   a. Self-funded program to help parents prevent and solve problems around a baby’s eating, sleeping, crying and attachment
   b. Based on work of Dr. T. Berry Brazelton and other leaders in child development, medical and lactation

2. When parents misunderstand newborn behavior they can
   a. Emotionally retreat and under-react
   b. Become agitated and over-react

3. What parents want and need
   a. Find delight in their child
   b. Help them understand child development
   c. Help them solve common problems
   d. Parents who do not understand or do not know how to respond effectively have: increased postpartum depression, increased risk of child abuse, increased anxiety, and poorer breastfeeding outcomes

4. Consider theories of teaching
   a. Patient education literature recommends that education be clear, concrete (not abstract), and associate a new idea with ideas already known and understood
   b. Adult Learning Theory recommends that education address all styles of learning: visual, auditory, and social/interactive

5. Primary skills parents need
   a. To understand a baby’s sleep/wake cycles
   b. To recognize when a baby exhibits a physiologic stress response

6. Newborn “Zones” instead of Newborn “States”
   a. “Resting Zone” – sleeping states
   b. “Ready Zone” – ready to eat and ready to play
   c. “Rebooting Zone” – fussing and crying states

7. Baby is “sending out an ‘SOS’ – Sign of Over-Stimulation”
   a. Body “SOSs” – changes in color, movement and breathing
   b. Behavioral “SOSs” – “Spacing Out” (going from alert to drowsy state); “Switching Off” (gaze aversion); and “Shutting Down” (going from drowsy to asleep)
   c. Neurons to Neighborhoods: Chronic stress in babies increases cortisol; elevated cortisol negatively impacts developing brain; elevated cortisol lowers threshold for response to stress later in life; negative outcomes are reduced when parents can see and respond effectively to a baby’s stress response
   d. HUG DVD on Zones and SOSs

8. “Resting Zone” – Sleep states
   a. Active/Light sleep
      i. Baby’s eyes flash open; she may vocalize; breathing increases; moves and jerks
ii. 60% time in the newborn
b. Still/Deep sleep
   i. Baby is totally still; no movement of the eyes; eyes stay shut; breathing deep and regular
   ii. 40% time
c. Newborns awake between Active/Light and Still/Deep sleep
d. As baby matures she groups Active/Light and Still/Deep sleep cycles so that she can sleep longer
e. HUG DVD on sleeping

9. “Ready Zone”
a. Ready to Eat
   i. Though rates of breastfeeding initiation are increasing, breastfeeding duration falls far below international standards and women’s goals
   ii. Misunderstanding baby’s behavior is an often-overlooked reason why women abandon breastfeeding
   iii. Brazelton’s *Touchpoints* theory states that developmental surges cause a disruption in a baby’s eating, sleeping, or general behavior
   iv. *Touchpoints* are predictable and correlate to The Infant Feeding Practice Study II
      1. Three-hour online course for professionals
      2. Handout for parents
      3. Newsletters for parents: weekly for 12 weeks, then monthly until one year
b. Ready to Play
   i. Skills to get baby to “Ready Zone” enhance parent confidence and parent-child interaction
   ii. Fathers who have eye-to-eye contact with baby in first 4 hours spend more time with babies at 3 months
c. HUG DVD on playing

10. “Rebooting Zone”
a. Mothers who cannot manage a crying baby:
   i. Have increased PPD
   ii. Can be a trigger for child abuse
   iii. Can contribute to adding formula or giving up breastfeeding altogether
b. Normal increase in crying begins at 2 weeks, peaks at 6 weeks, and decreases up to 12 weeks
c. HUG DVD on crying

11. HUG Research: [http://www.hugyourbaby.org/Home/research](http://www.hugyourbaby.org/Home/research)
a. NICU fathers exposed to HUG have increased knowledge of newborn behavior and decreased parental stress (Published)
b. Nurses and doulas taking HUG online course showed increased knowledge of infants and recommends course to colleagues (Published)
c. PAT Home Visitors demonstrated increased knowledge of infant behavior and increased confidence to teach parents. The parents they helped showed increased confidence to care for baby (Pending publication)
d. Japanese nurses described HUG as helpful to parents they serve. (Published)
e. Undergraduate nursing students who received HUG training demonstrated increased knowledge of newborns and increased confidence to teach parents (Pending publication)
f. Birth Center patients who participated in Roadmap program had increased confidence to parent in spite of postpartum depression (In progress)
g. Family Physician residents study (In progress)

12. HUG Your Baby Resources are:
   a. Convenient (come and go format, available at home or at work)
   b. Economical (because no travel necessary, which can result in staffing shortages)
   c. Efficient (because of coordination of training for professionals and resources for parents)
      i. Part I – Introduction: Helping parents understand their newborn – two contact hours credit; cost -$35
      ii. Part II – HUG Strategies and Skill Building - four contact hours credit; cost -$65
      iii. Part III – Certified HUG Teacher - twelve contact hours credit; cost -$150
      iv. Roadmap to Breastfeeding Success - three contact hours credit; cost -$60
      v. $110 discount for ordering entire (4 parts) training
      i. DVD – award-winning, 20-minute DVD helps parents prevent and solve problems around eating, sleeping, crying and attachment ($48)
      ii. Handout for DVD ($40 for 50)
      iii. Roadmap handout ($40 for 50)
      iv. Significant discount for bulk order of any products (For example, order of 500-1,000 DVDs can be $8-10 each)
   f. Recommendations for incorporating HUG Your Baby into your setting
      i. Have at least one leader in your facility complete the full, four-part HUG training so that they might serve as a mentor
      ii. Have remainder of staff complete Part I if involved in general parent education. Those involved in breastfeeding support might take instead The Roadmap to Breastfeeding Success that includes pertinent information from Part I and information on breastfeeding support.

BRIEF BIBLIOGRAPHY


