



Look at me – I'm talking to you
Watching and understanding your
premature baby





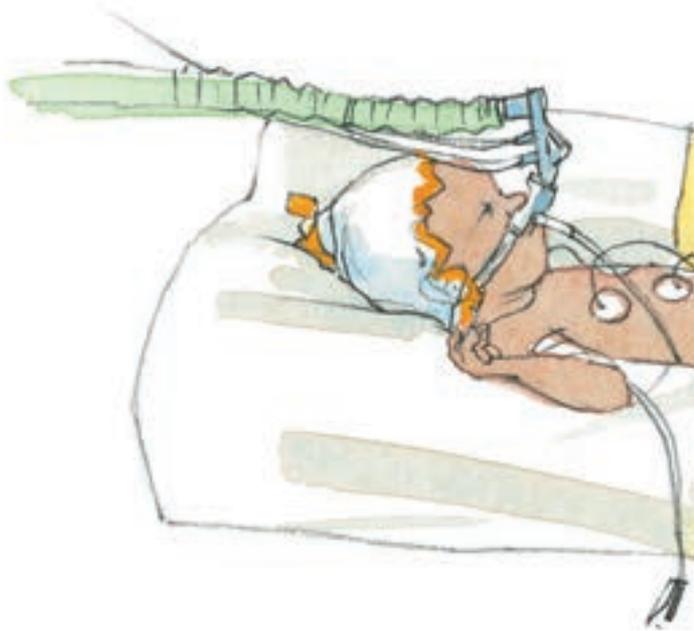
Look at me – I'm talking to you!

Your premature baby seems so small and helpless. But you can communicate messages of love and reassurance to your baby.

The aim of this booklet is to help you understand your baby's behaviour from birth, by observing his or her body language and reactions. In this way you can get to know your baby, understand his or her needs, and support your baby's growth and development.

At the moment your baby needs special care from trained nurses and doctors. The neonatal team will help you to understand and communicate with your baby. However, very quickly you will become the person who understands your baby best.

This booklet can't explain everything about premature babies or answer all of your questions. However, it can help you to observe and understand your baby's behaviour so that you are better prepared when your baby goes home.



Look at me...

First of all, here are some explanations about the machines surrounding me. Knowing something about the medical equipment can help you feel more relaxed when you visit me in the first few days. This equipment helps care for me, as long as I need it. I sleep in an incubator which keeps me warm.

The tracheal tube is very thin. It passes into my windpipe. This is linked to a ventilator and helps me breathe. Sometimes I may need only a small mask or small tubes in my nose (continuous positive airway pressure or CPAP) or low flow oxygen through a nasal cannula.

The gastric tube is small and passes through either my mouth or one of my nostrils. It leads into my stomach to check its contents and, later, to feed me.

These tubes are fixed on to my face with tape.



Various probes on my chest record my heart rate and my breathing. Another probe on my chest also checks my temperature.

The saturation probe, with a small red light, keeps track of the oxygen level in my blood. It is linked to the monitor. The probe is very sensitive to movement, so if the alarm rings, it does not always mean there's a problem.



Sometimes, a blood pressure band is placed on my arm or leg to measure my blood pressure.

The IV pump administers medicines, fluids or feeds at a set speed.



I am feeling comfortable...

If you see me looking like this, you know that I am comfortable.

I have my hands near my face or my mouth. Sometimes I even manage to suck one of my fingers.



I am in a curled-up position. My body is curled-up, and so are my arms and legs.

I am squeezing a soft toy or mummy's scarf.

NB Some units do not allow a soft toy to be placed in the incubator.

I have my feet together.



I have support for my feet.



I am smiling, or have a relaxed expression on my face.



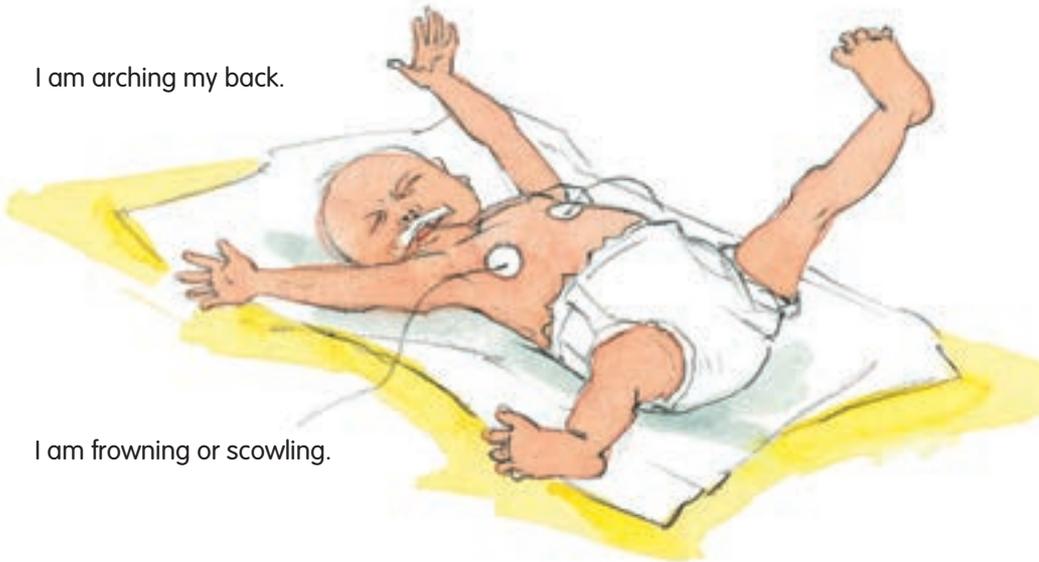
I can look you in the eyes, even if it is only briefly.

I am feeling uncomfortable...

If you see me looking like this, you will know that the situation is difficult for me and that I am having trouble coping.

I am thrusting my arms and legs rigidly into the air.

I am arching my back.



I am frowning or scowling.

I am spreading my fingers and toes out.

I am moaning or crying.



I am yawning or I have hiccups during treatment or care, or when I am looking at you.

If I look away from you, it is because I am too tired and have had enough.

In all these situations, you and the staff can help me...



How you and the staff can help me...

I am still vulnerable and not completely ready to live in your environment. I am quickly overwhelmed if I have to face a lot of stimulation at once: noise, light, changes of position... and sometimes painful treatments. I still have to learn to deal with all these new sensations.

Noises can bother me

- Doors opening and closing, especially the portholes of my incubator
- The sound of objects being placed on top of my incubator
- Loud conversations
- Alarms that are loud, or that ring for a long time
- Water splashing in the basin

You and the staff can help me by:

- Speaking in quieter voices when you are in my room
- Making sure the volume on the alarms is turned down
- Reducing the activity around my incubator
- Minimising the number of people at my bedside





Light can bother me

- Especially when I am very small and vulnerable
- Whether it is daylight or artificial light

You and the staff can help me by:

- Lowering the light and creating a soft atmosphere in the room (blinds half closed, appropriate lighting)
- Covering my incubator with a blanket when I need to be completely in the dark. Gradually the blanket is replaced with a lighter piece of cloth. Then this is removed, while trying to maintain a difference between day and night in order to help me organise my sleep.

I like to be lying comfortably



- It is important to maintain my natural curled-up position.
- If I am left alone in the centre of my incubator without any limit to my space, I feel lost.

You can help me by:

- Laying me as soon as possible on my side, my back well curled, so I can easily bring my hand to my face and my feet together.
- Laying me on my tummy.
- Progressively helping me learn to sleep on my back, when I am ready – this is the position that I will use at home.
- Surrounding me with a small 'nest,' made up of a rolled-up bedsheet, high enough so that I can rest my feet on it. This nest should support me firmly so that I can feel the boundaries or limits of my body. The more I grow, the less I will need the nest.
- Bringing me some washable soft toys, preferably with big ears or big tails that I can easily grasp in my very small hand. Use one of these toys to prop me up: placed behind my head or on my body, it gives me a feeling of safety when you take your hands away.

I need to sleep

- Sleep is the most important thing for me.
- Periods of deep sleep allow me to 'recover' after stimulation and treatment.

You and the staff can help me by:

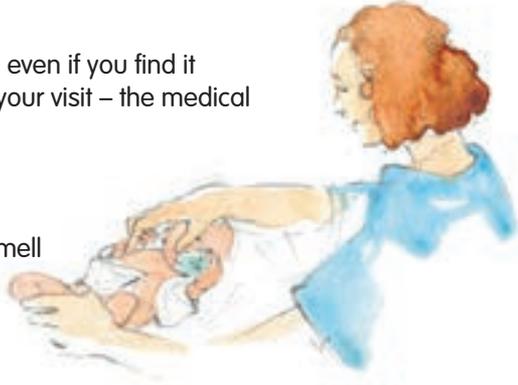
- Carefully respecting my sleep periods, even if you find it frustrating not to play with me during your visit – the medical team also respects these periods.

I like your smell

- Whether it's mummy or daddy, your smell is very comforting to me.

You and the staff can help me by:

- Placing a handkerchief, cloth or scarf with your smell near my face, so I have the impression that you are always near me. I can either hold this scarf in my hand, or be partially covered by it and of course, holding me close, 'skin-to-skin', when this is possible.



Coping with treatment and care

The care team will show you how to hold me during treatment and while I am being cared for. Then, progressively, you will learn to take care of me yourself – washing me and changing my nappy.

I like to know what is going on. So, try to wake me up gently. At the beginning, just place your hands on my body and talk to me softly, explaining what will happen and who will take care of me.

Follow my rhythm, giving me some time to rest if I seem to be struggling. Hold me gently in a curled-up position. I need to breathe calmly, and could feel overwhelmed if I have to cope with stimulating sensations such as sound and light as well.

Although you need to be able to see me clearly, do think about protecting my eyes from bright light.

You and the staff can help me by:

- Holding my legs if they shoot suddenly into the air
- Bringing my hands to my face
- Giving me a dummy
- Giving me your finger to grasp
- Supporting my head with your hands



Helping me communicate



At any age, I have many ways to communicate with you and feel your presence.

When I am very small, I learn to recognise you by being able to grasp your finger, feeling your hands placed softly on my body, and having your help during treatment and care. You are the one who can help me the most, when I need to settle down or fall asleep.

Later, once I am a little stronger, you can hold me in your arms. Skin-to-skin contact will help us to bond. I like to be in a calm atmosphere during these moments so you can also benefit from this time by having a little rest.

As I grow, I will be able to see you better, and I will even be able to focus on your face. This is a big effort for me, so remember that I shouldn't be disturbed by distractions such as light or noise. I must also be carefully held in a curled-up position.

If I look away from you, yawn or begin to hiccup, you will know that it is still too difficult for me. Please allow me to rest. Be patient. As I grow, I will be able to cuddle with you more often, and for longer periods.

My brothers and sisters can also come to visit me, as long as they aren't ill. It is good for me to get to know them. Visits will help the other children in the family feel prepared when I come home.

Washing me

My first bath is an important step in my life. This is not a medical procedure but a special moment to share with you.

At first, feeling wet may be uncomfortable for me. I will feel safer in a small bath, and wrapped up carefully in a cotton towel. Feeling safe will help me relax.

Helping me eat

Sucking and then digesting a feed are hard work for me.

To begin with, milk is given to me through the nasogastric tube. In order to help me associate sucking with the feeling of a full tummy that I get from the milk, they often give me a dummy.

When I am a bit stronger, I am given a small amount of milk in my mouth or on my dummy. In this way I learn quickly that when I suck, something very nice goes down into my stomach. Even if I cannot suck yet, I am put on my mummy's breast in order to prepare me for breastfeeding.

When I am a lot stronger, during breastfeeding or when drinking from a bottle, I like to be in a calm atmosphere, nicely settled, wrapped in a cotton blanket or in a baby sleeping bag. I also like to have my hands near my face. At first I am unable to respond to your looks, smiles and cuddles while feeding, because it is hard for me to suck, swallow and breathe at the same time. Later on I will be able to manage, though.



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