Secrets to Baby Behavior:

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

Ingrid Wilhelm, PhD, RN, IBCLC
University of Oklahoma
Fran & Earl Ziegler College of Nursing

Power Dynamics in Healthcare

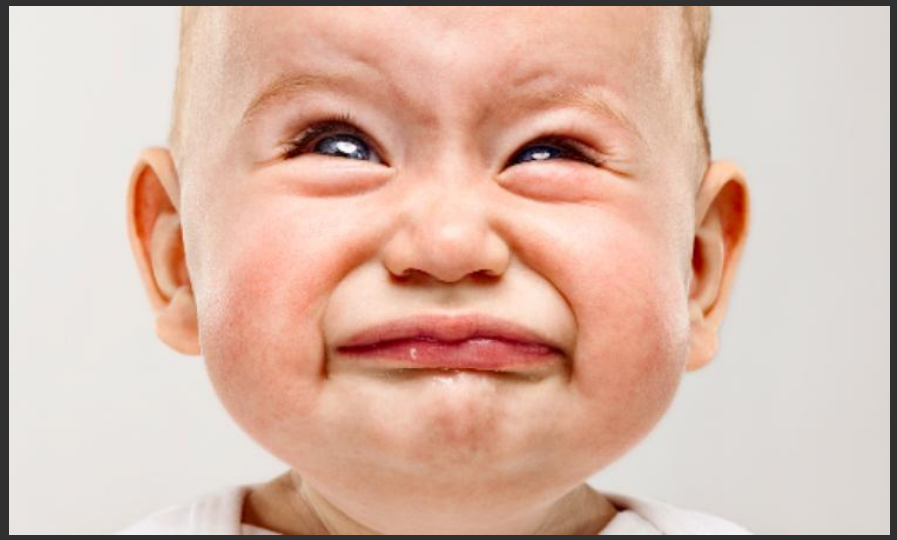
Pivotal Moments in Life

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."

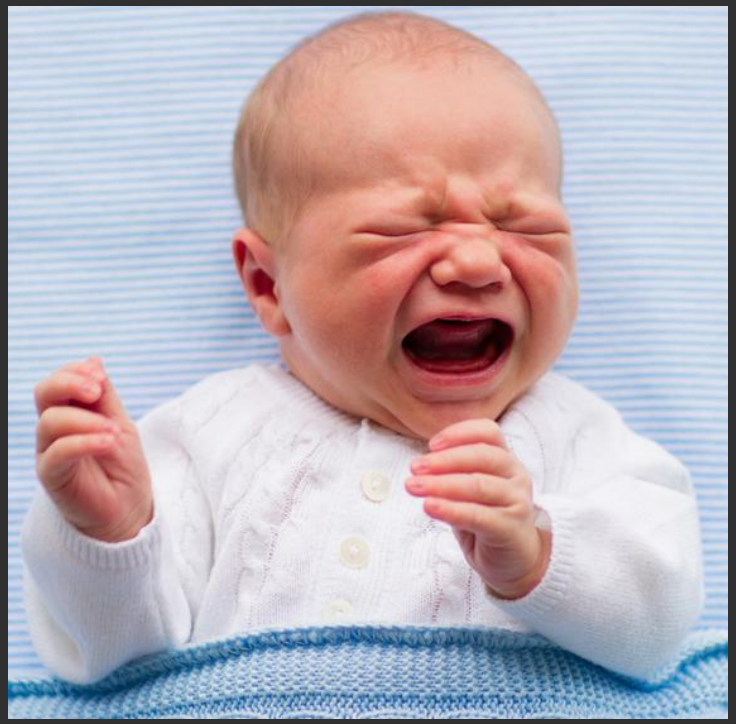
"Infants can't feel pain."

"It's no big deal, he won't remember it anyway…"

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

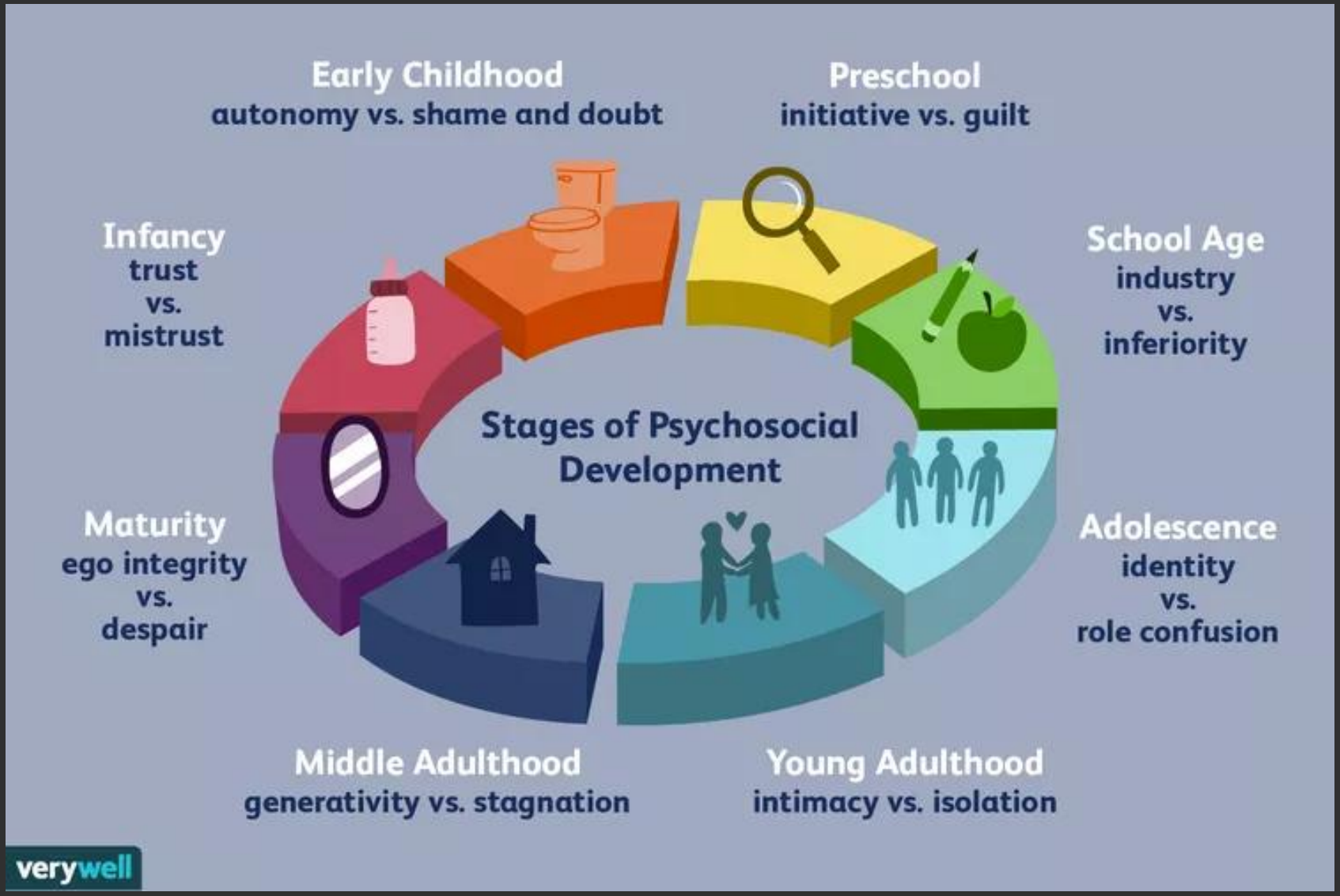
Sleep Training / Cry it Out

- 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.

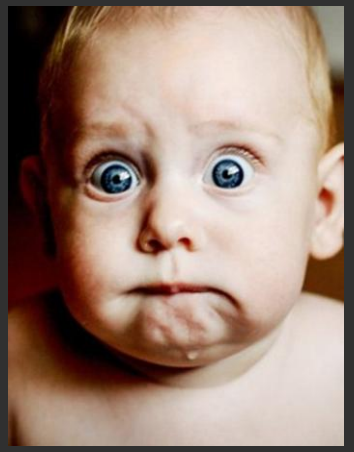


- Physical and Psychological damage occurs in humans **at all developmental stages** when their needs are ***consistently*** neglected or intentionally unmet.

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.

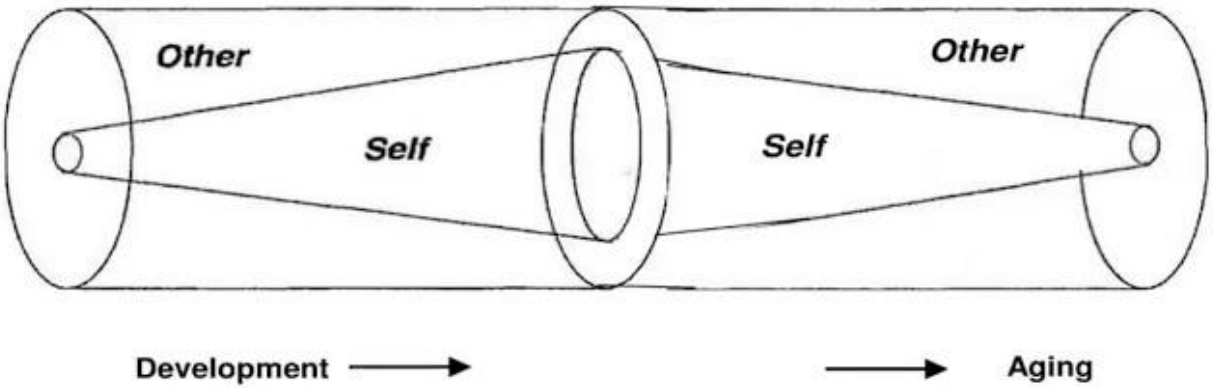
Emotional Dysregulation/Regulation

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
- **Capacity drives regulation!!!**

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 cries

Parent briefly becomes anxious too

But

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

Child's emotions are regulated.

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

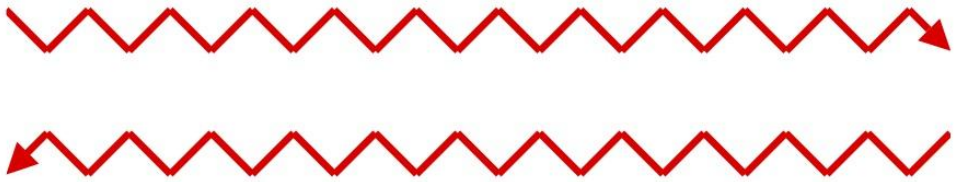
Over time, when the child experiences this on *most* occasions (it does not need to be all of the time) they acquire the capacity, through developing neural networks, to regulate their own emotions.

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:

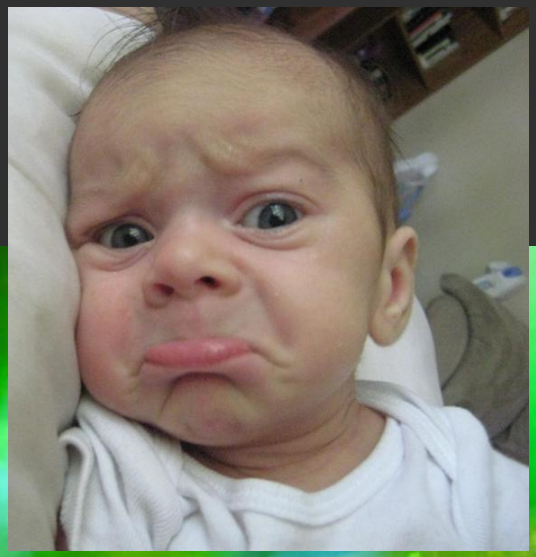
What is typical Physical Development?

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

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

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

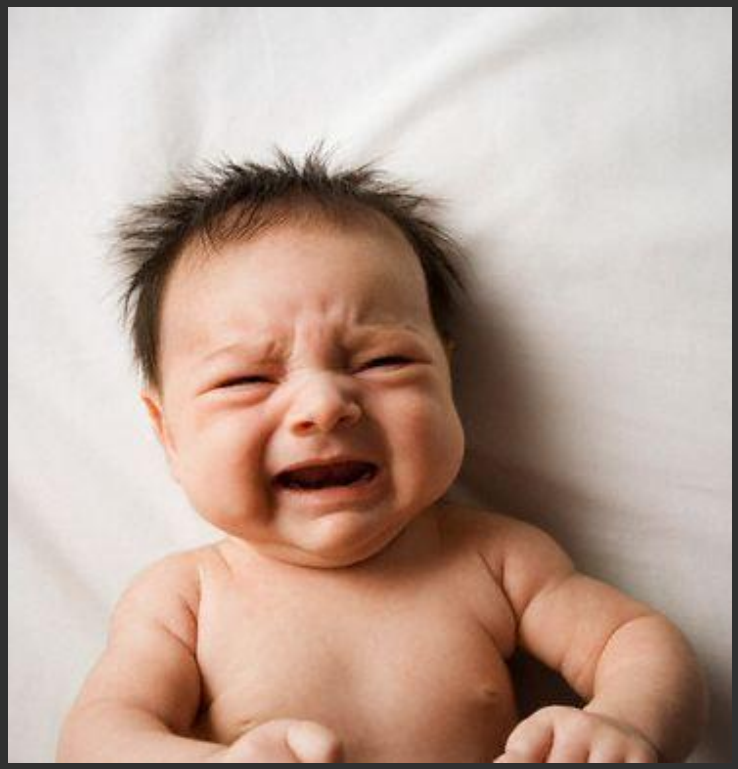
- Much body activity
- Eyes open, but not bright
- Some facial movement
- Irregular respirations
- Fussy, sensitive to stimuli

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

Consolability

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

Consoling by Infants

- Moves hands to mouth
- Sucks on fingers, fist or tongue
- Pays attention to voices or faces around them
- Changes position

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

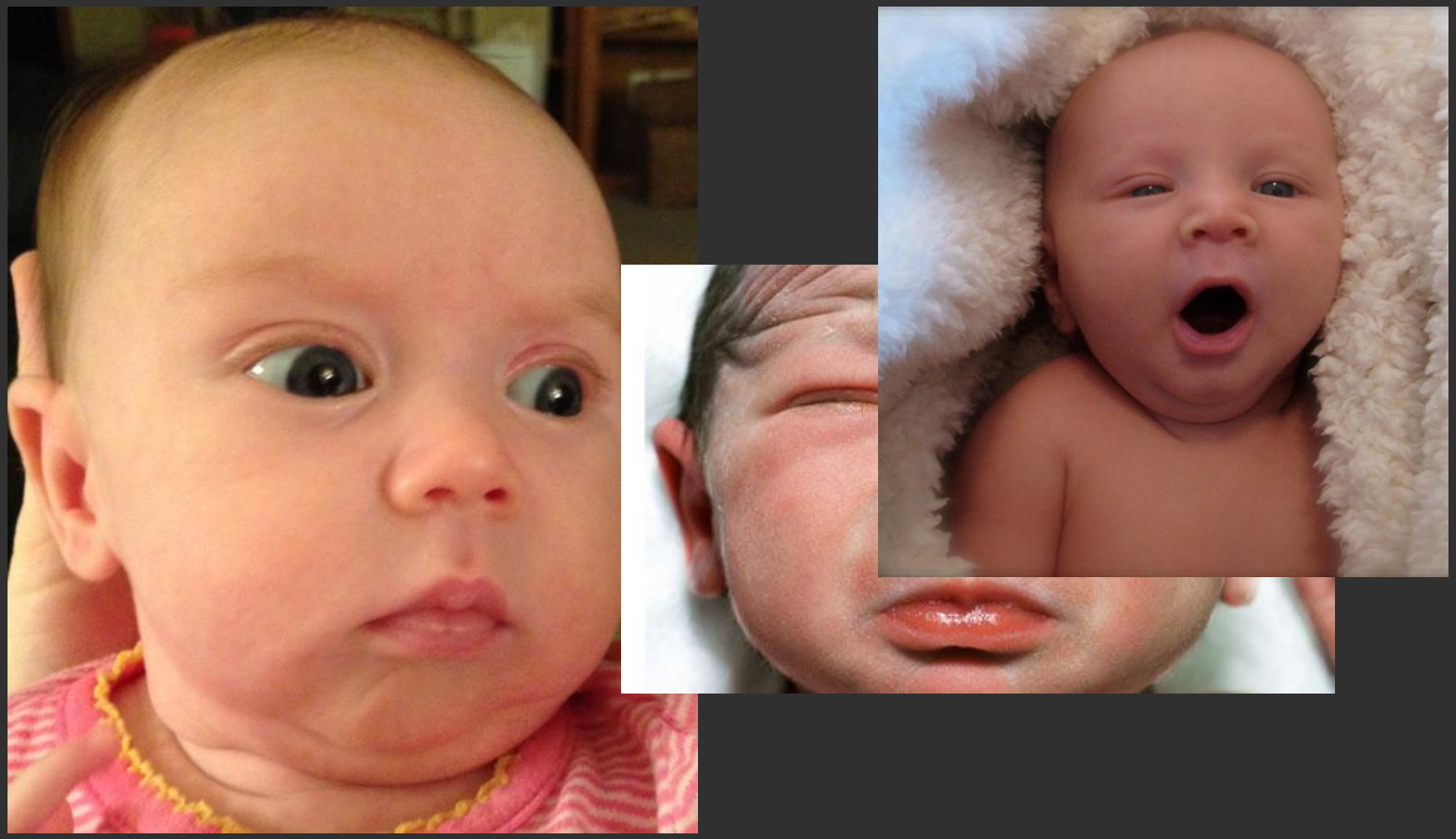
Brazelton NBAS

https://youtu.be/tqc8gKuXs3s?si=iVeiPqVX3mRgweL3

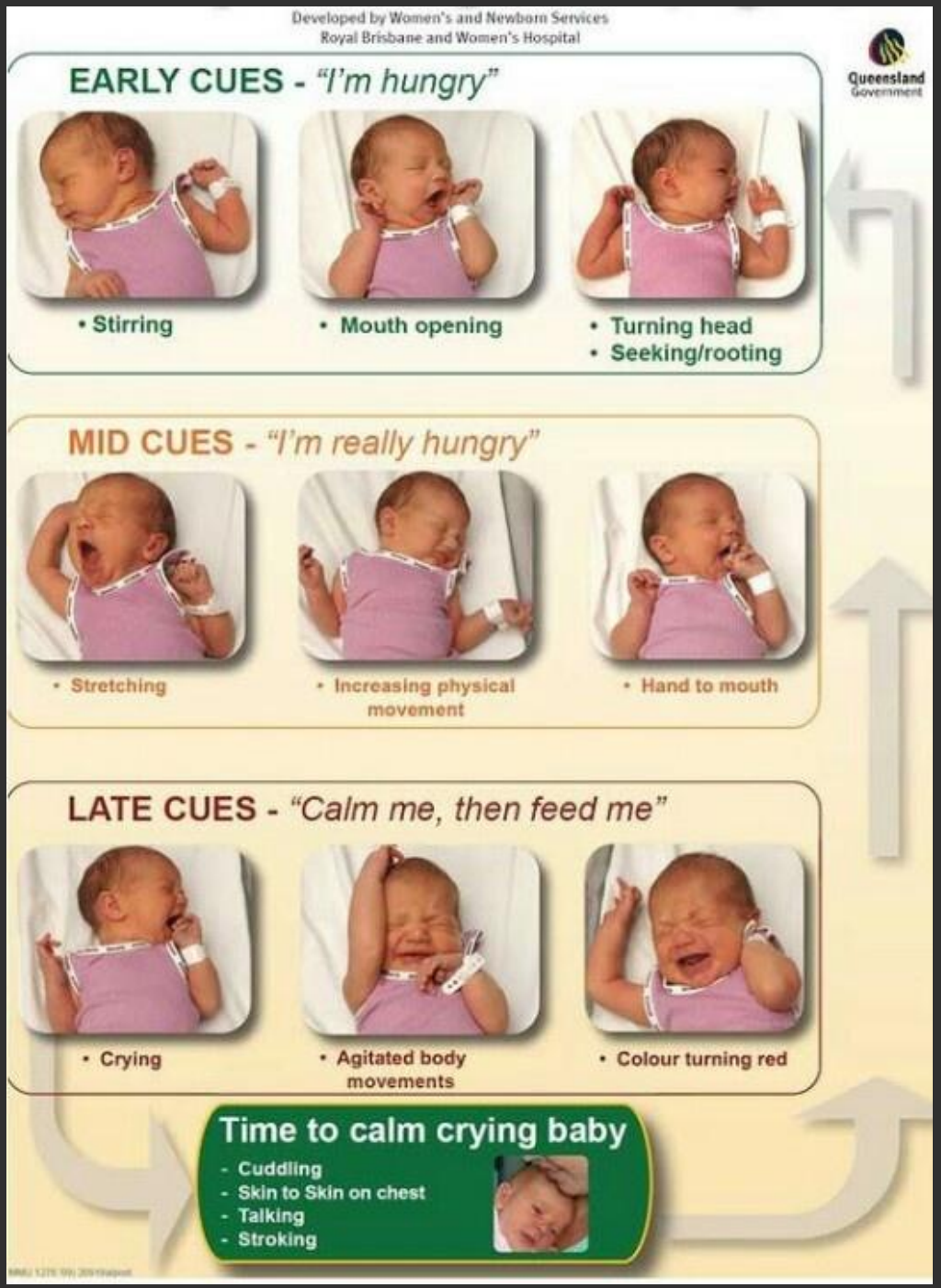
Motor Behavior/Reflexes

Engagement Cues

Disengagement Cues

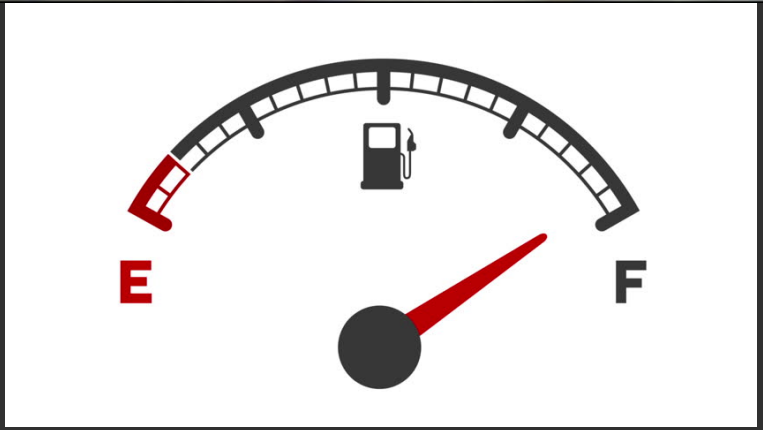


Feeding Cues "I'm Hungry"

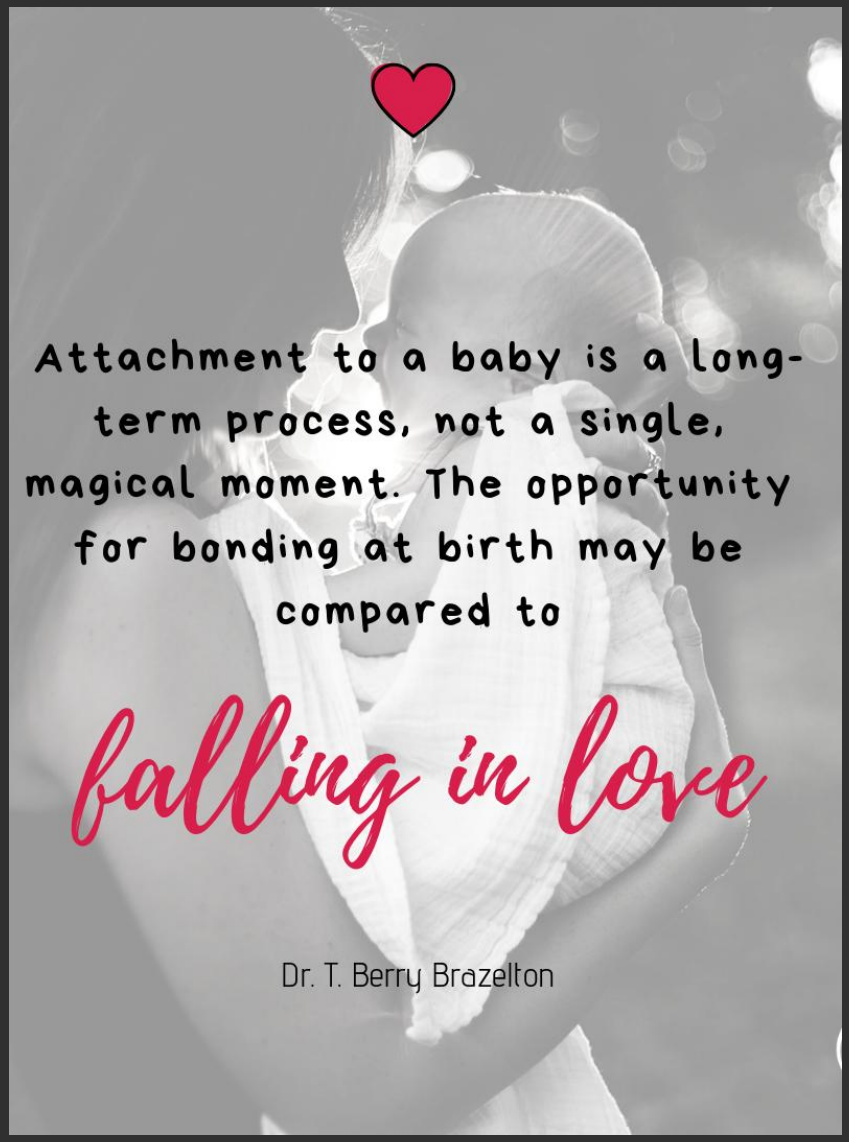


Feeding Cues -"I'm Full"

- 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



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)™ 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
- Office of Planning, Research & Evaluation – Children & Families
  - Principles of Self-Regulation & Whole Family Wellness

- Contact the presenter: Ingrid-Wilhelm@ou.edu