

Holding/carrying method/steps

Before

- Tell your baby that you are about to touch him/her (if tolerated). This will alert your baby to your presence and avoid startle/stress responses.
- Prepare the environment, that is, remove the positioning aids or the rolls that are in the incubator or the cot.

During

- Watch for stress signs to see if your baby tolerates what is going on. If your baby shows signs of stress, apply **soothing methods** to give him/her time to reorganize.
- If tolerated, explain to your baby what you are doing: “Mom will lift you up gently. We will take our time to make sure everything is OK for you.”

After

1. Apply the same principles to return your baby to his/her crib or incubator.
2. Take the time to tell your baby that the holding/carrying is over (if tolerated, of course).
3. Be sure to apply the **soothing methods** for the next few minutes to give him/her time to reorganize and fall asleep slowly.
4. Remove your hands **gradually** so that your baby still feels your touch as he/she relaxes and falls asleep.
5. After the transition from the incubator to the crib, your baby’s condition will be more stable and he/she will better tolerate being carried and/or rocked. Outside of sleep periods, these two acts may even help your baby fall asleep, become more secure, calm down, console himself/herself or simply have a good time with you, his/her parent.

Leaflet 6

A set of 11 leaflets

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|---------------------|--------------------|---------------------|
| ① The swaddled bath | ⑤ Swaddling | ⑨ Positioning |
| ② Kangaroo care | ⑥ Soothing Methods | ⑩ Massage |
| ③ Touch | ⑦ Holding/carrying | ⑪ Cue-based feeding |
| ④ Diaper change | ⑧ Transfers | |



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PARENTING IN THE NEONATAL UNIT

Holding/carrying

Leaflet **7**



The holding/carrying refers to the moment when you hold/carry your baby in your arms. It is also used for kangaroo care when rocking and/or when transferring your baby to different positions.

Because of the immaturity of their sense of balance, premature babies are generally less tolerant to movement, mostly transfers between positions. A sick term baby may also have difficulty tolerating this due to health problems.

Babies admitted to the neonatal unit need help to feel safe while transferring between positions, as position changes occur in suspension in the air and not in an aquatic environment such as in the womb. The main principles of holding/carrying are: facilitated tucking/containment, swaddling, holding and applying one stimulation at a time.

Leaflet 8

Facilitated Tucking/Containment

To move your baby for the purpose of carrying him/her, contain him/her in the foetal tucked-in position. This method maintains gentle pressure and contact throughout the baby's body, much like the amniotic fluid did. To keep your baby in this position, which is very reassuring, avoid any lifting or suspension in the air. These can negatively stimulate his/her sense of balance, which is still immature.

Swaddling and cradling

- To make your baby feel safe while holding/carrying him/her, cradle your baby with your hands to keep him/her in the foetal tucked-in position (arms and legs bent, hands close to the mouth, head in line with the body and slightly bent forward). You can place one hand on your baby's buttocks (sacrum) and the other behind his/her head, between the two ears (occiput). This will make it easier for you to keep it him/her the foetal tucked-in position.
- When you are ready to lift your baby, lean towards him/her to keep the duration of the suspension in the air as short as possible. In other words, go and pick up your baby directly from his/her mattress, leaning as far as possible to reduce the distance between both of you.
- Hold your baby in a foetal tucked-in position and bring him/her against your chest. This will transfer your baby's weight to you. Your body also offers a reassuring presence and a containing contact. Thus tucked against you, your baby will better tolerate this change in position.

Holding/carrying

- You can also use a blanket previously placed under your baby to give him/her a greater feeling of containment and positively stimulate his/her sense of touch. So, while you are moving the baby towards you, the back of his/her body is covered by the blanket.
- If possible, avoid placing your fingers at the back of the neck when picking up your baby, as this may cause his/her head to tilt back slightly. Place your hand behind your baby's head, between his/her two ears, promoting forward flexion and maintenance of the foetal tucked-in position.
- If you have to move to get to a chair, for example, remember that the more premature or sick your baby is, the slower your movements and steps should be.

One Stimulation at a time

- Once you are comfortable in the chair, take a moment to give your baby time to recover and reorganized himself/herself. Usually, it takes **2 to 5 minutes** to see if the baby has tolerated the holding/carrying well.
- If your baby is not showing signs of stress, you can start humming a soft song or talking to him/her. Observe your baby for a few minutes to see whether the stimulation is tolerated. The more mature and stable your baby is, the better he/she will tolerate simultaneous stimulation.
- Light patting or stroking, and superficial caresses/touches are stimuli **that did not exist** in the mother's womb and that are more difficult to tolerate for premature or sick babies born at term. You can try rocking your baby but pay attention to his/her reactions and behaviours: these movements can indeed negatively stimulate his/her immature sense of balance.