



**SENSORY BABIES**  
Nurture with Knowledge

# Sensory Babies Newsletter

*Learn, Share, Love, Connect*

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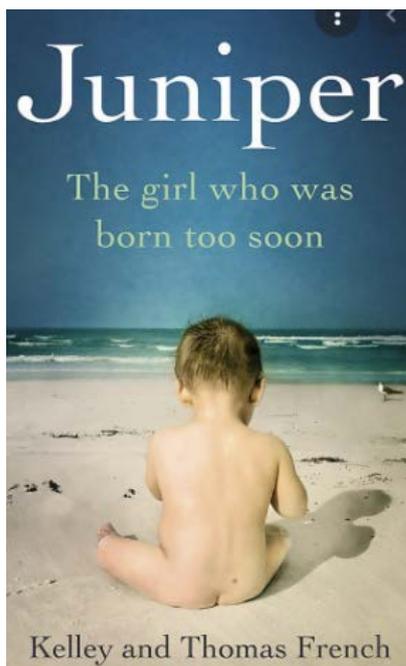
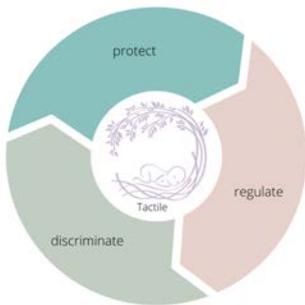
**Learn:** Stephen Porges' Polyvagal Theory -

different long term responses to pain

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**Love:** Virtual Neonatal BFI Conference 2021

**Connect:** Hybrid, Online and International Courses



## Welcome

Welcome to our sixth edition of our monthly newsletter. This newsletter will be divided into sections to reflect our core beliefs; Learn, Connect, Share, Love.

<https://sensorybabies.org/online-training/>

## Share

We would love to share the following books, and articles with you.

### Books

This month we would like to share the following book; Juniper the girl who was born too soon, by Kelley and Thomas French. It was published a few years ago but remains one of our favourite books.

It is a beautiful book about families, love and pain. It is a strikingly honest account of the neonatal unit told by a mother and father, who's baby was born on the edge of viability

“She weighed 1 pound, 4 ounces, and her twiggy body was the length of a Barbie doll. Her skin was nearly translucent, and through her chest you could see her flickering heart. Babies like Juniper, born at the edge of viability, trigger the question: Which is the greater act of love – to save her, or to let her go?”

<http://juniperbook.com/>

# Share

## Articles

Gupta N, Deierl A, Hills E and Banergee J (2021) Systematic review confirmed the benefits of early skin to skin contact but highlighted lack of studies on very and extremely preterm infants. *Acta Paediatrica*

As sensory babies we are passionate about creating the optimal sensory environment from birth. Delivery room cuddles support a healthy skin and gut microbiome, support infant development and enhance parent emotional well-being. This systematic review showed that early SSC could be beneficial but highlighted the need to focus more on the very and extremely preterm infant.



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# Love

We have had a wonderful month of studying. We both left the 2021 Virtual Neonatal BFI conference feeling inspired and hopeful. Dr. Matthew Price, Principal Clinical Psychologist gave a beautiful talk on the importance of infant mental health in a neonatal context.

Louise Rattenbury, Matron for the Royal Devon and Exeter hospital made Lindsay and I want to pack up and move to Devon. Her talk was full of kindness and great leadership as she reflected on lessons learnt to support infant development, parental well-being and staff fulfilment.

The World Association for Infant Mental Health WAIMH conference had been delayed for a year due to COVID 19. They decided to deliver a hybrid event. WAIMH is renowned for so much information. We are not even close to watching most of the presentations yet, ones that we have enjoyed include:

AMOR: Giving babies and their parents their own voice through the NBO by Dr. Kevin Nugent

The body comes first. Epigenetic variations and embodied interactions in early adverse experiences – including the WAIMH Award by Dr. Rosario Montirosso

The Brazelton centre in the USA provides a unique opportunity to hear experts in infant mental health through their free webinar series “Leaders in the field, “ held on the first Friday of the month.

This is a wonderful opportunity to hear Diете Wolke, Heidelise Als and Charles Nelson, to name a few.

<https://www.newbornbehaviorinternational.org/leaders-in-the-field-webinar>



# Connect

We are currently delivering Sensory Babies in the UK face to face. This has been a hybrid even of people at home and at the venue. We have loved being back in person.

We are delighted to have sold over 100 online course places since November 2020. We have connected with people from Australia, New Zealand, Canada, USA, Finland, Denmark, Ireland, Brazil and the United Kingdom.

We have trained many different professions including doctors, neonatal nurses, parents, occupational therapists, physiotherapist, speech therapists, psychologists, baby massage instructors, yoga instructors, swimming teachers, early intervention providers.

**Are you working with or interested in working with babies 0-2 years?  
Do you want a deeper understanding of sensory processing in early human  
development?**

**Do you want to enhance your neonatal or early intervention practice?**

<https://sensorybabies.org/online-training/>

Enrol in our Sensory Babies Courses to build your sensory knowledge and nurture  
your sensory practice

<https://sensorybabies.org/online-training/>

- You will learn how sensory processing impacts on baby development.
- You will make connections between sensory systems, neurobiology and infant development
- You will use this knowledge to relate sensory development to regulation, relationships, communication, postural skills, exploration, praxis, play, sleep and eating.
- You will develop the skills to create nurturing sensory environments that support infant and parent interactions.
- You will leave the course with the skills to analyse behaviours through a sensory lens.
- You will walk away with a documented framework and clinical reasoning tool to share your knowledge and guide your practice.
- We are confident you will love learning with us



# Connect

## Neonatal Course

We are thrilled to deliver Sensory Babies course to two neonatal units in the south west of England.

We have added extra presentations to this course including; fathers in the NICU, HIE and the sensory environment, going home.

We are also piloting providing monthly mentoring sessions to these course participants.

## Perinatal Course

We have booked our first Sensory Babies course solely for perinatal course participants to take place in November 2021.

We are currently working on adding new presentations.

## International Courses

We are very optimistic that we will be able to deliver Sensory Babies face to face in Greece in Greece, July 23rd, 24th and 25th 2021, Athens, Greece For more information please email: [karampal@epimorfosis.gr](mailto:karampal@epimorfosis.gr)

We are delighted to be returning to Denmark to deliver our course later in the year 4th, 5th, 6th and 7th October 2021 with an additional intervention day. For more details please email: [henriette@ergowell.dk](mailto:henriette@ergowell.dk)

We are also very excited to be working with our wonderful Peruvian colleagues and delivering Sensory Babies live online January 14th, 15th and 16th 2022 For more information please email: [espacio.xoma@gmail.com](mailto:espacio.xoma@gmail.com)



# Learn

## Pain

Why do perceptions of pain following traumatic or prolonged stress events differ in people?

We were asked why some children who have had many early painful procedures in the NICU as infants appear not to notice pain when they are older.

Our autonomic nervous system responds to stress (pain in this instance) with both sympathetic and parasympathetic activation. Depending on which has been most helpful at the time of significant or prolonged stress, the nervous system lays down a response framework. This drives our future responses to stress.

Looking at the work of Stephen Porges and his Polyvagal Theory may help to understand different long-term responses to pain.

First, Porges outlines that we have two types of parasympathetic responses facilitated by two different branches of the vagus nerve, hence 'polyvagal' theory.

1. Ventral vagus nerve route – this becomes available to us towards the end of our time in the womb and becomes myelinated over the first year of life. It helps us to be in homeostasis, feel calm and available for social interaction. Its maturation is helped by early feeding, cuddles, skin-to-skin, parentese, parent-child gaze as well as close and attuned interaction of significant others. It enables mild stress to be regulated and resolved by interaction with others.
2. Dorsal vagus route – this is the older, unmyelinated parasympathetic response route which harks back to reptilian times. This is functioning early in our development in the womb.

Secondly, Porges suggests that in the event of stressful events we typically have three levels of response.

1st. The Ventral Vagal Parasympathetic response – we look to others for support and we can maintain homeostasis, that is, I feel safe - I'm OK. If this is not sufficient or available e.g. we are too young and this option is not yet functioning (when born prematurely) or we have not experienced nurturing, early parenting and care that supports maturation of this response route, or the stress is too great, then we move to the second option.

2nd option: our sympathetic response kicks in. Our sympathetic response to stress is our 'flight and fight' response, producing adrenaline and cortisol. This line of defence engages heightened arousal and movement. We mobilise to resolve the stressful experience.

If mobilisation is not possible e.g. when too young, too incapacitated, restrained in some way, too overwhelmed by the stimuli in the moment, or no one responds to your behavioural cues to help you, we fall to our final, 3rd option.



3rd option: 'freeze' response state. This is our dorsal vagus parasympathetic, opioid mediated stress response associated with shut down and dissociative states. Opioids act as an analgesic, blunting the negative affective component of pain. Here we are also helped to reduce the attention assigned towards the incoming painful stimuli, reducing our response to it.

When we are born very early we only have stress response options 2 & 3 available to us.

In the longer term if the sympathetic responses are more embedded within us, we are more likely to be anxious and hypersensitive to stimuli, including pain. This is where we see 'tactile defensiveness' and hypervigilance.

If our dorsal vagus parasympathetic response is more embedded, then we become hyporesponsive to painful stimuli. We do not give it the level of attention and response typical in others who have not undergone these experiences. We appear hyporesponsive to painful experiences, brush it off and may appear to be attending elsewhere, not attending to the painful event.

At Sensory Babies we feel this fits with our clinical observations, but other explanations may emerge.

