

Ask the Expert

KATHRYN E. BARNARD, RN, PhD

ZERO TO THREE's Board Members answer your questions about best practices and provide practical information you can use in your work with infants, toddlers, and their families.

MEET: Kathryn E. Barnard, RN, PhD, professor emeritus of nursing, Center on Human Development and Disability, University of Washington. Dr. Barnard's expertise includes infant mental health and improving support systems for families with newborns and young children. She has an international reputation as a researcher, including development of the widely used Nursing Child Assessment Satellite Training Scales (NCAST), a successful training model that includes important tools for observing and understanding parent-infant interactions.



The Feeding Relationship

Q: What can parents and caregivers do to establish a healthy feeding relationship with infants and toddlers?

A: One of the best ways to establish a healthy feeding relationship with an infant is to learn to read and respond to hunger cues. Infant cues of hunger include turning toward food, sucking movements, hands roving the stomach, or crying (which is a latter cue). Infants who are breast fed will initially be hungry quite often, as soon as an hour after the last feeding. As the breast milk becomes more plentiful and rich, the baby can feel satisfied longer. It is best to let the infant set the time for feeding based on her internal signals of hunger and satiety, rather than on a predetermined schedule. The one exception is when a baby has difficulty regulating herself (e.g., seems irritable and hard to soothe, has trouble getting to sleep). In this case, making her feeding times fairly regular (about every 3–4 hours) can help her self-regulate over time.

Q: How does the attitude and behavior of the parent/caregiver during feeding affect infant feeding and healthy development?

A: My point of view is that early behaviors establish a pattern of interaction that will likely continue to repeat itself, the way a snowball gathers more snow as it rolls down the hill. When parents have an attitude of competence and success as they first feed the infant, it fuels a growing sense of confidence that "I am a good parent. My baby likes to take food from me. My baby needs what I can provide and is satisfied." Parents need to have their confidence strengthened in the beginning.

When feeding is not going well, parents need support and guidance from others they perceive as nonthreatening. When the parent feels unsure and/or the baby is not a good sucker or self-regulator, it is helpful to have nonintrusive help from a more experienced person. This is tricky: You cannot accomplish building parents' self-confidence by taking over, but you can build on their competent behaviors by observing the baby's response, placing the nipple just right, or noticing their

spacing in stroking the baby—in other words, by telling them all the things they are doing well. Noticing and commenting on their strengths helps them feel you are joining with them rather than evaluating or criticizing them. Many parents who are struggling with early feeding issues are expecting criticism and therefore are very vulnerable to it. I think lactation consultants provide a great support to parents and I wish that all new parents would have close-at-hand support during the establishment of their feeding patterns.

Q: What might be the cause of problems with feeding and growth in early infancy?

A: We know from studies of babies who are failing to grow properly that often there is a lack of positive feedback from the parent and a lack of sensitivity to the baby's cues for hunger or satiation. In some cases, this may be a result of the mother's mood disorder, such as postpartum depression. Alternatively, the infant may have biological vulnerabilities, such as breathing difficulty or heart rate irregularities that make it difficult to do the tasks of sucking, swallowing, and breathing. Both the psychological and physiological variables need to be assessed by the professional team. There are many feeding clinics throughout the United States that are offering evaluation and help to parents and infants who are not thriving. When there is a lack of proper growth or a sense of dissatisfaction with the feeding, such a clinic team should be consulted. There is a solution.

Q: How can health care providers and other professionals support a healthy feeding relationship between parents and children?

A: It is important for the professional to address the feeding relationship. Naturally, the monitoring of the child's weight and length will demonstrate if there are adequate calories and nutrients for normal growth. It is always important to review the child's food intake, including times of feedings, amounts, and types of food. It is important that parents actually know how much the child needs to eat and drink for healthy growth.

Asking how the parent knows when the child is hungry or full can be useful in identifying problematic issues. Teach parents the signs that infants typically give; for example, when infants are hungry they orient themselves toward food: looking, touching, reaching, and vocalizing. When they are full, they will have a relaxed body posture and fully extend their arms, rather than draw them to their mouth area as they do when hungry.

It is often useful to ask about the parents' own experience with and memories about eating: Did they like to eat? Did they have favorite foods? Were they forced to eat? Was food restricted? Their own experiences will influence their expectations and provide an opportunity for the professional to talk with parents about establishing healthy habits with their own children.

Weaning from the breast or bottle is an important time to pay attention to how the child adapts. For many children, it is a time when feeding patterns change and they either decrease or increase food intake. It is important for the child's diet to fit his growth needs and to not under- or overfeed so that he develops self-regulation (the ability to recognize internal cues of hunger and satiety) rather than using food to meet his emotional needs.

For more questions and answers from Kathryn Barnard about this topic, visit "Ask the Expert" on the ZERO TO THREE Web site at www.zerotothree.org/ask

ASK THE EXPERT for November 2007 will feature **Rebecca Shahmoon Shanok, LCSW, PhD**, director of the Institute for Infants, Children & Families, Jewish Board of Family and Children's Services, New York. Dr. Shahmoon Shanok will respond to questions about the nature and function of reflective supervision with staff members who work with infants, toddlers, and families. Go to the ZERO TO THREE Web site to post your questions: www.zerotothree.org/ask