

# Developmentally Supportive Care



**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

## ***Why is it important for your baby?***

If your baby has been born prematurely many of their body systems are still not fully developed including the Central Nervous System. This means your baby's brain is still needing to do some growing and not all the "wiring" and "control" systems are fully developed and in place. Therefore, your baby may not yet be fully equipped to deal with all the environmental and care giving activities that go on in a Neonatal Unit that are essential for it. This can have an effect on your baby's development.

Having a baby in the Neonatal Service is a difficult time for parents. Your instincts are telling you one thing but the multitude of staff that you come in contact with, are telling you a host of other things! One of the most difficult and frustrating aspects of having a baby in the Service is knowing when is the "right" time to interact with your baby and is there a right time to "touch" my baby?



Your baby's new environment (the Neonatal Unit) has the technology and specialised staff to help support their further growth and development. To reduce the impact of this new environment we use a specialised way of caring called *Developmentally Supportive Care*.

## ***What is Developmentally Supportive Care?***

Developmentally Supportive Care is exactly what it says: "*a way of caring for premature babies that supports a baby's development*". It is an internationally recognized and researched way of caring for premature babies that has been shown to improve a baby's development and outcomes.

We do this by modifying the physical environment to more suitably match your baby's needs, such as reducing light, lowering sound, and limiting traffic around your baby. Appropriate handling and positioning can also promote your baby's development. It involves reading the signals and behaviour (cues) that your baby sends to you and us about how he/she is coping, and then adjusting the surroundings to suit.

Your involvement in your baby's care is also very important. It has been shown that one of the key aspects of a baby's development is the involvement and partnership of parents in the care of their baby.

## ***Terms used for Developmentally Supportive Care***

### ***Cue Based Care***

Your premature baby is capable of sending messages to you and us. These messages (or signals) are called cues. Cues help us to organize when and how we care for your baby. They also tell us how the baby is coping with what we are doing. Recognizing and responding to these cues of when to or not to do things are an important part of supporting your baby's development.

As a parent, all that you want to do is pick up your baby and hold him or her, after all it's a natural human instinct. But sometimes due to prematurity or sickness, babies would prefer us not to touch or interact with them until they are ready to do so.

**So, "How does my baby let me know when is the best time to touch or interact?"**

When you sit and watch your baby you will have noticed that he or she goes through various stages of alertness and sleep. A very deep sleep would be demonstrated by regular breathing, not much movement and if he or she was being monitored, their heart rate and their oxygen saturation would be nice and steady and not changing much at all. In a light sleep (also known as REM, rapid eye movement) your baby would be quite the opposite

and this could mean that he or she is about to wake up or perhaps drift off into a deeper sleep.

When your baby is awake, they will often give you a sign that they are a little bit **overstimulated**. Things like:

- yawning
- an outstretched arm
- a clenched fist
- a good old frown

All he or she is saying is, "Hey Mum/Dad slow down a little, I can't keep up with you!"

But on the other hand if he or she is happy and contented, they will often give you a sign saying they are **ready**. Things like:

- a smile
- sucking on their hand
- nice clear eyes looking straight at you

I bet you're saying, "Hey I remember my baby doing just that!"



## So, “How can I touch my baby and care for them?”

When you are in the unit you can discuss with your nurse cares you can do. As time goes on you will become more confident in carrying out cares and you can discuss with your nurse the skills you have learnt already and the ones you would like to learn and do on that visit.

These can include:

- nappy changing
- taking temperature
- cleaning eyes
- bathing
- petroleum jelly
- turning

Touches may include:

- holding your baby's hand
- Placing your hand on your baby's body or head
- kangaroo (skin to skin) cuddles

Sometimes your baby will not be ready for these cares and you nurse will guide you with this.

Sleep is very important to the growth and development of your baby so we try not to wake a sleeping baby but instead wait until they are in an aroused state. We have introduced an enforced “Quiet time” to help facilitate this.

## ***Non Nutritive Sucking***

Premature babies are capable of and have a developmental need to suck. The first type of sucking that a premature baby does is called non-nutritive sucking. Oral feeding is a very complex task and babies need to be able to control a suck, swallow and breath to do it. For premature babies this does not happen until about 34 weeks.

Non-nutritive sucking is sucking activity in which no fluid is delivered orally to your baby, and involves the baby either sucking on their fingers or a pacifier. It is a very important need to satisfy, and allows the baby to learn some pre-feeding skills. It can also be used at the same time your baby is receiving a naso-gastric tube feed, to encourage your baby to associate a full stomach with a sucking action.

This type of sucking also has a very calming effect and is associated with better oxygenation and quieter more restful behaviour. Babies may be offered a preemie pacifier, or a newborn pacifier. Some parents express concern that having a pacifier may interfere with breastfeeding, that it may lead to "nipple confusion", or that they just didn't want to use one. Research has shown that the use of pacifiers for non-nutritive sucking in preterm babies, prior to learning oral feeding, will not impair later breastfeeding. Please feel free to discuss this issue with your baby's nurse if you have any concerns.

## ***Nesting and Positioning***

Nesting involves snuggling your baby up in a specially made positioning aid, called a nest. It is a soft little bed that gets put onto an incubator or radiant warmer mattress to lay your baby in. It has a roll attached around its edges that provides a comforting boundary for your baby to lie against, and also helps to hold them when they are sleeping in positions that help to promote their normal muscle development.

Premature babies seek physical boundaries. If they are not provided with them, they not only use a lot of energy wriggling about looking for them, but also distress or disorganize themselves in the process of seeking a boundary to lie against. Normally as a baby grows in utero, the space gets tighter and babies start to develop the muscle tone that is important for their normal motor development. By term muscle tone is fully developed. The nest seeks to provide that firm boundary for your premature baby.





There are some reading pamphlets available for you entitled “**Keys to Caregiving**” which go over what has been described in a little more detail. These are available to you through your Nurse or Clinical Co-ordinator and if you are really keen, there is a video to go with each pamphlet, a total of six in all. You can obtain the videos in the same way as the pamphlets. There is also the **Parent Information folder** available in each nursery, parent rooms and lounges.

You may have many questions to ask your nurse regarding your baby's welfare and care. Often it is handy to have a notebook on hand for when they come up, (especially during the middle of the night when expressing). Please feel free to ask any questions no matter how small or how silly they might seem.

Produced by the Staff and Parent Information  
Group of the Neonatal Service  
Christchurch Women's Hospital

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## **Women's Health Division**

