



National Association of Neonatal Therapists

# Conversations With Your Baby

Understanding & responding to your baby's cues

# Premature and hospitalized babies communicate, but not through words

Instead, they speak through their movements, facial expressions, levels of alertness and vital signs. We call these cues. Some cues indicate signs of stress and some cues signal that your baby is comfortable. The great news is that you can communicate with your baby, help him/her feel safe and comfortable and enhance his/her brain development by learning to understand and respond to his/her cues.

The pictures below highlight some of the many ways babies communicate discomfort or stress:

**Stop Sign:** Fingers are extended or splayed, often with arm extended.<sup>2,8</sup>



**Furrowed Brow:** Concerned or worried look creating lines/wrinkles on forehead.<sup>4,8</sup>



**Arm & Leg Extension:** Arms and/or legs are held in position of extension.<sup>2,6,8</sup>



**Gaze Aversion:** Moves eyes away from caregiver/situation.<sup>2</sup>



# Create meaningful conversations with supportive caregiving

Supportive caregiving is a way to respect and respond to your baby's individual cues. This supports his/her brain development and assists with bonding. Picture every interaction with your baby as a conversation. He/she tells you what he/she needs in part through the cues on the previous page. You listen by understanding those cues. You communicate back to him/her by providing supportive responses in real time.

## Here are five supportive responses you can use:

(There are many more cues and responses you will learn by interacting with your baby over time.)

<p><b>Grasping</b></p>	<p>Provide a finger for your baby to grasp or hold. You may notice your baby comforting himself/herself by grasping onto his/her own hands or even equipment in the bed.<sup>2,8</sup></p>	
<p><b>Hands to Face/Mouth</b></p>	<p>Help your baby by moving his/her hands to his/her face or near his/her mouth. You may notice your baby comforting himself/herself by putting his/her hands on his/her face or mouth.<sup>1,2,5,6,7,8</sup></p>	
<p><b>Hand Hug</b></p>	<p>Help your baby by gently gathering his/her arms and/or legs and tucking them closer to his/her body. Hold with gentle pressure while his/her body relaxes. This is not only calming but also helps your baby develop normal movement patterns.<sup>1,2,5,6,7</sup></p>	
<p><b>Skin-to-Skin Holding</b> (Sometimes called Kangaroo Care)</p>	<p>Hold your diapered baby skin-to-skin on your chest. This helps with bonding, growth, attachment, immune system development, brain development, temperature stability, your milk production (if applicable) and more.<sup>3,5,6</sup></p>	
<p><b>Time Out</b></p>	<p>Your baby may benefit from a brief break in care if stress signs continue despite support.<sup>2</sup></p>	



# Early Conversations

## build lasting impressions



<sup>1</sup>Altimier, L. B. (2015). Neuroprotective core measure 1: The healing NICU environment. *Newborn and Infant Nursing Reviews*, 15(3), 91-96. | <sup>2</sup>Als, H., Lawhon, G., Brown, E., Gibes, R., Duffy, F. H., McAnulty, G., & Blickman, J. G. (1986). Individualized behavioral and environmental care for the very low birth weight preterm infant at high risk for bronchopulmonary dysplasia: neonatal intensive care unit and developmental outcome. *Pediatrics*, 78(6), 1123-1132. | <sup>3</sup>Baley, J. (2015). Skin-to-skin care for term and preterm infants in the neonatal ICU. *Pediatrics*, 136(3), 596-599. | <sup>4</sup>Guzzetta, C. E. (1998). *Essential readings in holistic nursing*. Gaithersburg, Md: Aspen Publishers. | <sup>5</sup>Altimier L, Phillips R. (2016). The neonatal integrative developmental care model: advanced clinical applications of the seven core measures for neuroprotective family-centered developmental care. *Newborn Infant Nurs Rev*, 16(4):230-44. | <sup>6</sup>Sanders MR, Hall SL. Trauma-informed care in the newborn intensive care unit: promoting safety, security and connectedness. *J Perinatol*. 2018; 38:3-10. | <sup>7</sup>Coughlin M, Gibbins S, Hoath S (2009) Core measures for developmentally supportive care in neonatal intensive care units: theory, precedence and practice. *J Adv Nurs*. 2009 Oct; 65(10):2239-48. | <sup>8</sup>Holsti, L., Grunau, R., Oberlander, T., & Whitfield, M. (2005). Prior pain induces heightened motor responses during clustered care in preterm infants in the NICU. *Early Human Development*, 81(3), 293-302.