## **Bonding With Your Baby**

Understanding and responding to your baby's cues















## Understanding Your Baby's Communication Babies communicate, but not through words

Because babies cannot speak yet, they communicate through cues. Cues are movements, facial expressions, levels of alertness and vital signs (i.e. heart rate, respiratory rate, etc.). Learning these cues and the way your baby communicates will help you learn if your baby is happy and comfortable. Responding to these cues will create a conversation between you and your baby which can help with brain development and success beyond the NICU.

The pictures below show ways babies communicate discomfort or stress:

**Stop sign:** Fingers are extended or splayed sometimes with arms extended.



creating lines/wrinkles on forehead.

Furrowed brow: Concerned or worried look



**Arm and leg extension**: Arms and/or legs are extended into the air.



**Gaze aversion:** Moves eyes away from caregiver/situation.













## Responding to Your Baby's Communication Helpful ways to interact

All interactions with your baby are conversations. Your baby tells you what he or she needs through communication cues mentioned on the previous page. When you communicate back to your baby, you are demonstrating supportive care. This can be done in many ways.

Spending quality time with your baby will help you learn how to speak your baby's language.

## These are five supportive responses you can use:

**Grasping:** You may notice your baby comforting himself or herself by grasping onto his or her own hands. You can also provide a finger for your baby to grasp or hold.



Hands to face/mouth: You may notice your baby comforting himself or herself by putting their hands on their face or mouth. Help your baby by moving their hands to his or her face or near their mouth.



**Comfort touch:** Help your baby by gently bringing his or her arms and/or legs and tucking them closer to his or her body. Hold with gentle pressure as your baby's body relaxes. This is not only calming, but also helps your baby develop normal movement patterns.



**Skin-to-skin holding:** Skin-to-skin helps bonding, growth, attachment, immune system development, vital system stability, brain development, temperature stability, and breastmilk production (if applicable). You can do skin-to-skin by holding your diapered baby on your bare chest.



**Break time**: If your baby continues to show signs of discomfort stress after you've tried supportive responses, your baby may be telling you that he or she needs a break. A break means briefly ending activity with your baby until he or she is ready to resume.



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



Early offers of touch, hearing, smell, sight and movement can help build success for your infant in the NICU and beyond.

Baley, J. (2015). Skin-to-skin care for term and preterm infants in the neonatal ICU. Pediatrics, 136(3), 596-599. | 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. | 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. | Craig, J. (2015). Recommendations for Involving the Family in Developmental Care of the NICU Baby. Journal of Perinatology, 35, S5-S.| Ho, L. et al. (2016). A Feasibility and Efficacy Randomized Control Trial for Swaddling for Controlling Pain in Preterm Infants. Journal of Clinical Nursing, 25(3-4), 472-482. |Reynolds, L. et al. (2014). Parental Presentation and Holding in the Neonatal Intensive Care Unit and Associations with Early Neurobehavior. Journal of Perinatology, 33(8), 636-641. |Welch. M. et al (2015). Family Nurture Intervention in the Neonatal Intensive Care Unit Improves Social-Relatedness, Attention, and Neurodevelopmental of Preterm Infants at 8 Months in a Randomized Control Trial. Journal of Child Psychology and Psychiatry, 56(11), 1202-1211.