highly active state, the infant may be sleepy and uninterested in sucking. Physiologically, the respiratory rate during this period is as high as 80 breaths/min, crackles may be heard, heart rate reaches 180 beats/min, bowel sounds are active, mucus secretions are increased, and temperature may decrease. Maintaining appropriate temperature for newborns is best accomplished by practicing skin-to-skin care, whereby only a diaper is worn to allow majority of skin surface to be in contact with the mother's skin. A light blanket is used to cover the mother and newborn. Research has shown that skin-to-skin is effective in ensuring the newborn does not become hypothermic (Moore, Anderson, Bergman, et al, 2012).

After this initial stage of alertness and activity, the infant enters the second stage of the first reactive period, which generally lasts 2 to 4 hours. Heart and respiratory rates decrease, temperature continues to fall, mucus production decreases, and urine and stool are usually not passed. The infant is in a state of sleep and relative calm. Any attempt at stimulation usually elicits minimal response. Because of the continued decline in body temperature, undressing or bathing is avoided during this time.

The second period of reactivity begins when the infant awakens from this deep sleep; it lasts about 2 to 5 hours and provides another excellent opportunity for child and parents to interact. The infant is again alert and responsive, heart and respiratory rates increase, the gag reflex is active, gastric and respiratory secretions are increased, and passage of meconium frequently occurs. This period is usually over when the amount of respiratory mucus has decreased. After this stage is a period of stabilization of physiologic systems and a vacillating pattern of sleep and activity.

Behavioral Assessment

Another important area of assessment is observation of behavior. Infants' behavior helps shape their environment, and their ability to react to various stimuli affects how others relate to them. The principal areas of behavior for newborns are sleep, wakefulness, and activity (such as crying).

One method of systematically assessing the infant's behavior is the use of the **Brazelton Neonatal Behavioral Assessment Scale (BNBAS)** (Brazelton and Nugent, 1996). The BNBAS is an interactive examination that assesses the infant's response to 28