

## Positioning steps

### Before

Ask the nurse who takes care of your baby about the care schedule. Positioning is usually done every three hours and, ideally, after a procedure so the baby can fall asleep for a while. It is important that your baby is relaxed before positioning.

### During

Let your baby guide you. You may plan to place your baby on the side but he/she may look more relaxed and comfortable on the back. You have to be flexible, because an imposed positioning may not work. The three types of positioning are: on the back, on the side and on the stomach. Do not hesitate to use **soothing methods** if your baby is showing signs of stress.

Leaflet 6

### After

1. Take the time to tell your baby that the positioning is over (if tolerated, of course).
2. Be sure to apply the **soothing methods** for the next few minutes to allow him/her time to reorganize and fall asleep slowly.
3. Remove your hands **gradually** so that your baby still feels your touch as he/she relaxes and falls asleep.

#### A set of 11 leaflets

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The content of this leaflet is taken and translated from the book *Être parent à l'unité néonatale: tisser des liens pour la vie* (2017) written by Marie-Josée Martel and Isabelle Milette in collaboration with Audrey Larone Juneau, inf. CHU Sainte-Justine.

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# Positioning

Leaflet **9**



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**In the mother's womb, the foetus can easily change position in weightlessness. At the beginning, the available space allows your baby to develop mainly the extensor muscles (located at the back of the body). At the end of the pregnancy, when growth and movements are limited by the uterine wall, your baby begins to exercise the flexor muscles (located at the front of the body).**

The premature baby in the neonatal unit needs help to continue this motor development. Changing positions (side, back, stomach) is thus necessary. The five main principles of positioning are: flexion, leg alignment, head alignment, physical barriers and swaddling.

### Flexion

Flexion is used to try to recreate the foetal tucked-in position adopted by the foetus in the mother's womb to better develop the flexor muscles. The baby's arms and legs should be close to the body and flexed. The joints (mainly elbows, wrists, knees and hips) should also be flexed and regrouped close to the body. The hands are close to the mouth, which is comforting for a baby.

### Leg Alignment

The alignment of the hips, knees and feet is essential because your baby is still developing. At this stage in motor development, the joints and muscles are unable to fight the effect of gravity. The more premature the baby, the more likely this problem may be present. The hips should not be too spread (due to too large a diaper for example), the knees should be bent, and the feet should not be turned outward. Make sure your baby's knees are no further apart than the hips, especially if a roll of blankets is placed between his/her knees or the knees move apart due to gravity.

### Head Alignment

The more premature the baby, the more the head tends to fall slightly or completely to the side under the effect of gravity. Aligning the head with the body promotes the development of the neck and shoulder muscles and helps prevent head deformities. Since your baby's skull is still malleable, make sure you distribute the pressure

points evenly over the entire head. The only exception to this rule is when lying on his stomach. The head can then be turned slightly to the side.

### Physical Barriers – Containment

Positioning aids and towel or blanket rolls can be used as physical barriers to help your baby stay in one position. Their presence is also comforting for your baby.

The first barriers are placed near your baby's body to help him/her maintain a proper foetal tucked-in position, just like a little nest. In order for your baby to feel safe, the barriers need to be higher than his/her body. If they are too small or too far apart, your baby will seek their contact and tend to adopt an open position favouring extensor muscles instead of flexor muscles.

Other physical barriers (covering the nest with a blanket) can then be placed all around your baby (360-degree barrier) to mimic the uterine walls. Thus, if your baby stretches a limb beyond the boundaries that are near, he/she will encounter the other barrier (covering the nest) and slowly resume a flexed position.

### Swaddling

Swaddling is a great way to give your baby a form of containment. There are 2 types of swaddling: partial swaddling (part of the body is covered with a blanket) or total swaddling (the body is completely wrapped, except for the head). Choose the type of swaddling according to your baby's needs. For example, if he/she tends to have small jittery legs, partial swaddling of the lower body may be beneficial. This choice is also made according to the equipment necessary for your baby's care. Ask the nurse who takes care of your baby for more information.

Finally, if your baby has IV fluids and other devices on his/her feet, they may end up dangling in the air, without being supported, in certain positions. A small roll or positioning aid should then be placed under your baby's feet to support the weight of the device(s).