Using the Brazelton Approach to Support Babies and Parents

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• The Brazelton Centre is a charity whose primary goals are to promote an understanding of infant development through fostering strong infant-parent relationships by focusing attention on the infant’s behavioural abilities, and the important role their babies play in cementing healthy infant-parent relationships.

• The NBAS is used for infant assessment and research, and as an intervention with parents. It provides detailed information about the individual infant’s self-regulatory abilities and how the infant manages crying, sleep, alert states, and feeding.

  *The NBAS is recommended in the Healthy Child Programme by the Department of Health, 2009*

• The NBO is a relationship-building tool between practitioner and parent, that supports the developing parent-infant relationship, and provides an introduction to their infant’s behaviour.
• Neonatal Behavioural Assessment Scale (NBAS, 1973)  
  Newborn Behavioural Observation (NBO, 2007)
• Systematic observational and neurobehavioural interactive tools  
  producing information about infant behaviour and promoting  
  relationships (birth - 3 months old)
• Shows parents the infant’s reactions to stimulation, reflexes and  
  social interaction
• The importance of early relationships
  – attachments

• The parental contribution
  – sensitivity

• The infant contribution
  – Observing and understanding newborn behaviour
Relationship-based intervention

There is a growing body of scientific literature, demonstrating the positive preventative effects of relationship-based interventions for infants and their families.

Most successful interventions, whether they are primarily preventive or therapeutic, are based on facilitating that relationship and helping both the child and the caregiver learn to adapt successfully to each other’s individuality.

(Als et al. 2004; Meisels and Shonkoff, 1990; Nugent and Brazelton, 2000; Shonkoff and Phillips, 2000)
Generally, when children have a model of themselves as valued and understood and a model of key others as validating, responsive and predictable, they will have a greater sense of 'felt security', more effective strategies for getting help when they need it and so a more optimistic view of social relationships accompanied by higher levels of self-esteem and self-confidence. These qualities characterise children who are securely attached.
The Parent Contribution to the Attachment Relationship

“Good parenting is fundamental for the development of a child’s mental health and wellbeing. As children’s primary carers, all parents need to be supported and helped, but especially when they are parenting in difficult circumstances or facing uncertainty about the way they are bringing up their children. Interventions focussed during pregnancy and at the time around the birth are likely to be the most effective in preventing mental health problems of a child. These include interventions which improve and enhance the wellbeing of the mother and of the baby and promote the mother-infant bond, and which take into consideration the psychosocial aspects of pregnancy, promote good early parent-child interactions, attachment, support problem-solving skills of the parents, and underline the roles of fathers.”

The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care, Scottish Executive, 2005. (1)
Mary Ainsworth 1978

Elements of Parental Sensitivity

Parental awareness of an infant’s ability to communicate needs
• Noticing baby’s signals
  Signs can be very subtle - needs parental attentiveness
• Accurate interpretation of signals
• this affects what parent then does
• perceptual freedom from distortion eg ‘ghosts in the nursery’

Responsiveness to signals
  – Eg Does mother want to encourage this?
  – Needs to be quick for baby to associate it with signal emitted
• Appropriateness of response

→ baby’s experience
Parental sensitivity and responsiveness

• Sensitivity -
  – Alert to baby’s signals
  – Attending to newborn’s needs closely
  – Not waiting too long before providing comfort, food, warmth, etc
  – Knowing baby closely and attuning to them

  – Does this parent see their baby as a person –from the start?
“Ghosts in the Nursery”
Fraiberg, Adelson and Shapiro 1975

• Characteristics in the child that evoke something in the parent from their past
• Interfere with parental pleasurable reverie and care
• Intergenerational transmission of trauma
Postpartum Depression
• Depressed mothers often experience a profound sense of emptiness, a loss of interest and pleasure in being with their baby.

• Postnatal depression can compromise the mother’s ability to respond to her infant’s cues and to engage in affectionate responsive interactions with her infant.
The contribution of the infant

HAVING COME TO THE STUDY OF NEONATES BY WAY OF PEDIATRIC practice and psychoanalytic research on mother-infant interaction .... we became aware of the powerful influence of the individuality of the new infant in shaping his environment. In the early 1950s, when most of our research was aimed at understanding the environmental forces which produced pathology in childhood, we were struck with the importance of seeing this pathology as the result of an interaction between the child and his environment. It appeared to be vitally important to understand why parents could function well with one kind of infant but not with another (Brazelton, 1976).
A critical period in brain development
The Competent Newborn and the developmental agenda of the newborn

Can visually track (Dannemiller and Friedland, 1991; LaPlante et al. 1996, Meltzoff and Moore, 1999)

Can hear and locate sounds (Muir and Field, 1979; Moon and Fifer, 2000)

Can habituate (Hood et al, 1996; Slater et al. 1984)

Can recognize mother’s voice and smell (deCasper and Spence, 1991; Schaal, 1998; Spence and Freeman, 1996)

Can discriminate mother’s face from stranger (Pascalis et al. 1995)

Can recognize emotional expressions (Field, 1984)

Look significantly more at a face with direct gaze than at a face with averted gaze (Faroni et al (2001).

Many of these competencies are compromised in the preterm infant (Als et al. 1989, 2004)
• A newborn develop emotionally from having his/her needs attended to very closely
  – Security comes from not having to wait too long to be comforted, fed or cuddled.
  – The more closely parents get to know their baby and can tune to his/her needs, the more likely the baby is to thrive
Habituation

After birth, newborns must learn to respond appropriately to stimuli in the environment. Newborns must not only be very responsive to significant stimuli, but also must learn to make minimal responses to extraneous stimuli around them.

Habituation is the ability of infants to lessen their response to repeated stimuli.

If newborns constantly reacted to everything, they would have little time to learn about their world.
Sleep states

1. Deep sleep – eyes closed/no eye movements, regular breathing, startles, jerky movements.
2. Light sleep – REM sleep, eyes closed/brief eye opening, some movements, startles, sucking on and off
3. Drowsy – semi-dozing, eyes opening, activity level variable, smooth movements

Awake states

4. Alert – bright-eyed; focuses attention; motor activity minimal
5. Active alert – eyes open, considerable motor activity, brief fussy vocalisations, startles
6. Crying – intense crying, difficult to break through; motor activity high
   (Brazelton and Nugent, 1995)
Self Consoling Behaviors

- Moving the hands to the mouth
- Sucking on fingers, fist, or tongue
- Paying attention to voices or faces around them
- Changing position

Consoling manoeuvres

- Look at baby
- Look at and talk to baby
- Look at, talk and put hand on belly
- Look at, talk, hold arms across chest
- Look at, talk, pick up and hold calmly
- Look at, talk, hold and rock calmly
- Look at, talk, swaddle with hands to mouth, rock calmly
- Look at, talk, swaddle, rock calmly, give finger to suck or pacifier

Brazelton and Nugent, 1995
• ENGAGEMENT CUES “I’m interested and I want to be near you.”
  • eyes open
  • looks intently at your face
  • follows your voice and face
  • smiles
  • relaxes face
  • smooth body movements
  • feeding sounds
  • rooting

• CAREGIVER/PARENT RESPONSE
  • Time to play or feed (if baby shows hunger cues).
  • Remember, playing is hard work for baby and baby tires easily
DISENGAGEMENT CUES
“arid need something to be different.”
• turns or looks away
• pushes away or arches back
• cries
• coughs
• extends fingers with a stiff hand
• yawns or falls asleep
• grimaces
• has a glazed look and hiccups, sneezes or yawns

CAREGIVER/PARENT RESPONSE
• Play detective and follow the cues to figure out what needs to be different.
How baby shows he/she has had enough stimulation

• colour change (perioral paling, uneven colouring, mottling), rapid breathing, few startles, tremors twitches
• Jerky movements, hypo- or hypertonic, uneven tone, body feels tense
• Shutting out by moving to drowsy or sleep states, irritable, difficult to console, gaze aversion, becomes hyperalert

Shutdown

• Inappropriate stimulation causes a baby to go back to sleep or at least disengage
Nugent, 2006
Readability is the clarity of cues infants give through motor behavior, looking, listening, and behavior patterns during all states.

Predictability is the extent to which caregivers can reliably anticipate behaviors that will occur from the immediately preceding behaviors. (Stratton, 1982)

Infants differ in the clarity with which they make known their needs and in the consistency of their sleeping, waking, and eating cycles.

Regardless of how predictable infants are, most parents need help in learning to understand their infant’s cues.
Self-regulation is the “capacity to adapt to one’s surroundings in a healthy and predictable way” (Barnard, 1999).

Some infants are able to regulate themselves well from birth and are easily readable; others need more time and may require more assistance.

Habituation (sleep), state-regulation, self-quieting (from crying), feeding
Behavioural profile - individuality of baby

• Observe functioning in all four systems – autonomic, motor, state, social interactive
• Identify areas for support
• Share information with parents
• Develop recommendations for caregiving
Studies - positive effects Neonatal Behavioural Assessment Scale

Improves -
• maternal confidence and self-esteem
• positive paternal attitudes toward, and involvement in, caretaking
• Increased parent-infant interaction
• Improved developmental outcome.

(summarized in Brazelton and Nugent 1995 and Nugent and Brazelton 1989, 2000)
Nearly forty years later.... research has shown that from birth, babies have many capabilities and are:

• Competent – uses all 5 senses

• Organized – system of behaviours

• Social - actively engaged in transforming own environment from the beginning

• Individual- own unique set of dispositions and sensibilities
Summary
Understanding newborn behaviour as both organised and meaningful

Babies are not passive recipients of stimuli – highly sophisticated complex beings -

• Babies are extraordinary communicators

• We can support parents in understanding their baby’s language

• The Brazelton approach is an excellent way to understand babies

• Supporting parents very early in the postnatal period leads to better outcomes
Useful websites
• www.brazelton.co.uk
• www.touchpoints.org
• www.brazelton-institute.com
• www.oneplusone.org.uk
• www.zerotothree.org
• www.talktoyourbaby.org.uk
• www.socialbaby.com