

THAMES VALLEY & WESSEX NEONATAL OPERATIONAL DELIVERY NETWORK

Nursing Guideline for neonatal Behavioural Cues.

Approved by	Thames Valley & Wessex Neonatal ODN lead Nurses and Practice Educators group.
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Authors	Thames Valley OD Neonatal Network, Quality Care Group
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Related documents	<p>Anderson. P et al (2010) Early Sensitivity Training for Parents of Preterm Infants: Impact on the Developing Brain. <u>Pediatric Research</u>, Vol. 67 No. 3 pp 330-335.</p> <p>Brazleton.TB (1973) www.brazleton-institute.com Brazleton Newborn Behavioural Assessment Scale.</p> <p>Blackburn,S. (1998) Environmental impact of the N.I.C.U. on developmental outcomes. <u>Journal of Perinatal Nursing</u>, Vol 4, pp42 – 54.</p> <p>CUH (2015) Supporting and comforting your baby. <u>Cambridge University Hospitals</u>. www.cuh.org.uk/rosie/services/neonatal/nicu/developmental_care/support_comfort</p> <p>CHCM (2015) <u>Infant Behaviour Cues</u>, Children’s Hospital of Minnesota, www.childrensmn.org/manuals/pfs/child...</p> <p>Gardner.S and Lubchenko.L.O (1993) The Neonate and the Environment: Impact on development. In Merenstein, G.B and Gardner.S.L, <u>The Handbook of Neonatal Intensive Care</u>, 4Th Ed, Mosby, St Louis.</p> <p>Hannah.L (2010) Awareness of preterm infants' behavioural cues: a survey of neonatal nurses in three Scottish neonatal units. <u>Infant</u>. Vol 6, pp 78-82.</p> <p>Hawthorne.J (2005) Using the Neonatal Behavioural Assessment Scale to support parent-infant relationships, <u>Infant</u>, Vol 1, no6, pp213-18.</p> <p>Hawthorne.J and Savage-McGlynn.E (2013) Newborn behavioural observation: helping fathers and their babies. <u>Perspective- NCT's journal</u>. P7-8</p> <p>Kenner.C and McGrath.J.M (2004) <u>Developmental care of newborns and Infants</u>.</p>

	<p><u>A guide for healthcare professionals</u>, Mosby, St Louis.</p> <p>Maguire C.M, Bruil.J, Wit.J.M, Walther.F.J (2007) Reading infants behavioural cues: An intervention study with parents of premature infants <32 weeks, <u>Early Human Development</u>, Vol 83, No 7, pp419-24</p> <p>Warren,I.and Bond C (2010) <u>Guidelines for infant development in the Newborn Nursery 5th Ed.</u> Winncott Baby Unit, London.</p> <p>Symington A, Pinelli J. (2003) Developmental care for promoting development and preventing morbidity in preterm infants. <u>The Cochrane Database of Systematic Reviews</u> 2003;4(CD001814).</p> <p>Tedder.J (2008) Give them the HUG: An Innovative Approach to Helping parents Understand the Language of Their Newborn. <u>The Journal of Perinatal Education</u>, Spring, V.</p>
Implications of race, equality & other diversity duties for this document	This guideline must be implemented fairly and without prejudice whether on the grounds of race, gender, sexual orientation or religion.

Guideline framework for behavioural cues

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1.0 Aim of Guideline

To provide a framework to optimise individualised care in neonatal units based on the behaviours exhibited by neonates.

2.0 Scope of Guidelines

The guideline applies to all babies receiving care within a Thames Valley and Wessex OD Neonatal Network neonatal unit and is a framework for use by all neonatal staff

Thames Valley	
Buckinghamshire Healthcare NHS Trust	- Stoke Mandeville Hospital, Aylesbury
Frimley Health NHS Foundation Trust	- Wexham Park Hospital, Slough
Milton Keynes University Hospital NHS Foundation Trust	- Milton Keynes General Hospital
Oxford University Hospitals NHS Foundation Trust	- John Radcliffe Hospital, Oxford
Oxford University Hospitals NHS Foundation Trust	- Temporarily Closed (Horton General Hospital, Banbury)
Royal Berkshire NHS Foundation Trust	- Reading
Wessex	
Dorset County Hospital NHS Foundation Trust	- Dorset
Hampshire Hospitals NHS Foundation Trust	- Basingstoke
Hampshire Hospitals NHS Foundation Trust	- Winchester
Isle of Wight NHS Trust	- St Mary's Hospital
Poole Hospital NHS Foundation Trust	- Poole Hospital
Portsmouth Hospitals NHS Trust	- Queen Alexandra Hospital
Salisbury NHS Foundation Trust	- Salisbury
University Hospital Southampton NHS Foundation Trust	- Princess Anne Hospital
Western Sussex Hospitals NHS Foundation Trust	- St Richard's Hospital, Chichester

3.0 Guideline Summary

- Behavioural cues are defined as non-verbal and special forms of communication that newborns and young infant's use widely, to express their needs and wants.
- All neonates should receive individualised care, based on the behaviours they exhibit. This can be achieved by customising the environment and care giving approach to each baby, based on the cues they have displayed.
- All procedures (other than emergencies) should be carried with full consideration of the baby's behavioural cues.
- Carers should give a baby 'warning' that a stimulating event is about to occur- see page 5

- Parents/carers should be educated and encouraged to respond appropriately to their infant's behavioural cues.
- When a baby displays 'defensive/ avoidance' behaviour consider strategies such as; reducing noise / light levels, stop or pause the activity, offer tactile support- ie boundaries, offer pacifier, offer soft toy to grasp for comfort.
- When a baby displays 'coping /approaching' behaviour consider strategies such as making eye contact, speaking softly to the baby, carrying out necessary activities, offering a sucking feed.
- Record what situations facilitate these coping/ approaching behavioural cues in the baby's nursing care plan/medical notes, so that others can use this information to individualise the baby's care.

4.0 Guideline Framework

4.1 Back ground Information

- All neonates should receive individualised care, based on the behaviours they exhibit. This can be achieved by customising the environment and care giving approach to each baby, based on the cues they have displayed. The outcome should be a facilitation of the infant's self- regulatory behaviours and reducing stress to the infant.
- Behavioural cues are defined as non-verbal and special forms of communication that newborns and young infants use widely to express their needs and wants. Appropriate interpretation of these behavioural cue by caregivers, is a vital piece of developmentally appropriate care, promoting infant organisation and enhancing optimal neuro-developmental outcomes. It has been found to provide positive improvements for the infant such as, a more stable heart rate, respiratory rate and oxygen consumption, fewer days of ventilation, reduction in complications, earlier feeding, shorter stay in hospital and enhanced bonding for the family.

4.2 Practice guidelines

- All procedures (other than emergencies) should be carried with full consideration of the baby's behavioural cues.
- Parents/staff should give a baby 'warning' that a stimulating event is about to occur. For example;
 - Speak softly to a baby in a cot before picking them up.
 - Before turning over a baby lying prone, touch their head and back gently to let them know they are about to be moved.
 - Change the pitch of your voice at the beginning and end of a procedure so a baby can learn 'what is going to happen'.
- All staff should offer teaching and support to parents/carers on how to recognise their infant's signals and cues, and make informed / appropriate choices about their care giving.
- Information / comments from parents/carers on their infant's behavioural cues should be acknowledged and documented into the infants care plan.
- Parents/carers should be encouraged to respond appropriately to their infant's behavioural cues.
- Information booklets on behavioural cues should be offered to all parents/carers, within the first week of life and explanation of contents given: This should be recorded in the infant's care plan.

- Behavioural cues can be classified and divided into two categories; **Defensive/ avoidance** behaviours are those which an infant does when it is stressed and either not enjoying or not able to cope with the interaction or activity occurring. **Coping/ approach** behaviours are those which a neonate does when it is able to manage the interaction or activity and is in a receptive state for communication
- Behavioural cues are performed largely subconsciously by the neonate. Observers have identified five behavioural subsystems into which all the behavioural cues can be categorised. These are:
 - 1) autonomic.
 - 2) motor.
 - 3) state regulation.
 - 4) attentional/ interactional.
 - 5) self –regulatory.

4.3 Behavioural cues and their classification within the five state subsystems

	Defensive or Avoidance behaviours.	Coping or Approaching behaviours.
Autonomic	<ul style="list-style-type: none"> • Twitch / tremor • Colour / vascular changes • Gag / choke • Cough / sneeze / yawn • Hiccups / vomit • Bradycardias • Desaturations 	<ul style="list-style-type: none"> • Stable heart rate /respiration rate • Stable colour • Tolerance of enteral feeds
Motor System	<ul style="list-style-type: none"> • Hypertonicity – extended postures • Grimace / tongue trust • Frantic diffuse activity • Finger splaying / high guard hands • Straining • Sitting on air 	<ul style="list-style-type: none"> • Smooth ,well modulated movements • Relaxed postures • Clasp hands / grasping /hands to face or mouth • Grasping • Sucking
State System	<ul style="list-style-type: none"> • Fluctuating states / poor sleep /awake pattern • Fussiness / high pitched cry • Gaze aversion • Glazed look /staring /panicky 	<ul style="list-style-type: none"> • Robust sleep states • Self calming • Alert, focused attention • Smooth state change e.g. sleep to wake
Attentional /interactional	<ul style="list-style-type: none"> • Glazed look • Staring • Fussing • State change e.g. wake to c • High guard hands • Eye floating • Looking away 	<ul style="list-style-type: none"> • Orientation to voice or sound • Perky attentive expression
Self-Regulatory	<ul style="list-style-type: none"> • All of the above 	<ul style="list-style-type: none"> • Hand to mouth • Moving hand to face • Position change e.g. to side • Sucking • Snuggling

(Note: Some cues can be categorised into more than one subsystem. For example a baby clasping their hands together pertains to the motor, self-regulatory and interactive/ attentional systems.)

4.4 When a baby is displaying coping /approaching behaviour consider the following strategies;

- Speak softly to an infant,
- Make eye contact with them if appropriate
- Provide positive touch
- Offer a sucking feed/ or finger to hold
- Carry out necessary activities, i.e. nappy change, top and tail, blood- taking, examination, bathing.
- Encourage parents/carers to experience the delight of having their new child respond to their voices and study their faces, promoting the development of a positive parent - child relationship.
- Record what situations facilitate these coping/ approaching behavioural cues in the baby’s nursing care plan/medical notes.
- If a baby is asleep, strongly consider not disturbing the baby until it wakes naturally.

4.5 When a baby is displaying defensive/ avoidance behaviour consider the following strategies:

- Provide tactile support such as;
 - Help baby achieve hands to mouth position
 - containment holding
 - kangaroo care
 - swaddling
 - cuddling
 - provide boundaries – nesting
 - re – position baby with flexion of the extremities to midline
- Reduce noise / light levels.
- Observe baby’s ability to “block- out “the stimulation causing avoidance behaviour.
- Provide pacifiers for comfort, small toys or blanket to grasp
- Speak gently and calmly to the baby.
- Pace activity according to the infant’s cues and communication.
- Stop or pause activity until infant is able to recover and “cope”, before continuing.
- Complete activity as quickly and efficiently as possible to minimise stress to the infant.
- Record all events that induce avoidance behaviour in the infant’s nursing care plan /medical notes.

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