

Translating Newborn

Written By Sonia Shah

You know your baby's trying to tell you something, but what is it?

"See the slight pucker on her brow and her clenching hands?" baby researcher J. Kevin Nugent asks about 1-day-old Tess. "She's saying, 'Wait a minute. I'm still getting organized. Soon I'll be relaxed enough to really look at you.' "

It took about a week after I brought home my first baby for me to transmogrify from an unflappable globe-trotting journalist into a hormone-addled zombie weeping on the shoulders of strangers. Extreme sleep deprivation and hormone spikes were part of this alchemy, but the most potent ingredient, for me, was what psychologists call cognitive dissonance, that uncomfortable state of tension that results when two conflicting realities collide. This creature I'd made from my own flesh and nurtured for months inside my body — the very definition of an intimate familiar — had been revealed to me as a stranger.

He cried. He squirmed. He shuddered. His tiny face crumpled, stretched, and contorted, and sometimes his eyes opened so wide that I could see the top crescent of his sclera, the "white" of the eyeball. He pedaled his flaky, wrinkled feet, then stared off moodily into the middle distance. I could decipher none of these strange expressions and gestures. For those first few weeks, life with my beloved child felt as discombobulating as a Fellini film in the afternoon.

And so it was with the curiosity of the confounded that I met J. Kevin Nugent one gray December afternoon in the bustling halls of Boston's Brigham and Women's Hospital. Tall and talkative, with high cheekbones, salt-and-pepper hair, and the lilting accent of his native Dublin, Nugent is a Harvard psychologist and founder of the Brazelton Institute. Nugent has studied newborn behavior for 30-odd years, and in the past seven he and his team have developed a method of unlocking babyspeak, which they call the Newborn Behavioral Observations (NBO) system. Nugent tells me that using the NBO, a series of 18 different kinds of observations from muscle tone to rooting response, he can get a baby as new as a day old to "actually answer the question, Who am I?"

The NBO is still new; if it's available in your maternity ward, you're fortunate. It grew out of the more detailed Neonatal Behavioral Assessment Scale (NBAS), which pioneering pediatrician T. Berry Brazelton developed in 1973. The NBAS became popular with researchers, and also appealed to parents. After watching the process, Nugent says, parents could see that their baby's behavior "wasn't random," that his or her actions were meaningful, organized, and revealed a personality. With the gold-standard NBAS as its foundation, and drawing from other disciplines as well, Nugent and several of his colleagues then created the NBO, which requires just 10 to 20 minutes to perform on a baby and discuss with her parents. "We hoped that the much shorter NBO would give pediatricians the incentive to share the baby's exam with the parents," says Brazelton. (It's important to note, however, that the NBO is an observation, not an assessment or test.) Nugent's team recently published a handbook for doctors and nurses, and has trained about 250 to administer the NBO. The goal, Nugent says, "is that someday every parent in every maternity ward in the country will be offered one before they leave."

Why? Because the NBO has been shown to improve parents' observations of their infants' behavior. While no predictor of a child's later temperament, the NBO effectively hands parents a decoder for infant patois. An averted gaze when Dad makes the googly face? Baby isn't bored; she's saying, "I'm overwhelmed." Jerky movements during a play session? "Swaddle me. I need some containment."

In one of Nugent's studies, first-time mothers who participated in NBO examinations with their newborns were four times more likely to be "sensitive" to their infants later on than mothers who had not had the benefit of participating. Preliminary results from another as-yet-unpublished study show that the NBO reduced postpartum depression by 75 percent. Parents and hospital staff say that the NBO improves a parent's ability to understand, and thus bond with, his or her child.

During an NBO, Nugent says, clinicians take careful note of the kind of newborn conduct — including sneezing, averting the eyes, skin-color changes, startles, and spitting up — that I was as oblivious to as, say, my dental health in those first few weeks. These, according to Nugent, are the newborn's emoticons. Like shoulder shrugs, grimaces, and frowns in an older child, they are as expressive as poetry — if we can only pause long enough and listen hard enough to hear them.

This I have to see. We file gingerly into a brightly lit hospital room, littered with the accoutrements of modern childbirth: the gigantic hospital-issue water bottle, speckled johnnies, heavy gray trays of overcooked food. Alonzo, born yesterday, is fast asleep. "He's so lovely. He is so nice!" Nugent says to the mother. I get the distinct sense that he really means it. "If it's all right with you, we'll wake him and let him cry in order to see how he settles. Is that all right? This will tell us how he deals with all this new world, how he protects himself."

NBO examiners mine crying for expressive information. They let their tiny charges cry, then observe with an admirable clinical detachment how the infant calms himself. Does he try to suck on his hands? Does he change position? Does he respond to a voice alone, to a voice and a face, to a voice, face, and touch? Or does he need to be picked up and held? "How he manages through his own abilities to control his states of consciousness," explains Brazelton, "is a powerful predictor as to whether he can manage a new environment."

Nugent shines a pocket flashlight across the baby's eyes, and Alonzo turns away, still asleep. "He's shutting it right out," Nugent tells the mother. "Do you see that? When he sleeps, he'll sleep well." Nugent shines the light two more times, and now Alonzo doesn't even react, suggesting that this baby can quickly determine what to ignore, that he can "habituate" with ease. A baby who struggles to habituate might still react after 10 flashes of the light. A baby who habituates quickly "is already in control of their environment," Brazelton says. "One that can't is at the mercy of his environment, and it is important to know that."

Nugent pulls out a blue plastic box with beads inside. (A typical NBO might also include a looming red ball, the sound of a mother's voice, and a hand on the tummy.) Nugent waves the box beside Alonzo's ear and the baby awakes, following the sound with his head and eyes. "He's so alert. So responsive! He goes from sleep to awake nice and smoothly. That's a great frown there. A great frown."

Alonzo then flexes his lower lip into a possible protosmile. Gas? I wonder. Nugent says, "Now some people say that's not a social smile, but I think it means he's content. This is one calm little baby. Do you mind if I open him up?"

Nugent unwraps the swaddling blanket, touches Alonzo's tiny fingers, and repeats, "Isn't he lovely?" He points out how Alonzo keeps his hands closed and limbs tucked in, his expression beatific. "Do you see that?" Nugent says. "That's the perfect posture. He's relaxed. I'm a lucky man to see you, Alonzo."

While Nugent continues to study Alonzo, he asks the mother about her older kids at home, and how she thinks they're going to cope with Alonzo. "My daughter," Nugent says, "she's grown now, but she once said about her little brother, 'His face is so cute. I hate it.'" The room titters with laughter. (Later he explains: "If Mom is worried about the 2-year-old, she's paying less attention to the baby.")

Alonzo is a quiescent baby, but not so 3-day-old Violet, a tiny swaddled bundle rhythmically sucking on an improbably large blue pacifier. Her fingers splay and hands start to wag as Nugent approaches her, effusively praising her small, fine features. She is wiggling and loose, indicating "effort, stress, cost to the organism." He picks her up and she digs her feet into his stomach. She yawns. She sneezes.

Afterward he says, "She was looking over my shoulder, everywhere except at me. Disengaging is a slight sign of stress. It isn't crying, but it is on the same continuum. The yawns, the sneezes, sometimes you might even find a bowel movement. These things are not accidental; they are the body's way of saying, 'Oh! This is too much!'"

Nugent has read Violet's subtle cues and correlated them with the carefully modulated forms of stimulation he offered. By doing so he sees that little Violet, despite the fact that she never even whimpered, isn't ready to absorb the stimulus of a new face, a new voice. Exposing a newborn to such stimuli, and waiting for her to focus on and follow them moving across her field of vision, tells NBO examiners about the newborn's ability to interact socially, and how costly she finds such interactions.

Nugent will discuss Violet's sensitivity with her parents, and how best to work with it. "Be sure not to overwhelm her," he will say. "She's responsive, but she can go over the top easily and she'll disengage." It's a precious thing for new parents to know the certain threshold when the sights, sounds, smells, and chaos of our world become too much for their babies. Then they can begin to help their babies cope — sans confused howling from either concerned party.

I was struck, then, by just how much I'd missed in those first weeks of my son's infancy, lost in translation. I didn't speak newborn, and he didn't speak grown-up, and so we'd passed each other by, each crying tears of frustration into the other's face. How would it have been if his first experiences of the world were of an easier, gentler, more amenable place than the one I was able to show him?

I doubt I'd have even noticed color changes. Spit-ups I interpreted as digestive; sneezes as respiratory. And those averted gazes? To me, they were evidence of my infant's withdrawal from the world around him, not, as Nugent says, signs of an active engagement and attempts to moderate the intensity of the experience. The cries I noticed, but I heard them as an alarm bell: I'd never have thought to wait them out to see how my baby might console himself, although I'd have been desperate to know.

He's grown now, my little son, a tender, expressive 10-year-old who plays ice hockey and bakes me muffins every Sunday. He tells me he longs to fly, is embarrassed by the girl who kissed him on the cheek, and wishes he could run faster. I can just make out his newborn voice under this big boy talk, in a whisper, like a dream.

Next page: Your Babyspeak Decoder

Decoding Babyspeak

- * Yawning: I'm a little overstimulated. I need some time out. Or I'm just tired.
- * Fist lightly closed, not tightly clenched: I'm so happy right now.
- * Fingers splayed wide, bluish tinge around the mouth, tension in the legs: I'm losing it.
- * Fingers straight, tips together, eyes open, toes relaxed: I'm fascinated.
- * Limp, flaccid limbs, color changes: I'm exhausted.
- * Springy limbs, even color, open-eyed alertness, arms and legs relaxed, spit-up-free bib: I'm ready to play.
- * Jerky movements: I need to be swaddled, cuddled, contained.
- * Color changes, mottling: I'm feeling a little rattled. That was too abrupt for me.
- * Spitting up: Whatever you're doing right now is stressing my system. Please stop.
- * Slight furrowing of the brow: I'm starting to lose it.
- * Shaking head side to side (rooting), increased activity, fussing, even crying: Please feed me.
- * Looking off into the distance (assuming there's nothing cool to see within 12 inches) after some stimulating event: This is too much. I need to disengage.
- * Averting gaze from a peering face: This is too much for me at this moment. I would like to take a break. I'll be back when I'm ready. Don't be offended.
- * Whimper: I'm finding a way to settle myself — please let me be. If I can't manage it on my own, I may need you to help me or I'll become very upset.
- * Low cries: I might like my hand to suck on. Perhaps I need your help now before I lose it altogether.
- * Full-blown howl: Help!

More Information: If you're interested in finding a clinician trained in the NBO, contact the Brazelton Institute in Boston at 857-218-4354 or www.brazelton-institute.com.

About the Author: Sonia Shah writes about science and politics. Her latest book, *The Body Hunters*, is out in paperback.

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