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NC/SC Perinatal Association

The HUG: Helping Parents Understand their Newborn

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- 1) Introduction
 - a) History of child development's view of what influences the developing child
 - b) What do parents want and need?
 - c) What does child's behavior mean to parent?
 - i) See baby as REAL PEOPLE with whom parent can have a relationship (White)
 - ii) Temperament: Intensity, Persistence, Sensitivity, Perceptiveness, Adaptability, Regularity, Energy, Mood
 - iii) "Goodness of Fit"
 - iv) Trajectory
 - d) Growing a brain: *Neurons to Neighborhoods*, Why Love Matters, Disorders of Emotional and Behavioral Regulation in the First Year of Life
- 2) Hug Strategies
 - a) Start Here, not There
 - i) Consider their agenda, not yours
 - b) See, then Share
 - i) Share baby's behavior (Brazelton)
 - ii) Types of "sharing": Broadcasting (describe what you SEE), Commentating (Describe MEANING of what you see)
 - c) Gaze, then Engage
 - i) Consider "Goodness of Fit"
 - ii) Consider "Sticky Points": You feel uncomfortable, parent's intensity is out of proportion, story does not make sense, or parent "clouds over" (tears up).
- 3) Does language used for teaching matter?
 - i) Words must be clear (use power of three)
 - ii) Words must be concrete, not abstract
 - iii) Words should associate new idea with familiar idea
- 4) Describe three HUG Zones (or states)
 - a) What primary skills do parents need?
 - i) To understand a baby's sleep/wake cycles (state)
 - ii) To recognize when a baby's body is sending out a stress response
 - b) Understanding "Zones" instead of "States"
 - i) State is a combination of infant behaviors and responses that describe where a baby is on a continuum from asleep to crying
 - ii) Sleep/wake cycles develop in utero
 - c) HUG language
 - i) Resting Zone, Ready Zone Rebooting Zone
 - ii) "Almost" refers to in-between Zones
 - d) Elements of Zones; baby's general body activity, eye movement, facial movement, vocalizing, breathing pattern, level of responsiveness
 - e) Reasons it is important that babies develop stable and distinct Zones
 - i) Managing Zones determines how a baby presents himself.
 - ii) Managing Zones influences the parent's behavior
 - iii) Zone regulation gives us a window neurological system

- f) What is “self-regulation” – finding homeostasis, meeting the routine challenges of stimulation from the world, Centering oneself, “Getting to where they’re going!”
 - g) Zone regulation contribute to later cognitive, language and social development
- 5) Describe newborn’s SOSs (Signs of Over-Stimulation) or stress response and explain how this information will help parents;
- a) Recognize a baby’s SOS
 - i) Body SOS
 - (1) Change in color – red or pale
 - (2) Change in breathing – irregular or choppy
 - (3) Changes in movement – jerky or tremors
 - ii) Behavioral SOS
 - (1) Switching off (gaze aversion)
 - (2) Spacing Out (going from the Ready Zone toward the Resting Zone)
 - (3) Shutting Down (going from drowsy to the Resting Zone)
 - b) Is stress response important in babies? (Neurons to Neighborhoods study)
 - (1) Stress elevates cortisol
 - (2) Elevated cortisol changes brain
 - (3) Stress lowers threshold to stress later in life
 - (4) Negative consequences mediated by nurturing, dependable relationships
 - c) Organization of Zones and SOSs is a two-way street: parent to child, child to parent
- 6) Helping the crying baby
- a) Misunderstanding crying confuses parents
 - b) Excessive crying: triggers child abuse, increases maternal depression
 - c) What is normal crying – Increasing at 2 weeks, peaks at 6 weeks, and decreases at 12 weeks
 - d) “Learned Helplessness”
 - e) *What T.O. Do*
 - i) “T” – Talk to baby. Soft sing-song voice can comfort baby
 - ii) “O” – Observe – Does baby take actions to self-comfort? (bring hand to mouth, make sucking movements, use fencing reflex, demonstrate behavioral SOSs – “Switching Off”, “Spacing Out”, “Shutting Down”)
 - iii) “Do” actions: Step-wise approach (Brazelton) hold hands to chest, swaddling, encourage sucking, swaying, Dr Harvey Karp’s “shushing, and side position
 - f) What about pacifiers and swaddling?
- 7) Helping a baby sleep well
- a) Influences on sleep
 - i) Development of types of sleep
 - (1) REM - active/light sleep (begins at 7 months gestation)
 - (2) Non-REM = still/deep sleep (begins at 8 months gestation)
 - ii) Development of circadian rhythm – melatonin hormone helps people tell day from night
 - (1) begins in utero and established by 6 weeks
 - (2) newborn sleeps 16-20 hours a day, awakening ever 2-3 hours
 - iii) Parent’s care
 - (1) A baby sleeping at night for some parents can feel like separation
 - (2) Concept of nighttime Parenting (Dr. Sears) -“Re-settlers or self-soothers” can get self back to deep sleep, others need your help
 - (3) Prepare baby to sleep: quiet, dark room at night; active, light environment during day
 - (4) Get baby to sleep: put baby down awake
 - (5) Help baby stay asleep: don’t pick up during active/light sleep
- 8) Helping a baby eat well
- a) Mothers continue breastfeeding when they see their baby as “satisfied”
 - i) Signs of effective breastfeeding: good latch, sucking well, emptying breast, gaining weight, lots of pees and poops
 - ii) Non-feeding cues: ability to calm, to organize state, to cuddle, to become alert, to make and maintain eye contact
 - b) Comfort a baby who “Spaces Out” or “Shuts Down” at feeding time.
 - c) If it’s not time to eat, don’t awaken baby
 - d) If it is time to eat, awaken baby from active/light sleep.
- 9) Describe the range of a normal newborn’s ability to respond to visual and auditory stimulation
- a) 61% of new parents think babies “cannot take in the world” until they are 2 months old
 - b) Baby’s capabilities
 - i) Baby’s vision

- c) Steps to paying attention – Quieting, turning, looking
- d) Help parent see capabilities and how to engage with baby will enhance parent-child relationship
- e) Babies can't multitask – use comforting techniques to help baby get to Ready Zone

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