The difficult baby: NICU and prematurity

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“difficult” infant

- Difficult temperament (Chess and Thomas definition)
- Variation of normality
- Less rhythmic and predictable
- Difficulty dealing with transitions, more irritable, more need of new stimuli, more crying
Difficult infant

- In part difficulty is in the eye of the beholder
- Perceptions of the baby, depending on the baby and other factors:
  - Experience with parenting, stress level, working model of what is a parent, working model of what is a baby
  - “goodness of fit” between parent and infant
Prematurity

- Below the 38th week of pregnancy
- Viability of the baby has improved
- Extremely premature infants now survive
- Role of the NICU
- What is the outcome of premature and very premature infants?
Prematurity and parents

- Stages of preparation for the birth of baby are “short-cut”
- Arrival is precipitated when the child was not expected
- Sets in motion reactions of surprise, happiness, fear, frustration
- Having to deal with the health care system
- Feelings of guilt?
Premature infant. Special needs

Baby is smaller, fragile.
Issues of temperature regulation
Feeding of baby
Question of possible apneas
More time sleeping
Less responsive to social exchanges
More irritable and sensitive
Premature infant. Special needs

- Higher risk of health complications
- Maturity of lungs, automatism in breathing. Need for ventilator? Need for apnea monitor? Levels of oxygenation?
- Susceptibility to infections
- Having to be fed by gavage feeding. Tolerance of feedings?
Premature infant. Special needs

- Temperature regulation
- Incubator.
- Exposure to NICU
- Multiple caretakers
- Multiple medical procedures (punctures, aspirations)
- Exposure to overwhelming environment, light, noise, caregivers, etc.
Infant reaction to NICU

- Perception of pain, procedures, stimulation
- Brain is a product in development, e.g. neuronal migration
- Overwhelming stimulation interferes and distorts neuronal migration (light, sound, touch, procedures, etc.)
Baby in the NICU

<table>
<thead>
<tr>
<th>INFANT’S EXPERIENCE</th>
<th>PARENT’S EXPERIENCE AND POINT OF VIEW</th>
<th>STAFF’S POINT OF VIEW AND EXPERIENCE</th>
</tr>
</thead>
</table>


Infant’s experience in NICU

- DEPRIVATION OF NORMATIVE EXPERIENCES
- EXCESSIVE EXPOSURE TO STIMULI AND NUMBER OF CAREGIVERS
Infant’s experience. Lack of normative experiences

- Experience of few caregivers (mother, father, etc.)
- Respect for “states” of sleep, awake, etc.
- “buffering” of external environment
- Contingent responses from caregivers
- Touch, movement, learning mother’s voice, odor, etc.
- Being soothed at stressful times
Infant’s experience. Exposure to overwhelming stimuli

- Light, may be all day long
- Noise, may be all day long,
- Painful procedures
- Being manipulated at all times
- Positioning issues (effects on posture and muscles)
- Effect of machines, respirator, intubation, procedures
Parent’s experience of baby in NICU

- “shock” initially. Not quite listening to staff
- Feeling as though “unreal” or a dream
- Overwhelmed by technology
- Fear of baby experiencing pain
- Fear of the future of the baby
Parent’s experience of baby in NICU

- Feelings of impotence
- Difficulty or inability to hold the baby
- Feeling as though one is “in the way” of the staff
- Dealing with medical complications
- Not able to be primary caregiver
Staff’s experience of baby in NICU

- Constant stress
- Working conditions
- Dealing with uncertainty and complications
- Experience of previous losses of infants
- Focus on child’s survival
- Dealing with “ the system”
Interventions in NICU

- With the infant
- Few caregivers, primary care giver
- Cluster procedures to minimize disruptions
- Dealing with pain
- Respecting baby’s states
- Provide touch, support, positioning, containing
Interventions in NICU. With baby

- Reading baby’s reactions and preferences
- NID CAP (Neonatal Individualized Developmental Care and Assessment Procedure)
- Provide compensatory experiences, e.g., Kangaroo care, holding, massage, “sham” feedings, oral stimulus
Interventions in NICU.

Parents

- Emotional support
- Problem solving, practical help
- Verbalization of feelings (anger, fear, guilt, etc.)
- Dealing with the care and procedures
- Communication
- Support from other parents and staff
Interventions in NICU. staff

- Issues of communication and dealing with stress
- Express feelings toward babies and parents
- Dealing with conflict in staff, stress, frustration
- Feelings of possessiveness toward baby
Baby going home

- Alteration in sleep wake cycles
- Waking up during the night
- Difficulties in feeding are common.
- How to feed the baby?
- Need for sleep
- Dealing with apnea monitor and fear baby will get sick or die.
Premature baby at home

- More difficult
- More sensitive
- Sleeps more
- Less able to “reinforce” the parents
- Crying more
- Less rhythmic and predictable.
If baby hyper sensitive

- Excessive reaction to sound
- Tactile defensiveness
- Excessive sensitivity to visual stimuli
- Crying more frequent and longer duration
- Disruptions in sleep
- Problems to suck and maintain awake state
Outcome of premature infants?

- Higher risk of learning difficulties
- Higher risk of attentional deficit, impulsivity and hyperactivity
- More behavioral difficulties in school age
- Importance of thinking of individual outcome