



Professionals Partnering with Newborns and their Families

A Guide for Practitioners
from the Illinois Newborn Practice Roundtable



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The Newborn period is a real “wet cement” time in which the words we speak to families become written into their family history and into the life narrative of the Newborn. For this reason, professionals who impact these families have an obligation to learn from the science of infant development as well as the disciplines of both adult learning and relationship building. If the Newborn period offers a critical opportunity for our working relationships with families, we want to make the most of this opportunity.

The Newborn period (loosely defined as birth to the age of three months) is characterized by great vulnerability both for infants and for the families who care for them. Parents and children are learning minute by minute about each other and about themselves. The unique strengths and needs which emerge at this time give professionals an exceptional opportunity for coming alongside families to develop supportive relationships.

In fact, relationships are the work of this period: Newborns are seeking relationships with their parents and parents are viewing their relationships with their children in a new reality. Relationships within the family system shift. As we enter the scene, parents decide whether or not to allow us to come alongside them in a supportive relationship. All of these relationships are forming simultaneously along some striking parallels. The same lessons of trust and dependability form the secure basis for them all.

The Illinois Newborn Practice Roundtable—a consortium of 50-plus professionals from many disciplines serving Newborn families—recognized the need for our state to begin to bring together “what we know” which can positively impact “what we do” in our services to Newborns and their families. This document is a first step in compiling such information as a basis for our best practice with Newborns.

For the purposes of this booklet, the word “parent” refers to any adult who has a commitment to be a primary caregiver. This term includes mothers, fathers, step-parents, grandparents, foster parents, and any other adult who is committed to the care of the child. The term “family” includes those who are connected biologically or by choice to share their lives and provide for the care of one another.

Contents

Following is a discussion of eight opportunities
in our work with Newborn families:

Opportunity 1	Understanding and supporting the Newborn's developmental agenda	pages 6-15
Opportunity 2	Recognizing our prenatal opportunity	pages 16-21
Opportunity 3	Building relationships with parents of Newborns	pages 22-33
Opportunity 4	Nurturing the parent and Newborn relationship	pages 34-39
Opportunity 5	Supporting the system of relationships around the Newborn	pages 40-45
Opportunity 6	Supporting parents as they provide for the health of the Newborn	pages 46-47
Opportunity 7	Supporting parents in implementing safety at home with Newborns	pages 48-55
Opportunity 8	Referral of Newborn families into a system of care	pages 56-57
Resources		pages 58-65

Opportunity 1 | Understanding and supporting the Newborn's developmental agenda

The science of Newborn development has exploded over the last century as we have come to learn a great deal more about Newborns. Before we can think about working in partnership with the families of Newborns, we need to understand and respect all that the Newborn brings to the equation.

Developmental agenda – Every child has an internal drive to work on achieving new skills which are meaningful to her, and she invests energy in practicing and acquiring those skills. This developmental agenda reflects her own intrinsic motivation.

Our opportunity to respect and promote the infant's developmental agenda

Many people think of Newborn children as helpless, waiting for the world to write a personality on their blank slates. But professionals who work with them bring another perspective, instead seeing the Newborn as an active player in his own world. Professionals recognize in the Newborn skills and aptitudes which enable him to adapt to his new environment, protect his own survivability, and forge relationships with those who care for him. They recognize that the Newborn quickly develops his own developmental agenda which he is determined to follow. (14)

The professional's approach to families then consists of our shared curiosity with parents to learn about this unique baby they have brought into the world. We come alongside parents, joining them in observing their babies. We can note the Newborn's behavior, and then wonder together with parents about what it means. This opportunity to listen to parents' understanding of their babies gifts us with great insight about the parents' view of the baby, which will be a very real help to us as we learn to support their work together.

When we invest this time in simply learning about a Newborn, parents appreciate the profound respect it signals. It is an unusual experience for them when a helping professional notices and expresses their infant's competence and unique style of operating. Rather than assuming every baby is exactly like another, professionals can join parents in this work of discovering a Newborn's individual style and supporting his efforts to find mastery at self-regulation, relationship building, and generally carving out his own life.

Newborns come into the world as powerful agents, already using their inborn capacities toward achieving their own priorities. This competence can be observed in several functions of the infant:

Self-regulation

Immediately following birth, the infant must manage the change from his life as a fetus to his life on the outside. Self-regulation is part of the Newborn's effort toward homeostasis. The infant applies his energy toward organization and comfort as he works to maintain his physical health and being. He strives for a smooth autonomic system, maintaining his breathing, heart rate, body temperature, and muscle movement.

Self-regulation also includes the Newborn's work to manage the onslaught of stimulation he experiences in life on the outside. The many sensations may be somewhat overwhelming initially, but soon he discovers assets which enable him to screen out unwanted stimuli and focus on people and objects of interest.

Dysregulation involves the infant's struggle with homeostasis, as we can observe a baby having difficulties in managing his body and attention. We may see dysregulation in a Newborn when we witness jerky movements, increased crying, erratic sleep patterns, hypersensitivity to his surroundings, and feeding issues. (13)

As the baby begins to manage his own body as well as the stimulation in his environment, he becomes purposeful in organizing his states of consciousness as he decides what to shut out and what to pay attention to.

Homeostasis – The tendency of the body to seek and maintain a condition of balance or equilibrium within its internal environment, even when faced with external changes. A simple example of homeostasis is the body's ability to maintain an internal temperature around 98.6 degrees, whatever the temperature outside. Homeostasis in a Newborn involves the establishment of both autonomic stability and self-regulation.

Self-regulation – A child's ability to gain control of bodily functions, manage powerful emotions, and maintain focus and attention. The growth of self-regulation is a cornerstone of early childhood development and is visible in all areas of behavior.



Six states of consciousness (13)

Prior to birth, a fetus is constantly practicing and developing capacities throughout the day. But following birth, a Newborn will learn to be awake for interaction with his parents and asleep to shut out unwanted stimuli or to recover from his efforts to attend.

Newborns have six observable states which are organized along a continuum of arousal. Each state serves a purpose for the infant. Each state includes behaviors which are unique to that state.

Deep sleep:

The infant breathes deeply and regularly with little muscle movement noted except an occasional startle. This state allows a baby to shut out much environmental stimuli in order to rest.

Light sleep:

Breathing is shallow and less regular, and baby may exhibit muscle movement, rapid eye movement, and sucking behavior. Babies awaken more easily when in light sleep.

Drowsy or transition state:

Baby is moving from sleep to wake or wake to sleep. Eyes may close and baby may be difficult to engage.

Quiet alert:

Baby's body is still but his eyes are bright with an invested look as he focuses on people or objects. He is most available for interaction in this state.

Active alert:

The Newborn shows increased motor activity with arms and legs pumping. Eyes open, his face may show more color as he may be building to crying, but meanwhile this state provides the infant and parent a chance for more active interaction.

Crying:

Full blown crying occurs when baby has become disorganized. At this point, he will use his own resources for self-comforting but may also need the support of his parents. While crying may be stressful for parents, it is the baby's way to communicate his need for help and the parent's opportunity to respond with caregiving.

Each infant moves through these states in a unique way. Some babies spend longer times in each state while others move through them pretty quickly. If parents are supported in reading the cues for these state changes, they will come to predict their babies' behavior and availability for interaction. Each state will call for a different response from loving caregivers.



The senses

A Newborn uses her senses to gain much information about her world.

Vision:

She will see best anything 8-14 inches from her face. She enjoys bold color contrast and clearly defined images, but her favorite focus point is the face of one who is caring for her. When given time and patience, most Newborns are able to follow objects in their visual range as they move in the environment. (10)

Hearing:

Hearing develops in the latter stages of pregnancy and a Newborn will use it to hone in on voices heard prior to birth. Newborns can locate sounds directionally, turning to the source of the sound. Newborns prefer the sound of human voices to other sounds, and are particularly drawn to higher-pitched voices. They also enjoy rhythmic sounds (like fans, music, and clothes dryers), which may remind them of mothers' heartbeat. (10)

Touch:

Skin-to-skin contact provides important communication between Newborns and their parents, conveying warmth, reassurance and comfort. A Newborn's hands are also well used for self-comfort as she brings them to her mouth for a suck or a swipe, which releases hormones which give her comfort. (10)

Smell:

Newborns' sense of smell is highly developed. They can distinguish between appealing and unappealing odors, and by three days of age they can identify their own mother by the smell of her nursing pads. (10)

Taste:

Taste is developed enough in Newborns that they can distinguish between sweet, salty, acidic or bitter flavors, and demonstrate a decided preference for sweet ones. (10)



Reflexes



Babies are born with a set of automatic movements or reflexes which they show in response to stimulation. Some are useful in the birthing process and others are used in the early weeks of life. Some extinguish in the early months, while others persist throughout life. (5)

- Rooting and sucking provide for the baby's access to nourishment. Rooting is a response to a stroke on a baby's cheek which leads him to open his mouth and turn in the direction of the stroke.
- The hand to mouth reflex enables an infant to bring a finger or hand to his mouth to stimulate the secretion of hormones for self-comforting.
- The palmar or grasping reflex enables him to hold onto his parent's finger, conveying connection.
- The Moro reflex (or startle) is the infant's response to the sense of falling, as he throws out his arms with open hands. Startles (as well as tremors) are also observed as a Newborn struggles for autonomic stability.
- The incurvation reflex occurs when an infant is stroked on either side of the spine and then swings his hips in the direction of the stroke. This reflex assists the fetus in moving down the birth canal.
- The defensive movement reflects the Newborn's capacity to keep his own airway clear as he can be observed moving his head or swiping at a cloth over his forehead. Similarly, the protective reflex can be observed as an infant looks away to disrupt eye contact or to avoid an object coming his way.
- Several foot reflexes, including the plantar grasp and the Babinski, demonstrate a Newborn's healthy neurological functioning. The plantar grasp involves pressing a thumb on the ball of the Newborn's foot, resulting in a "toe hug." The Babinski is elicited by moving your finger from the toe to the heel (or vice versa) on the outside of the sole, resulting in a toe spread.

Eliciting one or two of these reflexes in the presence of parents assures them of their baby's health and competence. (Full instruction in the administration of these items is available through Newborn Behavioral Observation training: <http://www.brazelton-institute.com/clnbas2.html>.) (13)

Sleeping, crying, and feeding in the early months of caregiving

Parents learn about their Newborns as they respond to the daily work of supporting infants' sleep (and getting some of their own!), experimenting with ways to comfort them when they cry, and providing for their nutritional needs. The hard work and problem solving parents invest in their babies as they learn about what works in each of these areas lays the ground work for their attachment.

And babies learn about their parents through these same activities. The nonverbal messages parents and Newborns convey to one another during daily caregiving begins to craft the shape of their relationships.

Newborn sleep capacity and parental sleep deprivation

While initially parents may not see much of a pattern in their Newborn's sleeping/waking cycle, changes emerge over time as an infant works to protect his sleep state and spend longer stretches of time both sleeping and also being awake. Some parents report their infant establishing a slightly longer stretch of sleep at night early on, while other parents hear their babies cry out every 1½ or 2 hours all night long for a period of several weeks or even months. Developing the self-regulation sufficient to protect one's sleep state is a tall order for many Newborns.

An issue we may face with parents is around their expectation for their baby's sleep. One parent who understands the nature of a Newborn's waking and sleeping cycle may comment, *"My baby is doing great! He can go 3-4 hours without feeding at night!"* Another parent may be disappointed that her baby doesn't sleep through the night upon coming home from the hospital, having heard about her cousin's baby who reportedly managed this unusual feat.

An opportunity we have with parents is to explore their ideas about Newborn sleep, and come alongside as they think about how their baby is managing her sleep cycles. We will also undoubtedly have the opportunity to listen as they strategize about the sleep practices they are using with their Newborn.

In a parallel experience, as infants struggle to stay asleep at night, parents also struggle to get enough rest during this period. We see with our own eyes the struggle parents face with sleep issues as we observe their often deep fatigue. Sleep deprivation is a very real phenomenon for most parents of Newborns, and its attending symptoms of mental fuzziness, low morale, and impatience are likely to present in the families we serve.

If the baby has her up all night, we shouldn't be surprised if a mother forgets her appointment with us. This may not be a lack of commitment but more likely is a reflection of the very real stress being experienced by this family as they learn how to get enough sleep. Each parent experiences stress uniquely, and some will need more support around the demands of caring for their infants than others.



Crying and communication



Crying is a language used by infants to convey their needs to their caregivers. It is a real strength of Newborns to be able to command attention in such a compelling way. While parents may perceive crying as a negative thing, professionals have the opportunity to bring the perspective that it is a great way to learn about a baby.

Parents learn important information about their babies through trial and error, observing patterns of crying throughout their Newborn's day. One cry may communicate hunger while another may be just asking for attention and cuddling. One type of crying may reveal a baby in pain, and another may mean he needs a diaper change. A completely different cry may be part of a baby's effort to get himself to sleep. (5)

Dr. T. Berry Brazelton often says in speaking about this early crying that "crying creates parents." By this he means that crying compels parents to invest in their babies as they seek to comfort them, which lays down the foundation for their emerging relationship. In fact, neonatologists working in Neonatal Intensive Care Units worry about

Newborns who don't cry enough, as this may indicate a lack of vitality and may result in an infant not asking for enough attention from his parents once he is discharged.

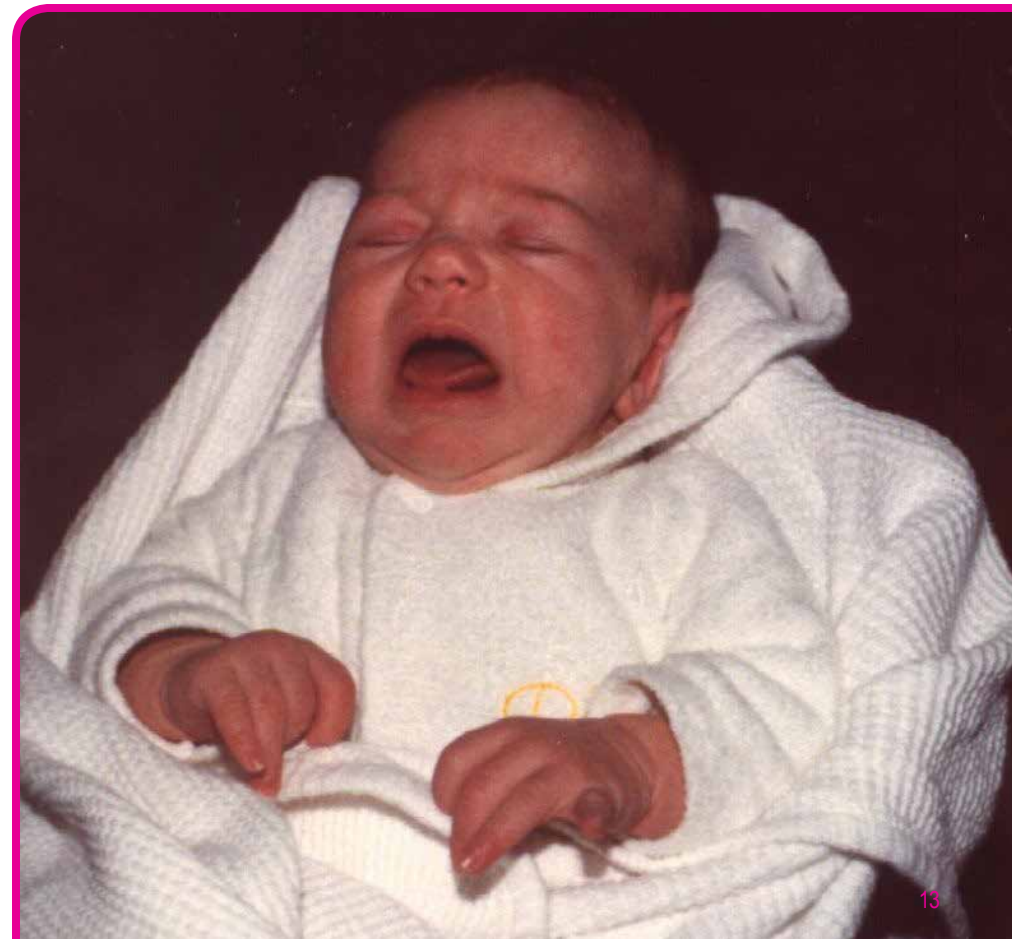
Especially beginning at 2-3 weeks, most infant crying increases so that the average baby at this age may cry around three hours a day. Crying tends to increase until about eight weeks, when it seems to level out. At 12-14 weeks, many infants' crying time begins to decrease dramatically. (5)

So quite a bit of crying is predictable in Newborns. But every family support professional knows that some infants seem to get “stuck” in a crying state and parents become frustrated and overwhelmed to find solutions for this difficult, entrenched crying. Many parents identify specific times of day when their babies are fussier.

The partnership of a caring professional is especially helpful to families during this period of colicky crying. Professionals may offer support and understanding of parents' fatigue and exhaustion at this time, and brainstorm together with parents about what efforts may reduce crying. It is respectful to parents to learn about what their lives are like and to listen to what they are already trying with their fussy babies, in order to affirm their good efforts and empower them to feel competent with their own babies. After doing that, professionals may add other suggestions which parents may not yet have tried.

Fussy Baby Network® is a resource available to families and professionals who have or work with a baby who cries a lot and struggles with sleep and/or feeding in the first year of life. Fussy Baby Network® is available to families nationwide through a warmline and also offers home visiting to families living in Cook County, IL. Fussy Baby Network also offers training to professionals. (For training in dealing with families with fussy babies, contact www.erikson.edu/fussybaby.) (31)

Professionals also have the opportunity to provide perspective for parents, assuring them that their babies are “good” babies even if they cry, that a baby's crying is nobody's “fault,” and that crying behavior will ultimately diminish.



Feeding the Newborn

There is something deeply satisfying about feeding a Newborn when feeding goes well. Observing his frantic sucking, listening to his grateful swallowing, watching him pause to rest, seeing him resume a more regular sucking pattern, and finally watching his eyes roll back into his head when he is completely sated—this sequence of events plays out quietly several times each day for many families. Each occurrence reinforces to parents that they know how to provide their baby with what he needs for survival and for comfort. This message reinforces parents' sense of competence at the same time that it reassures the Newborn that he can trust his caregivers. Critical relational elements are “fed” by infant feeding.

But sometimes, Newborn feeding gets off to a rocky start. A baby may seem unable to latch on or have a weak sucking reflex. A mother's milk may be slow to come in, or she may feel real ambivalence about whether to breastfeed or bottle feed. An infant may react poorly to formula, and the family may be faced with trying a different one. The Newborn may spit up whatever she takes in, worrying her parents that she may not be receiving much nutrition at all.

For all the same reasons that feeding can support the new parent-child bond, feeding problems can challenge it. If feeding is not going well, parents feel incompetent in providing for their child's needs, and Newborns sense this stress even as they struggle with their own unmet dietary needs.

When we work with families around these issues, we have the opportunity to listen to their struggle and the problem-solving process they are already using. We can ask questions to encourage them to reflect on their experience. We can support them in talking to their baby's doctor, WIC nurse, or lactation consultant for their professional expertise in these issues.

We also have the opportunity to observe and point out to parents the variety of other ways they are meeting their babies' needs, even at a time when they may not realize all they are doing to reassure their Newborns.



Reflections on our practice:

How do I encourage awareness of a Newborn's effort for self-regulation with parents?

How do I identify and share observations of the Newborn's competence with parents?

How do I support parents in their early caregiving with their babies?

Reflections for programs:

What is the culture of understanding about infant crying in our program?

How do we intentionally bring calming support and encouragement to families dealing with frustrations regarding sleep, crying, and feeding?



Opportunity 2 | Recognizing our prenatal opportunity

Often, our greatest opportunity for establishing relationships with families is found in the prenatal period. While most of us are aware of the astounding physical development of the fetus, the parent's development is equally astounding. The months leading up to a birth create a steep learning curve for parents in terms of social/emotional development and attending changes in lifestyle and relationships with others. Families are working to figure out where this new baby will fit into their family story.

Ida Cardone, Linda Gilkerson, and Nick Wechsler have identified these changes particularly as they relate to teens in their book, *Teenagers and their Babies*. But the same lessons also apply to parents of all ages. Pregnancy is a time of change. (6) A helpful tool for exploring family relationships prenatally is the Community-Based Family Administered Neonatal Activities, C-B FANA, which provides support and activities for working with both pregnant families and families with Newborns.

(<http://www.theounce.org/what-we-do/professional-development>.)

The relationships begin

As we first meet expectant parents, we have a great deal to learn as we listen to their story. We may wonder about the events in their lives up to this point, and be curious about their ideas about babies and families. Have they experienced responsive, nurturing, and secure relationships with their own families of origin, or have those relationships been painful ones? Have they been awaiting this pregnancy for a long time, or does it come as a surprise? Have they suffered the loss of a previous pregnancy, leaving them feeling anxious about this baby's survivability?

These early weeks of our work together are all about acceptance—acceptance of the baby, acceptance of themselves as they go through the changes of pregnancy, and acceptance of our role in their support. It is worth our time to listen for markers of acceptance during this time, as we begin to learn about the story of this pregnancy.

First trimester changes

The first three months of pregnancy represent a time of acceptance and adjustment to the idea of how a new child will impact parents' lives. As parents share the news, they are aware that there is the potential for this to be seen as "bad news" (in the case where a pregnancy wasn't planned, when the parent is very young, or by a woman's boss or co-workers) or as "good news" (by mothers and fathers who have longed for a baby or by grandparents who are thrilled at the prospect). Relationships begin shifting as everyone in the mother's circle begins to respond to the idea of this new baby. At this time, we have the opportunity to begin to get a sense of the system of support around this family.

Parents' own feelings about the pregnancy may be impacted by the response they get from others. Ambivalence in the first trimester is expectable. Mothers' emotional responses are complex and new, with many issues to be resolved over the course of the pregnancy and beyond.

Particularly in the case of young parents, we may want to encourage the mother to speak freely about her desire to parent the baby as well as her feeling free to explore her thoughts concerning allowing the baby to be adopted by another family. She may feel unable to have this conversation with her personal support circle who may be pressuring her to make the decision they prefer. She may appreciate the chance to talk it over with us.

Lifestyle changes may begin in the first trimester as parents may try to make healthy lifestyle changes, giving up alcohol or smoking, for example. In this period of "adjusting to the news," caring professionals have the opportunity to listen without judgment as they come alongside a newly-pregnant woman.

Lots of women experience discomfort in varying degrees in early pregnancy, and this diminished vitality can create issues for the whole family. Mothers may be unable to maintain their previous level of productivity in school, work, or caring for others. Other family members may be consumed with worry about the mother's illness, or they may resent her inability to meet their needs. Our empty platitudes that "this too shall pass" do little to improve the family's situation, but our interest and compassion may be helpful.



Second trimester changes

As a woman's body changes, her acceptance of the pregnancy may be affected. Many women celebrate these changes, but for some women these changes are threatening. Our job is to listen to the parent and let her express her own perception about this.

Likewise, the relationships around the baby continue to shift as some in the family circle become accustomed to the idea of the baby and others become increasingly threatened by it. Older siblings may begin to verbalize their feelings about a new baby brother or sister, but the baby is still more of a fantasy at this point.



For some women, energy returns in the second trimester and they are encouraged about that. Additionally, most women feel the fetus move sometime around 19 weeks, which is an encouraging sign that there's really a baby in there. This may lead to the mother's early nurturing behaviors, as she responds to her baby's movements. A month or two later, fathers and others may be able to share this feeling with a hand on the mother's abdomen, as they also begin to have a physical experience of their babies.

Women in the second trimester begin to address the ways their daily lives may change after the baby comes. Will they return to school or work? Is their current home appropriate for the baby or do they need to move? Who in their circle will they be able to count on for support? These issues are ones they may want to think about with the professionals in their lives.

Third trimester changes

At this point, the baby is becoming far more real and individualized. Instead of simply “having a baby,” parents become interested in this baby, recognizing their infant as a unique individual. They wonder who this imagined baby will really be. Who will he look like? Will she have her daddy’s brown eyes or dimples?

They also can’t help worrying their baby may have a health problem or be difficult to comfort. Both the “dream baby” and the “nightmare baby” live in their parents’ minds until they are born and parents have the chance to meet the “real baby.” (5)

We have the opportunity during the latter part of pregnancy to find out what parents have already learned about their babies. How does their baby respond to sound or movement? What have they noticed about their baby’s waking and sleeping cycle?

Physical preparations for the baby give parents a concrete way to prepare for this little one. Gathering the right equipment and figuring out the baby’s space in their homes often invite the help of family and friends who are also investing in the expected baby. Will the mother breastfeed or will she bottle feed her baby? She may appreciate the opportunity to think through these options with us, and to begin to prepare based on her decision.

If there are older siblings at home, part of our work will be supporting parents as they prepare those children through the major transition ahead, helping them imagine how they may be helpful to the baby, or how the baby will come to know and love them over time. Many siblings have been disappointed that their new little brother or sister can’t “play,” but they can understand that the baby will enjoy looking at their faces and hearing them talk to her.

If the mother and the baby’s father are not in a supportive relationship, the mother may benefit from someone giving her space to think through what relationship this baby will have with his dad, if any. If the mother seems alone in her experience, we can look around to see where else in her system she might be getting support and lend our encouragement to those relationships.

Ultimately, the end of the pregnancy is a time of letting go of a baby in order to bring him into the world where his parents can continue the work of attachment through their loving caregiving.





Preparing for birth

We have the opportunity to encourage the mother's work with her medical providers and others in her system of support. Listening to her talk about her impending delivery will give us a sense of how much support she may need. We will want to know about her birth plan and ascertain who she wants to have with her when she gives birth. We will also be interested in her idea about what the early weeks at home will be like. Will she have help? Does she seem to have a support circle that will assist when she faces the challenges of raising an infant, like crying and an unpredictable sleep schedule?

When pregnancy takes a different path

Occasionally, pregnancies don't go as planned. Families may find themselves with a premature infant whose health and survivability are in question. Full-term babies are sometimes born with significant health concerns or disabilities. Sometimes, parents leave the hospital with empty arms and grieving hearts.

In these circumstances, our continued support enhanced with our collaborating partners' special services and expertise may enable a family to make it through a very rough period. Our connection to the family does not end abruptly even when the baby is lost, but instead our work becomes focused on the family adjustment rather than early parenting.

A great beginning

For those who have the opportunity to build a relationship of trust with families in the prenatal period, their work together may take a giant leap when the baby makes his appearance. The trust built during those months of preparation may provide a stellar basis for supporting the family in the work of parenting their Newborn.

Reflections on our practice:

What have I learned by watching the transformation of a parent across the months of pregnancy?

How comfortable am I in working with a parent who may not consider her pregnancy “good news?”

What have I learned about myself as part of this family’s support system over the course of the pregnancy?

Reflections for programs:

How do we access families early enough to build a relationship prenatally?

How do we support expectant parents in building relationships with their babies prior to birth?

Opportunity 3 | Building relationships with parents of Newborns

The work we do with families will succeed or fail based on the quality of the relationships we are able to make with them. Our relationships provide the vehicle for us to come alongside them in our work together, giving parents the trust they need to be open and giving us the opportunity for the impact we seek.

Especially during the Newborn period, it is not uncommon for fathers to feel somewhat redundant, as though our efforts to support the family may exclude them. But both mothers and fathers are processing significant personal changes as they learn to care for their baby. Expressly including fathers in our conversation about their Newborns will signify our recognition of the significant role they play with their babies.

Respect, dependability, acceptance, openness and communication—the same tools which work in any relationship work in our professional relationships with families. Whether our training is as a pediatrician, a social worker, a nurse, an educator or a home visitor, our work begins with a personal investment into our relationships with parents and children.



A very real challenge we face in our work with families is remembering that our own responses may not match the feelings of the parent. Our own self-knowledge will enable us to see that our reactions to parenting choices and behaviors may get in the way of our work with families. This work requires us to continually reflect on our own reactions, recognizing that the parent may see things very differently. Our job is to be present, to bring observing eyes and listening ears, and to allow the parent to determine the meaning of the ongoing work he or she is doing with the baby.

Our professional ethics

Three chief ethics guide our work with Newborn families. First, we must genuinely believe that what we do has the potential to make a positive difference for families. Our motivation for the investment we make in our families stems from this hope and belief that our services empower parents to do better with their children than they might without our support.

Second, we must honor the confidentiality of families by protecting everything we learn about them. Every helping professional is bound by these same rules of confidentiality, leading us to maintain secrecy regarding any information we learn about families as we work with them. Sometimes our referral processes require that we share family's names and other personal information, but we only do this with the knowledge and permission of parents.

Finally, we must advocate for our families in the face of judgment and prejudice that may be expressed against them when we have the opportunity. Many of our families are disempowered in a society that does not understand their challenges or see their very real strengths. In some cases racism is structured into our social and economic systems. We must be self-aware of our own conscious or unconscious biases when we interact with families from backgrounds or ethnicities which differ from our own.

There is a common practice in our society to blame “those parents,” and those whose lives are complicated by poverty and disadvantage are especially easy targets. In our role, we often have a front row seat to parents’ very real efforts to do well by their children. We have an obligation to speak on their behalf.

Parents ask us: How am I doing? How is my baby doing?

Most professionals who work with parents are aware that in every encounter, a parent always has two questions: “How am I doing?” and “How is my baby doing?”

Parents wonder how we think they’re “doing” as they struggle to make decisions about the care of their Newborns. Even experienced parents feel some incompetence as they learn to care for this new baby who is not the same as his siblings. Sometimes these feelings of incompetence may be expressed in negative ways. Parents may miss appointments. They may disagree with our ideas. They may be impatient with their infants or others. Remembering that feeling incompetent often leads to undesirable behavior should make us more determined to focus on parents’ strengths.

As parents are learning about the care of their Newborns, they will consider many options. What may work for another infant may not work for theirs, so they use trial and error to find solutions. If they can trust

Referral – An act of referring someone or something for consultation, review, or further action. The process of directing or redirecting a family to an appropriate specialist or agency for definitive treatment. “Referral” may also mean the process of requesting that a child be screened, assessed, and/or evaluated.



opportunity 3 | Building relationships with parents of Newborns

us with their “errors,” we may be in a position to help them think through what they’re learning about their babies.

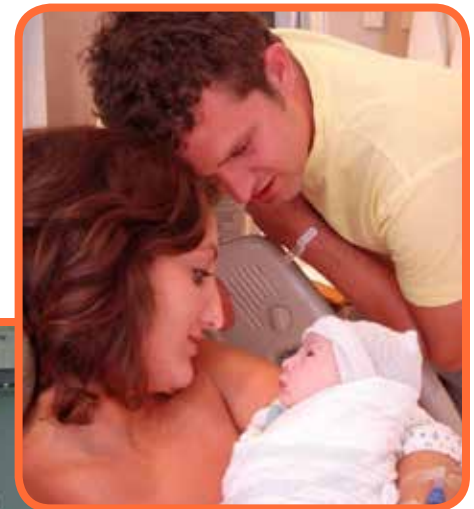
Additionally, parents have to choose from many care options suggested to them by friends, family, and their culture. Around the Newborn period, “Old Wives Tales” abound, and we know our families are inundated with them. They are often torn between what they think is right and what others tell them to do. They watch for our responses to empower them in their decisions and to know whether or not they’re getting it right.

They also want assurance about how we think their baby is doing. Especially in the Newborn period, the health and development of their infant is a very real concern to parents. We have the opportunity to point out signs of strength and competency which they appreciate having confirmed by us. Our affirmation of their baby’s healthy development may increase parents’ sense of competency and enable them to relax and enjoy their infant.

Some parents see their babies as even more vulnerable because of prematurity or other health challenges at birth. We have a heightened opportunity here, as even NICU babies will demonstrate strengths, if we know how to observe them. Our commenting on those strengths will serve as great encouragement to parents who may feel desperate to see their babies’ competencies.

Parents experience ambivalent feelings about their babies and themselves in their new role. They may feel disloyal to their babies if they experience resentment. Our acceptance of these conflicting emotions reassures parents that they are still “normal” even when they don’t love this very demanding period.

This beginning of our professional relationship with families paves the way for our work together over time. If parents sense that we respect their Newborns as competent individuals, they will be open to us if at some later point there is a reason for us to share a concern about their child. Likewise, when parents see our respect for their parenting competence, they will be more likely to share their uncertainties and vulnerabilities over time.



Beginning with family strengths

Many efforts with Newborns and parents aim to identify families with risk factors so that resources can support them early rather than waiting for them to fail. This is a great idea, but can be problematic if programs approach families looking for deficits.

Imagine this scene: A woman has just delivered a baby, which may have been the most difficult experience of her life to that point. She is exhausted and overwhelmed with many emotions. Then some well-meaning professional appears at her bedside with a clipboard and begins asking her questions like “How many times did you use drugs during your pregnancy?” “Are you a victim of domestic violence?” “Are you experiencing depression?”

At that point, this terrified mother looks at the baby in her arms and reacts with a protective impulse which will cause her to become defensive. Not only will she refrain from giving any truthful answers which she fears might result in her baby being taken away from her, but she will also be unavailable for communication with this professional, and potentially others as well.

Recognizing the vulnerability of families during the Newborn period, we meet with more success as we focus on their strengths rather than their deficits. We make connections based on parents’ strengths by noticing their good efforts to attend to their infants and to respond, even in very subtle ways. Once they become convinced we see their competence, they may eventually be able to let down their guard with us, enabling us to address areas of concern.

Sometimes we have no choice but to address concerns early on, such as in the case of our early identification of signs of maternal depression or in a situation that is unsafe for any member of the family. But for the most part, we can focus on strengths as we build our early relationship, filing away for another conversation issues we might need to address with parents. This gives us time to “wonder” about what is behind these issues and support parents in their process of building trust and gaining openness with us.

Examples of strength-based practice would include exchanging deficit-based questions such as “What do you need?” with more open prompts like, “I am so glad to meet your baby! May I watch him with you for a moment?” or “Tell me about your baby.”



Affirming the expertise of parents

Even in the earliest days of their lives together, parents know a great deal about their babies. The early weeks provide an intense learning experience for parents and children as they are immersed in their opportunity to learn about each other. Winnicott described this time as one of a “primary maternal occupation” as parents are typically pretty much obsessed with a focus on their Newborns. (25)

This obsession provides for deeply contextualized learning about their Newborns so that parents gain very real expertise about them in a short time. Even though parents are still gaining their own sense of competence, this emerging knowledge provides us a wonderful opportunity to affirm their expertise about their own child.

Caring professionals can affirm parents’ competence by using our time with them to observe and point out the subtle actions they undertake to care for their babies. These actions demonstrate parental competence at a time that our respect for them means a great deal. Even if their caregiving skills are still emerging, if we pay attention we will see signs of all they have learned about their babies already.

Relationship-based practice

Even though we have lots of knowledge about Newborn children, our interactions with parents will be more helpful if we focus on what these parents know about this particular baby. Our knowledge provides a solid backdrop for our work, but the parent’s knowledge of his or her own child is the focus of our interactions. We might notice how a parent comforts a crying infant and ask, “Wow! How did you know she would be happier in that position?”

The Brazelton Touchpoints Center encourages professionals to recognize the “parent as the expert on his or her child” and to recognize that “all parents have strengths.” These and other positive assumptions about families lead to our “opportunity to support parental mastery.” (13) This work of marking and reporting parents’ knowledge and good work with their babies increases their sense of parental competence and empowers them for building relationships with their Newborns. It also creates a sense of partnership and trust between us.

Each trusting relationship parents are able to establish with a helping professional makes them more able to trust the next professional they meet. The respectful Newborn home visitor paves the way for the parent to trust the pediatrician and later the kindergarten teacher. We all stand on each other’s shoulders in this work with families.



Mindful practice with parents and their infants

Professionals serving Newborn families benefit from some aids to “mindfulness” in their work. The practice of clearing our minds of “static” so that we are able to truly join parents makes a difference with them just as it does in application with young children. Being present with parents enables us to hear what they say and to experience what they must be feeling. It also conveys our deep respect for them when we fully devote our time and attention to them.

In her work around “Powerful Interactions,” Judy Jablon encourages practitioners to “Be Present, Connect and Extend.” These three practices can facilitate our significant progress in our relationships in every aspect of life. (34)

“Be present”

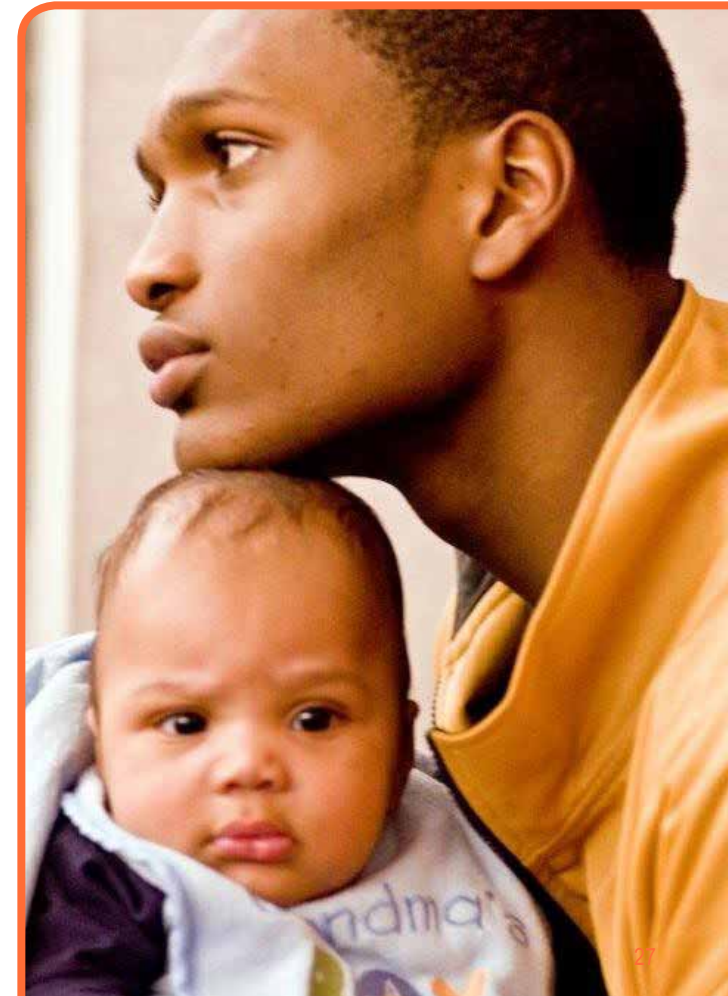
This mindset enables us to be intentional about how we use our time with families. When we are present, we are fully in the moment, aware of our own thoughts and feelings and able to decide what to say or do.

“Connect”

Connecting means letting parents know that we truly “see” them and are interested in what they have to say. As we listen, observe and then connect, we approach parents in a way that builds trust and enables us to find a point of entry into their lives.

“Extend”

A Powerful Interaction creates a chance for the parent to learn something new and for us to stay open to learning, too. When we focus on the parent, we can decide what to say and how to extend the parent’s thinking and knowledge just a bit.
(www.powerfulinteractions.com)





Listening as parents create their family story

There is nothing we can say to parents that is more important than what we hear them say. Listening may be the most critical tool in our toolbox as we work with Newborn families.

Listening works for a number of reasons. First, it conveys our very real interest in and respect for the family. It communicates that we know they have something important to say and that we need to know about them in order to do our work together. Undivided listening effectively indicates our authentic investment in families.

Secondly, when we refrain from talking and focus more on listening, we will learn things we didn't know. While this seems obvious, in truth we often assume we know about families, but our dedicating space to simply listen opens the possibility for us to learn what we really need to know about this family.

Some "Critical Concepts" from Baby TALK apply here. One is a simple but powerful way to signal our eagerness to listen by saying to parents at each encounter, "Tell me about your baby." This request implies that we understand that the most important content for us to discuss will come from the parent's knowledge about his or her child, rather than from our own agenda.

Another Critical Concept involves "Going where parents and children already are." Of course, this idea begins with physically meeting families wherever we can, whether it is in their homes, at a clinic, or in a hospital obstetric unit. But it also includes the idea of discovering where parents and children are emotionally at the moment, and joining them there. Our curiosity and openness will lead us where we need to go in our work with families. As we listen, we gain important information about the family's values and goals. We'll hear stories that reveal this family's history and culture, giving us a chance to wonder about how that legacy will impact the way they raise their children. (27) (www.babytalk.org)

Thirdly, when parents have the chance to tell us their stories out loud, they may learn something about their own story. Somehow, bringing their story out in the daylight gives them a new perspective about their own truth. As we offer parents this space for processing their experience, they learn about it in ways that we could never "teach" them.

Every word parents speak about their children and any observation we add in response become part of the family's story. This story not only defines who they are together, but it also lays down the basis for the child's personal narrative which will be part of him always. This begins with the story of the pregnancy and then the birth story. Realizing we have a ringside seat as parents develop their family story, we are humbled to understand that we are standing on holy ground.

Listening for “ghosts” and “angels” in the nursery

Selma Fraiberg identified that parents bring into their parenting experience “ghosts in the nursery.” (8) She was referencing former challenges which may have never been resolved from the parents’ own early lives which come back to impact their way of parenting their children. Alicia Lieberman more recently identified “angels in the nursery” which refers to benevolent influences on parents’ previous lives which come back to bless them as they raise their babies. (23)

The work of these two giants reminds us that when we listen to parents talk about their experiences of family life, we are hearing through the backdrop of all that parents bring from their lives to their parenting experience. Dr. John Hornstein of the University of New Hampshire says that every conversation we have with a parent is really a conversation about culture as we understand all the influences that have brought the parent to the place where we do our work together.

When a parent has been influenced by experiences from her past, it is not our job to decide if those experiences represent “ghosts” or “angels.” It is our job just to be present and available without judgment as the parent creates meaning around the influence.

Honing our listening skills

The development of our own listening skills is a lifetime project for those who work with families. The more we listen, the more effective we become. But we must always fight the urge to talk too much and give too much “advice.”

A number of tools help us hone these essential skills. One is simply **WAIT**: Ask ourselves “**Why Am I Talking?**” Our comments, questions, and observations are important if we use them purposefully. When we remember that our time with families is precious and limited, we don’t want to use up that time with our own stories rather than hearing about theirs.



opportunity 3 | Building relationships with parents of Newborns

Another framework for thinking about listening is from Dr. Constance Keefer of Boston Children's Hospital and the Brazelton Touchpoints Center. Connie says we can be more effective if we use **OPERA** listening. Here's what she means:

- O** Use Open-ended questions that allow parents to take the conversation where they need it to go.
- P** PAUSE. Get comfortable with silence. Research shows that even when people have something to say it may take them 3-5 seconds to say it. When we ask a question or make an observation, we should allow some time and space in the conversation for the parent to gather his or her thoughts and then to express them.
- E** Eye contact. When we are looking down at a clipboard or laptop, parents don't feel that we necessarily care about what they have to say. But our eye contact conveys our respect, readiness and openness to whatever they have to say.
- R** Restate or Repeat. Saying back to parents a word or phrase they used communicates that we want to know more about that. If a parent says, "I was so frustrated last night," our repeating "frustrated?" gives the parent the message that we heard her and are interested to learn more.
- A** Avoid judgment, Ask opinion, and Advise last. We can convey to parents our acceptance of what they have to say without judgment. We can ask their opinion about what they're telling us. Finally, it may be appropriate to "advise" when the advice is consistent with the respectful conversation. (13)



Building trust and creating safety

The early weeks of our work with families is a critical time for us to convey that we are worthy of trust. Many parents have good reason to be wary of those who appear to be interested in their families. They may have been approached by other professionals who focus on their deficits or who convey judgment. They may be concerned that they are perceived as bad parents. They may have been let down by a professional who failed to serve them in the way they had hoped. Each disappointment in previous relationships has contributed to a wall of protection they may have built in defense.

And yet our proving our own dependable openness can help them to find safety with us so that the wall can come tumbling down. A focus on the strengths of the Newborn and also the parents establishes an environment in which parents don't need to be defensive because they can trust us, even if this trust takes some time to build.



Planning for our work with each Newborn family

As we consider our work with the Newborn and his family, we will use a number of resources. We will build on what we have learned about infants through our training, education, and experience. This knowledge will be a support to families as they make decisions about the care of their new baby.



But we will also consider the unique needs of this baby and this family. We will take into account the cultural traditions they bring with them into the experience, as well as their family constellation and support system. We will wonder about their own family history and their ideas about how a parent should nurture a child. We will think about the unique needs this family may face, such as support around a sibling adjustment or resources for child care for parents who must make a quick return to work. We will consider the parent's confidence (or lack thereof) and general style. Just as each child is different, professionals who work with families learn quickly to adjust their own approach to what works for each family.

Many programs want parents to cooperate with them, but we can be more impactful when we seek to meet parents as collaborators rather than cooperators. Collaborators share the power in the relationship, leading parents to be more fully engaged with us.

As we develop a plan for our work with a family, we must seek the parents' counsel as to what their goals are for their babies and for themselves. What are the families' priorities at this time in their lives?

From the beginning of our work together and all along the months and years of our relationship, we will always be reflecting on what we have learned about the family so far and wondering how the next developmental challenge with their child will play out. For example, if a parent was very anxious about comforting her baby shortly after birth, we may want to have an early conversation about colic, which could easily begin at 2-3 weeks following delivery. This process will lead us to think about this: How can we use what we learn in each encounter with a family to help guide us in our next encounter?

Reflections on our practice:

How have I learned to affirm parents' expertise about their children?

How successful am I at quieting my mind to be really present with families?

Am I becoming a more thoughtful listener all the time?

Reflections for programs:

Does our program have a shared code of ethics? How do we communicate it with staff?

How does our intake process identify and build on family strengths rather than deficits?

How does our program develop listening skills in our staff?

How does our program support direct service providers as they learn to interact with families to support their children?

How does our program collaborate with others who also serve our families?

Opportunity 4 | Nurturing the parent and Newborn relationship

Reflective Supervision – To provide a respectful, understanding and thoughtful atmosphere, where exchanges of information, thoughts and feelings about the things that arise around one's work can occur. The focus is on the families involved and on the experience of the supervisee.

Our best opportunity to nurture the parent and Newborn relationship lies in our capacity for observation. As we observe the parent and child together, we can watch for the subtle messages between them. Even when parents haven't thought consciously about these small efforts, they are often interested when we observe them and remark about them. Looking at the baby together provides common ground for us in our work with parents.

While we may have our own impression of the Newborn, as we come alongside we will work to see the baby the parent sees, understanding a parent's view of his or her infant. Balancing our observations and the parents' vision of the baby can often feel natural one day and challenging the next. Reaching out to your Supervisor or Team for support and/or reflective supervision can be very helpful.

The Newborn's effort to engage

Attune – When you attune to something, you adjust to it and become aware of the way it works. A new parent has to attune to a baby's schedule, personality, and attention. Likewise, a Newborn works to attune (or "tune in") to his parents, other people, and objects he wants to pay attention to.

One of the Newborn's chief developmental tasks is to attune to his parents in his process of establishing attachment. We can watch for the Newborn's efforts to connect to his parent, and we will see that the baby's state will impact his availability for interaction and his method of engaging his caregivers.

A well-regulated baby may engage his parent by

- turning to a parent's voice
- tracking a parent's face
- "pointing" hands, feet, and even lips toward parent
- adjusting body to mold to parent's body
- steady breathing

Co-regulation – A caregiver helping an infant to calm, focus, and engage with the world by providing necessary holding and feeding in a sensitive manner and by learning and responding to the infant's cues.

When a baby is in need of co-regulation, he may not be able to engage in the same way. But he may instead attract his parent's attention through demonstrating his signs of distress by

- averting his gaze
- crying or turning red
- splaying his fingers or stiffening his body
- jerky motor movements
- spitting up, hiccups, or having a bowel movement

We may also see an infant behave differently when held by different people. In a stranger's arms, he may squirm, as if trying to find a comfortable position. In his parents' arms, he may relax and mold more readily.

Conversely, a breastfed baby may be quiet in someone else's arms, only to fuss and turn inward when his mom holds him, communicating his desire to nurse.

In either of these situations, we are presented with a rich opportunity. We can comment on how differently the Newborn behaves, and how that behavior indicates that he knows his parents already. This affirmation of the baby's awareness and the parent's appeal may gratify the parent who may be glad to know that someone else recognizes the emergence of his or her attachment with the Newborn.

The parent's effort to engage

Winnicott's "primary maternal preoccupation"—that intense focus of a parent on the Newborn—will often result in both fathers and mothers moving in a close orbit around the baby with an intense awareness.

Because of this, parents are often responsive to their infants even without realizing it. As they talk to you, they may stroke their Newborn's face or pat his bottom—again, even unconsciously.

They do this out of love, not for accolades. But when we observe it and remark on it, what they hear is that we value their responsiveness.

As we observe these interactions and comment on them, we invite the parent to help us understand the meaning he or she connects to such responses. Together, we are co-creating our understanding of this emerging relationship as the parent allows us to be part of the family's circle of support.



Serve and return



Possibly the most rewarding opportunity for professionals working with Newborns and their parents is to affirm the emergence of the loving interactions between them. As we observe parents and infants together, we can notice subtle movements on both of their parts which indicate their orientation toward each other and their natural responses to the needs of each other. We may notice the baby turning to father's voice or gazing into his face, and speak that observation aloud. We may see the mother stroking the baby's hands as she engages us in conversation, and point out to her this lovely caregiving even when she is focused elsewhere.

What we are observing here is the “serve and return” interactions which we know will provide the basis for strong attachment and a child's social emotional development. (28) The opportunity for us to notice and capture these early interactions enables us to support this pattern of interacting as it emerges. Serve and return with Newborns may look like this:

- A baby whimpers, and a mother glances at her briefly to see that she is okay.
- A baby gazes at something, and a dad aligns his head to see what the baby is looking at, joining him and commenting on what they both see.
- A baby holds her head up and a grandmother comments, “Look how strong you are!”
- A baby struggles with a feeding, and a mother readjusts the breast or bottle to facilitate sucking.

These subtle interactions are easy to miss, but they are truly the building blocks of the relationships parents are creating with their children. If we pay attention and observe them, we can point them out to parents. When we notice and say, “I see you tuning in to your baby in such a natural way,” it encourages them that we see their responsiveness. This recognition may empower them in their role with their infants.

We may also reflect on how the family's functioning is accommodating the needs of the Newborn as we notice the effort they make to provide an appropriate car seat, as they thoughtfully consider their need for child care when they return to work, or when we see their determination to breastfeed or to find the formula that seems to meet their individual baby's needs. Parents may be astonished that we notice the effort involved in these decisions of theirs, and may be empowered by our valuing them.

These observations mean a great deal to parents who hear three important messages in these observations of ours:

- We observe and value the growing relationship between them and their Newborns.
- We see evidence that they have the personal resources necessary to parent their babies.
- We recognize how their babies seek to connect with them from the very beginning.

As we spend time with families, we will be watching for a parent's emotional availability. Sometimes, issues of exhaustion, fatigue, post-partum depression, or other stressors will minimize a parent's capacity to be really present with an infant. When one's own resources are limited or are focused on stressors, it may be beyond the ability of a parent to respond to the Newborn's efforts to engage. If we observe a parent's inability to respond, we can ask for assistance from another practitioner more experienced in supporting such mental health needs.





A facilitative approach

Professionals who work with Newborn families know that the interaction between them will have a significant impact on the baby's attachment process as well as his ultimate social-emotional development. And yet, we also know it just doesn't "work" to tell or teach parents how they should respond.

A number of efforts to systemize methods for supporting those important interactions have surfaced in the early childhood field over the last two decades. An approach that has provided some success with families is the notion of the "facilitative" approach. One such approach is described in the book *Developmental Parenting*. Authors Roggman, Boyce and Innocenti identify research that shows parents make a difference by being "warm, responsive, encouraging, and conversational" in interactions with young children. (16)

Developmental parenting, they write, is what parents do to support their children's learning and development. A facilitative approach uses four big ideas to support parents gaining skill in this work with their children:

Facilitative – The quality of being supportive of someone rather than telling them what to do. Facilitative attitudes, behaviors, and practices result in relationships with parents that foster the development of their parenting skills.

1. The emphasis is on child development;
2. The focus is on the parent-child interactions that support development;
3. Strategies are used to assess and expand on family strengths to support early development;
4. The emphasis, focus, and strategies make developmental parenting easier.

Beginning in the first three months of a child's life, opportunities exist to notice the Newborn's efforts toward development and to focus on how the parent is responding to that development. Toward this end, we look for and build on family strengths as the resource to support interaction.



Authentic interactions

Increasingly we understand that—even in the early weeks of life—Newborns are assigning meaning to the looks they see on the faces of those near them. Using best practice requires us to be aware of parallel processes at work along the way. Recognizing the parallel process at work here, we understand it must confuse parents when we say we are supportive and interested but when our body language and facial features don't convey those meanings. When we focus on a laptop as we tell parents we are interested, sometimes our words do not ring true.

Instead, our faces and our words should match. This authentic model for interaction may become a vehicle for supporting parents in authentic interactions with their own children.



Reflections on our practice:

Am I always watching for the Newborn's effort to engage his parents?

Am I also watching for parents' efforts to engage their infants?

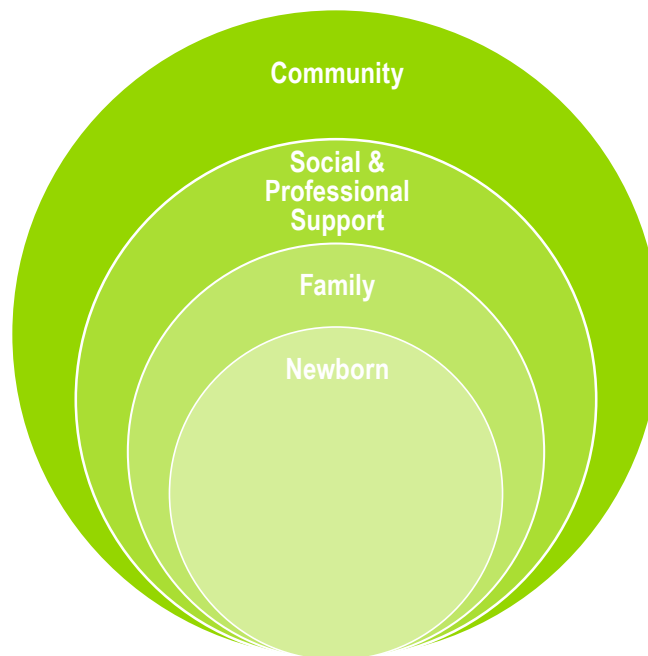
How do I share and affirm what I see?

How do I support "serve and return" interactions between parents and their Newborns?

Reflections for programs:

Is our program supporting staff in becoming "facilitators" of the parent-child relationship?

Opportunity 5 | Supporting the system of relationships around the Newborn



When a new baby joins the family, every relationship in the family is impacted. The universe shifts as each family member adjusts to changes in the family configuration. We have the opportunity at this time to support the family in building a new system of care around the baby.

This system includes the immediate family, including all who live in the same home or who have a close connection with the baby. It also includes those who care for the family, such as extended family, neighbors, friends and others. This system also includes professionals like case managers, nurses, social workers, educators and others like us who are committed to supporting the family. Finally, the system includes the community and the larger world beyond.

As the baby is “nested” in this system, everything that affects the system has an impact on the baby, and the baby impacts his system as well. As we deal with this family, we have the opportunity to consider the system that surrounds them, and wonder about what impact the system is having on the baby and the parents.

The partnership of parents

The relationship between the baby's parents may be impacted in either positive or negative ways. Even parents with a strong partnership may be challenged by the demands of caring for a Newborn, despite their exhilaration of falling in love with their little one. Parents whose relationship is tentative to begin with may experience stress but may also find ways to grow in their partnership around the needs of their little one.

Our role may not be to help parents work on their relationship with each other, but our attitude of openness and support may bring some calmness and understanding into these partnerships. We can make an effort to listen to both parents, considering both of them as experts on their own children and honoring their own experiences with their baby.

We can also honestly acknowledge the challenge of working together and affirm the collaborative efforts we observe. Sometimes, parents are really doing better than they think they are, and our noticing their progress may encourage them.



Gatekeeping

Whenever two adults love the same child, a natural competition is likely to develop. This gatekeeping occurs when one parent tells the other parent he's "doing it wrong" or when a parent limits the other parent's opportunities with the child. It feels like conflict, but is really a sign of deep investment in the child. (5)

Again, we have the opportunity to notice this investment and comment on it with parents. "You have each made your own way of changing your baby's diaper. I wonder if he will come to expect different diapering experiences with each of you." In this way, the difference becomes not a threat to each other but instead an illustration of the variety of ways their baby is being nurtured.

Gatekeeping may also present between parents and others who are invested in the baby. Parents and grandparents may not agree on childrearing practices and feel competition to prove that their way is best. Parents may face criticism in their neighborhoods, churches, or other social groups for using parenting practices with which others disagree. Parents sometimes experience gatekeeping with their children's teachers when both feel they are most expert about the child. In all of these cases, recognizing the level of investment in the child by both parties may be helpful. We have the opportunity to explore with parents about what they think is going on when this competition erupts. A facilitative approach may help them realize that others care about their babies, too, and seeing this investment as an asset may make it more manageable.

Gatekeeping—A natural competition may arise between moms and dads, between parents and grandparents, or between parents and educators. Adults who care about the same infant may unintentionally engage in competition for the baby and try to exclude others or have more say than others.

Siblings



Parents who have just delivered their second baby may be largely focused on their older child. They recognize that their firstborn is giving up his place in the family spotlight in order to share that focus with the new baby. Parents of three or more children often take this concern in stride, having lived through the addition of a new sibling before.

Our role with parents facing this sibling adjustment may be to normalize the experience of the older child. We can together anticipate changes in the older child's behavior as he makes this adjustment. We may see a child regress in both skill and independence. A toddler who had been going to bed easily may need more attention to transition to sleep. A preschooler who had attained toilet mastery may have accidents. A kindergartner may balk at going to school.

The sibling certainly experiences conflicting emotions as he learns to love the baby at the same time he feels competition and jealousy. These are often brand new emotions for the big brother or sister who has to figure out how to manage them.

In one moment, she is sharing her toy with the baby and kissing him on the head. In the next moment she is angry with the baby and complaining to her parents that she never gets any attention. It's a confusing time for parents and the older child alike.

Over time, the parent may be reassured that the behavior is normal and expectable. Parents' work of reassuring children of their continued love and devotion will eventually pay off. Parents may also come to see their older child's acceptance of the baby, although sibling rivalry will naturally continue to raise its ugly head in various ways for years to come.

We who support parents during this process can normalize these feelings of competition and point out to parents the ways they are successfully reassuring their older children and teaching them to share attention with the younger sibling.

Extended family

Some of the families in our practice may be isolated and alone while others seem to have dozens of relatives who are excited about the new baby. We family support professionals have to listen and observe to understand more about the system of support around the Newborn.

It may be obvious if grandparents, aunts, and uncles are present, interacting with the family. In this case, we can observe and try to discern who seems likely to be a support for the baby and parents in an ongoing way.

Other times, there are no other family members present, but a parent may “bring someone else into the room” by talking about him or her in conversation with us. When a mother comments that her baby has his grandpa’s eyes, we know that she is thinking about grandpa in some way in the circle around the baby. When a dad talks about how excited his mom is to have a grandbaby at last, he is telling us that he sees his mom as an important part of the circle of support.

Sometimes, there are family members who, rather than adding to the family’s resources to nurture the baby, actually detract from them. Our observations of these relationships can lead us not to be judgmental but to at least be aware of the cost to the parents’ resources.

Often the parents we serve are very young and their own parents may play a significant role in raising the baby. In these cases, we are faced with a significant challenge. We must find a way to support and affirm the grandparents for their hard work of nurturing both their children and also their grandchildren. At the same time, we must affirm the young parents in their role with their baby. In these situations we hope to provide support to both parents and grandparents without undermining the role of the other. Gatekeeping can certainly arise in these complicated relationships.

In truth, no two families are alike in the way they function. Some families with teen parents, single parents, or foster parents may actually develop deeply satisfying emotional bonds which equip their children for success. Families may draw strength and support for their task in some inspiring ways. Each configuration of family may result in the optimal development of a child.



Supporting parents in sharing the care of their children

Many of our families will be returning to school or work shortly after the birth of their babies. The caregivers they choose to trust for the care of their children can become a significant source of support or of stress. We have the opportunity to come alongside parents as they consider their options for child care.

We can help parents think through the attributes they seek for their baby's caregiver. We can also empower them to build relationships with caregivers that will benefit their babies.

We can offer the professional information we have about what constitutes high quality care for young children, including critical components such as adult/child ratios. We also can inquire with them as to what options may be available and encourage them to visit them and reflect afterward about their feelings and impressions.



A solid partnership with a child's caregiver can be a tremendous support to parents, adding to their "team" for nurturing their baby. But we can also honestly affirm a parent's sense of ambivalence and grief around the separation she may experience as she places her little one in the care of others.

Reflections on our practice:

How do I manage the tension created by “gatekeeping” within the Newborn’s system of care?

How am I helpful in supporting the healthy function of this system?

How do I normalize the natural rivalry that occurs with older siblings?

Reflections for programs:

Does our program promote a sense of respect for each part of the system of support around a family, including non-traditional family configurations or complex systems?

Opportunity 6 | Supporting parents as they provide for the health of the Newborn

Facilitating the family's relationship with their medical providers

An early order of business in our work with Newborn families is to learn about their connection to medical providers. Any professional working with a family has a responsibility to ascertain that both the baby and other members of the family have a medical home. An ongoing relationship with a primary medical provider or group is critical to providing consistent support for health and development. If we have concerns that a family is not connected to a medical home, we need to help them identify a potential provider and then support them in making this important connection.



Once we have established that the child has a medical home, we have the opportunity to affirm the relationship parents will build with that provider. There are a variety of ways we can do that:

We can **encourage the relationship** between the parent and the physician. Our positive observations about the physician (“I know several families who think she is a great doctor”) will encourage the parent’s trust in her system. We can explore with the parents why they chose this doctor, affirming their thought process. We can also imagine together with them about what role this provider will play in the life of their baby going forward.

We can **support communication** between parents and providers. As parents talk about their babies, we can affirm, “That would be a great question to ask your doctor. He would want to hear about that from you.” We can assist parents in making a list of questions for their next appointments. We can also affirm to them when they should go ahead and call their doctor rather than waiting for the next appointment. Most doctors working with families in the Newborn period expect to hear from them frequently during that time, but parents are often reluctant to “bother” them. We can assure them their doctor really wants to know what’s going on with their family and is set up for responding to calls.

We can **encourage compliance** with well child care and other instructions from the doctor. Each time a family sees the doctor, we can ask about the appointment. (“How did it go?” “What did the doctor think?” “Was the doctor pleased with your baby’s growth?” “What special instructions did you receive?” “When is your next appointment?”) Hearing the doctor’s instructions will inform us as to what caregiving changes we may need to support, like a change in feeding. We can also keep track of instructions around future appointments and immunizations in order to check in with families to see if they are following that schedule.

If parents seem not to comply in any way—in caregiving, in making appointments, in giving medications, or in getting their child immunized—we need to look more deeply into the situation to learn what is going on. We may need to have a “courageous conversation” in which we ask parents to help us understand why they miss appointments or immunizations. We need to be willing to really listen to identify what is at the root of this noncompliance so that we can support parents in addressing the real issue.

Reflections on our practice:

How do I facilitate open communication between families in my practice with their medical providers?

How do I promote compliance with guidance given by medical providers?

Reflections for programs:

How does our program equip staff to ascertain that all Newborns have a medical home?

How does our program maintain records as to children’s well child care, such as health screenings (including hearing and vision), regular weight checks during the Newborn period, and immunizations?

Opportunity 7 | Supporting parents in implementing safety at home with Newborns

The lifestyle and environment a parent establishes in the home has a great deal to do with how the Newborn will grow and thrive. Those of us who are home visitors have a front row seat to learning about the home setting, but all of us have a vested interest in promoting a healthy environment.

Supporting parents in safe caregiving practices requires our most professional judgment. We have an obligation to share what the science tells us about safety, but we also have to listen to parents, understand their motivation, and support their decision-making process.



Safe Sleep

The loss of an infant through Sudden Infant Death Syndrome is one of life's most devastating catastrophes. Some families who experience this loss are shattered, unable to re-establish any vestige of healthy functioning.

For this reason, this event has been carefully studied and some clear recommendations have been made. Chief among these recommendations is “Back to Sleep”—guidance that infants should sleep on their backs, alone, in their own cribs. The crib should be free of stuffed animals, pillows, bumper pads, or blankets. The crib, play yard, or bassinet should also have been manufactured after June 28, 2011 when U.S. cribs adopted the “strongest safety standards in the world.” The cost of the crib doesn’t matter, but that date does. (29)

These recommendations present us with a challenge when a family wants to use an heirloom crib which has been passed down through the generations, or when a nursery has been lovingly decorated with coordinated pillows, blankets and crib bumpers.

Other recommendations have also emerged from the research. No one should smoke in a home with a young child as second-hand smoke is also implicated in SIDS. Other risks for infants include sleeping with a dog or other pet, and also sleeping with parents whose senses may have been dulled by drug or alcohol use.

A beloved practice by many families is allowing an infant to sleep on his tummy on our chests. In 2010, a young pediatric cardiologist lost his own son as he napped with Baby Charlie on his chest, only to awaken to find Charlie had succumbed to SIDS. This bereaved family launched a project called “Charlie’s Kids” which is now providing board books promoting safe sleep to families entitled *Sleep Baby, Safe and Snug*. (www.charlieskids.org)

The challenge for those of us who care for families is that we know families operate from their own values and decisions, many of which are cultural and handed down from family history. If we have built a relationship of trust, parents may be able to tell us when their practices differ from our recommendations.

One such issue emerges when co-sleeping is highly valued. Parents choose co-sleeping for a variety of reasons.

- **Space** — in a small home, they may not choose to use space for a crib
- **Lack of a crib** — the family budget may not support a new crib
- **Breastfeeding** — some mothers feel that breastfeeding is supported by co-sleeping
- **Family culture** — some cultures practice co-sleeping as a long-held tradition
- **Fatigue** — some parents fall into co-sleeping with an infant who is awake a great deal at night as a way to try to get enough sleep
- **Desire for closeness** — some parents want to be close to their babies at all times

If a family in our practice is committed to co-sleeping, we can give them information about risk factors and encourage them to plan for their infant to be as safe as possible. This will include making sure no one sleeping with the baby uses drugs or alcohol, and keeping the bed free of pillows, blankets, and pets.





Safe caregiving

Many infants are injured despite the loving caregiving of parents. We can help parents prevent many such accidents by supporting them around safe practices in feeding, dressing and bathing.

Feeding —

Bottle-feeding parents can be supported around using appropriate formula, bottles, and nipples. We can ask parents about the water they use to mix their formula as well as the correct mixture ratio, and also how they clean bottles and nipples. We can also support them in being sure the formula is the optimal temperature, avoiding using the microwave for heating as the formula may heat unevenly, causing some formula to be too hot. We can also discuss “propping” the bottle, encouraging them instead to hold their Newborns for feeding.

Breastfeeding parents can be encouraged to watch that the baby’s nostrils remain clear during breastfeeding. We can also have conversations with them regarding the use of medications or alcohol that may cross into the breast milk.

We can explore with both breast and bottle-feeding parents about how they burp their babies to bring up any air that may have been taken in during feeding. We may also recommend keeping infants in an upright position following feeding.

Dressing —

There is a tendency among loving parents to overdress babies. This overheating has been linked to fussiness and even to SIDS. (26) The old suggestion to “dress baby as you would dress yourself” is still a good rule of thumb. Some folks even add, “And then take something OFF the baby.” The key is watching the baby for signs of discomfort. If hands and feet are blue or feel cold, he may need more clothing. If his face is flushed or he seems fussy, he may be too warm. If the room is a comfortable temperature, a heavy “one-sie” or a wearable blanket may be enough. A “swaddler” is a great solution for sleeping as it keeps a baby warm without endangering him with blankets. (26)

Bathing —

The family doctor will advise parents as to when, how, and how often to bathe their babies. Many doctors recommend only a sponge bath for the first week or two. When it's time to begin “real” baths, we can support parents in using a small tub on a secure surface, such as a table or counter top. The water should be warm, but not hot; and the towel, diaper and clean outfit should be laid out nearby for quick access.

Many first-time parents feel awkward as they learn to bathe their babies. Being present with them as they do this can be a great support for parents, as well as a wonderful boost to our relationship with them as caregivers of their babies. Newborns are slippery when wet, and their lack of motor control makes bathing them tricky.

Parents already know this but we have an obligation to remind them that they can never leave their babies in the bath, even in a very shallow amount of water. A rule of thumb is to remind them they should always be “within an arm’s reach” when their baby is in the tub. It may be insulting to them for us to “teach” them this as though they don’t already know it. Instead, we might observe things like, “You are so smart to leave your phone in the other room during bath time. Whoever is calling will have to wait!” Affirming what they know will bolster their confidence and affirm their mastery.

Even when the water is exactly the right temperature, many Newborns cry when bathed. We can assure parents that this crying is not a sign that they are doing it wrong, but rather is their Newborn’s complaint against exposure to the water and his own state of undress. Following the bath, however, the parent may enjoy the child’s comforted state when he is once again dry, dressed, and warm.





Car seat

The car seat is a critical piece of equipment for each baby. Even families who don't have a car will need to use a car seat whenever their baby is transported anywhere. Strict safety regulations of car seat manufacturers have resulted in fewer infants dying in accidents. Used infant car seats should not be donated as previous damage to the seat's functioning may not be visible, but it may prevent the seat from protecting the baby.

When parents get a new car seat (or any other children's equipment), they should be assisted in registering the seat with the manufacturer. This is the only way for them to be notified in the event of a recall. The infant's child care provider is required by law to also register these products. Parents can also sign up for recalls at www.nhtsa.gov. (33)

Clean air for tiny lungs

Secondhand smoke provides a very real health risk for Newborns and young children. According to the Centers for Disease Control, infants exposed to secondhand smoke are at greater risk for SIDS. Chemicals in secondhand smoke appear to affect the brain in ways that interfere with its regulation of infants' breathing. (32)

Infants exposed to secondhand smoke also experience other health problems including more ear infections, coughs, colds, bronchitis, and pneumonia. Babies show less lung growth when their parents smoke in their presence. New studies show that children who are exposed early to secondhand smoke may be more likely to develop learning problems. (32)

The American Academy of Pediatrics is now warning against even the effects of "thirdhand" smoke, which refers to the residue left behind where people have smoked earlier, such as in walls or upholstery or even in the hair of a caregiver. (26)

So our charge is clear. We must do everything in our power to encourage parents to prohibit smoking in the presence of their babies, or even in locations (like homes and cars) where the baby will be at another time. The challenge for us in our relationships with families is that we may be working with a young parent who is not in a position to make demands about behavior from others living in her home. Once again, we find ourselves advocating for a Newborn's optimal environment with a parent who is hard-pressed to provide it. We must measure our opportunity with others in the Newborn's family system and appeal to their "highest angels" on behalf of the new baby. History is full of stories of folks who "cleaned up their acts" when a baby arrived on the scene.

Abusive Head Trauma

Abusive Head Trauma occurs when a parent or caregiver becomes frustrated while caring for a young infant. It usually occurs when an infant has been crying for some time and has not been easily comforted. The adult loses control and shakes the baby, causing the brain to hit against the hard surfaces of the skull, resulting in death or serious injury. Shaking is especially dangerous to a Newborn because of his weak neck muscles, his fragile brain, and his comparatively small size to an adult. (30)

No parent ever plans to shake a baby, but instead this tragedy occurs when a caregiver is exhausted and frustrated. Our great opportunity is to prevent these circumstances wherever possible. We may have the opportunity to explore with parents about what they think about their babies' crying.

We may begin by asking, "Is your baby's crying a worry or concern for you? How are you managing crying?" Parents' perception of their babies' crying differs; some parents are less troubled by their babies' crying, where some parents are extremely concerned with what is probably only a moderate amount of crying. But parents' perception really matters, as it is certainly related to the amount of distress parents experience.

We can talk about crying in a way that normalizes it, recognizing that it is not an indictment against anyone's parenting skills. We can observe crying with a parent and demonstrate our own calm acceptance of the crying. We can help parents strategize for what they can do when the crying is creating real stress in them.

Most babies increase their crying significantly at around two or three weeks of age, so our conversations about managing crying should occur as early as possible. This is a good topic for late pregnancy to be revisited immediately following birth, if possible. We can make a plan ahead of time with parents about putting the baby in a safe place like a crib for a few minutes to give themselves time to breathe and regain their composure. We can make sure they have a phone number to call (a friend, a neighbor, our office) when their baby's crying is pushing them to the edge. Resources to recommend are <http://purplecrying.info/> (35) as well as www.erikson.edu/fussybaby/ (31).

The opportunity to prevent the tragedy of Abusive Head Trauma is a great argument for why our services to families should begin as early as possible with intensive services delivered in the earliest weeks.



Sibling safety

Finally, a new issue facing parents when they bring home a newborn to another young child is to plan for the safety of the older sibling when the parent is caring for the newborn. First there is the issue of emotional safety as the toddler is likely to feel threatened by the changes in his family structure. Much of our work with families of Newborns will be focused on supporting parents around the adjustment of older children in the family.

But there is also actual physical safety to consider as well. When a parent is distracted by the need to feed or diaper a new baby, toddlers are known to climb on furniture, help themselves to inappropriate food, and paint the hallway with permanent markers.



If we are serving a Newborn family who also has another child under three, we can support parents in planning for their toddler's safety. Here are just a few reminders for our parents:

- If it fits inside a toilet paper roll, it is a choking hazard for children three and under.
- Balloons are the leading cause of choking among children in the United States, so limit access to balloons for play.
- Brightly colored detergent pods look like candy to children. Parents should understand the appeal and keep them out of children's reach.
- TV and furniture "tip-overs" are killing one child every two weeks in this country. Televisions and tall furniture pieces should be mounted to the wall, if possible. If a wall-mount is not possible, box TV's should be placed on the floor (instead of on a dresser) and "tempting" items should be removed from tops of dressers. (29)

Scaffolding parents in figuring out how to manage these episodes of divided attention is an opportunity for those of us who support them. This is a good time to explore with parents how they have planned for safe play for the toddler or preschooler.

Some parents find success with keeping a stack of the older child's favorite books near the chair where they sit for feedings, encouraging the older child to enjoy a reading session while they feed the baby. For other families, limiting the older child's opportunity for exploration with baby gates or closed doors provides for a safe environment. Arranging furniture to provide parents visual contact with their children may be helpful.

Reflections on our practice:

How do I manage my own internal conflict when parents choose caregiving practices that do not agree with mine? Am I able to gain their perspective to understand their reasoning?

When have I continued to work with a parent over time to eventually see adaptations in their practices? How did this impact our relationship?

Reflections for programs:

How do we support staff as they struggle with the tension of feeling obligated to “tell” parents what to do as we also ask them to build trusting relationships?



Opportunity 8 | Referral of Newborn families into a system of care

When we meet a new family, we are eager to sign them up for our services. And why wouldn't we be? We have seen true benefits for families we have served, and we know we have resources which could positively impact this new family as well.

But reaching out to families with this sort of “marketing” approach may not meet their needs. Instead, our approach to them should start with learning about them.

Focusing on their baby is a perfect way to begin. Really looking at their baby conveys to parents that we are deeply interested in them, and that we recognize their child as an interesting individual. Our noticing competencies in the baby will open parents' hearts to us.

We can also begin by focusing on parents' strengths, recognizing even their smallest efforts on behalf of their child. Most parents of Newborns feel somewhat incompetent, including parents who have other children. Every parent faces the task of getting to know every new baby, who will be different from any other. So our noticing their competence at a time when their resources may be low may give them a boost.

Our next efforts might be around listening to the parents' expressed need for services and support, and wondering about those needs which may not be expressed. As we meet with new parents we remember that during this time of their lives they are likely experiencing great stress. Professionals will use their keen observational and listening skills as well as their awareness of what issues may be sensitive for a family to discuss. Families need us to use a nuanced approach in which we listen with a third ear as we come alongside them at this point in time.

The referrals we make for Newborn families should be purposeful and tailored to their needs. We will always be thinking about the family's acceptance of any referrals we may suggest.

To be prepared to serve our parents well around a multitude of needs, we can be purposeful in building a system of care in our communities. Even if parents need services not provided by our program, we owe it to our families and to our community to be aware of where such resources may be found and stand ready to connect families to them. In addition to the many other resources we bring to our encounters with parents, we should always be prepared with a compilation of our collaborators' contact information and program services for needs that may present initially or may emerge over time.

After we have recognized their family strengths and discussed community resources, parents may be ready to learn more about our programs and services. At that point, we can welcome them into our own programs and orient them to what they might expect. Our orientation will be far more meaningful and appropriate to them because of all that we have already learned about the family in our time together. And our early knowledge of other services they may be accessing will be tremendously helpful as we develop our plan for working together on behalf of their Newborn.

Reflections on our practice:

How do I maintain authentic connections with those I refer to?

Is it difficult to share the care of my families with other professionals and organizations?

Reflections for programs:

How does our program foster a culture of collaboration?

How do we support the goals of other organizations in our community serving families of very young children?

Is our communication frequent, comfortable, and trusting with organizations we refer to?

Questions for Discussion around Newborn Practice

1. What is your opportunity to be with Newborn families in your community?
2. Share your favorite way to introduce Newborn reflexes and why.
3. Share a challenging experience you have encountered with the parents of a Newborn and explain how you would handle it differently if you could go back and respond differently.
4. Share one of your most memorable experiences with the parents of a Newborn that made you walk away from the encounter smiling.
5. Share one tip you use to engage families of Newborns and how they have responded.
6. What is the most challenging topic for you to address? Why does it feel challenging to you?
7. Share one way you build trust with parents of Newborns. How do you know you are building trust with a family?
8. Share your favorite conversation starter with a Newborn family, beyond “Hi, how are you?”
9. What approach or strategy has been most effective for you in beginning your work with a Newborn family?
10. Share the most common issue parents of Newborns with older children face and how you support them through that experience.
11. What advice would you share with a new provider of families with Newborns?
12. How would you like to grow in your practice with Newborn families?

Self-Assessment

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel I have an understanding of Newborn reflexes.	1	2	3	4
2. I feel comfortable supporting interaction between parents and Newborns.	1	2	3	4
3. I feel comfortable using Newborn reflexes to demonstrate health and competence.	1	2	3	4
4. I feel confident supporting parents with Newborn crying.	1	2	3	4
5. I feel comfortable observing and narrating interactions between a parent and child.	1	2	3	4
6. I am comfortable with periods of silence with a family.	1	2	3	4
7. I am comfortable “wondering” together with parents.	1	2	3	4
8. I believe my support makes a difference in families’ lives.	1	2	3	4
9. I am comfortable safeguarding confidentiality.	1	2	3	4
10. I feel comfortable advocating for the families I serve.	1	2	3	4
11. I find strengths in every family.	1	2	3	4
12. I can tune out static in my mind to be present with families.	1	2	3	4
13. I invite parents to share their own childhood or parenting experiences.	1	2	3	4
14. I interact with parents the way I hope they interact with children.	1	2	3	4
15. I am knowledgeable of community resources available to the families I serve.	1	2	3	4
16. I am comfortable talking with families about Safe Sleep.	1	2	3	4
17. I am comfortable talking with parents about personal issues (breastfeeding, smoking)	1	2	3	4
18. I feel comfortable talking with parents about Abusive Head Trauma.	1	2	3	4

A self-assessment:

Are you working to maximize your opportunities with families during the Newborn period?

This tool can be used as an individual self-assessment or in a supervisory reflection relationship.

It can also be used as a program tool for professional development or group reflection.

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30. www.dontshake.org/ Don't Shake. Resources for understanding and preventing Shaken Baby Syndrome.
31. www.erikson.edu/fussybaby/ Fussy Baby. A support program for families who have a fussy baby. Fussy Baby Network offers telephone support nationwide and home visiting to those families living in Cook County. Fussy Baby Network also offers training to professionals.
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33. www.nhtsa.gov Information regarding car seat recalls.
34. www.powerfulinteractions.com Powerful Interactions. Resources primarily for early childhood educators to support interactions with young children and parents.
35. www.purplecrying.info Resources related to crying.
36. www.SafeKids.org Resources around child safety.
37. www.zerotothree.org Resources for birth-three for professionals and for parents.

Glossary

Autonomic system - The autonomic nervous system (ANS) regulates the functions of our internal organs (the viscera) such as the heart, stomach and intestines. The ANS is part of the peripheral nervous system and it also controls some of the muscles within the body. The autonomic domain is represented by observation of the infant's response to stress, such as the amount of color change, startles, or tremulousness. (*Understanding Newborn Behavior & Early Relationships, Nugent et al.*)

Attend - The verb attend means to be present, to listen, or give care or attention to. You can attend your family reunion, attend to a project you've been ignoring, or *attend* to your teacher's voice. A Newborn "attends" when she is able to shut out other stimuli and regulate herself in order to focus on a person or object.

Attune - When you *attune* to something, you adjust to it and become aware of the way it works. A new parent has to *attune* to a baby's schedule, personality, and attention. Likewise, a Newborn works to *attune* (or "tune in") to his parents and other people and objects he wants to pay attention to.

Co-regulation – In *Understanding Newborn Behavior & Early Relationships – The Newborn Behavioral (NBO) System Handbook*, Nugent and colleagues discuss co-regulation between a parent and infant as a caregiver helping an infant to calm, focus, and engage with the world by providing necessary holding and feeding in a sensitive manner and by learning and responding to the infant's cues.

Developmental agenda – Every child has an internal drive to work on achieving new skills which are meaningful to her, and she invests energy in practicing and acquiring those skills. This *developmental agenda* reflects her own intrinsic motivation.

Facilitative – The quality of being supportive of someone rather than telling them what to do. Facilitative attitudes, behaviors, and practices result in relationships with parents that foster the development of their parenting skills.

Gatekeeping – A natural competition may arise between moms and dads, between parents and grandparents, or between parents and educators. Adults who care about the same infant may unintentionally engage in competition for the baby and try to exclude others or have more say than others.

Homeostasis - The tendency of the body to seek and maintain a condition of balance or equilibrium within its internal environment, even when faced with external changes. A simple example of homeostasis is the body's ability to maintain an internal temperature around 98.6 degrees Fahrenheit, whatever the temperature outside. Homeostasis in a Newborn involves the establishment of both autonomic stability and self-regulation.

Newborn period – Loosely defined as birth to the age of three months.

Referral - An act of referring someone or something for consultation, review, or further action. The process of directing or redirecting a family to an appropriate specialist or agency for definitive treatment. “Referral” may also mean the process of requesting that a child be screened, assessed, and/or evaluated.

Reflective Supervision – In *Look, Listen, and Learn: Reflective Supervision and Relationship-Based Work*, Jeree Pawl is referenced by Shahmoon Shanok and colleagues stating that the purpose of Reflective Supervision is to provide a respectful, understanding and thoughtful atmosphere, where exchanges of information, thoughts and feelings about the things that arise around one's work can occur. The focus is on the families involved and on the experience of the supervisee.

Self-regulation –

In *Neurons to Neighborhoods: The Science of Early Childhood Development*, Shonkoff and Phillips define self-regulation as a child's ability to gain control of bodily functions, manage powerful emotions, and maintain focus and attention. The growth of self-regulation is a cornerstone of early childhood development and is visible in all areas of behavior.

In *Understanding Newborn Behavior & Early Relationships*, Nugent et al describe it this way: Self-regulation is defined as the successful integration of the four behavioral dimensions, which is the optimal goal of the first developmental challenge.

1. The infant first must organize his or her autonomic, or physiological, behavior.
2. The infant must regulate or control his or her motor behavior.
3. The infant must organize his or her behavioral and attentional states.
4. The infant must regulate his or her capacity to respond (affective interactive or social behavior) through interaction with his or her social and physical environment and orientation to animate and inanimate objects.

Swaddle - Swaddling is the art of snugly wrapping a baby in a blanket or other apparel for warmth and security. It can keep your baby from being disturbed by her own startle reflex, and it can help her stay warm and toasty for the first few days of life until her internal thermostat kicks in. It may even help to calm an infant.

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