

Ways Nurses Can Help or Educate Families To Calm Their Babies

White noise- machine or DVD- possibly a crib add-on, there will be DVD players in patient rooms when renovations are done.

Swaddling, swaying, swinging, shushing

Rocking-you can rock the baby in mom's room while she rests if time allows, then quietly place baby back in crib.

Running water or the sound of it

Harvey Karp DVD- use DVD players in new rooms

Music (radio, CD, or music box)

Sucking- gloved finger, clean finger, own fist or fingers

Burping

Walking

Gentle bounce

Change baby's diaper

Decrease sensory overload-low lights, decreased noise level, less "pass the baby", brief visitor sessions

FEED! Babies tend to cluster feed late evening-to early night

Warmed blanket placed on bed before placing baby to avoid cold sheets (extra blanket should be removed before baby placed in crib).

Gentle placement in bed with "hands on" and gentle, slow withdrawal of hands over a couple of minutes.

Gentle massage

Football/colic hold (facedown over forearm), but don't use the word 'colic' with parents

For formula fed babies, tell parents pacifiers are okay

Don't worry about bathing quickly, save bath for evening with parents; babies tend to eat and then sleep after a bath. They can all settle together

Nurses need to demonstrate correct way to do all of above, "modeling" for parents, and supporting them while they learn to do it.

Nurses should spend as much time in room with family as possible to help them whenever possible for as long as possible.

Nurses should not offer to take the baby, but need to be empathetic to patient needs, we do need to be family friendly as well as baby friendly.

If baby goes out with nurse, once nurse has settled baby well, it should be wheeled back into room. Let mom know you will do this ahead of time.

Very important to chart correctly. Chart at the end of your shift only, then make sure to **chart all 3 parts** of rooming-in if baby has been out at all.

Charting zeros is as important as charting time out with nurse or in nursery.

Can we send some staff to Harvey Karp Educator/Certification programs?
Harvey Karp website- **happiestbaby.com**

Understand the *Phases of Sleep*

Even before birth your baby's days were divided between periods of sleep and wakefulness. By the eighth month of pregnancy or earlier, her sleep periods consisted of the same two distinct phases that we all experience:

1. Rapid eye movement (or REM) sleep, the times during which she does her active dreaming. During these periods, her eyes will move beneath her closed lids, almost as if she were watching a dream take place. She also may seem to startle, twitch her face, and make jerking motions with her hands and feet. All are normal signs of REM sleep.
2. Non-REM sleep, which consists of four phases: drowsiness, light sleep, deep sleep, and very deep sleep. During the progression from drowsiness to deepest sleep, your baby becomes less and less active, and her breathing slows and becomes very quiet, so that in deepest sleep she is virtually motionless. Very little, if any, dreaming occurs during non- REM sleep.

Each sleep periods will include relatively equal amounts of REM and non-REM sleep, organized in this order: drowsiness, REM sleep, light sleep, deep sleep, and very deep sleep.

An infant who falls asleep in arms will settle better if put down in the deep or very deep phase of sleep. Muscles are relaxed, fists unfold, and arms and legs dangle weightlessly. This is the "limp-limb" sign of deep sleep. Laying baby in bassinet will be most successful now.