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Using Baby Behavior to Support Informed Infant Feeding Decisions: Part 2
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Disclosures

I have nothing to disclose.

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Webinar Structure

Part 1
- Baby Behavior background and scale up
- Baby Behavior basics
  - States and Cues
  - Infant Crying
  - Infant Sleep
- Answering your questions

Part 2
- Newborn behavior and early breastfeeding challenges
- Our communication "style"
- Baby Behavior: Application in health care
- Answering your questions

NEWBORN BEHAVIOR AND EARLY INFANT FEEDING DECISIONS
Maternal Request for Supplementation of Healthy Breastfed Newborns

- Supplementation common in CA hospitals
- Cultural practice?
- 14 focus groups in English- and Spanish-speaking WIC participants (N=97)

DaMota, et al. JHL 2012

3 Major Themes

- Unrealistic expectations about newborns and parenting
- Early feeding challenges
- Formula seen as the “solution”
Parents’ Unrealistic Expectations

- “The imagined baby”
  - Parents’ prenatal construct of the baby
  - Will be in conflict with the real baby
- Caregivers have idealized the “quiet, full, sleeping” baby

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.”

Unrealistic Expectations about Newborns

- 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.”
EARLY FEEDING CHALLENGES

- Day 1 / Day 2 Contrast
- Onset of Milk Production
- The Perfect Latch

Day 1: The “Good” Baby

- Parents will think:
  - What a “good” quiet, sleeping baby!
  - And then…

Days 2 & 3: Everything Changes

- Baby is expected to be quiet and sleeping, but now… SOMETHING IS WRONG!
- May drive requests for formula

Nugent 2007; DaMota et al. JHL 2012
Onset of Milk Production

- "She had a bottle because the milk wasn’t coming in right away."
- "They would also help show how to position him so that I could breastfeed him but no milk would come out and no milk would come out so then I had to give him formula."

DaMota et al. JHL 2012

The Facts: Milk Onset

- 85% of mothers - milk comes in at 24-72 hours pp
  - 70 hrs pp primips
  - 56 hrs pp multips


The Perfect Latch

- "He didn’t suck well, he rejected it right away."
- "I gave her formula, I would put her close but she would barely latch on. It was if she wanted everything to be easy and for everything to be fast. And I would say ‘I can’t do it either.'"

DaMota et al. JHL 2012
The Facts: Percentage of Infants with Initial Poor Suck

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<th>30</th>
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<td>Day 1</td>
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Frequency of Feeds

- "He was constantly eating like every 45 minutes to 1 hour, I just couldn't sit there and feed him so I moved him to a bottle."
- "She was a big baby. She would wake up every 3 hours like clockwork wanting to be fed."

DaMota et al. JHL 2012

The Facts: Early Breast Milk Volumes

- **Day 1**
  - 13 ± 6 g/kg (range 3–32 g/kg)
  - ~50 mL for a 3.6 kg newborn
- **Day 3**
  - 98 ± 47 g/kg (range 50–163 g/kg)
  - ~350 mL for a 3.6 kg newborn
- **Day 5**
  - 155 ± 29 g/kg (range 110–196 g/kg)
  - ~560 mL for a 3.6 kg newborn

Formula as the Solution

- “He wouldn’t stop crying so the nurse gave him a bottle. He latches fine to a bottle so I said ‘okay.’”
- “I just wanted to give him formula because he was crying and always awake.”

Challenge #1:
Identify specific information that is needed.

Challenge #2:
Messages must be short, effective, and inoffensive.
Theoretical Approach

Coping with Stress

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

- If people don’t believe there is a solution –
  **Emotional Regulation**
  - Reinterpret goals
  - Disengage, detach
  - Denial of consequences
  - Anger, aggression


Emotional Regulation = Resistance to Education
How It All Works Together

Focus has been on the feeding practice.

Baby Behavior focuses on beliefs and common baby behaviors.
“Side Effects”

The Expectation Divide

<table>
<thead>
<tr>
<th>Expectations</th>
<th>Reality</th>
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<tbody>
<tr>
<td>Babies' behavior is mysterious and &quot;out of no where&quot;</td>
<td>Babies always have a reason for their behavior – use cues</td>
</tr>
<tr>
<td>Babies cry only when tired, hungry, or wet</td>
<td>Babies cry for many reasons, responding to cues = less crying</td>
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<tr>
<td>Babies should sleep through the night within the first few weeks</td>
<td>Babies need several months to be ready to sleep through the night</td>
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Parenting
Newborn Cues

Engagement
- Eyes open
- Follows voices
- Feeding cues
- Mouthing
- Raises head
- Attempts eye contact
- Smoother movements

Disengagement
- Eyes closed
- Yawn
- Glazed expression
- Grimace
- Attempts to turn head
- Tension
- Arched back
Responding to Cues Builds Brains!

Hunger: Clustered Cues

Visitors and Overstimulation
Newborn Sleep/Wake Cycle

Newborns start sleep in **Active Sleep (AS)** (dreaming for 20-30 mins) and move to **Quiet Sleep (QS)**. Infants in active sleep may wake up easily when put down, because active sleep is a light sleep.
SLEEP DISCHARGE TIPS

• Sleep deprivation is unavoidable
• Wait for quiet sleep before moving baby too much
• Get help at home
• Pace your visitors
• Ask friends and family to help you get 2 hour naps
• Keep baby nearby at night
• Keep lights low at night unless bright light is needed
• You will sleep again…

Expectations  Reality

Crying babies are hungry  Babies cry for many reasons
Milk should come in right away  Milk comes in after hospital discharge
Latch should be perfect the first time  Effective latch may take several days
Baby should feed every few hours  Babies should feed when hungry
Formula is needed for all challenges  Formula is only needed for medical concerns

Early Crying

Lactation
The Feeding Transition

“Feeding” vs. Volume

Latch Roller Coaster

- Practice makes it happen
- Support mother to monitor progress
- Small steps are good
- "No change" = needs help
TEACHING PARENTS ABOUT BABY BEHAVIOR

The Cornerstones of Baby Behavior

1. Engage the caregiver using your knowledge of newborns and BF
2. Stay with the basics that relate to caregiver needs
3. Value and validate the baby’s skills

Warn Parents about Day 2

- Day 1 – While baby sleeps, parents need warning about day 2
- Day 2 – Reassure parents that demand for feeds is normal and healthy (help them recognize disengagement)
Navigating the Transition

Uncertainty is certain

Put it Together – Day 2 Crying

“Listening to Sarah cry is hard, she’s just letting us know she needs some help. Remember how we said that Sarah would get more fussy today because she is waking up and ready to try latching. How did that last feed go?”

Put it Together - Overstimulation

“Before I came in, was Sarah turning away from you, closing her eyes, or arching? She’s telling you that something is bothering her. What do you think might be bothering her? The TV? Yes, it might be a little loud, let’s try turning it down.”
Put it Together – Latch Challenges

“Does Sarah keep shaking her head? Yes, that’s her way to tell you that she doesn’t have a deep enough latch. Lots of moms think their babies are saying ‘no’ when they do that, but Sarah is really telling you to try again. May I help you try?”

Can You Explain What You See?

Can You Explain What You See?
What words will you use?

A new mother calls you shortly after her 6 morning visitors leave, the 22-hour-old newborn (Mari) is fussy and arching away from the mother who says “she hates breastfeeding, she won’t do it. She’s rejecting the breast. We need a bottle.”

What message(s) does she need?
How will you share the message?

Baby Behavior in Action

Questions? Confused?
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Thank you!!