

Babywearing premature babies

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Victoria Ward reports on the benefits for babies and parents

Carrying a baby counts as 'tummy time' as it allows the baby's neck and chest muscles to develop

Babywearing is a term that was first used in the 1970s by Dr William Sears, a proponent of attachment parenting and a firm advocate of carrying babies in a sling or baby carrier (Sears 2006). In traditional cultures across the world, babies are routinely carried by their parents and/or siblings, often for the first year of their life (Schön and Silvén 2007).

Benefits of using a sling

Research shows that babywearing has benefits for both parents and babies. Babies who are carried close to their parents:

- cry up to 50 per cent less than babies who aren't carried
- are more calm and content
- have a more steady respiratory rate, heart rate and temperature
- are better attached to their parents
- sleep better and for longer periods of time
- have better digestion with less possetting and
- have enhanced motor skills (Anisfield et al 1990, Blois 2005, Hunziker and Barr 1986).

Carrying a baby counts as 'tummy time' as it allows the baby's neck and chest muscles to develop. Using a sling can also help to prevent and treat plagiocephaly (or flat head syndrome), which can affect up to 50 per cent of infants (Wightman 2010). One study recommended the use of slings for all mothers:

By intervening at a sensitive time in a mother's emotional life, right after she has given birth, and encouraging her to carry her infant in a soft baby carrier, it may be possible to influence the pattern of her parenting and to promote a healthier mother-infant relationship.

(Anisfield et al 1990: 1625)

Parents who carry their babies are also more responsive and have a lower incidence of post-partum depression (Anisfield et al 1990, Lonstein 2007).

Finding the right kind of sling

It's important to note that all of the research relates to traditional slings and baby carriers that carry babies and children in the way that parents do, substituting cloth for the parent's arms. Babies should be positioned in a sling in the way that they would naturally be carried; this means that their legs should be spread and drawn up towards the sides of the body, with the bottom lower than the knees.

Babywearing for premature babies

As the mother of three children, all of whom I've worn in slings, I have always been interested in babywearing.

Earlier this year I trained as a Babywearing Consultant with the Clauwi Babywearing School, based in Dresden, Germany. During the course I learned about the use of slings for premature babies, both in hospital and at home, and this prompted me to research this specialised area of babywearing.

In the UK, slings are not routinely used as part of the care of premature babies and kangaroo mother care is not widely practised (Blackwell and Cattaneo 2007). Yet the World Health Organization (WHO) recommends the use of slings for 24 hours a day as part of kangaroo care "for almost every small baby" and illustrates how simple wraparound slings can be used to facilitate skin-to-skin contact between premature babies and their parents (WHO 2003). In Germany, such slings are used routinely with premature babies to maximise skin-to-skin contact and to allow



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parents to carry their babies. Some German hospitals offer courses instructing parents in the use of slings for their premature babies as part of the routine for caring for a baby once discharged from hospital (Hesse-Jörg et al 2006).

One German sling manufacturer offers a 'Kangaroo sling' that includes sleeves to keep the parent warm and well covered while offering a soft and supportive environment for the premature baby; being wrapped in a sling means that the premature baby uses less energy holding themselves close to their parent's body. This sling was designed to be easy to use; to avoid any infection risk caused by a long sling trailing on the ground in hospital; and to offer parents the ability to care for their children with at least one free hand and with a greater degree of privacy (Zimmer-Gauss 2007, Frühgeborenen-Informationen-Zentrum 2007). A 1998 survey of the use of the 'kangaroo sling' showed that 100 per cent of parents using it felt more comfortable; 96 per cent felt more relaxed and that 75 per cent of them planned to continue using it (Vogelgesang 1998).

Sontheimer et al (2004) compared babies being transported between hospitals wrapped in a sling (with their mother reclining on a trolley) and those transported by incubator and concluded that the babies remained stable while in the

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sling, that closeness between the mother and baby was maintained and that some of the risk of incubator transport may have been reduced.

Other benefits of babywearing for premature babies include:

- more stable sleep patterns
- Earlier discharge from hospital
- Lower rates of severe illness
- Increased prevalence and duration of breastfeeding
- Better weight gain (Blois 2008, WHO 2003)

The parents of premature babies who use a sling have found that this can:

- Reduce maternal stress and depression
- Increase maternal self-esteem and feelings of fulfilment
- Improve parent-child interactions, especially for fathers who use a sling (Babywearing International 2008, Forcada-Guex et al 2006, WHO 2003).

I hope that UK hospitals will feel inspired to introduce slings to use with their premature babies and that parents and their babies will benefit from the increased confidence and many other benefits that using a sling can bring. **TPM**

Victoria Ward is a Clauwi Babywearing Consultant. Free babywearing leaflets for parents, professionals and parents of premature babies can be accessed via her website, www.slingsandbaby carriers.co.uk

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