




**NYS Prevention Agenda
Webinar Series**

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

 **SCHOOL OF PUBLIC HEALTH**
UNIVERSITY AT ALBANY State University of New York

 **NEW YORK**
STATE OF FORESTRY

 **Department
of Health**

Welcome!

Today you will hear a presentation via your computer speakers and have the opportunity to ask questions via the chat function.

Find resources and materials at:
nyspreventschronicdisease.com


Today's session is being recorded

Webinar Guidelines

Please designate one person at the computer

Adobe Features you will use today:

- Chat Box



Evaluations

Nursing Contact Hours, CME and CHES credits are available

Please visit nyspreventschronicdisease.com to fill out your evaluation and complete the post-test



Conflict of Interest & Disclosure Statements

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

No commercial funding has been accepted for this activity.

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

M. Jane Heinig, PhD, IBCLC
Jennifer Bañuelos, MAS
UC Davis Human Lactation Center



Disclosures



- I have nothing to disclose.

- **Acknowledgement**

- Parts of this work has been funded at least in part with Federal funds from the U.S. Department of Agriculture, Food and Nutrition Service. The contents of this publication do not necessarily reflect the view or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.
 - USDA WIC Special Projects Grant 2006-2009
 - USDA WIC Special Projects Grant 2011-2014

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

Maternal Request for Supplementation of Healthy Breastfed Newborns

- **3 Major Themes**
 - Unrealistic expectations about newborns and parenting
 - Early feeding challenges
 - Formula seen as the “solution”





The Imagined Baby

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



Stern 1998; Heinig et al. 2006

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."*



DaMota et al. JHL 2012

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."*

DaMota et al. JHL 2012



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...



Nugent 2007; DaMota et al. JHL 2012

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

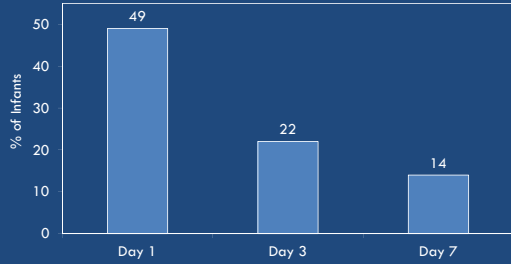
Dewey et al. Pediatrics 2003; 112: 607-619.

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



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

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

Casey et al. *Am J Dis Child* 1986; 140: 933-936.

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."*



DaMota et al. JHL 2012



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 –

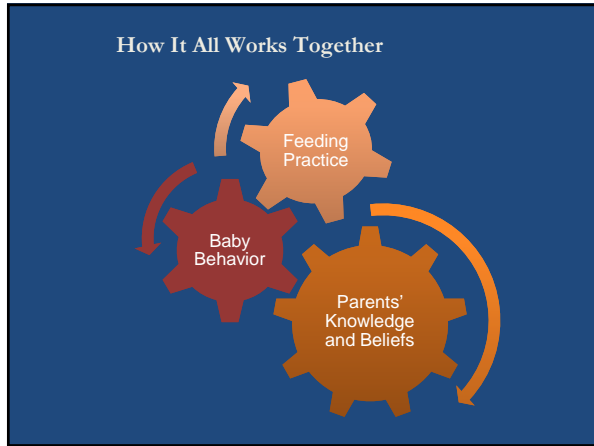
Emotional Regulation

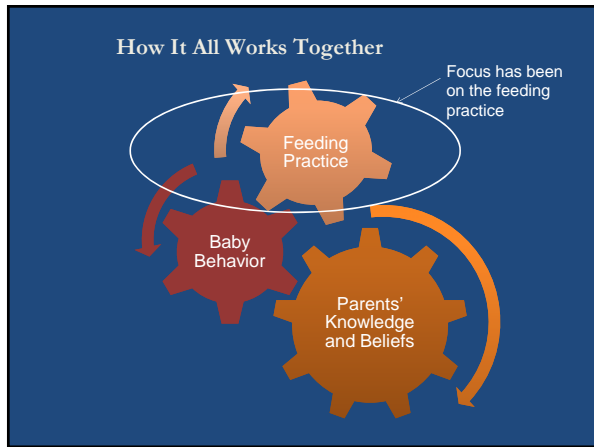
- Reinterpret goals
- Disengage, detach
- Denial of consequences
- Anger, aggression

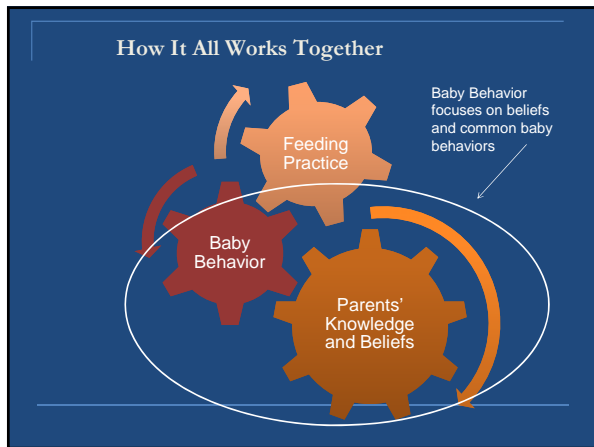
Glanz J Occup Med 1992; 34: 1071-8.



Emotional Regulation = Resistance to Education







“Side Effects”



The Expectation Divide



Expectations

- Babies' behavior is mysterious and “out of no where”
- Babies cry only when tired, hungry, or wet
- Babies should sleep through the night within the first few weeks

Reality

- Babies always have a reason for their behavior – use cues
- Babies cry for many reasons, responding to cues = less crying
- Babies need several months to be ready to sleep through the night

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



Engagement



Disengagement

Responding to Cues Builds Brains!



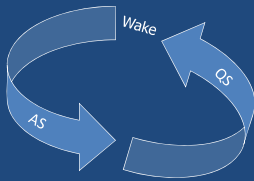


Hunger: Clustered Cues



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



Active Sleep



Quiet 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 to get 2 hour naps
- Keep baby nearby at night
- Keep lights low at night unless bright light is needed
- You will sleep again...



Expectations

- Crying babies are hungry
- Milk should come in right away
- Latch should be perfect the first time
- Baby should feed every few hours
- Formula is needed for all challenges

Reality

- Babies cry for many reasons
- Milk comes in after hospital discharge
- Effective latch may take several days
- Babies should feed when hungry
- Formula is only needed for medical concerns

Lactation

Early Crying



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*



Simplification of NBO and NCAST interventions

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?

For More Information

- Jane Heinig – UC Davis Human Lactation Center
lactation@ucdavis.edu
530-754-5364
 - Website
<http://lactation.ucdavis.edu>
- Blog: www.secretsofbabybehavior.com



Thank you!!
