



Patient Information Sheet: Infant Cues

Infants are recognised as social human beings capable of communicating their needs and wants. The language of newborn and young infants is primarily one of gesture, posture and expression. In newborn and very young infants this is accomplished mostly through non-verbal forms of communication, which are called cues. Some of the more familiar cues are smiling, looking at, reaching out, crying, turning their head away, and falling asleep. Less obvious or subtle cues are thought to precede obvious cues.

Parents who are able to read their infants subtle cues can be more sensitive in their interactions with their babies. It is important to understand also that in any interaction there will be a mix of cues. An example for the newborn is around feeding ie hunger cues and satiation cues.

An infant communicates hunger through hand to mouth movements, rooting (turning face toward touch), mouthing (opening and closing of mouth), flexion of the arms and legs, clenched fingers and fists over chest, and lastly crying. Decreased suckling, lack of facial movements, relaxation of the arms and legs, straightened fingers, and pulling away shows satiation.

Because a major concern for parents is knowing how to tell when their baby is hungry or full, being able to identify hunger and satiation cues becomes important. Historically crying has been seen as the major signal for hunger in an infant, however, crying can also be a cue for loneliness, fear, tiredness, discomfort or pain. When parents take notice and learn about their infant's cues they will be better able to understand what their infant wants and to meet their infants needs. This will make caring for their baby more enjoyable and promote a communication bond that will last a lifetime.

Cont. overleaf

***Please speak to the midwife or your doctor if you
would like more information***

Patient Information Sheet

(cont.)

The six states of Consciousness

	State Behaviours	Implications for Caregiving
Quiet Sleep (non-REM)	Lack of body activity	Very difficult to awaken
	Smooth, regular respirations	If awakened, quickly returns to sleep
	Lack of facial or eye movements	Good time for activities that require little or no activity ie trimming fingernails
	Bursts of sucking movements	
	Occasional startles	Intrusive procedures not recommended
	Generally unresponsive	Feeding will be unsuccessful
Active Sleep (REM)	More body activity	Less difficult to awaken
	Irregular respirations	Parents often think baby is awake
	Movements of face, may smile	Feeding will be unsuccessful
	Movement of eyes under the lids	
	More responsive	
Drowsy	Variable activity	More easy to awaken
	Irregular respirations	Difficult to tell if baby is awake or asleep
	Opens and closes eyes	If left alone, baby may go back to sleep
	Eyes glazed, heavy-lidded look	Take time to fully awaken before feeding
	Delayed responsiveness	To awaken give baby something to see, hear or suck
Quiet Alert	Minimal body activity	Good time to feed, talk, look at, or hold the infant
	Regular respirations	Baby will respond and learn best in this state
	Face has bright, shiny, look	In the first few hours after birth, most newborns have intense periods of this state, followed by a long sleep period.
	Eyes wide and bright	
	Most attentive to stimuli	
Active Alert	Much body activity	State baby will most likely begin feeding
	Irregular respirations	Beginning signal for a change, ie need to be fed, repositioned, and so on
	Facial movement	
	Eyes open, but not bright	May be difficult to get the infant to interact
	Fussiness	If left alone in this state, baby will often begin consoling self.
	Sensitive to stimuli	
Crying	Irregular respirations	Baby's limits have been reached
	Facial grimace	Signals a need for a change
	Cries	May console self
	Colour changes	May need consoling by caregiver
	Variable sensitivity to stimuli	