Parental Intuition and Discerning Cues

Katie Reginato Cascamo, MA

Courageous Steps, Gonzaga University USA

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Introduction

From the earliest days of my pregnancy, I felt an unshakable, embodied certainty that my child would be born prematurely. This intuition defied biomedical categorization: I was 31 years, healthy, with no underlying conditions or risk markers. Yet my visceral sense of vulnerability guided every decision I made. This paper examines how such embodied knowing—often dismissed as anecdotal—can play a critical, clinically relevant role in neonatal care.

Parental Intuition as Multidimensional Knowing

Parental intuition often presents as pre-reflective and bodily, a "gut knowing" that emerges before conscious articulation.[1] Far from mystical, this form of knowledge synthesizes subtle cues and lived relational context, allowing parents to detect changes in their child's condition that may precede clinical markers.[2,3]

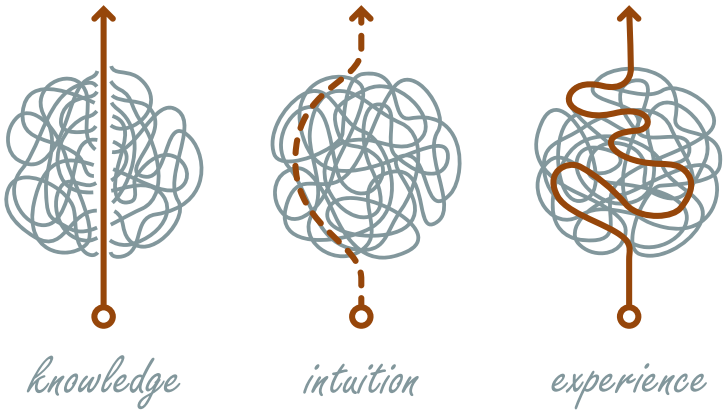
This intuitive knowing is also deeply relational, shaped by close observation and attunement to a specific child's patterns of behavior, breathing, or demeanor. Parents develop what is often described as tacit knowledge—an embodied, context-sensitive awareness that can alert them to signs of distress invisible to others. Research confirms that parents sometimes detect early signs of deterioration before clinical metrics register concern.[1] In this way, parental intuition acts as both a psychosocial and clinical resource. It enhances caregiving efficacy, informs communication with providers, and serves as a protective factor in moments of ambiguity or risk.

Clinical Intuition and the NIDCAP Model

Clinicians, too, rely on intuition—especially in high-stakes, data-sparse environments like the NICU. The Newborn Individualized Developmental Care and Assessment Program (NIDCAP) offers a structured framework for training providers to interpret behavioral cues—such as posture, facial expression, to self-regulation—as indicators of an infant's internal state.[4]

In the NIDCAP model, intuition is neither incidental nor unscientific. Instead, it is treated as a skill that can be cultivated through observation, reflection, and embodied clinical learning.[2] Clinicians are taught to recognize subtle, non-verbal signs of stress or stability in the infant, reinforcing that clinical excellence is as much about sensory acuity and presence as it is about technical skill.

This alignment of intuition with structured clinical training helps bridge the epistemological gap between empirical and experiential ways of knowing, allowing for a more holistic model of newborn care.



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Case Context: Stress, Vulnerability, and Embodied Knowing

My own pregnancy unfolded within a convergence of destabilizing stressors—what some might call a "life quake." After disclosing my pregnancy, I was terminated from employment, severing financial security and professional identity at a critical time. Our home sustained significant environmental damage from flooding, necessitating partial displacement. A fracture caused by an undiagnosed bone cyst introduced prolonged physical pain. I also experienced Vanishing Twin Syndrome, mourning the intrauterine loss of one twin while continuing to carry the surviving fetus.

These events were compounded by a severe case of H1N1 influenza contracted during the height of the H1N1 pandemic. Living in a rural, resource-constrained community further magnified risk, as access to emergency care was limited. The stress continued with an unexpected jury summons during my recovery, adding legal obligation and physical exhaustion to an already strained system.

These intersecting domains—medical, economic, legal, and environmental—collectively shaped my physiological development. Chronic maternal stress, as articulated by Coussons-Read,[5] alters immune and endocrine function, thereby contributing to adverse birth outcomes. McEwen[6] conceptualizes this phenomenon as allostatic load: the cumulative "wear and tear" on the body resulting from prolonged stress activation, which disrupts neuroendocrine, immune, and cardiovascular systems.

These embodied disruptions heightened my reliance on intuition as a navigational tool. Consistent with Shaw et al.,[1] this intuition may be best understood not as abstract instinct but as a form of practical, embodied knowledge—developed through constant relational attunement to fetal cues, emotional

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states, and subtle physiological changes. In contexts where clinical metrics were delayed, ambiguous, or insufficient, intuition emerged as both a psychological and physiological anchor. At seven weeks gestation, my spouse and I debated whether to seek care from a trusted obstetrician located 100 miles from our rural home or to remain within the local rural healthcare system. In deference to my husband, I opted for the local provider—an experienced clinician operating within a system that, at the time, was ill-equipped to fully support his clinical judgment.

Throughout the pregnancy, I frequently expressed intuitive insights, which were often met with responsiveness, even when they diverged from conventional timelines. At twenty-one weeks, when my son's future godmother offered to host a baby shower, I instinctively replied, "at twenty-three weeks." At twenty-four weeks, I purchased Emergency Airlift Insurance, compelled by a strong premonition of imminent complications. A second baby shower was held at twenty-six weeks. Upon returning home, my parents and husband assisted in completing our son's nursery by twenty-eight weeks. By twenty-nine weeks, I had the birthing bag packed and positioned by the door.

The Night of the Airlift: A Clinical and Existential Turning Point

The night I was airlifted—amidst a blizzard and subzero temperatures—marked a defining moment in my life. The fixed wing plane was not merely transport but a threshold. Upon arrival, a coordinated team of clinicians moved in attuned silence. Their actions, while technical, carried an unmistakable presence—a relational synchrony that communicated urgency, respect, and care without words.

This moment of embodied coordination echoed what Jaworski[7] calls the "Source"—a generative field of collective awareness that lies beneath cognition. It was a moment in which my intuition, the clinicians' responsiveness, and the high-stakes context converged into a lived experience of care that was at once clinical, emotional, and existential.

This experience did not just change my trajectory—it became the foundation of my future scholar-practitioner inquiry.

Intuition as a Source of Clinical and Systemic Learning

Intuition, as Jaworski[7] notes, is not merely a private insight but can operate at a collective level—informing leadership, systems thinking, and organizational learning. In NICU and maternal care settings, decisions often must be made rapidly, under conditions of incomplete data. In these contexts, intuitive discernment complements empirical reasoning.

Moreover, integrating intuitive knowledge into clinical systems enhances not only decision-making but also trust and relational safety between families and providers. Validating parental intuition can foster stronger partnerships and reduce missed warning signs, especially for infants who present atypically or whose conditions escalate suddenly.

Extending Intuitive Listening Across the Continuum of Care

To maximize the potential of intuitive practices, we must extend them across the perinatal continuum:

1. **Prenatal Care:** Collaborations with obstetricians, midwives, doulas, and community health workers can integrate intuitive listening into prenatal visits, especially when patients report embodied concerns that defy clinical prediction.
2. **NICU Practice:** Embedding trust-building conversations that validate parental intuition as credible can improve responsiveness and foster a more inclusive clinical culture.
3. **Post-Discharge Support:** Supporting parents to continue trusting their embodied insights equips them to navigate caregiving responsibilities for medically fragile children over time.

These extensions position intuitive listening not as a soft skill but as a sustained, relational practice that supports resilience, improves safety, and enhances outcomes.[1,2,3]

Developing Intuitive Listening Skills

Mothers can develop intuitive listening with their infants through practices that blend embodied awareness, reflective attention, and responsive caregiving. During pregnancy, tuning into physical and emotional changes helps mothers recognize embodied signals that often precede clinical evidence, particularly in the context of prenatal stress and its effects on development.[5,6] Intuition should be acknowledged as a form of tacit knowledge, arising from experience and guiding decision-making under uncertainty.[2,3] Early caregiving interactions, such as holding, mirroring expressions, and observing subtle cues, not only foster attachment but also shape brain pathways

that strengthen intuitive perception.[4] Reflection further deepens this process, as mothers integrate rational and experiential knowledge into an inner path of knowing that reinforces confidence in their gut responses.[7] Research demonstrates that parental intuition can detect child illness before clinical signs are apparent, underscoring the value of trusting and articulating these insights in healthcare contexts.[1] Together, these practices illustrate that intuitive listening is not mystical, but rather a cultivated skill grounded in embodied experience, neurobiological adaptation, and relational attunement.

Conclusion

Parental and clinical intuition must be repositioned from the periphery of healthcare to its center—not as anecdotal evidence but as legitimate, embodied knowledge. In maternal and neonatal care, where uncertainty is frequent and stakes are high, intuition is not a luxury—it is a necessity.

By cultivating intuitive competence among clinicians and validating it in parents, we enhance both technical performance and relational care. The integration of intuitive insight into clinical systems has the potential to reduce harm, strengthen trust, and rehumanize care at every level.

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Honoring Kathleen A VandenBerg (1945-2025)

During the 36th Annual NIDCAP Trainers Meeting, Emeritus NFI Member and Master NIDCAP Trainer Kathleen (Kathy) VandenBerg, PhD, was honored for her significant contributions to the NFI, NIDCAP, and our community.

Kathy was one of NIDCAP's early pioneers and her contributions have significantly shaped the landscape of newborn intensive care. Kathy was among the first NICU Developmental Specialists, breaking ground in other various roles, including serving as a NIDCAP and APIB Professional, Director of the third NIDCAP Training Center, and Master NIDCAP Trainer. Her commitment to NIDCAP led her to become a founding board member of the NIDCAP Federation International, where she helped develop practices that are now integral to our work.

Beyond her impressive professional accomplishments, Kathy was an extraordinary friend. She offered unwavering support, encouragement, and thoughtfulness to those around her. Here are message excerpts from individuals whom Kathy touched with her warmth and wisdom.

I have never met a more-warm hearted, generous spirit. The energy and wisdom she brought to her work was outstanding and is sprinkled like stardust through everything worthwhile that I have achieved in my own work. (Inga Warren)

It didn't matter if you were a conference participant, a mentee, a trainee, a collaborator, or another master trainer- your perspectives were welcomed with a gracious smile, a listening ear, and an unreserved encouragement. (Joy Browne)

With Kathy's teaching close to my heart, I will continue to dedicate myself to nurturing the next generation. (Noriko Moriguchi)

Kathy was a dynamic force in the world, who positively influenced those who were fortunate to know her. I am a far better person for knowing Kathy. And will always treasure her in my heart and mind with much appreciation. (gretchen Lawhon)

When our son was born, at just 26 weeks, we didn't know what the future would look like. Everything felt so overwhelming. Then this amazing woman, Kathy VandenBerg, introduced us to the NIDCAP program. She gave us hope and strength when we needed it most. And her impact on our family is something we will carry in our hearts forever. (Vicki Batkin Bjornson)

Kathy's inspirational presence and dedication paved the way for advancements in newborn developmental care, leaving a lasting impact on the colleagues and families she touched. She has created an extraordinary legacy developing our compassionate developmental caregiving model and approach.