

Helping Parents Get Through the Second Night

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Second Night:

A Theoretical Perspective on
Infant Response to Over-
stimulation

What Is Baby's 'Second Night' ?

- An event recognized by mothers, nurses, and lactation consultants around the world -- but not yet documented in the literature
- Occurs about 24 hours after birth (generally the second night)

What is “Second Night?”

- Baby wants to be on the breast seemingly constantly
 - Often from 9 pm to 1 am – though may occur earlier or later
- Baby falls asleep at breast – wakes as soon as put down or moved
- Baby usually content as long as at breast/STS



What is “Second Night?”

- Mom is exhausted
 - Generally adrenalin is depleted from the excitement of the birth
 - Hasn't had much sleep
 - She's vulnerable to suggestions from family and staff



What is “Second Night?”

- Mom is concerned that her baby is “starving” and that she “doesn’t have anything”
 - Often staff reinforces that message thru offering supplements and taking the baby back to the nursery
 - Particularly true if baby is “small” (under 7 pounds) or “large” (over 8 pounds)
 - Either size baby needs “more”



What Is Really Going On?

- Baby 'wakes up' that second day
 - Bombarded with new sensory input in hospital setting
 - Difficult to organize himself
 - Needing what is familiar (womb) to reorganize
 - Closest to womb is the breast which provides much of the same sounds as in prenatal life

What is Going On?

- This is not about hunger – or “starving” – or “not enough milk”
- This is not about “using mom as a pacifier”
- This is not about baby being manipulative or “spoiled”
- This IS about baby coping with an over-stimulated immature central nervous system

Normal Birth

- In a normal birth, baby and mom wouldn't be separated – no cribs, no nursery, no bottles
- Lights would be dim, baby would be handled only by family/extended family
- Baby would have unlimited access to the breast
- While the process of birth can be stressful, the environment does not need to be



Overstimulation

- Like going from cozy cottage to Los Vegas in a blink of an eye!



Over-stimulation

- Term infants demonstrate equal or higher levels of physiologic stress responses when exposed to non-painful sensory stimulation in comparison to painful stimulation
 - (Hellerud & Storm, 2002)
- The neurological system of a healthy, full-term neonate is immature and continues to rapidly develop throughout the first year of life
 - (Verklan, 2002)

Over-stimulation

- Because of their neurological status, newborns are unable to interpret all of the sensations and stimuli received during hospitalization, particularly following birth
 - (Hellerud & Storm, 2002; Peterson-DeGroff, 1996)



Over-stimulation

- LeBoyer –
 - Newborns experience sensations that are “stronger, all the more violent, unbearable – literally maddening” (1978)
- When over-stimulated, newborns display an increased stress response
 - Increasing stress levels can cause a newborn to release epinephrine, norepinephrine, antidiuretic hormone, cortisol and aldosterone (Jorgensen, 1999; Shelby, 2000)

Over-stimulation

- Newborns suffering from environmental over-stimulation experience alterations in heart & respiratory rates, decreased O₂ saturation levels, and an increase in BP
 - (AAP, 2000)
- Fluctuations in glucose levels are also seen in response to neonatal over-stimulation
 - (Jorgensen, 1999)

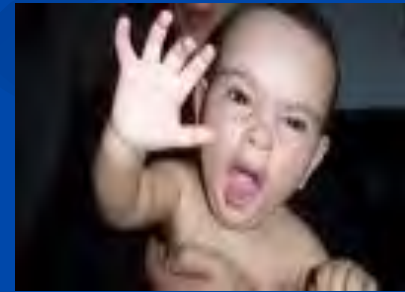
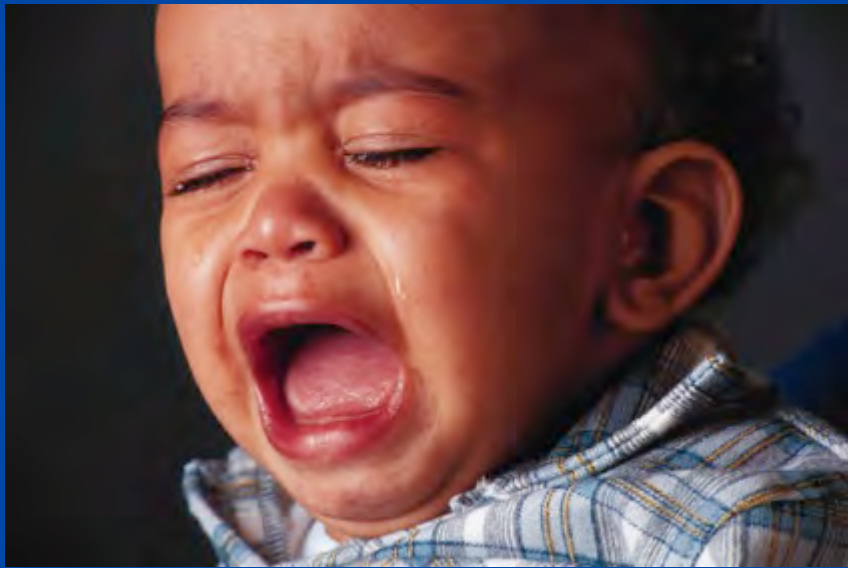
Signs of Over-Stimulation

- Facial grimace
- Irritability
- Excessive alertness
- Worried expression
- Frowning
- Arching of back
- Splaying fingers
- Holding hands in front of face
- Stiffening & extending limbs
- Turning away from eye contact
- Closing eyes
- Inconsolability

Over-stimulation

- Neonates with increased stress levels can also show signs of:
 - Fatigue, yawning, hiccupping, coughing, regurgitation, tongue thrusting, vomiting and touch aversion
 - (Peterson-DeGroff, 1996)
 - Newborn sleep cycles are negatively influenced
 - Length of “light sleep” cycle increased?
 - (Stevens, 1995)

Over-stimulation



Hospital Environment

- Morrison/Ludington study (in publication)
 - In a 12 hour day the average number of interruptions for a mother/baby couplet is 47, not counting Daddy, and not counting intrusions initiated by Mom.
 - Some as high as 95 to 100.



Hospital Environment

- Number of “rooms” the baby is in:

- Womb
- Delivery
- Hallway
- Nursery
- Hallway
- Mom’s room

- Hallway
- Picture “room”
- Hallway
- Room for hearing test
- Hallway
- Room for circumcision
- Hallway

- Each with different sounds, smells, bright lights and disruptions

OK, Now What?

- Work towards changing hospital environment as much as possible
 - Keeping baby w/ mom
 - Skin to skin
 - Labor/Delivery/Recovery/Postpartum rooms
 - Low lights
 - Decreased noise
 - Treat babies gently



What Can We Do?

- Helpful to warn moms about 2nd Night
- Reassurance this is normal and it isn't because she is "starving" her baby
- Teach her how to deal with it....



Skin to skin



Skin to Skin

- Number of arousals significantly decreased
- Long, quiet sleep phase – twice as many synapses in brain occurring – means the baby is storing the memories they have acquired during the last awake period
 - (Ludington-Hoe, 2004)



Skin to Skin

- Epidurals may blunt release of oxytocin, and oxytocin starts those innate behaviors
 - **Bottle, nipple or cup feedings – reduce oxytocin release**
- Need ventral surface of baby to ventral surface of mom to stimulate innate behaviors in both mom & baby
 - (Ludington, 2004)



Skin to Skin

- Soothes infant
- Reduces crying
- Reduces body movement distraction so infant suckles more effectively
- Increases mom's prolactin level by 33%
 - (Ludington, 2004)



Risks of STS

- Apparent Life Threatening Events
 - ALTE's have occurred in Birth KC/Birth STS
 - During first 2 hours post birth, 30-120 minutes
 - At night
 - First-time mothers
 - Unsupervised
 - Branger et al., 2007; Rodriguez-Alarcon Gomez et al.

Reduce Risk

- **Reduce Risk of ALTE's**
 - Birth STS should continue
 - Position chest to chest, between Mom's breasts, head above breasts
 - Shoulders squares and flat on Mom's chest
 - Head turned to the side so nose is clear of obstacles
 - Nose not imbedded in breast, blankets or clothes
 - Nurse to supervise ABC's closely

Reduce Risk Later

- Mothers will fall asleep: exhausted, oxytocin
- Needs support
- Include Father/support person
- Tuck baby in
- Pillows & rolls
- Raise head of bed a little if possible
- Firm mattress, not in chair
- Keep clothes and bedding clear
of baby's nose and face

Hand Expression

- All Moms need to know HE
- Can increase milk supply
- Shows Mom she actually has milk
- Encourages baby to latch
- Gives baby valuable nourishment

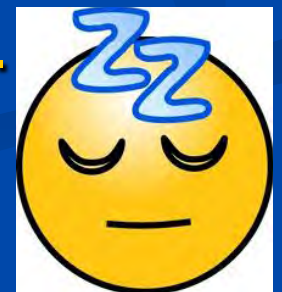
Hand Expression

- <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>



Baby's Sleep Patterns

- Adults fall into a deep sleep first, then move into lighter REM sleep
- Babies fall into a very light REM sleep, then in about 20 or 30 minutes go into the deep sleep
- This REM phase is longer during “Second Night”
 - Any movement of the baby away from mom during light sleep will wake them up again – and they will then look for the familiar....



Coping With Second Night

- Baby falls asleep at breast
 - Slide nipple out of baby's mouth
 - Don't move – don't burp – don't readjust clothing
 - Use breast as a pillow, and hunker down
 - Both mom & baby can sleep until baby moves into a DEEP sleep
 - Dad/partner watch over the sleeping couple



Coping

- Giving mom permission to snuggle and sleep with her baby will help her get through this night
- Taking the baby back to the nursery and giving formula disempowers mom
 - Reinforces the idea that she has an inadequate milk supply
 - That the answers lie in supplementation and taking baby from her
 - That she can't take care of her own baby

Coping

- In the hospital we need to be teaching strategies that will help mom deal with the reality of being home with her baby, not offering a “quick fix”
- Formula often causes the baby to fall into a deep sleep
 - This impairs successful breastfeeding
 - One bottle can reduce exclusivity and longevity of breastfeeding

What About at Home?

- “Second Night” happens at home too...
 - Any time there is a major change in baby’s environment
 - Going home
 - Going to the mall
 - Going to the doctor’s office
 - Going to church
 - Having friends/relatives over who play “pass the baby” ie: Baby Showers, Holiday Season festivities...



At Home...

- May happen that night or the night after
- Moms call complaining of low milk supply or an exceptionally fussy baby
 - Find out what has happened in their environment over the last 48 hours
 - May be a reaction to over-stimulating event

Crying Means Something is Wrong....

- I' m hungry
- I' m cold
- I' m hot
- I' m scared
- I' m bored
- Life is stressful
- I' ve been subjected to too much too soon
- This is a crazy world and I don' t like it
- I need my Mommy
- Please take care of me!

Coping at Home

- Go with the flow and meet the baby's needs for safety and security and the familiarity of the breast
- Trying to buck it ends in a frustrated and unhappy baby and a frustrated and unhappy mom

Caveats

- Important to distinguish between “Second Night” and true low milk supply, or another problem
- If this behavior goes on for several days, then may need a feeding evaluation
- “Velcro” babies

Velcro Babies

- These babies go from sleep to scream in a heartbeat.
- These babies need to be physically attached to a parent (seemingly) at all times
- Sears (William) designates these as “high needs” babies

Moms Need to Know:

- It is OK to hold your baby all the time
 - She won't be spoiled
- It is OK to sleep with your baby
 - Safe sleeping is the key
- It is OK to nurse your baby whenever she seems hungry or needs to nurse
 - She isn't "using you as a pacifier"



Moms Need to Know

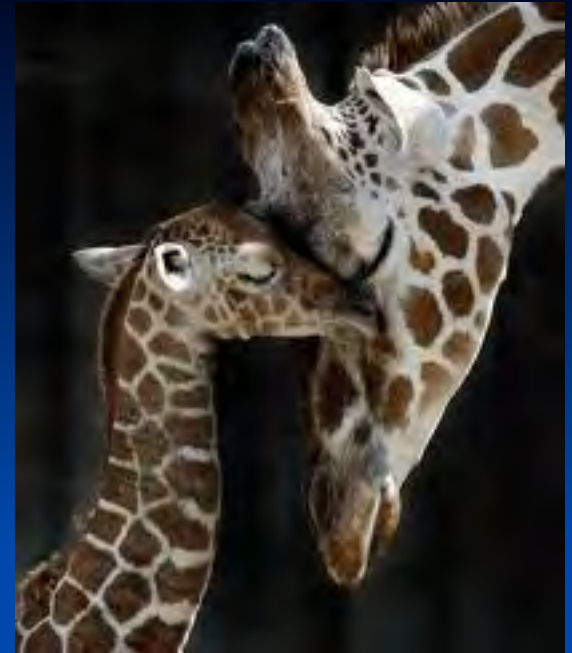
- Attachment Parenting rather than Parent Controlled Parenting meets the needs of each infant
- Mothers are able to move from the Formal Acquisition of Parenting to the Informal and then to the Personal with ease



What We Want

- Moms able to connect to their babies
- Babies able to connect to their moms
- Mom who is relaxed and able to go with the flow
- Moms not afraid to keep their babies with them and at the breast
- Moms who learn to “read” their baby’s cues

Discussion



- What do you think?
- What can we do during the day to prevent this?
- What can we do to support Mom/Babe during the night?

How do we help prevent this?

- STS as much as possible
 - Stretcher transfers from L&D to PP
 - For blood work and assessments
 - During visiting hours
- Prone for weights
- Delay initial bath
- Bundle mom/baby interruptions
- Anticipatory guidance

How do we support the family during the night?

- Anticipatory guidance
- STS with Mom/significant other
- Breastfeed on cue, ensure comfortable latch and positioning
- Let baby fall asleep and stay there for 30 minutes before putting back to sleep in basinet
- Ensure safety and supervision