

# How to do H-HOPE

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Parents+

(Parent Participatory  
Guidance)



# Involving Parents via Participatory Guidance

**“TELL ME AND I WILL FORGET.  
SHOW ME AND I MAY REMEMBER.  
INVOLVE ME AND I LEARN.”**

**Benjamin Franklin**

# Participatory Guidance

- Uses **bi-directional communication** when teaching and interacting with parents
- Clinicians and parents each contribute to the parents' learning
- Clinicians use active listening to understand parents' concerns
- Clinicians tailor content, learning, and support to parents' needs



“As a result, **I experienced closeness with my child.** I felt I could comfort her. I changed because **I finally knew how I could soothe my child.** The level of care **I offered her was increased and benefits both of us.** It infused excitement.”

“**I learned to listen to my child,** even though she couldn’t speak, **I can read her body language and facial expressions.** This **allowed me to see her likes and dislikes.**”

“Prior to ... I was pretty scared about handling him. I would prefer, for me to sit down and the nurse to hand me the baby. But now it’s like, I’m confident in picking him up out of the crib, sitting down with him, and putting him back ....., **so I feel more confident doing that now.**”

# Parent Participatory Guidance Sessions: Parents+

- Each session follows the same plan:
  - **Introduction:** Ask how parents want to be addressed, use the baby's name, ask how parents are doing, concerns, what they need, and what they want to learn about their baby
  - **Talk** about infant behaviors and caregiving, adding new content each session
  - **Massage+:** Introduce at the first session, practice, and review in subsequent sessions
  - **Closing:** Address any questions and reminders
- A detailed guide is available for each session



# Behavioral Cues Parents Need to Know

- When parents can read, interpret, and respond to infant cues, they can support the infant's capacity to interact
- Important because parents often have difficulty recognizing their preterm infant's cues, especially subtle cues
- Cues include
  - Behavioral states
  - Engagement and disengagement behaviors
  - Pre-Feeding behaviors (Orally directed behaviors)
  - Hunger and satiation cues





# Parent Participatory Guidance Session 1




When the **infant reaches 31-32 weeks** post-menstrual age or when the infant is **clinically stable** if born between 33-35 weeks

- **Introduction**
- **New Learning Content:**
  - Infant behavioral states
  - Engagement and disengagement cues
  - Orally directed behaviors (also called pre-feeding cues)
  - Hunger and satiation cues
  - Parents learn 3-step process while administering Massage+
    - Read the infant's behavior
    - Interpret the behavior
    - Respond to the behavior
  - Massage+ and how to do Massage+ for their baby

- **Closing**




**NOTE: Session 1 can be divided into smaller sessions if the parents do not have 30 minutes to participate at the bedside. If possible include behavioral states and engagement/disengagement cues together and orally directed behaviors and hunger and satiation cues together.**

# Infant Behavioral States – Preterm Infants

State	Characteristics	
1. Quiet Sleep	Eyes closed and still; respiration regular and abdominal; motor activity minimal except for startles or mouthing	
2. Active Sleep	Eyes closed with slow rolling movements or REM; respiration irregular; motor activity ranging from minor twitches to stretching movements	
3. Drowsy	Eyes opening and closing, when open have a glazed appearance; respiration faster and shallower than in quiet sleep; some generalized motor activity	



# Infant Behavioral States

State	Characteristics	
4. Quiet Alert	Eyes open, bright and shining; little or no motor activity or facial movements, state most optimal for social interaction	
5. Active Alert	Eyes generally open; generalized motor activity, often accompanied by grimacing and/or brief vocalizations, state most optimal for feeding	
6. Fussing/ Crying	Generalized motor activity with agitated vocalization; ranges from mild fussing to continuous crying	

# Engagement & Disengagement Cues

Continue	Slow	Stop
<ul style="list-style-type: none"><li>• Wide eyes</li><li>• Bright face</li><li>• Hands open</li><li>• Fingers flexed</li><li>• Eyes searching</li><li>• Facial focus</li><li>• Eye contact</li><li>• Smooth cyclical movements</li></ul>	<ul style="list-style-type: none"><li>• Frowning</li><li>• Eyes tightly shut</li><li>• Refusing eye contact</li><li>• Sticking out tongue</li><li>• Struggling movements</li></ul>	<ul style="list-style-type: none"><li>• Crying</li><li>• Whining</li><li>• Hiccoughs</li><li>• Fussing</li><li>• Spitting up</li><li>• Places hand out to stop</li></ul>

Pathways.org, Barnard, Keys to Caregiving, 1997

# Pre-Feeding Behaviors

## Ways infants show they are getting ready to eat

### Empty sucking

Sucks on tongue when nothing is in the mouth

Baby moves tongue in the shape of an “O”

### Sticks out tongue - Tonguing

### Baby yawns

Baby brings hand to mouth, hand may or may not stay in mouth

Baby puts hand to mouth and sucks on it

Turns head and opens mouth as if looking or breast or bottle



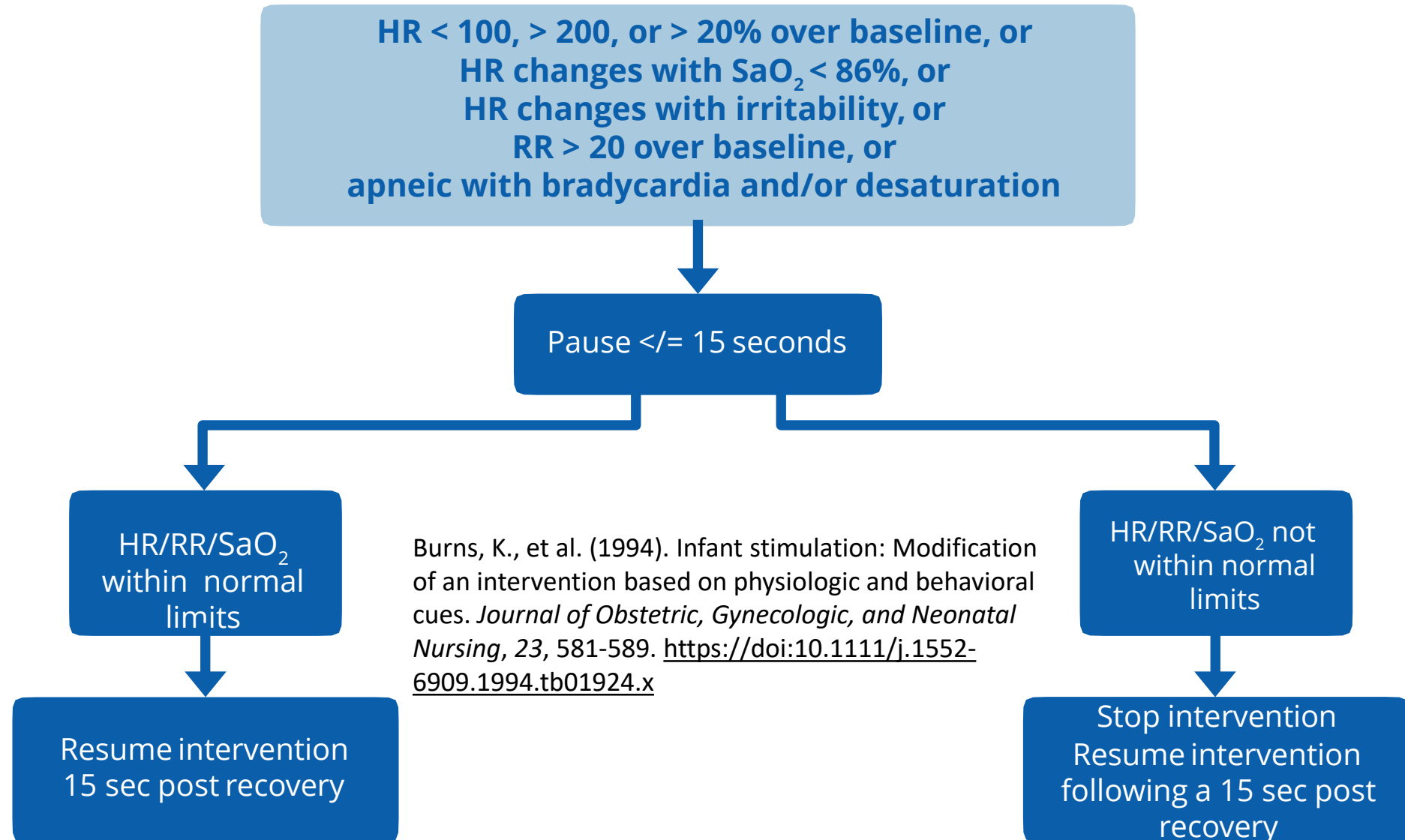
# Satiation Cues

## Ways infants show they are full

Open or relaxed arms alongside body and open or relaxed fingers		Relaxed or falling asleep	
Arms extended		Other satiation cues: the baby may no longer be interested in sucking, may have a neutral face with no expression, may yawn	

# Guidelines for Physiologic Parameters

## Heart, Respiratory Rate, and Hemoglobin Oxygen Saturation (SaO<sub>2</sub>)



# Parent Participatory Guidance Session 2

Occurs 1-2 weeks before discharge

- **Introduction**
- **Review previous session content:** Follow parent interest and need
- **New Learning Content:**
  - Massage+ planning for home
  - Safe Sleep
  - Signs and symptoms of Illness
- **Closing**



# The Need for H-HOPE Before and After Discharge

For us, the hardest part about coming home was that **we didn't really know our baby**. We quickly realized that the NICU nurses knew our daughter's personality, likes, dislikes, and how to best soothe her ... but we didn't. We probably should have asked a lot of questions ... **we didn't really know what questions to even ask. It made the first several days at home really difficult for us because we completely disrupted the set routine of the hospital our daughter was used to and we had no clue how to relate to our baby. We felt like complete failures.**

# Parent Participatory Guidance Session 3

Occurs about 2-4 days post-discharge

- **Introduction**
- **Review previous session content:** Follow parent interest and need
- **New Learning Content:**
  - Review Massage+ log and plan to continue
  - How to Calm a Fussy Baby
- **Closing**

# Parent Participatory Guidance Session 4

Occurs about two weeks post-discharge

- **Introduction**
- **Review previous session content:** Follow parent interest and need
- **New Learning Content:**
  - Feeding is More Than Eating
  - Tummy Time and Developmental Milestones
- **Closing**