



Should I swaddle my newborn?

Babies in tightly wrapped bundles are commonplace on hospital maternity wards. Many parents ask their doula for swaddling instructions upon coming home and hope to match that tight burrito wrap that the nurses seem to master. But should you perfect your swaddle technique or is there a better way to keep your newborn content and healthy?

The swaddle blanket is such a common ritual in parenting we don't often think about what we are trying to accomplish by doing it. Here is what swaddling does:

Calms under stress

Swaddling may be a tool for calming a disorganized or fussy infant and can be helpful for infants when sensory overload is setting in. Most babies, especially in the early days, need some help calming themselves but some have a harder time shutting out the lights, sounds, and touch around them. It has been researched as a stress reducing strategy for infants undergoing painful procedures and has shown some benefit for improved outcomes in premature infants.

The research showing swaddling benefits have all (to my knowledge) focused on in-hospital and NICU settings. This makes perfect sense- as the benefit of a swaddle would be to calm the senses and help the infant 'shut down' to stimuli. These NICU environments mean round the clock exposure to bright lights, constant activity, sounds of crying infants, beeping machines and include painful procedures. We know that 'hug therapy' – involving tight pressure against the body- helps children who have a hard time calming themselves or are struggling with sensory integration disorders like autism. There seems to be some evidence that swaddling can be therapeutic in highly stressful situations or with infants that need help regulating their body due to overwhelming stimuli. But, is it the best way for infants to 'live' all throughout the day and night? More on this later.

Restrains infant movement

Caregivers and parents also tell us they swaddle to keep the infant's hands away from the mouth and face while feeding, and controlling the infant's body and movements. A good tight swaddle does make a squiggly newborn into an easily contained bundle.

Keeps babies warm

Another reason parents swaddle is to keep their babies from getting too cold. Too often swaddled babies are too warm! Swaddle blankets are to be used with caution. Swaddling as well as overdressing can overheat infants and put them at risk for SIDS.

Swaddling newborns has been researched with infants at risk but so has holding babies in skin-to-skin contact. In these studies “the mothers held their diaper-clad infants underneath their clothing, upright and skin-to-skin between their breasts, and allowed self-regulatory breastfeeding” (Goldson, 1999, p. 132). This practice of holding babies skin-to-skin with the baby clothed only in a diaper, and possibly a hat, throughout the first days and week(s) is called “Kangaroo care”.

When swaddling has been compared to infants cared for in “kangaroo care”, the infants held in skin-to-skin contact showed significantly less stress when exposed to the ‘heel stick’ procedure. We see more research emerging that finds significant benefits to “kangaroo care” when compared to the swaddle as the primary form of care. Some of these benefits, such as allowing the infant to lead in feeding, extend to having clothed, but unswaddled infants. Other emotional and physical benefits extend well past the time a child is being held in “kangaroo care”.

Touch

Having more surface contact between parent and baby means more gentle sensory stimulation and connection. This kind of touch, and the spontaneous stroking that arises when parents are cuddling their minimally clad infants, increases oxytocin levels in both mothers and infants. This hormone is the calm, connection hormone, and facilitates the flow of loving feelings. It also aids in digestion, healing, and learning. Oxytocin is the ‘antidote’ to cortisol, the stress hormone. Research showed that when observed in pediatric appointments one year later, mothers who had early skin-to-skin contact with their newborns were more snuggly with their babies than those that did not.

Temperature regulation

When premature babies are cared for in kangaroo care versus under lamps, their temperature regulation was improved. Parents holding their infants skin-to-skin kept them in the optimal body temperature range. In post birth time, even a thin blanket can interfere with the warming process. The baby should only wear a diaper and a dry cap. A blanket can be placed over them both if the room is a cool. Holding a premature infant this way has shown to keep the baby’s body temperature in optimal range better than an incubator or warmer. (Goldson, 1999)

Soothing and comfort (Emotional support for baby and parent)

Holding babies skin-to-skin, as defined above, when compared to swaddling showed a greater benefit for pain management, and improved blood glucose and cortisol levels, as well as other markers for diminished stress in those infants who were skin to skin. Parents who held their babies in “kangaroo care” were “more attached, confident, and empowered” to care for their babies even in situations where their preterm infant needed long term in hospital care (Goldson, 1999, p. 133).

Other outcomes from unswaddled, skin-to-skin infants

Premature and low birth weight infants who received “kangaroo-care” had improved oxygen saturation, had better weight gain, fewer infections, spent less time in an incubator, and were discharged earlier. Breastfeeding rates and maternal bonding was improved and the infants slept better and cried less.

Movement

Infants who are unswaddled unquestionably have more freedom of movement. This movement is giving them ‘exercise’ to strengthen and stretch but is also full of innate reflexive movements. We are learning more and more about why these reflexive movements have purpose. For instance, those hands in the mouth are hunger driven reflexes, and one of the cues that help you to know that your baby is ready to eat. Those hands might get in the way of the baby latching (one of the reasons mothers go for the swaddle blanket) but they also help organize the baby’s latching behavior if you allow your baby to plant these hands on either side of the breast. So while we’ve been mostly ‘fighting’ these hands, our babies may be trying to do something important with those little fists. Infants certainly need to use their hands to communicate with parents who are looking for signs that it’s time for baby to eat!

Infant movement is important to allow the infant to lead in feeding. Infants feed more effectively when they can go through a sequence of movements, involving their whole body from their toes to their nose, to locate and grasp the nipple for a successful latch. Swaddled infants are only able to open their mouth, and actually might be restricted in some swaddles from doing that effectively if their shoulders are tightly bound. Infants held skin-to-skin for an extended amount of time on the first day breastfeed better and longer than those who are swaddled. After a year, when studies followed up with families, the duration of breastfeeding was longer and there was a great reduction in morbidity for those who cared for their babies using “kangaroo care” early and throughout the first days or weeks after birth. (Goldson, 1999)

Alternatives to swaddle

Babies do benefit from firm contact and holds for soothing. Re-creating a womb environment helps to settle infants. Instead of the swaddle, try the sling or wrap! Wearing your baby brings the benefit of closeness, warmth, reassurance and allows you some hands free time to move about and get things done! Baby conforms to your body, which is relaxing and encourages softer tone, while providing that firm pressure that is soothing to jagged nerves.

Our approach at Birthways is that each family should be supported to find their own answers. We want to share the evidence and explain a bit of what goes into different schools of thought. We can also say from our experience that some infants are often swaddled, some never see a swaddle and some fall in the middle, where swaddling is a good tool for the disorganized or overwhelmed

baby, but hands free works most of the time. It's common to have a family or cultural practice that seems to be the 'only way' and it's a joy for us to see how many 'ways' there are to have healthy thriving babies and families and to create new family traditions.

As a parent myself I had a baby whose muscles tended to be very tense and was difficult to settle. Swaddling was a great tool for napping when my baby became overwhelmed and overstimulated and I wanted to put her down rather than have her in the sling. It was short-lived and occasional, but a helpful tool. Yet, for feeding and all other times, she was free to move.

Making swaddling safer

Newborns naturally find a position of flexion, with knees and hips curled in towards the trunk. The swaddle, in its most common but incorrect practice, pulls the body into line and extends arms and legs, preventing the 'fetal position' and possibly stressing hips that are best flexed. The best way to swaddle is to allow hands up near the face (therefore with bent elbows) and flexed knees and hips and NOT a mummy-like wrap.

Ensure that your infant has time to develop their strength and range of movement with tummy time and other opportunities to flex and stretch and limit the amount of swaddle time. If you are having breastfeeding challenges, skin to skin, baby led feeds will help your baby learn the ropes. Contact a lactation specialist for further support.

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