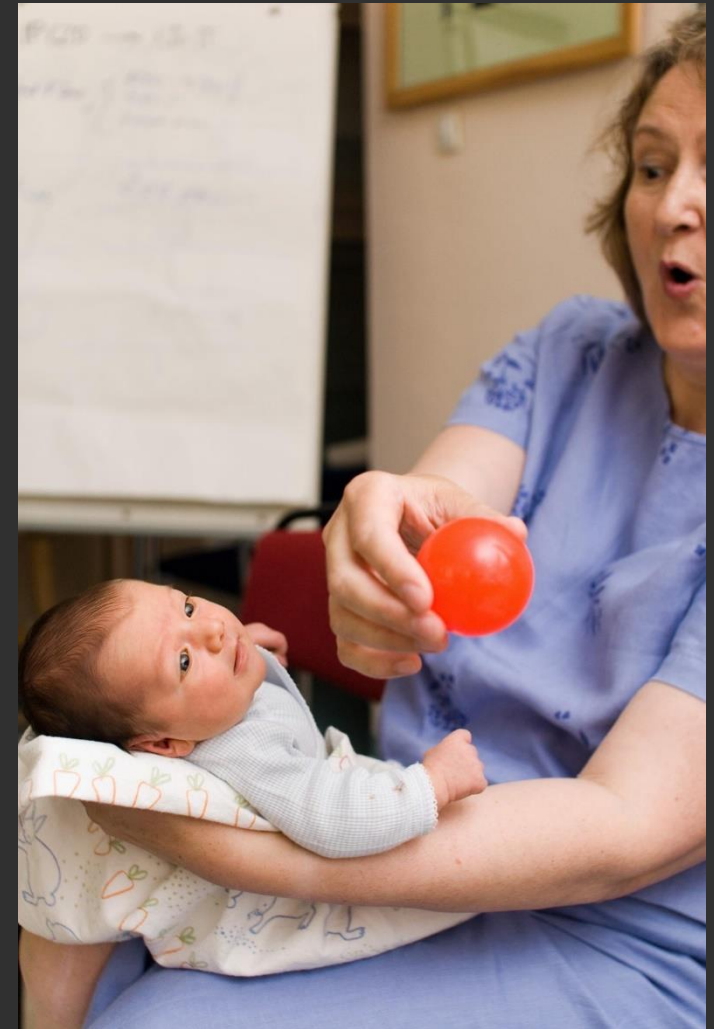
Motor Behavior



# Orientation



Newborn's ability to respond to visual and auditory stimuli



# Habituation



- Newborn's response to unwanted stimuli
- Reflects CNS maturity

# Cuddliness

- Newborn's response to being held
- Seems to convey affection
- Understanding facilitates parents' feelings of competence



# Consoling by Infants

Moves hands to mouth

Sucks on fingers, fist or tongue

Pays attention to voices or faces around them

Changes position



# Consolability

- Newborns have ability to self soothe for short periods, with help to calm & settle.
- Reflects CNS maturity



# Consoling by Caregivers

Different consoling mechanisms may be necessary at different times. Try all methods and see what works best.





# Infant Behaviors

Alertness

Visual Response

Auditory Response

Habituation

Cuddliness

Consolability

Motor Behavior



[Brazelton NBAS](https://vimeo.com/260414677)

<https://vimeo.com/260414677>

# Motor Behavior/Reflexes



# Engagement Cues



# Disengagement Cues





# Feeding Cues "I'm Hungry"

## EARLY CUES - "I'm hungry"



• Stirring



• Mouth opening



• Turning head  
• Seeking/rooting

## MID CUES - "I'm really hungry"



• Stretching



• Increasing physical  
movement



• Hand to mouth

## LATE CUES - "Calm me, then feed me"



• Crying



• Agitated body  
movements



• Colour turning red

### Time to calm crying baby

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking



# Feeding Cues - "I'm Full"

Falling Asleep

Arms and Legs Extended

Lack of Facial Movements

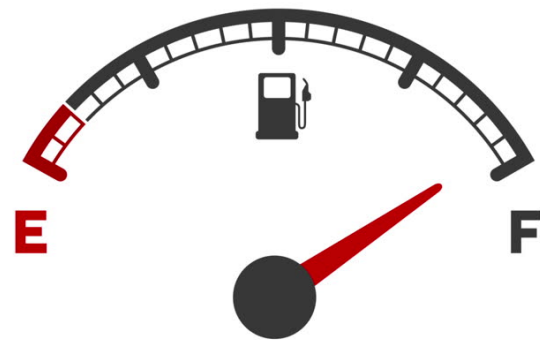
Extended and Relaxed  
Fingers

Decreased Sucking

Back Arching

Arms Straightened Along  
Sides

Pushing Away



All good relationships begin with good communication and understanding the other persons perspective



Attachment to a baby is a long-term process, not a single, magical moment. The opportunity for bonding at birth may be compared to

*falling in love*

Dr. T. Berry Brazelton



# Success in reading behavior:

- Leads to a more satisfied baby
- A sense of accomplishment on the caregivers' part
- Builds on future and more complex interactions



# How can I help???

## Evidence Based Practice

When you offer suggestions about infant care, feeding, or sleep make sure they're based on **CURRENT** evidence.

## Know your limitations

Refer to experts when support needed is outside of your scope or area of expertise.

## Root Cause Global Solutions

Focus on supporting patients short- and long-term goals.



# Further Info:

## Baby Behavior

- The Brazelton Institute / Boston Children's Hospital at Harvard - Newborn Behavioral Observations (NBO)<sup>™</sup> system Training Program
  - <https://www.childrenshospital.org/research/centers/brazelton-institute-research/training>
- UC Davis Human Lactation Center-Baby Behavior Webinar Trainings
  - <https://lactation.ucdavis.edu/>

## Co-Regulation/Attachment

- Zero To Three Organization
  - [zerotothree.org](http://zerotothree.org)
- Office of Planning, Research & Evaluation – Children & Families
  - Principles of Self-Regulation & Whole Family Wellness
- Contact the presenter: [Ingrid-Wilhelm@ouhsc.edu](mailto:Ingrid-Wilhelm@ouhsc.edu)

