Having a baby in the neonatal intensive care unit (NICU) is a journey parents travel with their babies. But it’s a journey of many unknowns. For instance, many parents wonder, “How is my baby feeling? Is he content? Is she feeling pain? Why does his body look so limp? Why does she sometimes turn away when I talk to her?” These are just a few of the unknowns and many parents of premature babies feel confused about what feels good to their infant and what doesn’t. In recent years, doctors and nurses have compiled a list of common movements and facial expressions seen in premature babies that let others know if the baby is content, or feeling discomfort or pain. These often are referred to as your baby’s cues.

How might cues differ in premature babies? All babies give cues. In premature babies, these cues change quickly from week to week. There are two main ways in which the cues of premature babies may differ from those of full-term babies:

• Cues may be more subtle — movement in premature babies is often very slight compared with that of full-term infants. So, your baby may give cues you don’t notice at first. You may have to watch closely to see some of your baby’s cues.

• Cues may seem different or may be a response you don’t expect — for instance, your baby may seem fussy and unhappy at the slightest touch. Or, your baby may not seem to respond much at all, called flattened affect. In general, these responses occur because his or her wiring (network of nerves) is not yet mature.

How do cues help with my baby’s care? Nurses in many NICUs use these cues to provide care focused around your baby’s needs — a general term for this is developmental care. During care tasks, such as feeding or taking a blood sample, nurses watch for the baby’s unique cues to help guide them in their care of that baby. Knowing the cues for pain can lead them to give the baby pain relief as early as possible and may help avoid giving medicines the baby may not need. The baby’s responses are also affected by hunger and by where the baby is in his or her sleep cycle (asleep, awake or somewhere in between).
**What can parents do?** Nurses may help point out your baby’s cues so you can learn how to respond to them. As you learn about your baby’s unique cues, it may be helpful to keep in mind these tips:

- **Learning cues helps parents and babies.** Learning how to read your baby’s cues while he or she is still in the NICU will help you support your baby sleeping more deeply and being more relaxed. It often helps improve the baby’s vital signs, such as heart rate and blood pressure.* As your baby learns to relax, you will find this eases a great deal of stress for you.

- **Look for the big picture.** Sometimes a mixture of cues is needed to get the full picture of a baby’s message. For instance, if a baby extends his legs and frowns, it may mean he is in pain. But if he just extends his legs, this may simply be a reflex action and may not mean anything else.

- **Strike a balance.** As parents, you are vital to helping your baby continue the growth and change that still needs to occur. But also be aware that these changes occur slowly. A premature baby’s senses can easily reach overload. If your baby turns away from you due to overload, calmly waiting for him or her to turn back again can often be your best response. While this can be very hard to do, it is very helpful for babies while they are in this process of change.

- **Expect change.** Like the pieces of a puzzle, your baby’s organs, tissues, network of nerves, senses and emotions are still coming together. This evolution is an ongoing process and each piece of the puzzle affects other pieces. So, your baby’s response to others and to the world around him or her will change as part of this larger process. Your baby’s cues will change as these systems grow and change.

**Your baby may show only some of these cues:**

Here is a list of common cues and signals your baby may be giving. Use the column on the right to write down your baby’s unique cues. This can help you keep track of your baby’s own responses and can be a helpful aid to other caregivers.

**“I am content.”**

- calm face
- sucks on fingers
- grasps and holds on to people or object
- braces feet

**My baby’s unique cues are:**

- relaxed posture
- clasps hands together
- easy breathing pattern
- looks mellow


B3 - Cues: “How does my baby feel?”
Your baby may show only some of these cues:

“I’m stressed. This is too much to handle right now.”

- breathing may seem very labored (called dyspnea)
- face changes to a grimace, a worried look, or a frown
- breathing may stop from time to time (called apnea)
- arches his or her back
- becomes very pale
- stiffens and extends arms and legs
- skin looks mottled in color
- spreads fingers (often called the stop sign)
- nostrils flare
- holds hands in front of face
- hiccups or yawns more than usual
- turns away from other people
- stares with eyes wide open
- cries and can’t be consoled
- body becomes limp

“My baby’s unique cues are:

“This hurts. I’m in pain.”

When in pain, a baby shows many of the same cues as for stress, and it can be hard to tell between stress and pain. For babies born before 32 weeks, studies show there are 7 signs that may mean pain:* 

1) fingers spread (stop sign)
2) fisting of hands
3) extending legs
4) frowning
5) increased heart rate
6) squirming
7) arching back

Babies who have been exposed to many painful measures may become used to the pain (sensitized) and thus may show fewer responses to pain.

“My baby’s unique cues are:

Care that may help reduce the pain felt and/or that may treat pain quickly include:

- giving the baby something to suck
- placing blankets around the baby in bed to help support the baby’s body
- wrapping the baby in a blanket
- rocking the baby
- putting something near the infant that has the mother’s smell on it
- staying with the baby until the baby recovers from the stressful event

**Ask questions.** Talk to your baby’s doctors and nurses about all aspects of your baby’s care. They are aware that learning about your baby’s cues and care can be a complex task, so continue to ask questions until you feel your questions have been answered. The questions listed in the blue box can help you get started.

**Ask Questions**

In an area that is new to you, asking these questions can be helpful:
- **What is the main problem?**
- **What do we need to do?**
- **Why is it important to do this?**

+ Source: Partnership for Clear Health Communication at the National Patient Safety Foundation

www.npsf.org/askme3

This information is for educational purposes only and is not intended to substitute for professional medical advice. Always consult with a health care professional if you have any questions about the health of your baby.

**B3 - Cues: “How does my baby feel?”**