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O.T. in Neonatology

Preterm infants can experience a range of difficulties related to the immaturity of their nervous system and to the often unfavourable conditions of the neonatal intensive care unit. The infants sensory experiences of bright lights, noise and at times stressful interventions can compromise the immature brain and impact on subsequent development. Occupational therapists trained in sensory integration aim to minimise the negative impact of this environment with the goal of improving outcomes and infant development.

Sensory integration theory states that sensory input to the neonate drives the learning process and central nervous system organisation. Treatment to the neonate should always occur in the order of sensory system development so as not to interrupt normal brain development. This order is tactile, proprioceptive (body awareness), vestibular (movement and balance), olfactory, gustatory, auditory and lastly visual. The tactile system is the only fully developed system at birth hence the importance of touch and skin to skin contact. It is my belief that in neonatal care positive touch is just as vital as medical interventions since touch is the foundation block for all higher learning experiences. Occupational therapy can offer guidance on:

- Containment holds
- Static proprioceptive input
- Infant massage
- Gentle stretching and movement (yoga for babies!)
- Positive touch in areas at risk for hypersensitivity e.g. IV sites
- Vestibular inputs of gentle rocking, exercise ball exercises, bouncy chairs or swings to improve muscle tone. This must be done very mindfully to watch babies cues and avoid stress responses
- Feeding
- Reducing over stimulation to the auditory and visual systems
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- At present there are no neonatal occupational therapists employed in our Dublin maternity hospitals despite international standards of practice that support this model of care. I am hopeful this will change in the future and have begun to plant this seed!
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