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the Brazelton Centre

Promoting an understanding of infant behavior



Thinking about the future: Supporting parent-baby relationships in the neonatal unit

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Foretelling futures: Dilemmas in Neonatal Neurology

Social Science Research Project
2002-2004 (Funder: Wellcome Trust)

1. Four neonatal units
2. Qualitative study
3. Ethnographic observations observing daily routines, ward rounds, care of babies, staff meetings
4. Interviews: 40 neonatal staff and parents of 80 babies with uncertain neuro-developmental futures (13 families with 4-6 year olds who had been in neonatal unit)

Collaborators

Professor Priscilla
Alderson and Margaret
Killen, Social Science Research
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Kathryn Ehrich, King's
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Babies' details

65 babies: 33 boys, 32 girls

Born at 23-42 weeks gestation

12-290 days in NICU (mean 68 days)

Range of problems – IUGR, NEC, CLD,
GOR, HMD, HIE, IVH, PDA, RDS

Ventilation (68%), Surgery (28%)

Research questions

1. How do parents experience discussions with practitioners on neuro-related diagnoses, prognoses and treatment plans?
2. How can neuro-developmental assessments of babies support parents and inform decisions about babies' best current and future interests?

Information sharing

Some parents felt “under-informed” about future problems

Some parents felt “over-informed” about problems that did not arise

These were not necessarily different groups of parents, but often the same parents

Communication

Interaction between parents and doctors works better if relationship-based, ie two-way

Doctors can seem like the experts and the parents can feel ignorant and out of control

Parent's standards for shared, informed decision-making:

1. Doctors to begin discussions by trying to find out how far parents needed or wanted to be informed
2. Two-way process of practitioners and parents listening and sharing information
3. Information that enables parents to have some control over events: touch the baby, hold the baby, change, wash

Anxiety about the future

Babies outcome uncertain-
unpredictability of brain scans

Feels like an emotional-rollercoaster

What kind of emotional support do parents
need to help cope with the uncertainty?

**Emotional support for parents in
the neonatal unit: Using the
Neonatal Behavioural Assessment
Scale to understand the baby's
language**



Families in neonatal units

- Parents – grief response, lack confidence, anxiety, stress, much-wanted baby, unexpected event
- Babies – behaviourally challenging, look different, uncertain outcome

Services for infants

- Focus on the parent-infant relationship
- Trans-disciplinary
- Range of interventions
- Referrals for problems with parent/infant interaction

Neonatal Behavioural Assessment Scale (NBAS) (1973)

- Developed by Dr. T. Berry Brazelton, paediatrician, child psychiatry
- Systematic observation and neurobehavioural interactive assessment producing a profile of infant behaviour (birth-2 months)
- Shows infant's reactions to stimulation, reflexes and social interaction
- Habituation, state regulation, self-quieting

Studies using NBAS as intervention

- Mothers more confident and responsive
- Mothers played and talked more with infants
- Fathers more involved in care at one month
- Premature babies had higher cognitive scores
- Low-birthweight babies had higher developmental scores at 4 years

Intervention using the NBAS

- To support parents for 3 months after discharge from NICU
- Need non-medical, strength-based approach
- Weekly visits in NICU
- NBAS when baby over 35 weeks gestation and stable
- One NBAS before discharge, two after discharge

Protocol

- First visit – introduction, listening to parent's concerns
- Second and other visits – discussion of baby behaviour, signals and cues; observations
- First NBAS
- Second and third NBAS
- Teaching of staff

Brazelton concepts - 10 points

When watching the baby with the parents, ask them:

What is your baby like – his/her personality?

What does your baby like to do/look at?

How does your baby react to noise and light?

How does your baby react to handling?

What position does your baby like to be in?

How does your baby manage his/her sleep and awake states?

How does your baby comfort him- or herself?

Is your baby cuddly?

Is your baby strong?

How does your baby show you he/she knows you?



Questionnaire Results (14/19 responded: 74%)

		Scores of '4,5' Yes, a lot, very much (%)
1	Did you find the NBAS useful?	100 (inc. '3')
2	Anything you found out you had not noticed before?	46
3	Did the sessions help you feel you knew your baby better than before the assessment?	57
4	Do you feel these sessions helped you adjust to your baby's behaviour?	64
5	Did the sessions help you feel more confident about looking after your baby?	43
6	Did you feel that your needs and your baby's needs for emotional support were being met?	62
7	Did you feel that your need for information about your baby's behaviour was being met?	54
8	Did you feel your baby benefited from having the Assessment?	57
9	Would you have liked more or fewer visits, or was it just right?	57 (wanted more visits)
10	Would you recommend the assessment to other parents?	100 (inc. '3')

Parent's comments

“Bonding is difficult in the NICU. Baby does not feel like your own. The assessment helps to affirm you do know your baby.”

“Gave us the ability to see him as a “normal” developing baby and not seem like a medical patient.”

“Sessions helped us relax and enjoy time spent with him rather than anticipating the worst.”

“Seeing someone respond to her and play with her as if she was a normal baby.”

Parents' comments (cont.)

“Hadn't previously realised how much it was possible to interact with her and therefore played with her much more following sessions.”

“Amazing to me to see someone being positive about my baby who was so sick.”

“Before and after the Assessment, I spent almost everyday with her. Afterwards, I just knew for certain that our guesses about her behaviour were true.”

Parents' comments (cont.)

“I do now spend longer watching her and adapt my behaviour depending on hers.”

“The visits made me realise that babies are far more than I first thought and I can play games etc. much earlier than I thought I could - it has given me a kick start into finding out more information regarding socialisation of babies and using toys at this very early age.”

Benefits reported by staff

- Parents more confident
- Parents less hostile
- Parents more accepting of baby's situation

Cost effectiveness of preventive interventions:

- Decreases later costs involving schools, social services, health services, voluntary organisations, youth justice system, police
- Provides social-emotional postnatal support for parents
- Collaboration between parents and staff improves follow-up visits
- Collaboration between staff

Observations and suggestions on caretaking

- Watch mother's involvement with baby
- How much stimulation can baby cope with?
- Note baby's strengths
- Reinforce parent's observations

Summary

- Vital to provide support to developing parent-infant relationships
- Babies in neonatal units have challenging behaviours
- Understanding the baby's language helps parents and staff to provide adequate caretaking and enjoy the baby in the present
- Parents need to know their baby knows them and likes them

The future

- Trans-disciplinary teams in neonatal units – doctors, nurses, psychologists, infant massage therapists, nutritionists, physiotherapists, occupational therapists, speech therapists, music therapists, counsellors
- Relationship-based, system based interventions

Contact details

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A social science research project
2002-2004

[http://www.ioe.ac.uk/ssru/reports/
foretellingfutures.pdf](http://www.ioe.ac.uk/ssru/reports/foretellingfutures.pdf)

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