

Promoting Positive Infant-Caregiver Interactions



- Barriers to breastfeeding in the first 30 days
- Physical activity for infants
- Assessment of infant-caregiver interactions, positive interventions
- Quick and easy ways to add Baby Behavior messages while counseling

Quick Review:



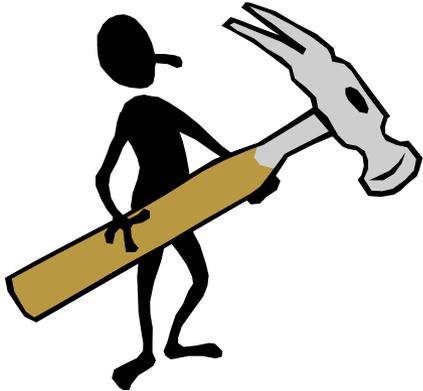
Coping with stress, infant states, cues,
crying, sleep

Coping with Stress

Problem management

Emotional regulation

- If parents can see a solution – they'll try to find ways to fix the problem



- If parents can't see a solution – they'll try to calm themselves down



Glanz J Occup Med 1992; 34: 1071-8.

Helping Caregivers See Solutions

- Caregivers want advice *that works* from calm, confident, knowledgeable people
- They need to know their feelings are *understood and respected*
- They need *tools* to help them see *possible* solutions
- They need to be encouraged to *try* solutions until one works

What Can WIC Do?

- Help caregivers better understand their babies which....
- Helps babies have more control over how much they eat which....
- May help babies maintain their ability to stop eating when they are full, during and beyond infancy

Which State?



Which State?



Which State?



Infant Cues: How Easy Are They to Read?

- Turn to the person next to you and show them an “I want to be near you” cue
- Now try an “I need a break” cue
- How can we tell them apart?

Infant Crying: Solve the Mystery!



Once upon a time, Inez and her 5-month-old son, Miguel, take the bus to WIC.

On the 20 minute bus ride, the baby watches all the people get on and off and smiles at everyone even though he hasn't had a morning nap.

Miguel was just fed 15 minutes before he got on the bus and he starts to squirm and push away from Inez right as the bus gets to WIC.

Just as Miguel and Inez walk in the door at WIC, Miguel starts to cry. Inez thinks it is a mystery. What do you think?

Infant Sleep

- How can you tell if a baby is dreaming?
- Why is dreaming important?
- Who *dreams* more, newborns or babies who are 4 months old?



Congratulations!

- You have learned a lot about Baby Behavior!
- Now, let's a detour and talk about how moms may feed their babies while still in the hospital



Barriers to breastfeeding success in the first 30 days of life



**NEWS
FLASH!**

UC Davis Study: The First 30 Days

- 14 focus groups in English and Spanish (N=97)
- Study focused on mothers' requests for formula in the hospital for their *healthy* breastfed infants
- Mothers use formula in the hospital for many of the same reasons they use it at home



4 Reasons Mothers Supplement Healthy Breastfed Babies

- Mothers have unrealistic expectations about babies (BF & behavior)
- Mothers have a lack of preparation for breastfeeding
- Mothers see formula as the only solution for breastfeeding problems
- Mothers see formula as the solution for Baby Behavior problems

Reason 1: Parents Have Unrealistic Expectations

- “The imagined baby”¹
 - When a mother is pregnant, she imagines the “perfect baby” in her head
 - Includes both hopes and fears
 - Will be very different than how *real baby* will be
- The “quiet, full, sleeping” baby² has been idealized as the “perfect baby”



1. Stern, Pediatrics 1998; 2. Heinig, JHL 2006

Solutions: How to Support Parents

- Prenatally

- Ask moms what they expect in taking care of and feeding a newborn
- Address questions and concerns
 - Gently break the bad news – parenting is tough
- Help moms build a support group for the first few weeks
- Share information about normal newborn behavior

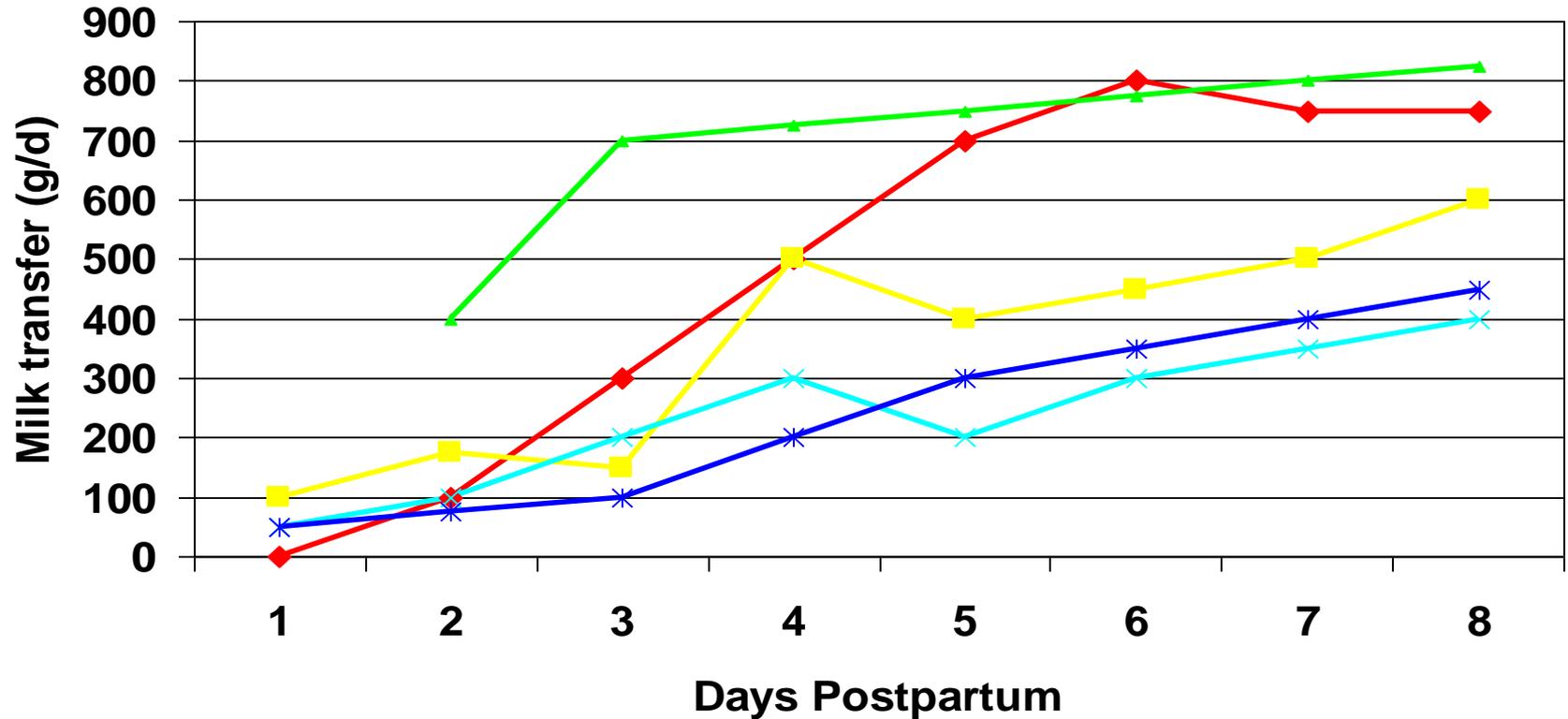
Reason 2: Lack of Preparation for Breastfeeding

- “She had a bottle because the milk wasn’t coming in right away.”
- “She was a big baby. She would wake up and need to be fed every 3 hours!”
- “I pumped and I got nothing.”

The Facts

- Mothers won't feel their milk "coming in" while they are still in the hospital
 - 85% of mothers – feel changes at 24-72 hours pp
 - First time moms' feel changes later (avg. 70 hrs pp) than moms who have BF before (avg. 56 hrs pp)
- Many mothers don't know that colostrum is important too
- How much milk babies get varies at first

More Facts



(Neville MC et al. Am J Clin Nutr 1988)

More Facts

- Newborns need to be fed very frequently
 - Frequent feeds can help moms avoid engorgement
 - May feed every 1-2 hours at first, varies widely
 - Days 4 and 5 usually have the most feeds
- Several mothers thought that the amount of milk pumped was equal to their milk production
 - Pumps are not as effective as babies in getting milk out
 - Because of small volume, colostrum can be difficult to obtain by pumping
 - Too much early pumping can cause engorgement

Solutions: How to Support Parents

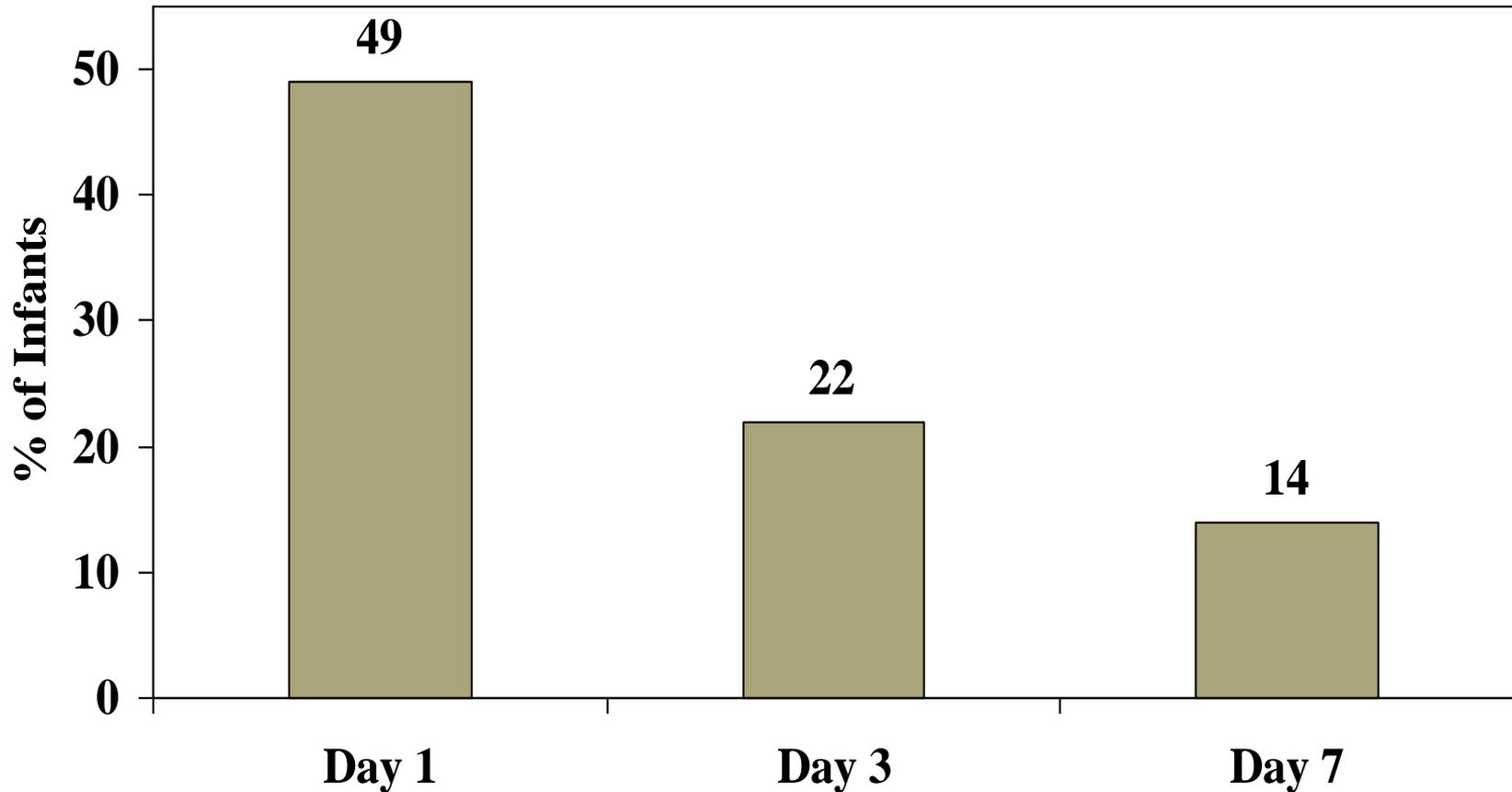
- Make sure that moms know that they won't feel changes until after they leave the hospital and that it can take several days (must follow-up)
 - Reassure them that colostrum is all newborns need
- Help moms to understand that babies need to eat frequently because they are so small
- Make sure that any mom who is pumping is properly trained and supported
 - Limit pumping to those who need it

Reason 3: Formula as a Solution to Breastfeeding Problems

- Moms think formula is a “solution” to *breastfeeding* problems – few believed that initial difficulties could be fixed
 - “He didn’t suck well, he rejected it right away.”
 - “I was wondering why he didn’t want to take it. They told me as a first time mom that it was difficult to put him to breast.”

Facts:

Percentage of Infants with Poor Suck



(Dewey et al. Pediatrics 2003; 112: 607-619.)

Solutions: How to Support Parents

- Make sure that moms know half of all babies will not latch well on the first day
 - Most babies get better quickly with practice (if not, they should call WIC)
- Make sure moms have resources if they have problems or questions

Reason 4: Baby Behavior



- Parents believed that formula would stop infant crying and help baby sleep
 - “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.”
 - “He wasn’t sleeping and was constantly crying and when I would get him to latch, there was nothing.”

The Facts



- Newborn abilities vary widely
 - Ability to control their bodies
 - Ability to control states
 - Social interaction skills
- Cues may be unreadable or conflicting
- When adults respond to baby cues, babies get better at using cues (doesn't have to be mom)
- Sleep is erratic and light (lots of dreaming)

(Brazelton and many others; Poblano Int J Biol Sci 2008)

Newborn Engagement Cues



Newborn Disengagement Cues





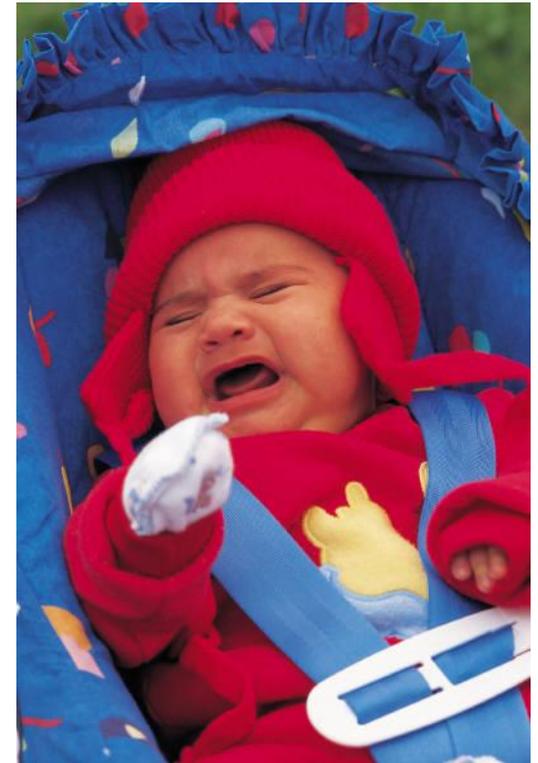
Your Turn

Keeping in mind what we just talked about:

Let's make a list of the *key messages* that we need to tell PREGNANT moms about what to expect in the hospital.

Solutions: How to Support Parents

- Help mothers understand why babies cry and wake
- Help them see the baby's signs of dreaming and cues
- But, very important not to dismiss mothers' concerns too quickly
 - Some babies will be in trouble, sometimes it's the "good" ones



BUT: Sometimes Babies DO Need Early Supplementation (formula)

- Medical reasons (e.g., hypoglycemia, dehydration, congenital defects limiting feeds)
- Mother unable to BF
- Weight loss \geq 10% of birth weight
- No effective feeds at breast (in last 4-12 hrs depending on age)

After Supplementation: Mothers Think They Can't Exclusively Breastfeed Again After Giving Even a Little Formula

- What happens if a baby is given a bottle of formula in the hospital?
- How can parents be supported to go back to exclusive breastfeeding?



After Supplementation



- Once babies were fed formula, some mothers believed their babies would not go back to breastfeeding
 - “They gave him a bottle at the hospital anyway, so what did you expect?”
 - “My thing is to continue to give him formula because that’s what he was used to and he’d take it...I kinda had to give in ‘cause I didn’t have another option.”

Heinig et al. *J Hum Lact* 2006;22:27-38. Heinig et al. *J Hum Lact* 2009

After Supplementation: How to Support Parents



- Don't overemphasize “just one bottle” or “nipple confusion”- Moms may think they must stop BF
- Reassure moms that all babies can go back to exclusive breastfeeding with support
- Reassure moms that babies don't “get used” to bottles when they are so young
 - Half of all babies need a few days to learn to latch even if they've never had a bottle

After Supplementation



- Many mothers thought that if their baby received formula in the hospital that it meant that the feeding recommendation for their baby had changed
 - “They gave us huge bottles, but I really wanted to breastfeed.”
 - “If the hospital uses it [formula], it must be better because they are up to par with research and everything.”
- If supplementation of formula was recommended by a doctor/nurse
 - Specific amount was not given, no end date given, no clear follow-up provided

Heinig et al. *J Hum Lact* 2006;22:27-38. Heinig et al. *J Hum Lact* 2009.

After Supplementation: How to Support Parents



- Ask moms to clarify with the doctor
 - Is it a change in feeding recommendation?
 - How much and how long should formula be given?
- Let doctors know what you are hearing
 - Ask them to consider “prescribing” formula
 - Ask for clear instructions about amounts, frequency, duration, follow-up

After Supplementation: Parents are Afraid

- Exclusive BF may seem overwhelming after giving formula
 - Parents may fear stopping the formula, especially if there was a medical reason for supplementation
 - Some parents may fear stopping the formula even if *another child* of theirs was the one that had a medical problem and had to have a supplement

Thomasgard M, Metz WP. J Dev Behav Pediatr. 1995;16(1):47-53. Boyce WT. Adv Pediatr. 1992;39:1-33.

After Supplementation: How to Support Parents

- Parents need a “safety net” just in case things go wrong
 - Give them indicators that things are ok or not ok
 - How will the baby look?
 - How will the baby behave?
 - Will there be obvious signs?
 - Phone numbers – who can they call and when are they available
 - Action they can take until they reach you

First 30 Days: Summary

- Many moms use formula in the first 30 days because they are not prepared or informed
- WIC can help support mothers' infant-feeding decisions by helping them see “the door” and not feel forced to abandon their breastfeeding goals



The Importance of Physical Activity in Infancy



Physical Activity and Babies

- Why do people need physical activity?
- Do you think babies need physical activity?
- Do you think parents think that physical activity is important for babies?



Physical Activity

- Physical activity is as important for babies as it is for older children
- Babies need to develop strength and coordination in large muscles (arms, legs) and small muscles (fingers, hands)
- Even small amounts of physical activity can help
- Get babies out of car seats when not in car
- Safety is most important



Let's Try Some Physical Activity



Promoting Physical Activity Throughout Infancy and Toddlerhood

- Let's list some physical activities for:
 - Newborns
 - 2-4 month olds
 - 5-6 month olds
 - 7-10 month olds
 - 11-15 month olds

Questions?



Assessing Caregiver- Infant Interactions



Assessing Caregiver-Infant Interactions

- Successful interaction takes 3 steps
 - Caregiver needs to LOOK at the baby
 - Caregiver needs to RECOGNIZE what the baby wants
 - Caregiver needs to know how to RESPOND appropriately
 - **What** to do
 - **When** to do it (taking enough time for babies to react is important)

Schiffman, MCN 2003; 28: 246-51.

Helping Caregivers “Look” -Challenges-

- Let’s make a list of 3-4 reasons why caregivers coming to WIC may not be paying attention to their babies

Helping Caregivers “Look” -Solutions-

- Now let's talk about how WIC can help caregivers with these issues pay closer attention to their babies



More Ways to Help Caregivers “Look”

- Model that it only takes a moment to look at the baby – when you look, she’ll look
- Point out when the baby is changing states and what the baby might do next

What to say to parents...

- “What a wonderful baby!”
- “I love your baby’s outfit”
- “Look at her...how sweet” etc.
- Be sensitive to cultural differences



Helping Caregivers “Recognize” -Challenges-

- Parents who can't recognize their babies' cues will seem frustrated with the baby's behavior
 - “She cries all the time.”
 - “She's constantly hungry.”
 - “My mom says I should just let her cry.”
- They will assume that their babies are thinking like older children

Helping Caregivers “Recognize” -Solutions-

- Ask the caregiver what *she* thinks the baby might need
- Take a few seconds to describe the cue being given and how it differs from other cues
- Support the caregiver as she tries to recognize her baby’s cues (every baby is different)

What to say to parents...

- “Aren’t babies amazing, they try to tell us what they want with their bodies and their noises....”



Honor the Baby. Honor the Caregiver-Baby Relationship.

The Baby Behavior “Secret”

- Say something nice about the baby (it will be easy!)
- Say something nice about the baby’s ability to communicate with the caregiver (the relationship)



Helping Caregivers “Respond” -Challenges-

- Does the mom respond to almost every cue by feeding her baby?
- Does the mom get frustrated if the baby does not react immediately to her efforts?
- Does the baby calm down or seem happier after the mom responds?
 - Have you seen an interaction where the mother’s response makes things worse?

Helping Caregivers “Respond” -Solutions-

- Look for obvious clues first! Diaper, hunger, etc.
- Not obvious?
 - Look for patterns of engagement or disengagement and help caregiver meet baby’s needs
- Still crying?
 - Repetition to soothe
 - Repeat actions or words over and over
 - May take time if infant is very upset

What to say to parents...

- “Isn’t it amazing how your baby can tell you what he wants? Every baby is different but it looks like your baby wants you to....”



Warning!



- Warning signs
 - Moms who don't seem interested in their babies
 - Moms who NEVER talk to their babies
- These moms may have postpartum depression.
- Create a protocol within your agency with exactly what to do if you come across any of these warning signs
- Refer the mother to outside help



Your Turn

- In small groups, discuss:
What is **1** thing you can do **in your clinic** to improve caregiver-baby interactions?
Address any or all of these:
 - Helping parents LOOK at their babies
 - Helping parents RECOGNIZE their babies' cues
 - Helping parents RESPOND to their babies' cues appropriately

Adding Baby Behavior Messages in Counseling and Classes



Teaching Baby Behavior at WIC

- When caregivers feel frustrated, help them feel respected and understood (**provide tools**)
- Make sure that nothing in your clinic prevents caregivers from being able to **look, recognize, and respond** to infant cues
- **Model** how to respond to infant cues
- **Refer** those who need more help to appropriate professionals

When to Educate Parents About Infant Sleep

- Ideal time: Prenatally
- Why?
 - Anticipatory guidance: prenatal women WANT to learn about their babies
 - Parents need this information **soon after birth**
 - Parents may not attend a postpartum class until month 1 or 2, need messages earlier!
 - First time moms may not find the sleep messages immediately useful, repeated messages may help

Key Messages: Infant Sleep

- How babies sleep
 - 2 types of sleep
- Sleep patterns change
 - Less waking!
- Some parents may need to wait to put their newborns down until the babies stop dreaming
- Ways to increase active sleep



When to Educate Parents About Infant Cues

- Ideal time: Early postpartum (Birth-3 mos.)
- Why?
 - Parents have their own babies with them
 - Every baby is different
 - Not as immediate & useful prenatally

Key Messages: Infant Cues

- How to identify engagement/disengagement cues
- The difference between hunger and other cues



When to Educate Parents About Infant Crying

- Ideal time: Prenatal or very early postpartum
- Why?
 - Parents think crying = hunger and supplement early
 - Crying peaks at 6-weeks of age
 - Parents need tools to deal with newborn crying and excessive crying

Key Messages: Infant Crying

- Crying is one way babies communicate
- Many reasons babies cry
- Understanding cues = reduced crying
- Repetition to soothe when needed



Baby Behavior **CHALLENGE**

In groups, use the form
Baby Nutrition Questions (Birth-5 Months)
to complete the following challenge...

STEP 1:

- Circle any answers related to **Baby Behavior** on the form that could help you identify a possible challenge with the baby's behavior.

Baby Behavior **CHALLENGE**

STEP 2:

- For the answers you found, choose **one Key Question** you would ask the parent to help better understand if this is a baby behavior challenge.

****These babies are all healthy and growing well!****

Baby Behavior **CHALLENGE**

STEP 3:

- What is one **Key Baby Behavior Message** you would share with this parent?
- What **handout** would you use to help deliver that message?

These babies are all healthy and growing well!

Baby Behavior **CHALLENGE**

➤ Now we'll go over the messages your group chose to share!

➤ Pick one person from your group to share...

➤ *Ava*

➤ *Inez*

➤ *Jayden*

➤ *Joshua*

➤ *Tobias*

****Remember, these babies are all
healthy and growing well!****



Quick and Easy Ways to Add Baby Behavior Messages While Counseling

Example 1: Trimester Checks



- “Have you received a countdown calendar before?”
 - (If no): “Here is a calendar with tips and facts about your baby’s 1st 6-weeks.”
- “The 1st 6-weeks are challenging. It takes time to get to know your baby and your baby will only sleep for short stretches of time.”
 - Explain while showing the inside cover to the participant

Example 2: Enrolling a Pregnant Mom

- “Here is a really helpful handout that will tell you why babies wake-up a lot and why that’s healthy.” (Point out the average waking times)
- “Sometimes babies need to wake-up to have their diapers changed, to get warm, to eat, or even to breathe.”
- “Your baby will wake-up less and less as she gets older.”
- What tips can you share?



Example 3: Enrolling an Infant

Have the 3 handouts out on your desk:

- Why Do Babies Cry
- Understanding Your Baby's Cues
- Healthy Sleep: For You and Your Baby

Ask the Mom:

- “Here are some new handouts we have about Baby Behavior. Would you like to learn more about any of these topics?”

While you are entering data in ISIS ask the mom to read through the handout she chose.

When she is done looking through the handout, ask:

- “Did you see anything that might be helpful to you with your baby?”
- OR—“Did you read anything that surprised you?”
- Encourage her to attend a group class to learn more.

Sharing Baby Behavior Messages in a Group Setting:

Teaching Baby
Behavior