

Well Child Care

TIP SHEET FOR PROVIDERS

Key Themes

- Introduce idea of reading cues early
- Emphasize you can't spoil a baby. It's important to follow baby's cues for feeding, sleeping and wanting to be held.
- Support parental confidence and self-efficacy. Empathize with their exhaustion.
- Reassure that the first 12 weeks are the 4th trimester: not very organized sleep, not much day/night pattern, every day is a different day.
- Infants are hard-wired to use crying to seek proximity to their caregivers for safety. This can exhaust parents and make them feel that nothing they are doing is right. Frame newborn crying as adaptive and developmental, with a peak at 4–6 weeks. This can help parents not to blame themselves.
- Encourage parents to soothe and comfort their crying baby. At times soothing will not work, and crying may continue. Reassure parents that this is normal.
- Acknowledge that crying can be very frustrating. Counsel parents that it is okay to put their baby in a safe place, like their crib, while they take a break to calm down.
- Offer frequent follow up if you or the parents are worried. The relationship with you can be a very stabilizing resource for new families.

Development

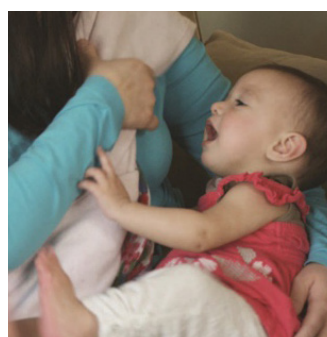
At birth, newborns already prefer looking at faces and recognize familiar voices. Their vision is about 20/400 and they see best at a distance of 8–10"—the exact distance a cradled baby is from their caregivers face.

Babies can **track to the midline**. They use cues like closing their eyes and looking away to signal overstimulation.

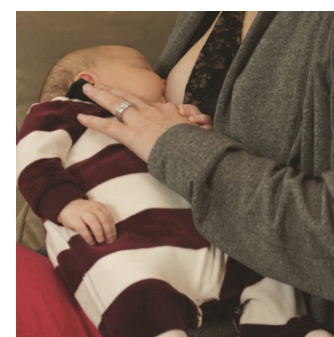
Providers—Share with parents that their baby already recognizes their voice and loves to be held close so they can see their caregiver's face!

Feeding

Babies give **hunger and satiety cues** that parents can learn to see and follow. The "hunger posture" describes a baby with open mouth, rooting with arms and legs flexed. As the baby becomes full, satiety cues include slowed sucking with arms and legs extended with relaxed fingers.



Hunger Posture



Satiety Posture

Providers—Encourage parents to read their **baby's cues for hunger and for satiety**. Describe how the baby will act when they are hungry (arms and legs flexed, rooting, mouth open) and when they are full (arms extended, fingers extended, decreased rooting/sucking)

Reading feeding cues right from the start also orients parents to reading other cues as the baby's development unfolds and helps parents **feel effective** in the care of their infant.

Evening Fussiness

Evening fussiness usually starts around 1 week post-conceptual age of 40 weeks.

Parents who go home with a premature or late preterm baby will have a "honeymoon period" with a quiet sleepy baby who will start to become fussier after a couple weeks. This can worry parents since the baby was not this fussy in the hospital or NICU.

These periods of evening fussiness may be brain-related from the fatigue of taking everything in all day. During these periods of fussiness, infants will have difficulty with feedings and transitioning into sleep and staying asleep. They will cry more and need to be held more. Once the infant

does settle into sleep, often they wake up in a much more organized state, as if their brain has “rebooted” and their state transitions are now back online.

Providers—Describe this pattern for parents—it can help normalize what the baby and the parents are experiencing and help parents understand why their baby is fussier in the evening.

Newborn Sleep

Infant sleep development has a long maturational process. **Newborns do not follow a circadian rhythm** at birth so do not have a day/night sleep pattern. They can only stay awake comfortably for 1–2 hours before needing to sleep again. Newborns become very fussy if they stay awake past when they are ready to sleep again.

Signs that the baby needs to sleep include looking away, yawning, rubbing their eyes, having more disorganized feedings, fussing and crying.

Newborns have just two stages of sleep: **Active sleep** and **Quiet Sleep**. Each stage lasts for about 20–30”. (In comparison, adults have 4 stages of sleep).

Active sleep is very active. The baby moves more, breathes more shallowly and startles frequently. Parents are often worried about this state and think that the baby isn’t truly asleep or ready to sleep, might be hungry or need a diaper change or that something’s wrong. It can be hard for parents to sleep near this amount of movement.

Quiet sleep is very quiet. During Quiet sleep, the baby hardly moves. It can be very difficult to wake the baby or feed the baby which can worry parents.

SUMMARY

- Pediatric care providers are in the right place at the right time during this sensitive period of development
- Pediatric care providers can be very helpful at these early visits, by containing parents’ worries and by empathizing with how hard this unpredictable, sleepless time is. Providing a roadmap about normal feeding and sleep transitions helps support the parent’s sense of self efficacy in caring for their baby.
- Parents are getting to know their baby and can help their baby a lot during this immature time. Helping parents to feel more competent with their caregiving in early infancy has been shown to lead to continued parental engagement throughout childhood and adolescence!

Interestingly, during the first 3 months, newborns enter sleep first in Active Sleep. **At 10–12 weeks, they start to enter sleep during the Quiet stage** which makes it easier for them to fall into a deeper sleep right away.

By 4–6 weeks of age, many babies are starting to sleep a little longer at the beginning of the night. Parents do not need to wake the baby for a feeding during this longer nighttime stretch.

The Fourth trimester (AKA the first 3 months) IS **NOT A TIME TO “SLEEP TRAIN”** or “CRY IT OUT”.

Providers—Help parents learn their baby’s sleep cues from the very beginning and understand the stages of sleep. This helps parents get to know their baby and feel effective at protecting their need for sleep.

More information available at [pcrprograms.org](https://www.pcrprograms.org)

Referenced sources include: Promoting First Relationships in Pediatric Primary Care, Keys to Infant Caregiving, Parent-Child Interaction (PCI) Feeding & Teaching Scales, Sleep/Activity Program and BabyCues