



Idaho WIC Training  
**Baby Behavior**  
Trainer



WIC is an equal opportunity provider.

## What Will They Learn?

This course will help the learner understand baby behavior in healthy, full-term babies from birth to six months. They will learn why understanding Baby Behavior concepts can help parents make better feeding decisions and reduce their child's risk of childhood obesity.

## Instruction Level

- Prerequisite for taking the Baby Behavior course: PCE course modules

## Items Needed for this Course

- The Idaho WIC website [www.wic.dhw.idaho.gov](http://www.wic.dhw.idaho.gov) houses all the online materials for staff under the staff page.

Note: Arizona WIC developed this course. Any issues with the Video will need to be communicated to the Idaho WIC State Office so we can provide a better video.

## Recommended Time

- Approximate time it takes to complete the Baby Behavior course: 4-5 hours
- Approximate time it takes to complete the face-to-face activities and discussion: 3-4 hours

## Modules 1 & 2: Introductions to Baby Behavior & Just Being Themselves

- Review the information learned in Modules 1 and 2 with the learner. Please answer all questions the learner may have.
- Review the learner's answers to the Activity 1 questions and discuss.



### Activity 1

#### Emotional Regulation

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Emotional regulation is an important topic to discuss with the learner before beginning the Baby Behavior activities. When parents perceive it is not possible to solve their own problem, they focus on controlling their emotions, and they try to talk themselves into feeling better instead of addressing the problem. This kind of response is called "emotional regulation." Controlling emotions instead of managing problems is something we all do when we feel no solutions are possible.

1. Think back to the Baby Behavior course when the driver was supposed to meet someone but unexpectedly got stuck in traffic in an unfamiliar area without a phone or GPS. Tell me about a time you felt like this driver stuck in traffic.

Possible Response:

- Any situation that presented a barrier or unsolvable problem which caused the learner to use self-talk to calm their feelings of stress.

2. How might emotional regulation relate to working with WIC moms?

Possible Response:

- If parents don't believe it is possible to solve their problem, they won't ask questions or take any action; instead, they try to calm themselves down.
- WIC moms often begin trying to breastfeed the baby after birth. If breastfeeding is more difficult than they expect, or if they don't feel they are making enough milk, they may offer formula. They often tell themselves they had no other choice to make themselves feel better about not breastfeeding. In the same way, WIC caregivers with a baby may offer the bottle every time the baby cries because they don't know any other way to respond to crying.

3. How does emotional regulation relate to Baby Behavior?

Possible Response:

- WIC caregivers often struggle to understand infant crying, sleep patterns, and feeding. They are likely to try solutions that reduce crying or increase the duration of sleep, but that may not meet their goal to breastfeed their baby or to follow best practices recommended by health care providers. If they see no other way to solve a problem, they will calm themselves by telling themselves that they have no other choice.

4. Why is it important to know people do this when you're working with a mom or caregiver?

Possible Response:

- We can offer the mom solutions to a problem she thought was impossible to solve. It is like finding a doorway through a brick wall. We can build the parent's confidence by showing them that there are other ways to solve the problem and encourage them to be problem managers instead of emotional regulators.

5. How might a WIC employee perceive the Baby Behavior information if they didn't follow the guidelines with their children?

Possible Response:

- They may feel defensive, or like they will be judged for the choices they made with their own children. "I didn't do that with my children and they turned out fine."

DISCUSSION: Discuss with the learner the difference between uncovering resistance to breastfeeding when a mom is willing to discuss breastfeeding VERSUS moms who have already made the decision not to breastfeed (and are not open to discussing breastfeeding). Explain that the WIC program explores participant interests to offer information and support for those who are willing to talk about healthy changes. It is not the role of the learner to change the beliefs of families or their willingness to follow recommendations made for nutrition and activity. Remind learners of the importance of affirming participants and asking permission to increase the chance that parents may be willing to explore their feelings about nutrition and activity.

## Modules 3 & 4: Baby Cues and Crying & Sleepy Time

- Review the information learned in Modules 3 and 4 with the learner. Please answer all questions the learner may have.
- Review the learner's answers to Activity 2 and discuss.



### Activity 2

1. During the 'Recognize Cues' activity please have the learner list the things they noticed about the infants that helped them to decide if it was an 'Engagement Cue' or a 'Disengagement Cue'. Discuss with the learner and talk about additional cues that were missed.

Engagement	Disengagement
Infant has its eyes wide open making her appear alert.	Infant has face scrunched and eyes closed
Infant is reaching for things	Face looks as if the infant is about to start crying
Infant looks calm	Infant is crying
	Infant is yawning and appears as if they are about to go to sleep

2. How might some of these engagement/disengagement cues be confusing for parents? Some parents may confuse a calm baby with a sleepy baby. If an infant is crying, it may be difficult to focus on what the problem is and find what is causing stress to the infant.

## Modules 5, 6 & 7: Physical Activity, Infant Feeding Misinformation, & Support for Caregivers

- Have the learner complete the following activity. As the trainer, you may decide whether to be present or not while the learner works on the activity.
- Once finished, the learner shall meet with the trainer to review the answers to the activity. Please answer all questions the learner may have and clarify any incorrect answers.

**\*\*DUE TO THE NUMBER OF SCENARIOS IN THIS ACTIVITY, YOU MAY CHOOSE TO LIMIT THE FOCUS TO THOSE SCENARIOS THAT MOST BENEFIT THE LEARNER. MAKE SURE THAT THE LEARNER UNDERSTANDS HOW TO ASSESS AND RESPOND TO A VARIETY OF PARTICIPANT NEEDS APPROPRIATELY\*\***



### Activity 3

#### COMPETENCY:

1. Learner is able to identify appropriate questions to discuss baby behaviors in the dietary assessment.
2. Learner can share appropriate baby behavior messages with the WIC participant based on the dietary assessment.
3. Learner is able to form a reflection based on the parent's concern.

#### Scenario #1

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Who: Pregnant woman (32 weeks gestation)

WIC Counselor: How do you plan to feed your baby?

Woman: I'm not sure about breastfeeding. I think I want to formula feed because my sister's baby slept through the night at 1-week-old, and I'm sure it's because she gave her formula before bedtime. I'm going to be so tired because I have no one to help me get up with the baby at night.

1. Respond with a reflection about the mom's concern:

Possible responses:

- You're concerned about how breastfeeding will impact your ability to meet the baby's needs without someone to support you.
2. Which baby behavior(s) is related to the mom's concern?  
Possible responses:
    - Infant sleep

3. In addition to your other assessment questions, what probing questions can you ask to start a discussion about the baby behavior related to the mom's concern?

Possible responses:

- What have you heard about healthy sleep for newborns?
- What have you heard about light sleep or deep sleep for newborns?
- What have you heard about how a baby displays their hunger and fullness cues?
- What have you heard about how often babies get hungry?

4. After you've completed the mom's assessment, what are some baby behavior messages you might be able to offer Mom?

Possible responses:

- Babies wake up frequently because they must be fed many times per day.
- A baby's stomach is approximately the size of their fist.
- As babies grow, they'll be able to sleep for longer periods at a time.
- Frequent waking provides a number of benefits to babies and may be essential to survival.

DISCUSSION (applies to all scenarios)

- Tell me more about those probing questions and your reasoning for wanting to ask those questions.
- Consider discussing how long babies sleep.
- Talk to your employee to make sure they have a good idea of what a mom's needs are prior to giving messages. This means completing a full assessment prior to giving the messages. Understand the mom's concern and gather everything before giving a message.

## Scenario #2

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Who: Mother of an 8-week-old infant

WIC Counselor: How is breastfeeding going?

Mom: I just don't know if I can keep up with my baby. She is just 8 weeks old, but I feel like I breastfeed all day long! I'm constantly feeding her when she cries and fusses, which is frequently.

1. Respond with a reflection about Mom's concern:

Possible responses:

It sounds like you're worried about your milk supply because baby is constantly fussy and crying.

2. Which baby behavior(s) is related to this mom's concern?

Possible responses:

- Crying, hunger cues

3. In addition to your other assessment questions, what probing questions would tell you more about baby behavior?

Possible responses:

- What have you heard about reasons babies cry?
- Tell me what baby does to show you when she's full.

4. After you've completed the mom's assessment, what are some baby behavior messages you might be able to offer this mom?

Possible responses:

- Frequent waking provides a number of benefits to babies and may be essential to survival.
- Babies cry for many reasons to tell you they need something to be different. They may be too hot or cold, overstimulated, have a dirty diaper, or just want to be close to you.

## Scenario #3

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Who: Father of an 8-week-old baby boy

WIC Counselor: Share with me how your baby is eating?

Dad: He eats plenty, but I feel frustrated because his sleep schedule is all over the place. What can I do to help him sleep on a better schedule?

1. Respond with a reflection about Dad's concern.
  - So, you feel he's eating well, but you're more concerned about how unpredictable his sleep pattern seems to be.

2. Which baby behavior(s) is related to this dad's concern?

Possible responses:

- Infant sleep

3. In addition to your other assessment questions, what probing questions can you ask to start a discussion about these behaviors?

Possible responses:

- Can you describe a typical day and night sleep pattern for him?
- Talk to me about how often he's hungry.

4. After you've completed the assessment, what are some baby behavior messages you might be able to offer this dad?

Possible responses:

- Babies need to eat frequently because they are small. Babies' stomachs are the size of their fists.
- Babies cry to communicate their needs and wake up because they need to be fed, changed, or have their other needs met.
- Younger babies spend more of their time in light sleep, which is important for their brain development. They dream often and they are easy to wake.

- As they get older they have longer stretches of deep sleep and may sleep longer at night.

## Scenario #4

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Who: Combination feeding (both formula and breastfeeding) WIC mom and her infant.

WIC Counselor: "Tell me a little bit about feeding your baby; how do you feel about it?"

Mom: I enjoy breastfeeding, but it doesn't keep him full. Since my baby wasn't sleeping and cried all the time, I started using formula at night. I heard babies sleep better when they're fed formula.

1. Respond with a reflection about Mom's concern.

Possible responses:

- You feel good about breastfeeding, but you want to be sure you're doing everything possible to meet his needs.

2. What baby behavior(s) is related to this mom's concern?

Possible responses:

- Infant sleep, crying, hunger cues

3. In addition to your other assessment questions, what probing questions would tell you more about baby behaviors?

Possible responses:

- What does baby do to show you he's hungry?
- What does baby do to show he's full?
- What have you heard about infant sleep?

4. After you've completed the assessment, what are some baby behavior messages you might be able to offer this mom?

Possible responses:

- Babies have two types of sleep, light and deep.
- Light sleep is important for babies' brain development
- Their sleep patterns change over time, and eventually babies wake up less. Some parents may need to wait to put their newborns down until the babies stop dreaming.

## Scenario #5

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Who: A WIC mom who has just shared that she is struggling with breastfeeding her baby.

WIC Counselor: How is latching going with your baby?

Mom: I don't understand why my baby doesn't try to latch when I put her to the breast. My baby doesn't open her mouth very wide, like she doesn't want it.

1. Respond with a reflection about Mom's concern.

Possible responses:

- You sound surprised your baby doesn't latch and feed well on her first feeding attempts.
- You are concerned your baby doesn't want to breastfeed.

2. What baby behavior(s) is related to this mom's concern?

Possible responses:

- Hunger cues, engagement, disengagement

3. In addition to your other assessment questions, what probing questions would tell you more about baby behaviors?

Possible responses:

- Tell me about times when baby cries.
- Have you discussed your concerns about baby's ability to latch with your doctor or a lactation support specialist?
- What does baby do to show you she is hungry or that she is full?

4. After you've completed the assessment, what are some baby behavior messages you might be able to offer this mom?

Possible responses:

- It takes time for babies to learn how to use their muscles and latch well.
- Babies need practice to learn a new skill. Breastfeeding takes practice.
- Babies need to learn to latch.

## Scenario #6

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Who: Breastfeeding mom with a 4-day old baby who is worried about her milk supply.

WIC Counselor's Invite: Will you share with me your concerns about your milk supply?

Mom: My breasts don't feel like they have any milk in them and it makes me nervous because I want to breastfeed. Mothers should have lots of milk in their breasts right away after giving birth, right?

1. Respond with a reflection about Mom's concern.

Possible responses:

- You sound worried because you were expecting to produce a lot more milk after delivering the baby.
- You've heard your breasts should feel a certain way after having the baby and you don't think yours feel this way.

2. What baby behavior(s) is related to this mom's concern?

Possible responses:

- Engagement, Hunger cues
- Disengagement, Fullness cues

3. In addition to your other assessment questions, what probing questions would tell you more about baby behaviors?

Possible responses:

- What have you heard about colostrum?
- Can I share with you the benefits of skin-to-skin with the baby?
- What have you heard about normal infant feeding in the first weeks after delivery?

4. After you've completed the assessment, what are some baby behavior messages you might be able to offer this mom?

Possible responses:

- Some moms won't feel changes in their breasts for several days. The colostrum you're giving him now is so important to his health and provides all his nutritional needs right now.

## Scenario #7

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Who: A WIC mom who is using a pump to collect her breastmilk. This mom is giving her 6-day old baby both breastmilk in a bottle and formula.

WIC Counselor: How is feeding your baby going so far?

Mom: I know breast milk is the best and I planned to breastfeed as soon as I knew I was pregnant. But in the hospital, my baby was given formula. I heard once newborns are given a bottle, they can never go back to breastfeeding.

1. Respond with a reflection about Mom's concern.

Possible responses:

- Now that your baby has tried a bottle you're afraid you'll have to change your plan to breastfeed.
- Breastfeeding is important to you and you're concerned the bottle may have hurt your chances feed your baby at the breast.

2. What baby behavior(s) is related to this mom's concern?

Possible responses:

- Once newborns are given a bottle they can never go back to breastfeeding.
3. In addition to your other assessment questions, what probing questions would tell you more about baby behaviors?
- Possible responses:
- What does baby do to show you he's hungry?
  - Tell me what happens when you offer the breast?
4. After you've completed the assessment, what are some baby behavior messages you might be able to offer this mom?
- Possible responses:
- Babies can go back to breastfeeding even if they needed a bottle in the hospital.
  - Babies can go back to exclusive breastfeeding with support.
  - Many babies need some time to practice latching and feeding even if they never had a bottle.

## Modules 8 & 9: Caregiver Infant Interactions & WIC Essential Roles

- Have the learner complete Modules 8 & 9.
- Once finished, the learner shall meet with the trainer to review modules. Please answer all questions the learner may have.

## All Baby Behavior Key Messages – Baby Behavior Online Course

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NOTE: This summary of Baby Behavior messages is not included in the Learner Guidebook.

### Hunger Key Messages:

When babies are hungry, they will do everything they can to communicate it. These cues are clustered, meaning babies will use multiple cues together to convey their hunger.

Hunger cues include:

- Clenched fingers,
- Fists over their chest and tummy,
- Bringing hands to their face,
- Flexed arms and legs,
- Mouthing,
- Rooting,
- Fast breathing,
- Sucking noises or motions.

Some caregivers may think crying and waking are hunger cues, but these behaviors on their own, without any of the other cues, aren't signs of hunger. Parents may need help learning to recognize these hunger cues, so they know that when they see hunger cues they should feed their babies. When parents respond to these early hunger cues, they can reduce crying.

### Fullness Cues:

When babies are full, their cues change. As with the hunger cues, you will see multiple cues simultaneously.

These cues include:

- Slowing or decreasing sucking,
- Extending the arms and legs,
- Extending and relaxing the fingers,
- Pushing away,
- Arching away,
- Falling asleep.

### Sleep Key Messages:

- Babies need to wake up often and feed.
- You will need help at home because you will not get enough sleep after your baby is born.
- Light sleep and deep sleep are both important for your baby. Babies have two types of sleep, light and deep, and babies need both to be healthy.
- Parents can encourage light sleep and dreaming by laying babies on their backs when they lay them down for sleep.
- Babies' sleep patterns change over time, and eventually they wake up less.
- Newborns dream a lot and are easy to wake. Some parents may need to wait to put their newborns down until the babies stop dreaming. Babies in light sleep wake easily.

### Breastfeeding Key Messages:

- Babies' stomachs are small.
- Your baby might not latch well right away.
- Your baby is likely to wake up often and be fussy on the days following their birth.
- You will feel and see changes in your breasts as your milk volume increases—your milk “coming in” —at home after a few days.
- Colostrum is very important. Pump only if needed.

### Crying Messages:

- Crying is a baby's superpower. It is an important survival skill for babies.
- Crying tells us when Baby needs something to be different.
- Responding early to cues will reduce crying.
- Very young babies may lack the coordination and muscle strength to give clear and consistent cues. When other cues don't work, babies may cry.
- If a baby is crying but not showing any hunger cues, the baby is telling you that something else needs to be different.
- It's easy to think that every time babies cry, they are hungry. After all, if you feed a crying baby, he or she will stop crying. You can't cry when you are swallowing, so the baby will stop crying during feeding even if hunger wasn't the real reason for crying. Teaching parents to look for hunger cues will help them avoid overfeeding when the baby is crying for reasons other than hunger. It is also important for caregivers to learn to recognize and respond to hunger cues BEFORE the baby starts to cry.
  - Babies cry to communicate.
  - Babies cry for many reasons.
  - Persistent crying affects only a few babies, and those babies don't necessarily have colic or digestive issues.
  - Responding to cues early helps reduce crying. Use repetition to soothe when needed and give it time to work before trying something else.