

Webinar 44

What are infants telling us: From neonatal nursery care to supporting optimal infant development

7:15 pm to 8:30 pm AEST
Wednesday 18th June 2025

**Emerging
Minds.**

**National Workforce
Centre for Child
Mental Health**

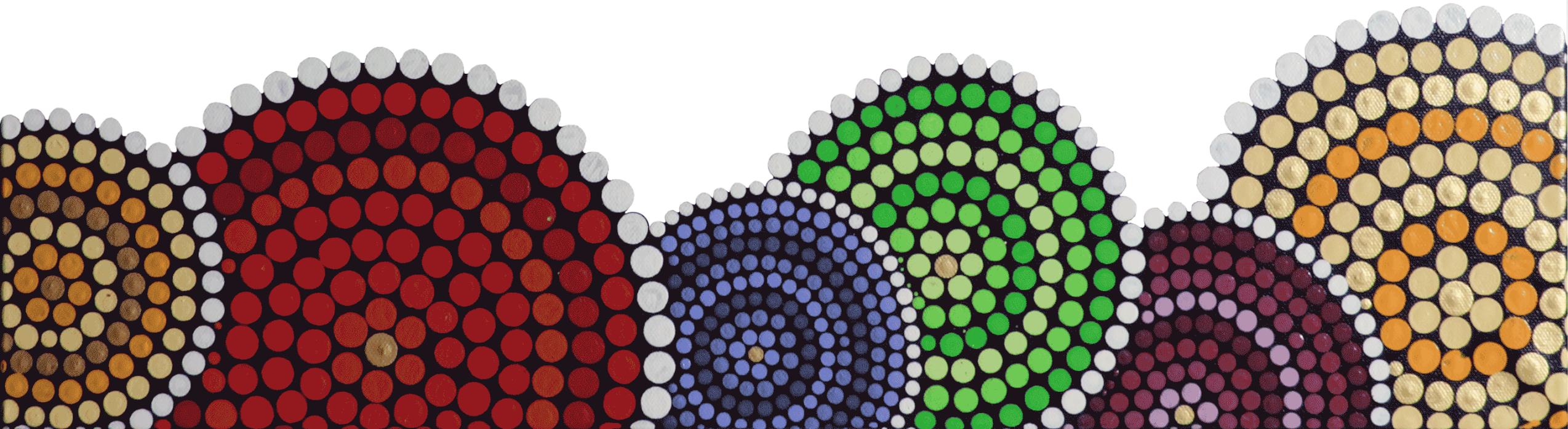


Acknowledgement

National Workforce Centre
for Child Mental Health

I would like to acknowledge the Traditional owners of country throughout Australia and recognise the continuing connection to lands, waters and communities.

I wish to pay respect to Elders past and present, and acknowledge the memories, traditions, cultures and hopes of Aboriginal and Torres Strait Islander people.



How to use the platform



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Learning outcomes



At the webinar's completion, participants will be able to:

- Describe the challenges and resilience associated with preterm birth, including long-term health outcomes and emotional impacts on families.
- Examine why it is important to observe, understand, and respond to the subtle cues and behaviours of infants within neonatal care.
- Identify infant and family centred strategies to strengthen the parent-child relationship and support infants' neurodevelopmental and mental health needs.
- Outline practical strategies that support parents to nurture preterm infants' communication, emotional, social and relational skills during their first year.

Disclaimer

The content in this webinar is for educational purposes only and does not constitute medical advice.

If any content in tonight's webinar causes distress, please seek care with your GP, local mental health service or Lifeline 13 11 14.

Tonight's panel



Dr Natalie Duffy
Neonatologist, Vic



Erin Church
Registered Nurse, Neonatal
Intensive Care, Vic



Assoc Prof Susan Nicolson
General Practitioner, Vic



Facilitator:
Vicki Mansfield
Practice Development
Officer, Emerging
Minds

A Neonatologist perspective

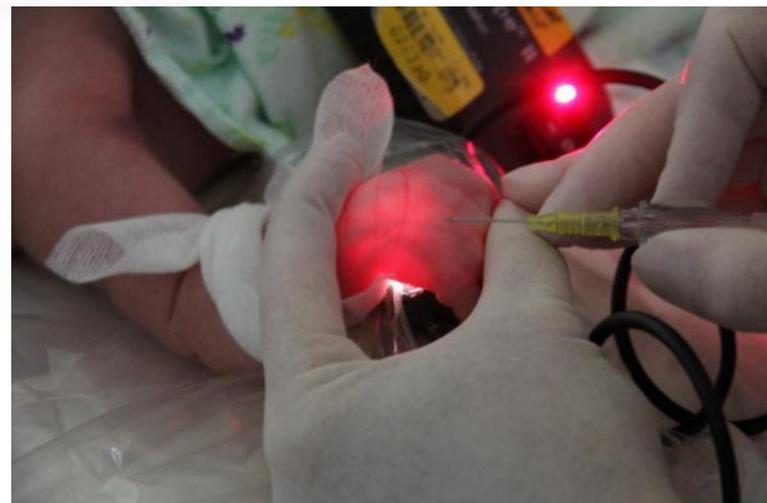
Hospitalisation in the newborn period



A Neonatologist perspective



We shape the
brain with every
experience



A Neonatologist perspective



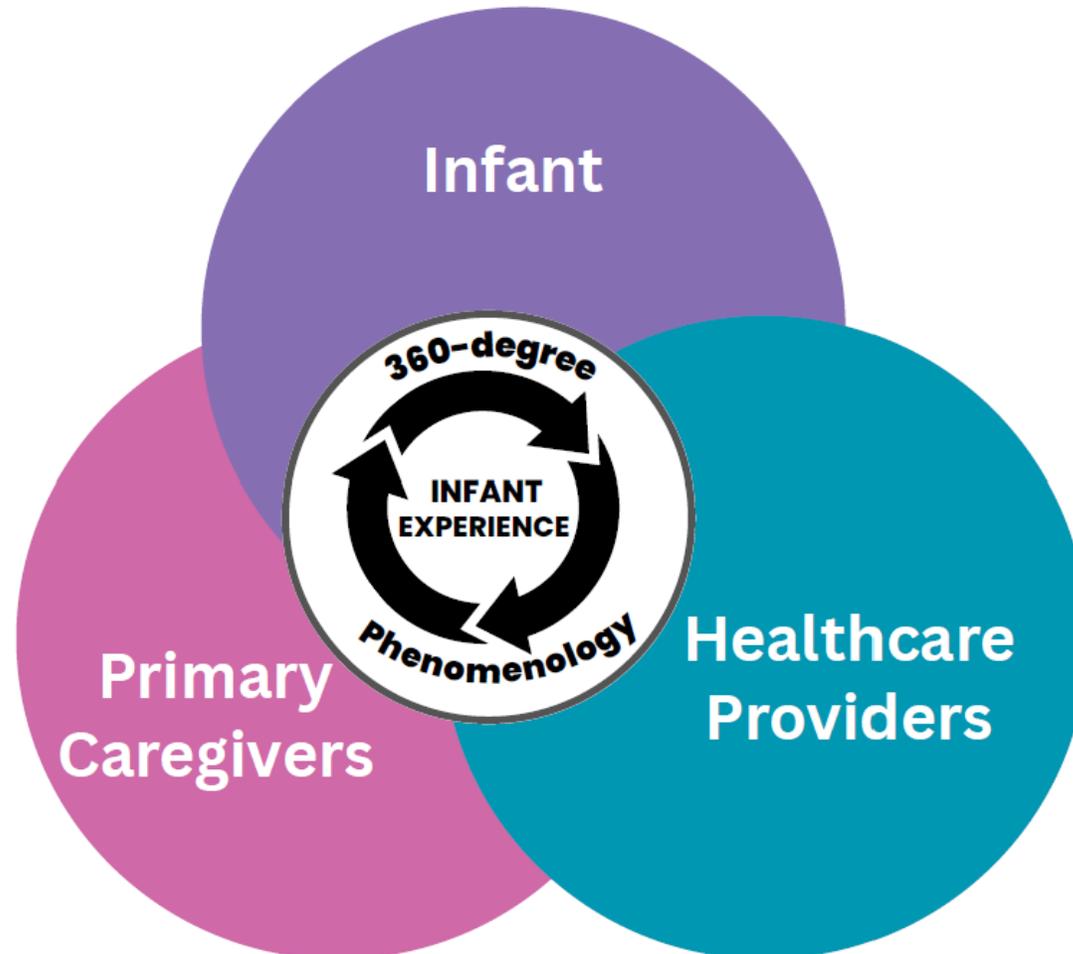
“A baby's behaviour is his language... and you can trust that language.”

- Dr. Berry Brazelton



A Neonatologist perspective

The EXPERIENCE Study



 **Infant**

- Direct observation
- Bedside diary
- NBO session

 **Primary Caregivers**

- Semi-structured interviews

 **Healthcare Providers**

- Semi-structured interviews

A Neonatologist perspective

Participants, Data Sources and Analysis

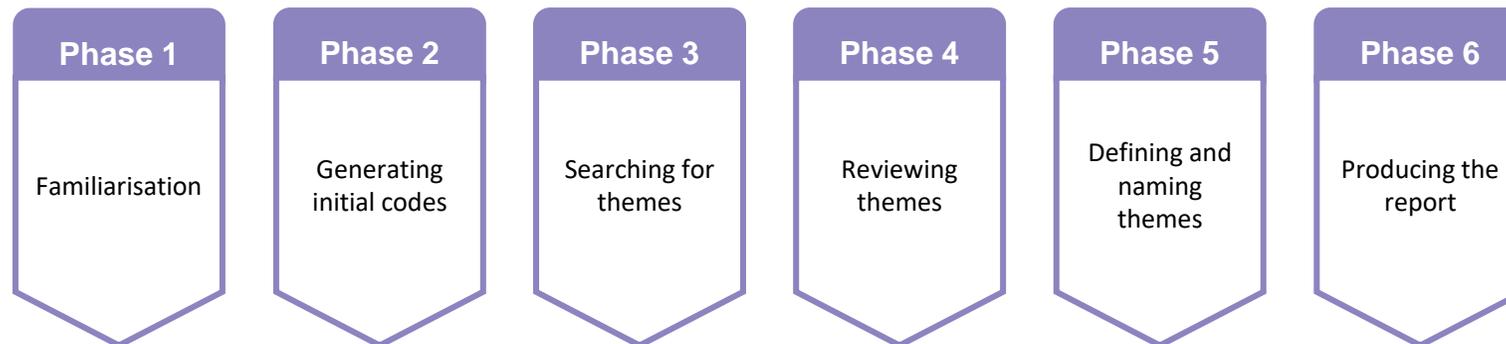


7 infants



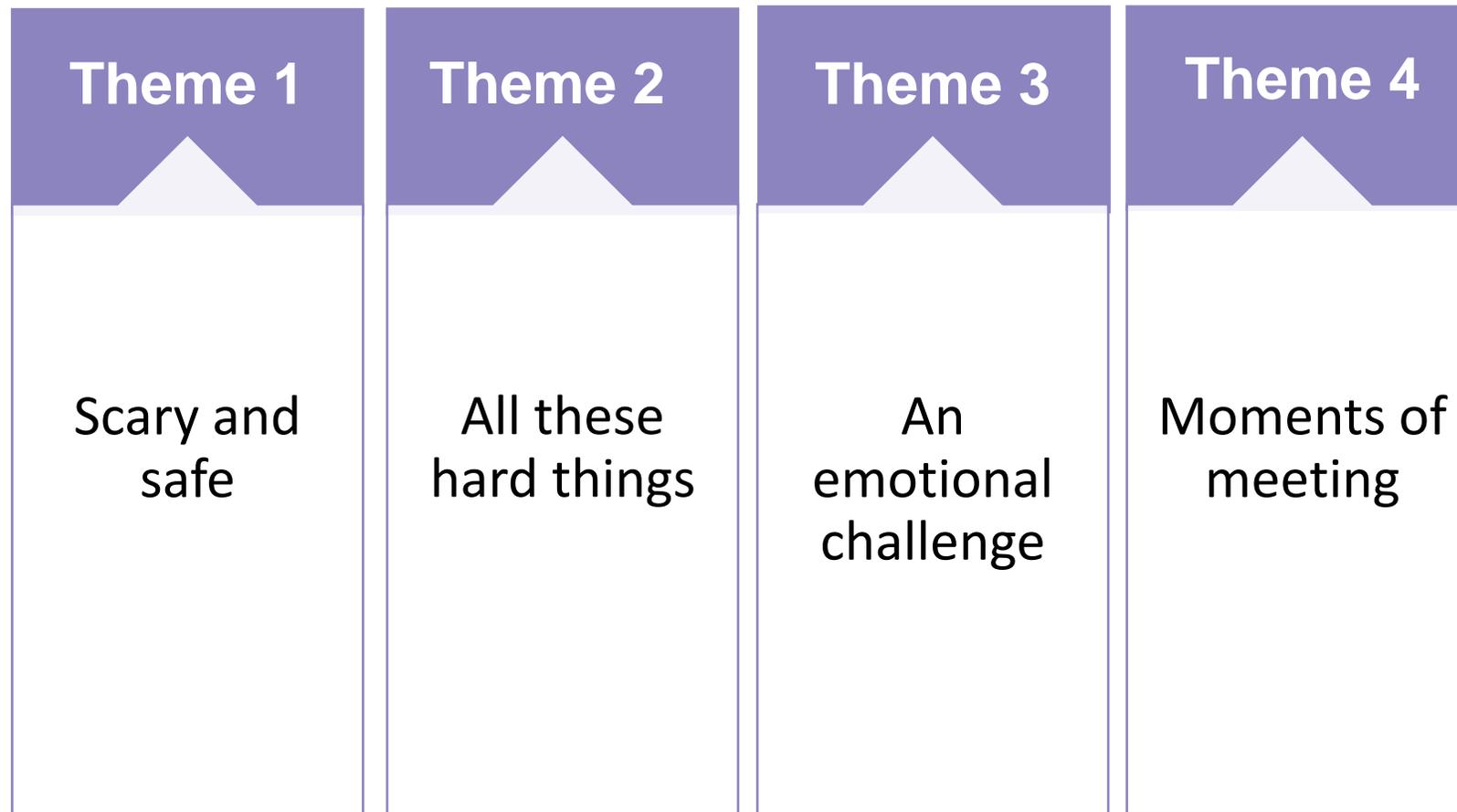
37 adult caregivers

Data Sources		
Infant	Primary caregivers	Healthcare providers
Infant observation sessions=73 My day diary = 17 NBO session n =11	Total number of interviews = 16 <ul style="list-style-type: none">• Mothers = 9• Fathers =7	Total number of interviews = 24



A Neonatologist perspective

Results



A Neonatologist perspective

Results

“She is in a unit with a breathing tube in her mouth, down her throat. Her room is filled with alarms. If she’s lucky she gets a little bit of sunshine. She is surrounded by people, always talking around her about things that probably don’t make sense to her, rather than having what a baby should be having; time with her family, uninterrupted and growing.”

SMS1

A Neonatologist perspective

Results

Watching this infant and these events unfold; I am overcome with emotion; I need to leave.

I feel worried that he is experiencing sadness, worry, uncertainty, even fear.

Reflections

Results

Harriet's body is mostly still, her breathing settled as she gazes up at her mother. She is grasping her mother's finger, sucking vigorously on her dummy. She spits the dummy out and blows bubbles. Her mother affectionately wipes them away. For a short time, it's like a game between them-mother jokingly and playfully saying are you blowing bubbles at me, cheeky, cheeky.

Observation Note

A Neonatologist perspective

Conclusion

- Hospitalised infants can effectively communicate their experience.
- Fine-grained, comprehensive exploration of the complexity of life in NICU.
- Provides an impetus for change, encouraging us to think actively and urgently about how neonatal care is delivered.



The Newborn Traffic Light Tool©: A practical support for infant mental health and neuroprotection in the neonatal unit



A NICU Nurse perspective

Why care about pain & stress in the neonatal unit?

Detrimental effects on the developing brain

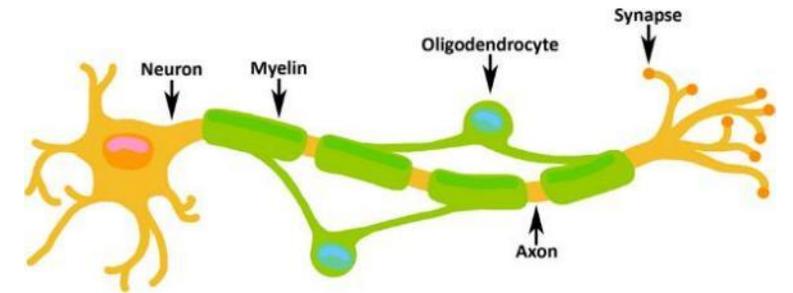
- Poorer neurodevelopmental outcomes
- Poor infant mental health outcomes

“What fires together, wires together” (experience dependent neuroplasticity)

- Decreased physical brain growth
- Decreased positive brain connections
- Known knowledge to practice gap

Multiple care models available – implementation varies

- Pain and stress perceptions inconsistently subjective
- 42-100% of painful procedures with no analgesia



A NICU Nurse perspective



How does this translate for the babies?

Respond to pain and stress in the same way

- Physiological responses
 - apparent from birth
- Behavioural responses
 - may be muted until around 32-34 weeks
- Cumulative stress

Regulation is hierarchical and systematic

- Autonomic
- Motor
- Organisation
- Responsivity

Regulation requires individualised support

A NICU Nurse perspective

Practically addressing the gap:

The Newborn Traffic Light Tool[®]

• ASSESS • VERBALISE • ACT •

WHAT IS THE BABY TELLING US?



STOP/PROLONGED PAUSE.
"I'm stressed, and need help".

- Support baby to calm & become regulated.
- Allow to rest before reattempting procedure.

WAIT & SUPPORT.
"I'm starting to get stressed."

- Allow & support baby to regulate.
- Recommence procedure once baby has regulated.

GO.
"I'm ready."

- Have comfort supports in place prior to procedure.
- Monitor for signs of stress.

BE MINDFUL
Watch for behavioural cues before, during and after any procedure. Support the baby throughout to return to a 'green', regulated state.

HOW CAN WE SUPPORT THE BABY?

Positioning

- skin-to-skin
- held by parent
- parent scent
- supported flexion
- baby's hands midline
- side lying

Voice

- parental voice, where able
- calm, soothing tones
- be present with baby
- minimise other conversations

Containment & Touch

- preparatory touch
- swaddle
- positive touch with gentle pressure

Pain relief

- pre-planned
- allow to take effect
- procedural pain relief (breastfeeding/ sucrose)

Sucking to soothe

- hands available to baby
- breastfeeding
- dummy w/ sucrose/ milk drops

REMEMBER
Infant sleep should be protected - baby should not be woken for a clinical procedure, except when their safety is at risk.

• ASSESS • VERBALISE • ACT •

WHAT IS THE BABY TELLING US?

Each baby is unique. Support in understanding your baby's cues, please talk with your neonatal care team.

AUTONOMIC	MOTOR	ORGANISATION	RESPONSIVITY
<ul style="list-style-type: none"> natural colour for baby regular breathing rate normal heart rate minimal digestive disturbances 	<ul style="list-style-type: none"> smooth movements normal, flexed tone can bring/maintain hand to face or mouth hand w/ or foot clasping soft cheeks strong rooting + sucking strong grasp 	<ul style="list-style-type: none"> alert active easily soothed bright eyes smooth transition from state to state 	<ul style="list-style-type: none"> remains engaged cries in response to pain/stress but calms with support
<ul style="list-style-type: none"> less in breathing lost stimulus breathing slow rate flaring of nostrils flatus 	<ul style="list-style-type: none"> full body squirm increased sucking response extension of limbs finger splay decreased grasp head lag unable to keep head midline increasing/decreasing tone + movement 	<ul style="list-style-type: none"> cries intensely despite supportive intervention averts gaze to take a break unable to focus eyes fussing unable to maintain self-soothing techniques (hand to mouth, grasp) 	<ul style="list-style-type: none"> able to maintain short interactive periods cries decrease briefly in response to caregiver settling attempts
<ul style="list-style-type: none"> jerky falling low tone, floppy increased tone, stiff back arching unable to grasp 	<ul style="list-style-type: none"> rapid state changes states may be difficult to identify ongoing gaze aversion closed eyes difficult to soothe 	<ul style="list-style-type: none"> low level alertness hyperalert staring withdrawn, appears asleep 	

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Watch for behavioural cues before, during and after any procedure. Support the baby throughout to return to a 'green', regulated state.

The Newborn Traffic Light Tool©

1. Clinical advocacy poster
 - Double-sided
 - Display in neonatal unit clinical spaces
2. Online learning module
 - Interactive
 - Photos and videos
 - 30 mins to complete



Based on established, validated frameworks

- Newborn Behavioral Assessment Scale (NBAS), Brazelton 1973
- Synactive Theory of Development, Als 1986
- Newborn Behavioral Observation (NBO) System, Nugent et. al 2007

A NICU Nurse perspective

The Newborn Traffic Light Tool©

Provides practical advice:

- What to do when behaviours are seen
- Ways to support the baby
 - Before
 - During
 - After

• ASSESS • VERBALISE • ACT •

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Sucking to sooth

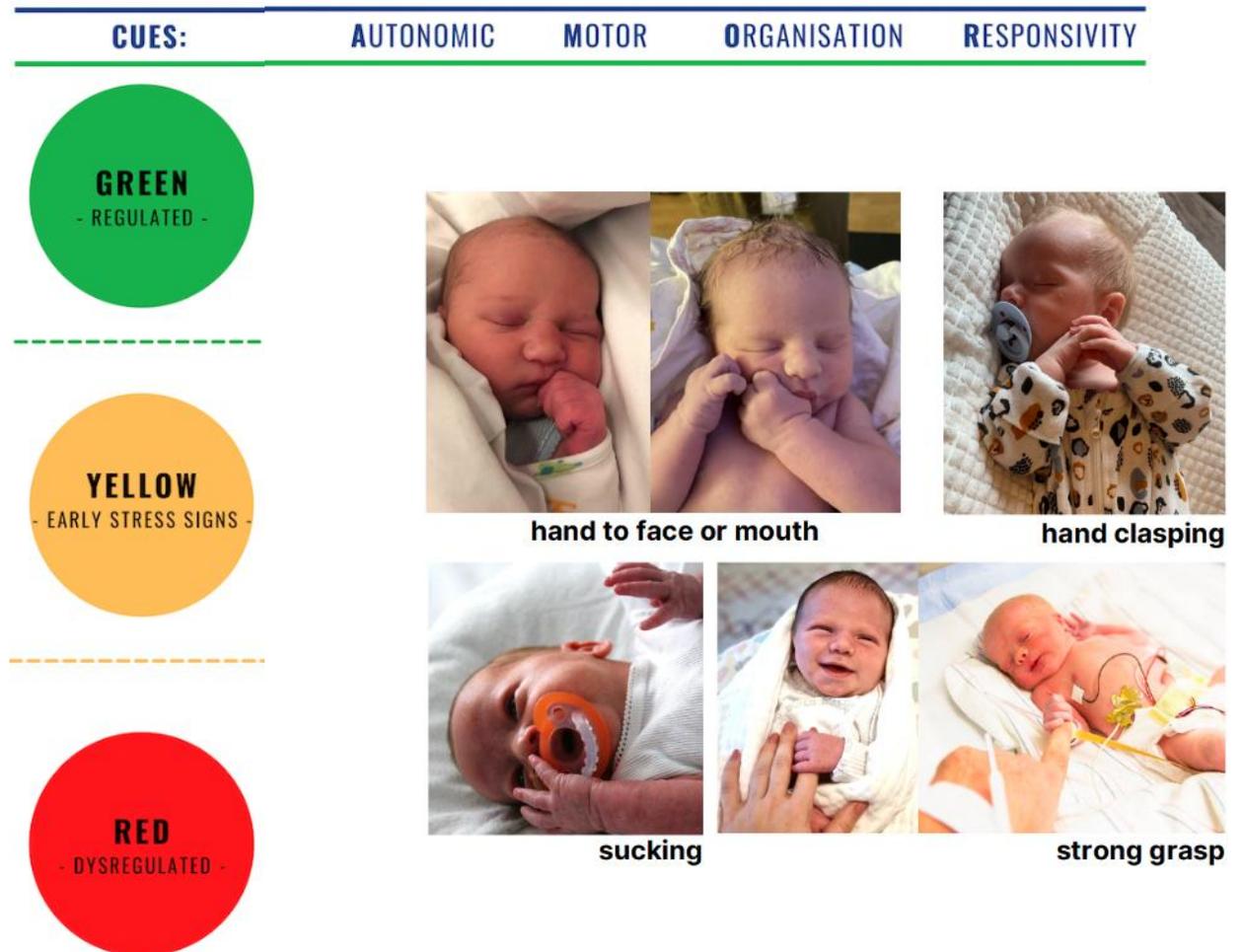
- hands available to baby
- breastfeeding
- dummy +/- sucrose/ milk drops

A NICU Nurse perspective

The Newborn Traffic Light Tool©

Traffic light system for behaviour identification

Systematic AMOR approach lists infant behaviors



The Newborn Traffic Light Tool© in action

The infant in this video is on midline CPAP, IV fluids, and is nursed in an incubator under phototherapy. He is having blood pressure and temperature taken. His eyes are covered to protect him from the bright overhead lights.

The Newborn Traffic Light Tool©: Next Steps

Over 300 clinicians registered for use

- Being used internationally

Topic of two current studies

Long term:

- Parent/family education module
- Follow-up studies
 - ?RCT

“Though I’m tiny and it’s a while before I will use words, I’m already communicating to you. I show how I’m feeling through my movements, sounds and expressions- my behaviour is my little language. When you learn my language, you can understand my world more deeply”



A General Practitioner perspective

Relational support for infants and families with the Newborn Behavioural Observations (NBO):

From the
neonatal nursery
to the
community



A General Practitioner perspective

Infant Mental Health Starts at Birth

- The first days and weeks are foundational for infant mental health and development...
- Infants rely on protective, caregiving relationship to buffer stress and shape development
- This means baby needs safety, understanding their experience as communicated by their behaviour *and interactive support to regulate their physiological and feeling states*
- To do that the parent needs to regulate own emotions, understand (mentalise), be open and respond to the baby
- In stressful situations, it's crucial vulnerable infants and families receive relational support to optimise development



A General Practitioner perspective

How? Focus on the baby

Being able to **see, read and understand** their baby's behaviour is an essential capacity we are able to offer parents and family.

A General Practitioner perspective

The Newborn Behavioral Observations NBO: Very early relationship (IMH) support

A structured, respectful way to begin relational work early

18 neuro-behavioural observations of baby

Flexible, brief relational support sessions

Administered by a trained professional

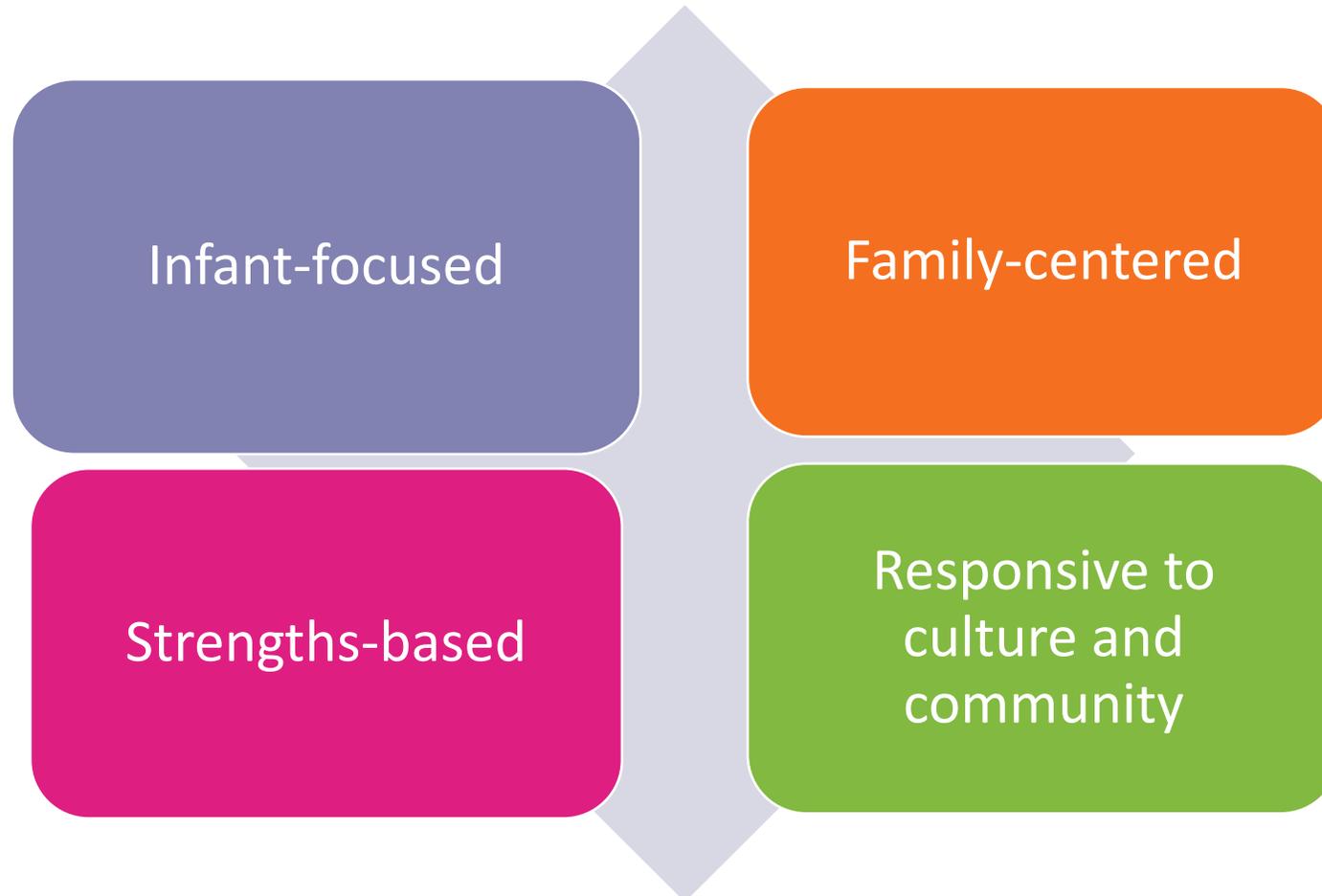
Increasingly used in neonatal units

Clinician helps parents connect with what the baby is saying.. *Moments of meeting*



A General Practitioner perspective

The NBO relational model: guiding principles



A General Practitioner perspective

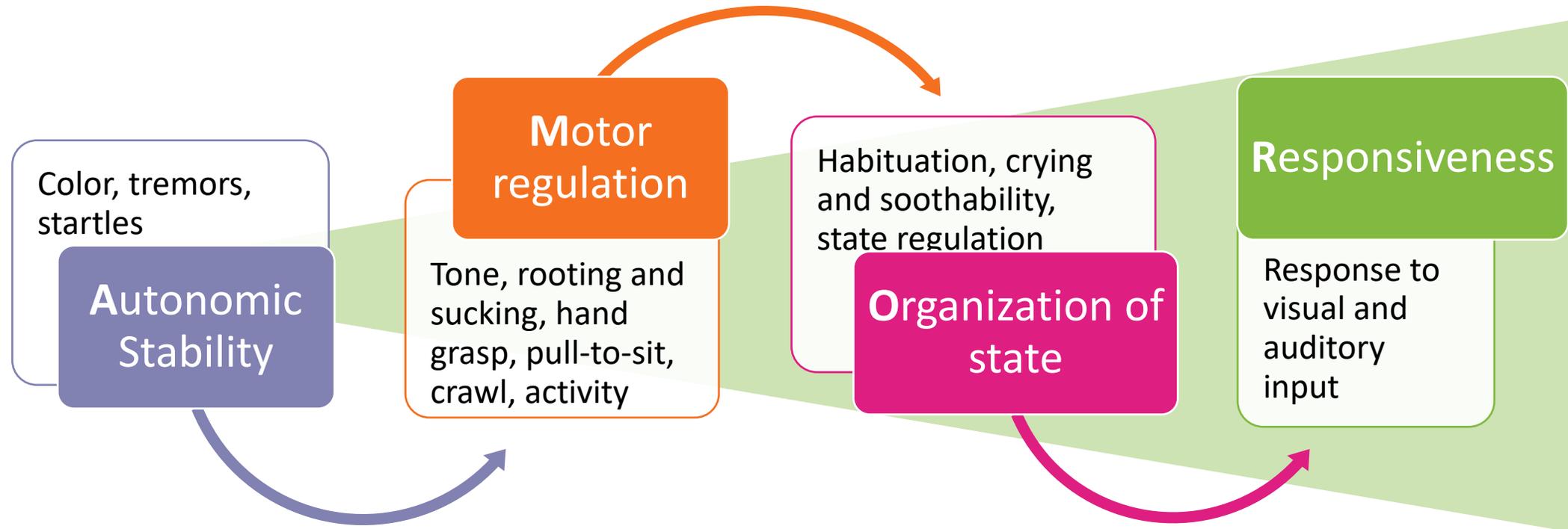
Clinician stance: Curious, Reflective Learner

‘I’ve met many babies in my life, but I haven’t met **you**’



A General Practitioner perspective

The Newborn Behavioural Observations: Infant regulation and caregiving cues



A General Practitioner perspective

Relational Support bridging the infant's leap from neonatal unit to home, family and community with the NBO:

Baby Noah



A General Practitioner perspective

The value of NBO

- A Practical Tool for Early Infant Mental Health Intervention
- Supporting Families Across the NICU–Community Journey

"The baby is already actively seeking relationship - the NBO helps us notice and respond."



Q&A Session



Dr Natalie Duffy
Neonatologist, Vic



Erin Church
Registered Nurse, Neonatal
Intensive Care, Vic



Assoc Prof Susan Nicolson
General Practitioner, Vic



Facilitator:
Vicki Mansfield
Practice Development
Officer, Emerging
Minds



Ask a question: To ask the speakers a question, click on the three dots and then 'Ask a Question' in the lower right corner of your screen.

Ask a Question

Thank you for participating



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This webinar was co-produced by MHPN and Emerging Minds for the Emerging Minds: National Workforce Centre for Child Mental Health (NWCCMH) project.

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