

## High Five for Success: Preparing Parents for their Hospital Experience

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### Equipping Families with the “Must Knows” for the First Few Days

#### The Power of Anticipatory Guidance

Anticipatory guidance is, simply, helping families know what to expect. New mothers and their “champions” (a partner, family member, or friend) are often anxious about parenting, and have additional concerns about breastfeeding. Knowledge is power. Anticipatory guidance helps alleviate stress and fears by helping new parents prevent common concerns, know how to interpret their baby’s behavior, and thereby build confidence.

#### The Power Hour – Fall in Love

##### What We Know

- Being together in the first hour after birth is the biological norm for infants and mothers. It supports the notion of a “sensitive period” identified in the research as a period beginning with the onset of labor and lasting for several days. This period is heightened during the first hour, when mothers and babies are especially open to taking in one another. (Klaus & Kennel 2001)
- Babies have physiological reactions to being separated from their mothers after birth.
  - When babies are close, skin to skin, oxytocin is released in both mom and baby, and endorphins are also released to help enhance mothering feelings and stimulate the desire to protect and bond with the infant.
  - Separation causes babies to feel unsafe, and begins a cascade of behaviors and physiological reactions, including: Protest, Despair, and Detachment/Disconnect.
  - Separation releases high levels of stress cortisol in the infant’s brain which can cause changes in the DNA to prepare the body for more “danger” from separation.
- Infant senses activated in the first hour
  - Touch
  - Seeing
  - Hearing

- Smelling
- Tasting
- 9 Steps to the Breast occur when mothers are able to stay in close skin-to-skin contact after the birth. The mother's champion can enjoy this experience with her as they "fall in love" with the newborn together. They can watch for the following steps:
  - Birth cry
  - Relaxation
  - Awakening
  - Activity
  - Rest
  - Crawling/sliding
  - Familiarization
  - Suckling
  - Sleep

#### Address Barriers If:

- *Visitors are anxious to see and hold the baby.* Pregnancy is the perfect time for parents to educate their family and friends about the early period after birth and the need for moms and their champions to be together. Ask moms to consider a "no passing" rule during the first hour.
- *C-Section birth.* If moms have a cesarean section, let them know that it's just as important to be with their baby as soon as both mom and baby are stable.
- *Mothers does not plan to breastfeed.* Helping a baby gently adapt to life outside the womb is a crucial need for all babies, not just breastfeeding infants.

## Skin to Skin Care (SSC)

### What We Know

- SSC is crucial to helping babies become stable after birth, including:
  - Heart and breathing rates (Aucott 2002)
  - Oxygen levels (Tornhage 1999)
  - Blood glucose levels (Yamauchi 1997)
  - Warming the baby (Ludington-Hoe et al. 2006; Bergman 2004)
  - Pain relief (Johnston et al 2014; Ludington-Hoe 2000)
  - Lower stress in mom and baby (Charpak 2005)
  - Better milk production (Bier 1996)
- SSC helps increase breastfeeding rates. (Moore 2012)
- SSC is so crucial to helping the baby transition to his new world that ALL infants deserve this, not just breastfeeding babies.
- SSC can also be conducted by the baby's father.

**Address Barriers if:**

- *Vernix seems “nasty” to parents.* Teach moms that vernix has antibacterial properties and also helps moisturize their baby’s very delicate skin.
- *Visitors want to see and hold the baby right away.* Pregnancy is the perfect time for parents to educate their family and friends about the “magical first hour” and skin to skin, and the need to be with the baby.
- *The parent worries the baby will get cold.* Assure parents that when a baby is in skin to skin contact with either the mother or the father, their bodies will help warm the baby better than swaddling with a blanket or even the incubator.
- *Parent worries that the baby will need mittens to keep from scratching their eyes.* Many mothers worry about the infant’s tiny fingernails and want them to wear mittens to protect from scratches. Remind them that babies did not wear mittens in utero, and babies need their hands free to find the breast on their own.
- *Mom is modest.* Show mothers that they can be covered well with a blanket across the baby’s back.

**Rooming In****What We Know**

- Babies are hard-wired to *need* to be close to the mother during the early “sensitive period.” When parents can stay close to the baby in the early postpartum period, they are more likely to establish a strong attachment that lasts for many months and even years. Keeping close enables the baby to stay calm and cry less.
- Rooming in helps parents gain confidence in caring for their newborn while help is close at hand.
- Staying close to the baby enables parents to learn their babies’ feeding cues. It also facilitates more skin to skin care which helps increase milk production and leads to less crying by the infant. [Moore et al – Cochrane Database 2007]
- Rooming-in helps baby avoid the germs in the hospital nursery. [Light 1967]
- Hospital nurseries have VERY loud noise levels due to infant crying, bright lights, etc. Babies are easily overstimulated when they are in the nursery and this can make them fussy and cry more!
- Mothers who room with their baby actually sleep better than mothers who are separated from their babies. [Keefe 1988]
- 24-hour rooming in improves breastfeeding rates and helps mom make more milk. [Moore et al – Cochrane Review 2007]
- Parents can ask for a “quiet hour” even if the hospital does not have formal hours.
- Infants who room-in use LESS energy from crying, gain more weight, are less likely to get jaundiced, and have a lower need for supplements. [Moore 2007]
- Rooming-in is so crucial to an infant’s development and building confidence in parents that it is recommended for ALL infants, regardless of how the baby will be fed.

**Address Barriers if:**

- *Mom is tired from the birth.* Remind moms that they actually get better rest when their baby is close. Encourage moms to rest whenever the baby is sleeping and seek help from their family members and champion.
- *She had a cesarean section.* It may be harder for moms to get in and out of bed after a cesarean section. Encourage her to have a champion with her to help bring the baby to her safely when it is time for a feeding.
- *Mom has no help.* Not every mom will come to the hospital with a husband, partner, or other “champion” or support person. In that case, encourage her to always ask for a nurse to help her gain confidence she can care for her baby.
- *Families worry the baby will become “spoiled.”* Babies are born to be near their parents! They have a true need to be held, comforted, and loved. This helps baby feel secure and loved so he can learn to self-soothe as he grows.

**Calming the Baby****What we Know**

- One of the most difficult challenges for new parents is being able to console their infant when he/she is fussy.
- Many families misinterpret a baby’s fussiness to mean the mother is not making enough milk.
- The “Second Night Syndrome” has led many parents to begin formula supplementation prematurely because they do not understand the baby’s behaviors in the early hours and days.
- Babies cry for many reasons; often, they simply want to be close to the parents where they feel safe.
- Overstimulation can lead to stress in the infant, resulting in fussiness and crying.
- An infant who is crying will need a minimum of 20 minutes for stress cortisol levels to drop. Before breastfeeding the baby, attempt to calm the infant first.
- Teaching parents calming techniques builds empowerment and confidence. Some options to teach:
  - Skin to skin contact, which helps lowers stress levels
  - Keeping the room free of distractions and undue noises/lights
  - Talking with visitors during the prenatal period to explain the family’s desire for quiet hours and periods to rest and recover from the birth
  - Repetitive motions such as gentle swaying or rocking the baby
  - Giving baby a gloved finger to suck on for a few moments

**Feeding the Baby on Cue****What we Know**

- Babies who are fed often, on cue, are more content and cry less.

- Moms make MORE milk when they feed the baby on cue. Milk production begins more quickly and baby has many more “practice” tries to learn to feed well before leaving the hospital.
- Mothers are less likely to be engorged when they feed their baby often, on cue.
- Parents who stay close with the baby and allow the baby to feed on cue gain confidence that they can care for their baby when they are home from the hospital.
- Babies are used to nearly constant small feeds in utero; short feedings of small amounts of colostrum are better aligned with what baby is used to and help ease the transition.
- Baby’s first cues are more subtle until baby gets more practiced. If parents respond to their early cues, babies will continue to show those cues and they will become easier to spot. If the cues are ignored, they will stop giving them!
- Babies show “feeding cues” when they are hungry AND when they just want to be at the breast for comfort.

### **Baby’s Cues:**

- When babies room in, it is easier for parents to observe their feeding cues.
- Encourage mom or her partner to hold baby skin to skin as much as possible.
- Teach mothers infant feeding cues, including:
  - Early cues – as baby is getting ready
  - Intensified cues – if early cues are ignored
  - Escalating cues
  - Distress signals
- Remind mothers that their baby will need to feed at least 8-12 times every 24 hours.
- Educate mothers that crying is NOT a feeding cue – it’s a **distress signal** that arose because baby’s cues were missed or ignored.
- Show parents how to calm their upset baby if this occurs. Ideas include:
  - Hold baby skin to skin
  - Gently move or sway baby (repetitive gentle motions)
  - Offer a clean finger for baby to suck on.

### **Address Mom’s Barriers if:**

- *Baby is too sleepy to feed.* If baby is not waking to feed every 2-3 hours, encourage moms to wake their baby. For example: skin to skin contact, talking softly to baby, etc.
- *Baby wants to nurse ALL THE TIME.* Teach moms that a baby’s stomach is very small and the milk baby takes is quickly digested. Educate her about the normal “second night” patterns of infant behavior and strategies for coping. Teach her about “overstimulation” and the impact it can have on a baby’s ability to transition to life outside the womb.
- *Family members are pressuring her to use formula.* Often well-meaning visitors misinterpret baby’s fussy behaviors to mean they are not getting enough breastmilk and need formula.

Prenatal providers can prepare mothers for reasons babies can get fussy in the early days, and the power of frequent feedings and cuddles to help baby feel more secure.

- *Mother and baby must be separated for a medical reason.* If mom is unable to breastfeed within the first hour, teach her how to express her milk by hand. This is an important skill for every mother to learn, and it can be practiced on a breast model during pregnancy. Educate moms on how to offer “mom’s own milk” (MOM) via a method other than a bottle.
- *Mother wants to offer a supplement.* Educate mothers about the impact of supplementation on her milk production and the possibility of enhanced difficulty latching properly.

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