

Meeting the Unique Needs of Families Through the Required Postpartum Visit
Track B4 – Child Health and Prenatal Services
17th Annual Virtual Birth to Three Institute

Laura Annunziata: Greetings from the Early Head Start National Resource Center, and thank you for joining us for this webinar, "Meeting the Unique Needs of Families Through the Required Postpartum Visit," which comes to you as part of this year's Virtual Birth to Three Institute. We're so glad you're joining us today.

My name's Laura Annunziata and I'm a senior training specialist with the Early Head Start National Resource Center. I'm joined today by Nick Wechsler and Guylaine Richard. We're all very pleased to have an opportunity to share the next hour-and-a-half with you thinking about this very special home visit, one that forms a foundational part of the services provided to families of newborns through Early Head Start.

Nick joins us particularly poised to speak on this topic. He's been working at the Ounce of Prevention in Chicago for almost 25 years. When he shares what's been the most important to him over that time, he's quick to recognize that learning from families, staff, and colleagues about the passion, strength, and power that people have within and find in each other has been the single most meaningful part of his professional life. He continues to admire how parents and their very young children, as well as staff and parents they work with, are able to find wonderful ways to be together and co-construct a nurturing, safe, and meaningful world one relationship and one program at a time.

His bio is attached to your materials and his work has stretched from doing direct family work himself to supporting others in working directly with families in early care settings, home visiting programs, and in programs that provide perinatal services for young families designed to facilitate parents in forming warm, responsive, and secure relationships with their unborn and newborn children.

Guylaine is a medical graduate of the School of Medicine and Pharmacy in Haiti, and a graduate of the George Washington University School of Medicine and Public Health and the John Hopkins University School of Professional Studies in Business and Education. She brings more than 25 years of experience leading successful programs, educating, and providing training and technical assistance in the fields of public health, administration, and education to various national and international agencies serving at-risk populations.

She's held several positions in Head Start and has had the distinct privilege to be recognized as a National Head Start Fellow. Her passion for pregnant women and expectant families is contagious, and her love for the children and youth is evidenced by her true commitment to delivery of quality services. She sees pregnancy to include the postpartum period as the right time and the perfect venue for staff to connect with the pregnant mom, the dad, and the other members of the family to build and strengthen a long-lasting relationship. She encourages us to value this partnership with the new family as a means to ensure successful growth and development of the child and the family. Nick, Guylaine, I'm so pleased you're both here with us today.

As we get going, we'd love to get some information from you, our audience, to get us started. Kelly, could you put up the poll questions we have for the group today? On your screen you should see three short polls, and we'd really like to encourage you to come to your computers and weigh in with your

responses. Poll number one reads, "We typically begin home visiting with an expectant family: a) prior to the third trimester; b) around the third trimester; or c) close to the estimated due date." Our second poll question for you is, "In our EHS program, the two week postpartum visit is typically conducted by: a) a home visitor; b) family service worker; c) nurse or health staff member; d) nurse or health consultant community partner; e) home visitor with a health provider, staff, or consultant; or f) some other entity." And the third and final poll we have for you asks for a simple yes or no response: "Fathers are typically involved in the two week postpartum visit." And we're looking for a yes or a no here.

Like I said, please don't be shy and take a moment to come to your computer to participate in the polling. The more that join, the better sense we get of you, the group joining us today. So while we're waiting for all of your responses to come in, let's move to the presentation again for a moment. As you can see, we're hoping to cover quite a bit of ground together today. We'll be looking specifically at the purpose and goals of the EHS postpartum visit with a special eye to identification of the competencies and preparation staff need to provide that visit and discussing a variety of strategies one can use to be as effective as possible in approaching families and working in collaboration with agencies and others in the communities in which we work.

Now, Kelly, before we go on, can we take a look at the poll results and see how they've come in? Nick, Guylaine, any thoughts?

Nick Wechsler: Well, they just popped up.

Laura: So for question number 1, 53 percent prior to the third trimester, 10 percent around the third trimester, and two percent close to the estimated due date.

Guylaine Richard: That is amazing. This is really giving us a lot of information here. Fifty-three percent prior to the third trimester. Wow.

Laura: Yeah. And the results we're getting tell us that in EHS programs, the two week postpartum visit is typically conducted – eight percent said by the home visitor; three percent, family service worker; 14 percent, nurse or health staff member; six percent, nurse or health consultant; 33 percent are saying a home visitor with a health provider, staff, or consultant.

Guylaine: Here again, we're looking at some very interesting, very interesting results here. Thirty-three percent are home visitors with a health provider or consultant; 14 percent [inaudible]. Wonderful.

Laura: Okay. And then here we have the third polling question. Fathers are typically involved in the two week postpartum visit, yes or no? We've got 28 percent saying yes and 35 percent with no. Thanks for taking the time to do that with us.

Guylaine: Thank you.

Laura: So moving back to our presentation, as we think about the topic today, we want to keep this Performance Standard in mind, Head Start Program Performance Standard 1304.40(i)(6). This Performance Standard instructs Early Head Start staff to complete a visit to the family of newborns within two weeks of their birth, but the intricacies of how that comes about and takes shape is what we'll be discussing today. The Standards remind us that the purpose of this two week visit is to ensure

the well-being of the mother and the child we're serving. Let's think a little bit about exactly what this Performance Standard is getting at. Guylaine, could you get us started?

Guylaine: Thanks a lot, Laura; and thanks a lot for all of you who have, you know, given us some – some insight on your thinking. Actually, the postpartum period is one where well-being of the infant and the mother is subject of attention, and rightfully so. This is a vulnerable time because this is one of transition for the newborn – adjustment for the baby and the expectant parents at many levels. We're looking at adjustment physically, emotionally, and even financially. Well-being is commonly defined as a state of safety, health, and financial security. Thus, one can understand how vulnerable a family with limited income can feel during the postpartum period.

Laura: Nick, can you hear us?

Operator: And his line is open.

Laura: Okay.

Nick: Are you able to hear me now?

Laura: I am able to hear you, Nick. I'm so glad.

Nick: Thank you. So am I.

Laura: Okay. Let's go on.

Nick: Okay. I think that all of us who work with newborns and their families recognize that birth does change everything. Guylaine, when you just spoke about transition, those of us who spend time with the newborns and the families recognize that we're bearing witness to one of the greatest transitions in the quest of life for both the newborn and the parent.

Newborns leave that stable environment of the uterus and they enter into the busy, bright, loud environment of life on the outside. All of the basic needs, particularly food and safe shelter, that had been delivered through a biological system that the developing fetus and their mother shared in utero now takes on a new dimension as the newborn greets life on the outside.

Mother and newborn now transition from a biological system of dependence to a social system that becomes interdependent. Now survival and well-being requires an attuned and responsive relationship between newborn, mother and father, and other primary care providers. What had been automatic now grows with intention.

Newborns and parents send out messages, cues, and signals and then they each in their own way work to decode them and to respond and to see if the receiver understands what this message is. This is a new language for both newborns and parents, and it requires each feeling successful at being heard and understood by the other. And when they do feel successful, it fosters greater communication. And this begins in the very first moments of life – the first days.

Newborns need many things, but they especially need support in the many capacities that they are already born with and all of the capacities that will be emerging over time. This becomes the mother,

the father's, and others' first job in recognizing the newborn's abilities and providing opportunities for the newborn to develop new abilities. Newborns thrive when they experience that their mothers, their fathers, and other close adults understand that their expressions, especially crying, are a way to engage their mother and others in getting help for what they need. Maybe it's food. Maybe it's calming. Maybe it's dry, warm clothing. Maybe it's just a time to sleep. From the first moments of life and certainly in the first weeks of life, newborn growth is dependent on that emotional and social connection with adults who are closest to them.

Early Head Start staff walk gently into the midst of these sensitive moments of transition and the formation of these new roles and relationships. And staff look for ways to learn how to best fit into the family system as a welcomed guest, a resource, and a source of understanding and of support.

Guylaine: Thanks so much, Nick. And as we describe that postpartum period, we know that this is a period that can be filled with joy then, but also filled with anxiety and even fear of what each day will bring. Change brings with it a sense of loss and this can be a contributor to the stress and even ambivalence some parents feel in their ability to care for the baby physically, emotionally, and financially at a time – as you rightfully told us, Nick – when the baby's trying to adjust to a new environment and create attachment.

The physical change happening for the mother can be complicated, for example, by the method of delivery. If she has a C-section, she needs to take care of herself, too, of her wound, so that may be underway. There are nominal changes that can contribute to some level of discomfort. In addition, we even have desired practices, such as breastfeeding, that may not be as easy as expected to be – as expected to be implemented. Finally, some cultural norms even and expectation may be part of the stresses experienced by an entire family.

Nick: Guylaine, you're talking about change, and change is so challenging for everyone, no matter how old you are. The first major challenge is to – for parents is for them to bring the real baby into view after having lived – lived with this imagined baby until the moment of birth. The family's ability to make a coherent sense of this will be a major focus in the first weeks of life as they let go of that baby they've been imagining and dreaming about and begin to bond and take this new baby into their lives and into their hearts.

New parenting requires an ability to self-regulate, to get one's self together through all of the challenging times that all parents face. Parents benefit from support through co-regulation. I mean, having someone in their own lives that is fully available to them to help them get themselves together during this charged time that's often marked by exhaustion, a huge range of emotional feelings, uncertainty, and really huge ups and great downs.

This is what I mean by dis-regulation, and it comes with new parenthood. It's natural. This is indeed what parents do for their children. They help their children get themselves together. So parents deserve this and benefit from this as well. They are lucky to have someone like an Early Head Start staff care for them in this same manner that they care for their children.

Guylaine, I agree, these are biological, social, emotional changes for parents and it can make the transition to parenting so very challenging. New parenting, and really all parenting throughout time, it really can feel like one of the hardest jobs few of us feel trained and prepared for. Everything is a new surprise. It can seem to rock every ounce of our own self-confidence, primarily because we care so much

for our children and we want to do the right thing by our children. Parents benefit most from being held in the mind of another and having the other build their own self-confidence.

At this vulnerable time, parents do best when their support system dedicates itself to helping the parent feel heard, understood, and able. Parents benefit from receiving sensitive and responsive guidance, modulated with accurate information and a helping hand. But these are only meaningful when the parent is ready for them and asks for them.

Laura: Thank you, Nick; absolutely. And we find, of course, that parents and families with their children are at the heart of everything we do in Early Head Start, and as you're both reminding us, that this time, still fairly early in the postpartum period, is a very special one. Nick, could you share with us a little bit about what happens as EHS staff begins to reach out to form new relationships with the family in the postpartum period?

Nick: I sure can. And Laura, the poll tells us that more than half of you who are on this phone call are lucky enough to meet families prior to the third trimester, so you already have a relationship developed with mom and dad and grandma, and extended family if you're lucky. But now that the baby's born, you're meeting them again. And things do start anew with the new baby in the family.

Parents and Early Head Start staff meet each other only because they want the best for this baby that you're both meeting for the first time. Both are driven by your passion and commitment on behalf of this child that's with us. The greatest gift that others can give a new parent is to help build that parent's parental self-esteem and parental resilience, the parent's ability to bounce back from all of the ups and downs, from the highs and lows, from the certainty and confusion that normally accompanies new parenthood.

We're able to embolden their parental belief in themselves that they're the right parent for this baby and able to know this baby and understand and care for this baby that we finally have met. Now this builds a parent's inner guide for beginning a safe passage into parenthood, and it's what their baby needs for the baby's own well-being – a parent who feels able.

Laura: Thanks, Nick. Guylaine, could you feel a few of your thoughts about what we're doing as we're making this visit and connection with the family and child?

Guylaine: Thanks, Laura and Nick. I can't – I can't take in enough of what you said. I can't think enough of it, because there is for sure a need to know, a need to understand, another to care and help build self-esteem and resiliency for the parents. But how do we accomplish that?

I think, you know, we could – you know, we encourage – we encourage you as EHS staff to conduct that individual assessment, which is simply gather information. But gather information about the strength of this family; their need also. And this assessment is a key as part of strengthening that relationship during this period and beyond. This knowledge of what a family have and/or need supports the relationship. And this relationship will be based on trust, collaboration, and shared responsibility, which leads to developing and/or implementing a plan together.

Ultimately, the postpartum visit would have been planned with the expectant family during the pregnancy period. And as you know, we saw, you know, the – a good majority of you are conducting that visit during the first trimester, so that means you have had time to connect with the family. So

hopefully you have had time to plan also with them, because such a plan would have also been documented in the family partnership agreement and would help you secure the activities, the roles, and responsibilities as staff, and also the parents would have agreed upon.

This plan should allow, though, for flexibility in the scheduling and length of the two weeks postpartum visit. And adjustments are warranted depending on the current needs of the family. In planning this visit with parents, staff must also be knowledgeable. Not only knowledgeable, but also respectful of cultural norms that could present some challenges with accepting a visit during this period.

Laura: Definitely, Guylaine. If we think about this sensitive time as a time when families are coming together in new ways and sharing and communicating and establishing the ways that they do things in a new way with the presence of their baby, their individual and family experiences are uniquely shaped by their communities and cultural and family ways. How do you think parents and families might experience us in our roles with Early Head Start as we step into their family and personal space?

Guylaine: Really, Laura, we look at this as really getting in the middle of their business. So while working with the expectant family, staff is encouraged to engage in and maintain honest communication with the family at all times. Honest communication implies working in dual partnership with the expectant families, letting them know what the requirements of the programs are and how they can assist in meeting the Standards.

The two weeks postpartum visit is mandated in – by the Performance Standards. Therefore, informing the parents of the importance of conducting it timely will more likely align their support and not bring an element of surprise or total ignorance. While communicating the compliance aspect of this visit, it is important though for staff to remain respectful of the family's culture, beliefs, practices, and their will. Documentation of those important valuables can explain a last minute decline by the family.

It is also important for staff to build on already established networks the family has themselves – had established to enhance additional support the family may need during this period. In some cultures, the birth of a baby brings together a village to assist the family during this transition period. The staff need to be aware of that and take advantage of that to build this kind of connection with the families during that period.

Finally, staff should not ignore the collaborative role some community partners are already playing and/or can play in supporting the needs of the new parents. For example, the faith-based community can play a significant role in transmitting key messages staff would like to share during this period. Knowledge of these resources is important should they need to be referred to or tapped into.

Nick: Guylaine, I'm so glad that we're lingering on the connection between new children, new parenting, culture, our program's beliefs, and our family's beliefs. We recognize that parenthood is the primary vehicle for transmitting culture, religious, and family beliefs and practices from one generation to another. When we work with parents, we're actually working with each parent's own history, culturally-driven practices, relationships that they've had with others.

So staff who are listening to our phone call today, they know that they literally walk in the shadows of all of families that they meet's past experiences; and they're walking in those shadows as they greet this new baby, which is shining the light on the future experiences for this family. We recognize that it's traditionally the maternal head of the family that plays the role of guiding new motherhood. Within this

context, the Early Head Start staff want to consider how they fit into the family's picture. And they need to ask themselves, how does that maternal head of the household experience us as we enter into her role, her historic responsibility?

Our work brings us into a wide range of family beliefs and practices, and most of them are focused on greeting the newborn. Staff have a wonderful opportunity to learn what these practices mean for the family and for the newborn. This is such an important moment for us to stop, to observe, to listen, to learn, to take time to marvel at how families take in newborns.

Let's think for a moment about the most common of experiences that all parents navigate in the newborn's first weeks and let's consider the importance that family traditions, practices, and culture play on these everyday decisions. Let's start with crying. Families, parents have to work through when and how to soothe the baby, how to support the baby's ability to calm themselves, when and how to offer co-regulation, or helping the baby calm themselves by the way we are with them: picking up, putting down, holding close, holding far. Every family brings different beliefs about what is their way.

Sleeping; let's think about that. Does the family believe in sleeping – the baby sleeping alone or sleeping in the same room or in the same bed as the parents? Do families think you should wake babies up on schedule or let babies sleep at will? Again, families bring their own experiences, their beliefs, their values, and their practices to these kinds of choices and decisions.

Think about feeding. Do families feed on schedule? Do they feed on demand? Do they put cereal in the bottle? Do they feed formula? Breastfeed? Feed in public? Feed in private? These are not simple decisions. And every family brings their history, their culture, their family of origin – really, generations of origin, to each decision they face.

New parents are faced with so many decisions and so many voices. Should they circumcise or not circumcise? Should they pierce ears or not? Should they use good luck charms tied to the baby's wrist? Should they have folk practices to keep evil spirits at bay? Or, folk practices to welcome good blessings? Generations of experience greet each newborn and new parents begin to decide what will be their way. We as Early Head Start staff can recognize that we have our own program culture as well – our ways, what we want to impart to the new parents on behalf of their child. When we become one more voice, the parents hear and must filter and use to inform their own choices and decisions.

Laura: Nick, as I listen to you, it reminds me that it's a particularly important time for reciprocal dialogue, strong two-way communication between staff and family, and also an important time for careful listening.

Nick: Well luckily, because of the poll, we know that you already have relationships established with families. But no matter how long you've been working with the family prior to the birth, the manner in which the family experiences you now, during this really sensitive and formative time, gives the parents an idea of what they can expect with you and from you – what your approach will be and what they imagine working with you in this program will feel like throughout the lifespan of their child.

You really are demonstrating by how you are with them after the birth what they can expect in the future. So this is a formative time of relationships, not just between parents and their newborns, but between us and parents and the extended family. With this in mind, one main goal for the Early Head Start staff is to enter into the new family unit in a manner where connections matter. The manner in

which staff relate, listen, learn from, and speak with new parents, the essential way of being with new parents. Recognize that this is an investment for the future working relationship that we have with families. The way we are matters.

Guylaine: Nick, this is so, so important for you to put those into perspective for us because I know in EHS we know how important it is, the work that we do with families. But we as staff – as EHS staff need to know how important it is when coming into this new family unit, how important it is for us to be open to learning and to valuing the competence that each member of this family brings.

As parents are learning from their child, it may also be a good time for staff to join them in this learning experience instead of coming to them as the expert and sometimes, unfortunately, as the ones who know it all and will tell them what to do regardless of what they need to know or even want to know. It is okay for staff to make the assumption that every parent wants what is best for your child and to take this opportunity to share but not impose their knowledge. An attitude of acceptance and openness to learn is more likely to derive same attitudes from the parents.

In addition to being open and accepting, staff should also come into this relationship with an attitude of not being judgmental. We all have our own beliefs and values, but recognizing that being different does not mean being bad will assist staff in refraining from judging and consequently sever instead of strengthening this relationship. Focusing on the strength also instead of weaknesses – of what we interpret as weaknesses can be another way to make this partnership with families stronger during this postpartum period.

Laura: So Nick and Guylaine, it seems that you're saying that Early Head Start staff are truly encountering the family and the mother at this time in the midst of a transformative experience and finding their ways through multiple changes.

Guylaine: You know, Laura – you know, Early Head Start has always asked us to put the emphasis on family. So when we are working with the pregnant moms, it is remarkable that we are shifting – we are not talking only about the pregnant mom, but we talk – also, we use the language "expectant family." It is true that much of the focus of our work at this time, during the pregnancy time and the postpartum even, is on the mom. But we want to remember that this is time when the entire family is filled with expectancies as new roles are defined and developed.

It is important to recognize that the family – for example, the mom – which include the mom, the dad, the grandparents, and even other family members – all play an important role in what is happening during the pregnancy, but more likely after the baby is born as they transition into what we're calling the new family now with the baby – with that new baby in that family.

Nick: Guylaine, when you're talking about the creation of the new family and where we fit into this family, we want to think about how everyone has a space in the parents' emotions and minds for the newborn. Now this can sound simple and natural, but depending on the parent's own history of relationship with others, how she's experienced other experts in her life who have information for her, how she experiences her relationship with the father of the baby, how she experiences the relationship with her own family of origin, and where she fits in and where this newborn fits in. These are all natural things that go on in human relationships, and they can help to make simple challenging.

The parents' experience of childbirth, what it was like not only for the mother but for the father to go through the birthing experience, along with both parents' own sense of self and their growing sense of parenthood. The parents' ability – and I really am speaking about both parents if we're fortunate enough to have the father part of the story – the parents' abilities to share themselves with another and to partner on behalf of the child.

This makes a huge impression and has a huge impact on how parents' emotions can help to be open to the new parenting experience. All of these can contribute to the mother's readiness and openness to feeling nurturing and motherly and to the father's readiness to feel nurturing and fatherly. Mothers and fathers and grandparents, and even Early Head Start staff, we all experience so many first moments in days after the birth.

We like to look and count those toes and fingers. We like to hold hands. We like to look into the baby's eyes and see the baby lock onto our face. We love to see the baby's gaze upon us. And we can't keep our hands off of those babies. We like to caress them, to touch them; especially, we like when parents do that. Parents hold those babies close and they absorb those first smells – that baby smell, that sweetness of new life. They listen to their baby's sounds.

It may startle them; it delights them; it does all of it. Parents experience first feedings, either from the breast or the bottle. Parents hold those babies close and they can feel their own breathing come in sync in rhythm with the baby's breathing. And amazingly, the babies and the parents become one.

I recall a story of a home visitor who told me about her visit at the home of a newborn with a tall, lanky, kind of scared teenage father who was there for the whole birth and was there at the mother's home in the days after birth. And when the visitor visited, she said, "Dad, take your shirt off. Unwrap your baby and hold that baby next to your naked chest." Almost magically, that father started to rock back and forth as almost all parents do when they hold a baby. The visitor looked, she watched, she paused, and gently she said, "That baby is starving for your touch." That daddy was hooked on being a daddy.

And then mothers and fathers and daddies, when they feel that closeness with their children, things as simple and mundane as diaper changing, dressing, bathing, all of these things become connections between parents and newborns. And they take on special meaning and they have impact for both the parent and the newborn. For the baby, these connections build brain synapse connections so that the baby is wired to learn. But they also build emotional connections between the newborn and the parent. And the combination of all of the connections that are going on by relating to each other lay the foundation for fitting together, fitting together now and into the future.

The warm and sensitive connections build an expectation for how parent and baby can be with each other, and the expectation fosters a growing sense of trust and security with each other. They feel from the way they are together that they're right for each other, that they match each other, they connect with each other, they're in sync with each other. And we as staff are doing our own bonding. And this is so important for – for us to recognize that in a similar way that parents bond with children through the simplest of behaviors – looking at each other, listening to each other, watching each other, gently touching each other – that we as staff in these first days after the baby's born when we're re-meeting families, now as parents, that we as staff are bonding with parents after the birth of their baby.

We too – just as parents need to be sensitive and responsive, we need to be sensitive and responsive to the connections that we're making with them at this point in our evolving relationship. Now these

connections between staff and family lay the foundation for our fitting together and building an expectation between parent and family and staff that can lead to building feelings of trust and acceptance with each other.

Guylaine: Thanks so much, Nick. I am still envisioning and having that image of that teenage father holding and, you know, understanding that craving that – that his child has of him. And this is important for us to understand as we're working with the entire family – to understand the importance of the connection with the dad. Because one of the things that, you know, we are very aware of is some signs that the mother will be displaying to us at staff. And we are attuned to signs and symptoms of postpartum blues or postpartum depression. But I would like also to bring us to the understanding and awareness that postpartum depression is also present in our dad, and specifically, new dad.

There has been research conducted on new dads that has proven that they are subject, as do moms, to postpartum depression. An estimated one in 10 new fathers suffer from the baby blues. Thus, pediatricians and mental health experts are calling upon us for more father-friendly approach to perinatal care to improve their access to treatment when they are struggling with depression before or after the birth of a child. The prevalence of perinatal depression among men is about 10 percent; relatively higher rates of depression occurring in the three- to six-month postpartum period.

And I would like to take a minute or less to kind of exemplify this by my own experience 28 years ago. My husband and I, we were expecting our first baby and I remember that I was attributing everything that my husband was expressing as the fact that we were what – in the military. He was – he was a young military, you know, guy and they were transferring us from our house in Cape Cod and we were going to a new environment in Texas.

I did not understand the sign, the symptoms. He was like, you know – here was a military guy who knows how to do all [inaudible] and crying and looking at me crying. I was thinking that he was crying because he missed his mom. He missed everything. And myself, I was just like, you know, come on, I should be the one crying. I'm the one, you know, carrying the baby. But he has those – he was craving, he was crying, he wanted to stay in bed. He was doing all those things.

But myself as the new mom, I thought the attention was supposed to be all on me because I was the new mom and I had also symptoms, some pain. And after the baby was born, he was also like, you know, wanting all the care to be doing to him and I was looking at this as a sign of selfishness. But really, I didn't understand, but now I do 28 years later, that what he was expressing was really some kind of postpartum blues. So I usually tell him now – I say, "You were carrying that kid. I was just, you know, the person with that nice belly, but you were the person that was – who was pregnant."

So this is just to exemplify the need for us to pay attention to our new dads and, you know, to our men when they're experiencing those signs and symptoms.

Nick: Guylaine, it's so wonderful how much our field has learned and really how we've become open to learning about the impact of new parenting on fathers. This is really a recent development. There wasn't much research 25-30 years ago about fatherhood and newborns and what fathers go through in his own transition. But it's always been as meaningful for men as it is for women. It's just different, meaning for men and for women. One thing that never changes is that in the picture or out of the picture, fathers are always part of the family picture. And in the families that we work with, we wonder what will the father's role be with this child and in this family.

I want to tell you that there's really strong scientific evidence that the sooner that dads, especially young dads, are encouraged to connect, to bond, and to feel themselves as dads, the easier and more comfortable and the longer that they stay involved with the child. Now those listening on the phone recognize, and I understand as well, that parental relationships may not be forever, but a parent-child relationship can be forever and the way that we work with fathers helps to build the opportunity for the strength of that relationship to begin to carry it into the future.

I'm so thrilled when we look at the poll results, Guylaine, that as many as 28 percent of – that's more than a quarter of the fathers – the visits that take place in the two-week period, fathers are there. Now that's not a huge number, but that's a lot more than we had 30 years ago. And that means that the fathers are becoming more and more engaged, which means that they're comfortable and involved in the work of the Early Head Start program before the baby's born so that we as a program can greet new fathers as we greet new mothers.

Clearly this is an area where we're going to continue to grow, but the poll results show that there's been so much growth already. So I'm glad that we took this moment, Laura, to think about how we impact relationships that go on forever.

Guylaine: And you know, Nick, this is – you know, I value so much what you're saying because as – you know, as staff, as we're listening to this, we need to understand also that sometimes we have some cultural practices that comes and can be challenging for – you know, challenging for the bonding to happen, whether bonding with the mom – of the infant with the mom and even the bonding with the dad with the child.

There's practices, for example, of having the grandmothers or other family members caring for the mother. And in some practices, the mother may not be even allowed to care for the baby because it is so important for her in those practices to take care of herself. So they want her to take care of herself. And some practices are not allowing the dad to take part into the caring for the child because they see it as not – it's not your job at all. They simply think they're not competent. But I'm so happy that you had shown us that craving. I'm still, you know, imagining that craving young dad. So, they are competent. Thank you.

Laura: Thanks, Nick and Guylaine. All such important things to remember – keeping the whole family and the babies in our minds. It's critical as we're approaching our work with families in the perinatal period. We're going to move our discussion a little to talk specifics about the two week visit itself. And we'd like you, our audience, to take another opportunity to tell us a little bit about what you typically focus on during this time. So, we'd be very pleased if you could give us some feedback now on another poll question. Kelly, can you put up our next poll for us?

The poll reads, "During the first two weeks of our work with families and newborns, we typically spend time on: a) focusing on the parents' emotional and physical well-being; b) focusing on the newborn's emotional and physical well-being; c) focusing on building parental self-confidence through strength-based relationship practices; or d) some other concern not mentioned here.

Again, please take a moment to come to your computer and to send us your feedback. Your participation in the polling provides us with a richer sense of your experiences in the field and your approaches to your work. Another few seconds and we'll close the poll. Okay, terrific. Thanks for

participating. Kelly, can you show us our polling results? We're waiting as the polling results are coming up. Nick, Guylaine, can you see those – those results?

Nick: I don't see the results. Oh, here they come. I thought there was a recount in Florida, but I see them now. [Laughter]

Guylaine: Oh! Shame, Nick. [Laughter]

Laura: Any thoughts?

Nick: I'm so excited to see where we're doing our work. And there's so much attention on building this parental self-confidence that Guylaine and I've been talking about and this attraction to the strength-based approach in our relationship. Now this doesn't surprise me, because this really has been the direction of all of Early Head Start's work in the last years, and certainly it is the direction for the future. It also doesn't surprise me to see the attention that we're spending on the parents' emotional well-being because if a parent doesn't feel ready and cared for themselves, it's difficult for them to be ready and care for another. So these two scores in particular are so reassuring.

Laura: Guylaine, any thoughts before we move on?

Guylaine: We can go ahead; and I think, you know, Nick is probably going to take us to where we are thinking about where our focus need to be, definitely...

Nick: Well, Guylaine, earlier we were speaking about the importance of fitting into the family picture at the sensitive time, and these polls are telling us where the attention is, which is a really reassuring thing. Many of us, as staff ourselves, are thrilled and excited to meet the newborn, especially when you've been working with the family – so many of you prior to the third trimester. You know this family well and you've been waiting for this baby; and in so many ways, it feels like your baby.

What we really learn is that the anticipation and the time spent together sometimes makes it difficult for us to separate ourselves out of the picture so it's the family picture. As hard as it may feel, it is useful to hold back our own emotions concerning the newborn only so that we're more available to hear, to hold, and to match the parents' emotions.

Imagine what it would be like if I as a home visitor fell head over heels over this newborn that I'm meeting in the first weeks of life and I'm carrying on about how beautiful and how strong. But the parents may have other feelings that I don't know about. And how do I leave space for the parent to express his feelings about this child or her feelings, especially if there's a mismatch where I've just expressed something that is contrary to what they're feeling? We want to make sure that we create space and use our professional self to give them the ability to introduce their feelings about their baby to us.

Now you can remember, those of you who work with new parents or have been new parents yourselves, how easily it is at times after a baby's been born for the parent to disappear in the minds of others. Connecting with parents first on their own emotional well-being, just like your poll results indicated, demonstrates from the start that Early Head Start program is investing in supporting them as individuals and now especially as parents of this new child. Focusing on the parent first, hearing from them about their own well-being and about their baby provides a gauge on how to bring the newborn

into the picture of our own work with families. But just as we encourage teachers in our schools to follow the child's lead, we want to follow the parents' lead so we know how to fit with them.

Now we can share some really fun and easy specific strategies for visits during these first two week periods, including the health visit. As I've already talked about, we've encouraged you to focus first on the parent and follow their lead in regards to focusing on the baby, this way you can learn what this baby means to them without imposing or inhibiting their expression because of what you've shared about what the baby means to us.

We ask you to devote your initial energy on nurturing the parents' well-being. Explore how they're doing with sleep, food, and support. Everyone who's visited them, who's called them has been talking about the baby. What a great way for you to demonstrate your commitment to them by talking about them and how they're doing. This is what we mean by parental well-being.

And it's really critical to make sure that in the course of your visit and early in your visit when you're focusing on the parents' well-being that you ask a simple question and hear the answer and explore the answer. And the question is, "Who is available to help you? Who can you count on?" New parents need help in these first days and they need to know that they can count on help. So, having someone like you ask this critical question can be a lifesaver. It can be a difference-maker in this new family's life.

Then you can move the conversation, when your internal barometer tells you it's time, to ask about the birthing experience. Now, every parent loves to talk about their birth story. This is for fathers and for mothers. And the birth story has meaning because it's how they first become a parent to this child, and the way they experience that birth may make it easier or harder to take the newborn into their life. Now for us as staff, especially if we've been lucky enough to have a baby born to us as a father or a mother, it stirs up our memories of our birth story. Again, we want to hold ourselves back so that they can share their story without being encumbered by our story.

And by telling this birth story again to you, it helps them put pieces together to pick and choose what's important and meaningful, and most importantly, what makes sense to them so they can accept their experience and move on from the birthing to the parenting. So many times we tell these stories over and over again. And in those first weeks of life, part of the intention of telling it over is coming to terms to own it, to control it, to master it, so that we can let go of the past in order to move into the future. So again, it's important that we give them the space and we help them co-construct a coherent sense of what happened in their birthing experience.

Now that we've finishing the birthing, we have a wonderful thing for you to explore with parents – a wonderful, easy question. "Well you've been a parent to this baby for two days, for five days, for seven days, for two weeks," whatever it is in the course of your visiting, "what have you learned about her already?" And this takes the assumption that parents are learning all the time and it demonstrates that you're curious about what they're learning. No matter what we know about infants, they know this infant and this is their infant.

Now, this is such a generous way to let them know that you know that they're able parents and observant parents. And what informs our work is what parents perceive about their babies, what parents observe about their babies, what parents feel about their babies. Next, you can easily guide them through exploring their baby's body, and especially these natural reflexes that babies are born

with. You know that if you put your finger inside the hand of the baby, the reflex will close on the finger and parents will smile as they get that first tug.

You know that babies, newborns, have the ability to see. They see best within about 12 to 18 inches, but they see. And you can ask parents how they've seen their babies watching them as they watch their babies, how they see their baby turn their head as they move from side to side. You really want to encourage the parent to share with you what they've already noticed, and then you can gently guide them to new experiences that you know babies are born with capacities that you can help them delight in.

Looking and talking with newborns is so important, and you play a role right now within these first two weeks and at the two week visit to help encourage the joy that comes from that connection of taking the baby in. And you can ask them to speak to their baby, to call their baby by name, and together you can watch as their baby alerts to the parental voice. And you can comment how the baby knows them already and what a deep meaning this is to be known by your baby after you've been waiting so long to meet your baby, to know that you are so important you're already part of this baby's life.

This parent-child focused strength-based approach can demonstrate to the family what they can expect from staff throughout their work with the program. They can expect to have their experiences and their feelings, their knowledge, their expertise, heard, held, and honored. They can expect staff to devote themselves in working with parents to respect parental competence.

Guylaine: Nick, thank you so much. I truly like that strength-based approach that you have exemplified to us. And I want to just give couple more insight on why that visit is so important because, as Nick has told us, this is an important time for staff and parents to engage in an assessment, really, of the mother and infant physical health, physical well-being, establishment of a medical home. If needed, support with necessary medical follow-up, not only for the child but sometimes for the mother. And this is a time, also, to do an assessment of mental health. You know, we talk about parental depression, even the mom or the father, or even any other person there that is caring for that, you know, mother and that child.

Assessment of nutritional needs, we know how difficult it can be. For example, the mother that wants to breastfeed and can't do the breastfeeding, how she can be frustrated and go – and, you know, this is the time for us to assess: How is she eating? Is she able? What can we do? How can we support her? How can we support the baby? What – what has she tried? What have they tried as new parents?

And this is a time of – an approaching time to make immediate referral – immediate referral that we see necessary to be made. And most important, this is the time to continue then to strengthen the relationship with this family. And as we're strengthening them, this is the time for us to discover new ways of supporting the families. And in doing so, this is the time, also, for us to establish new community relationships or strengthen the one that we have in order for them to be supportive of the work that we do with families. And, you know, last but not least, this is an approaching time for us to meet the Performance Standards as are required.

Laura: Guylaine, can you highlight for us why it's also a particularly important time that health staff be involved in the postpartum visit?

Guylaine: Thanks, Laura, for bringing in – you know, for bringing that into play. And I was pretty pleased by the poll numbers because, as we can see, they have highlighted that when we ask that question in our EHS program, the two week postpartum visit is typically conducted by home visitors. We have – you have a good group but, you know, the majority of you – if I could put them together, the nurse or health staff members, we counted for 14 percent and also the home visitor with your health providers staff or consultant counted for 33 percent. So if I'm doing my math right – and don't count on that too much – but I'm thinking that almost 50 percent of you saying that, you know, "This visit is conducted by a health staff member or either their home visitor with a health provider or consultant."

So, it is – it's important for us to understand that the Standards are clear in what they asking of us to do. They are asking that grantee and delegate agencies serving infants and toddlers arrange for health staff to visit each newborn within two weeks after the infant birth to ensure the well-being of both the mother and the child. And we find that reference in the Performance Standard highlighted before, 45 CFR 1304.41(i)(6).

Nick: Well, it's so important that there be a trained health professional available to families. In our Early Head Start programs, we want to recognize that we're not the providers of health care but we're the advocates for accessing the use of health care to have the medical home established. So really, in short, our goal is to help parents become informed consumers of health care for their children. And this involves a lot of things for parents, especially their own feelings about their own relationship with the medical system. So having someone from the Head Start program be their advocate to help them make good access and good utilization of health care is really our role here.

Guylaine: Thank you, Nick. This is really important, as you said, that, you know, we're trying to really make sure that the parent themselves become – you know, they display and understand that they're competent in doing the choice, making the choices. So one of the things that we do to ensure the well-being of both the mother and the child, we need to be able to conduct an accurate assessment that may include observation and competency in making that determination based on sign and symptoms.

So that's one of the reasons why we are looking at – and the Standard is, you know, directing us, it's guiding us to use the support of her health staff. Those – you know, to understand all those signs and symptoms, to determine them, such assurance is best provided by the assistance of a qualified professional in the health field and supported even by an element of credibility and also accountability.

The health staff is best suited to make timely referral based on the assessment obtained, based on what she's observing, based on what she's – and she can make that determination. And also, when it's time to connect the family to needed resources, it is a task that is within the line of work of a health staff. And looking at it further, should there be a need to contact immediately the provider – the health provider, a health staff can establish the contact with more confidence and provide a report and, you know, share observation, share what she saw that in a way that could be more accurate.

And finally, should the family require some assistance with referrals and sometimes even meeting with the provider, a health staff can provide greater support to the family in the way that even she could advocate what a family to – you know, when she calls – when she makes the call with the family to advocate that to the provider. "Yes, she does need – this is what I see, this is what I know. This is what needs to be done in a way, and I'm coming. Oh, I'm supporting that family to come for that visit right away."

Laura: Guylaine, can the postpartum visit happen after two weeks?

Guylaine: Oh, Laura, come on. You know, this is a good question. And I think, you know, I'm going to try to just, you know, justify it by looking again at the Standard and, you know, showing us the way that we – we are looking at compliance. Compliance with the Standards requires for that visit to happen within – if you look at what the Standards say, they ask us to do that visit within two weeks after the infant birth. Thus, if the visit happens after two weeks, it is not happening within the required time interval. However, I don't want that to stop us.

Assessing the well-being of the child and the mother should not be discarded because there was a lapse in compliance. It is still important for us to conduct a visit and document it at the time it happens. What I mean by that, if you did it at the two-and-a-half weeks, you need to put two-and-a-half weeks and not to put two weeks. The well-being of the child and the mother should then, we understand, should be the focus of the visit during the postpartum period.

And should the family, for example, had a visit through their provider or had, you know, one conducted by another health professional within that two weeks period, you know, staff should make effort to obtain those results and secure them as part of the documentation of your assurance of well-being of the mother and the child within the required time.

Laura: Guylaine, does the visit have to be a particular length? Does the Standard specify for us how long it should be?

Guylaine: Oh no, Laura, no. The length of the visit is not prescribed in the Standard. And I think, you know, with all that we discussed so far, we understand that flexibility to meet the needs of the family is so key, so important. And also, if we had planned what – how that visit would have been with the family, that should be guiding staff when conducting this visit. There may be circumstances where the family does not want to engage in a long encounter or they may be too tired to conduct a lengthy conversation. In those instances, staff should be making every effort to conduct an adequate assessment.

What I'm looking at, gathering as much information as you can, but not give priority to completion of the paperwork that could extend the visit beyond what would be comfortable for the family. The ability to prioritize needs versus strengths can assist in – in individualizing this visit for each family. Some family may then want more assistance from you as staff and want to extend the visit beyond what you had already scheduled with them, and that should become an option if the need arises.

Laura: Guylaine, can you talk with us just a little bit about the spirit of partnership, the importance of making these interactions an experience of sharing between family and program staff?

Guylaine: Yes, Laura. Actually, the focus of the services to the new family is the partnership – that partnership that staff engage in with family. This is an element of collaboration that supports, if you see it later on, the facilitation of transition from – from the expectant mom to now being the family with the newborn and from the newborn to the services – to services to the newborn instead of services to the expectant – to a family that was expecting. Now we are serving – we are providing services to the newborn, and that can be done within an acceptable period of time for all parties.

So when we partner with the families, we understand what's going to happen next. And here again, it is important to emphasize the importance of communication – communication and planning as key systems to assist in making the transition as smooth as possible for the benefits of all. We need to communicate, too, with the families honestly and we need to plan with them. They are our partners So that would help us with, you know, making those transitions smoothly.

Nick: Guylaine and Laura, if I may, I'd like to make a transition ourselves in that we're really getting at a point in our day together that it's time for us to hear and to have a discussion – our communication with the people on the webinar. So, we're going to invite people to chat in any questions or comments that they've had about our presentation. And while you're doing that, I want to try and summarize the ground that we've covered today.

I'm going to start by listing three words that were powerful themes when thinking about the health visit in two weeks of the baby's life. In thinking about the Early Head Start role in this critical time, the three words are flexibility, balance, and partnership. Matching our program and our personal way with the family's needs and their personal way, what this ends up being is a demonstration of our program's own responsive nurturing.

Now we've covered three areas that I'll quickly summarize while you're chatting in your questions, and then we'll have some time to respond to your questions. We've described new parenting as a time of transition and new roles. And our primary goal in these first weeks is that we conclude with the two week health visit is that the family experience the Early Head Start program in a manner that makes them want more of staff and program; hopefully years more.

So the way we are really matters. That staff extend themselves with parents in a manner that demonstrates their belief in the parents' investment and ability to be and do the best that they're able to be on behalf of their children. This is what we've been referring to throughout our talk, is about building parental self-confidence. And finally, the third point is having a trained staff assess the parents' and newborn's well-being in all domains from emotion to health to living conditions, and promoting access and accessibility to a medical home. This is the final goal of our visit.

So Laura, I think we're ready to see what our colleagues around the country would like us to talk about.

Laura: Thanks, Nick. You're right. We've already had some questions coming in; and please continue to go to your computer and send us your questions. Nick and Guylaine, I'd like to share this question with you first. It says, "What can we do for the infant who's hospitalized for the first weeks after birth due to congenital abnormalities, especially when – when the baby is the hospital and the hospital may be four to six hours away from the EHS serving them?" And the person said, you know, "This really impacts our ability to meet the two week postpartum visit."

Nick: Guylaine, I think you should start this if you're able.

Guylaine: Yes, this is a very interesting – a very interesting case. So you are six hours away from the hospital and that parent has been – so you see those are the kind of discussion that you are having with the parent or by – you know, the importance of communication is here. And you know, that – the fact that that child was born with some – you know, needs help – you know, additional health needs is going to require for the parent to stay at the hospital for that child to stay in the hospital, so the parent definitely.

And yourself, you feel like, oh my god, I'm not going to have that two weeks postpartum; but remember, that child is at the hospital. The mother and that child's well-being is – you know, they're still being cared for in a hospital setting. So gathering some information, keeping the communication going, and revisiting your plan should be like, you know, what flexibility – as Nick so eloquently put it, flexibility, balance, and partnership can offer.

Laura: Great, Guylaine. Any thoughts, Nick, before I move on?

Nick: Well, I just know because of all the training that our program staff around the country get with working with children with disabilities, that we as staff have such a powerful role in supporting parents as parents even when their children aren't exactly as they dreamed them to be. So there's a period of loss, of grief, and being emotionally held, but also we can help them connect with the baby that they do have and the capacities that their baby has. So we ask you to focus on the relationship that they do have with the baby after holding the loss of the dreamed-about baby.

Laura: Thanks, Nick. Here's another question that came in, a very specific one. Guylaine, you may want to take this one. "Does the visit with the doctor count as the two week visit or does it need to be in the home with a health professional?"

Guylaine: Okay, you know, remember what we – the – the center is telling – is asking us. The center is asking us as EHS program – as the EHS program staff to conduct that visit and, you know, that visit at the doctor – remember if that cannot - if you cannot do it, you can use – you can – you're certainly encouraged to take that visit into – as we said during that – during the webinar, to document that as proof of that child was well – you know, the well-being of the child was, you know, assessed. But remember that partnership is between you and the parents, so conducting a visit after that should be the focus of your attention, continuing building that relationship.

Laura: And Nick, any thoughts before we move to another question?

Nick: No, I think we should move on. Let's hear some more questions.

Laura: Okay. We have another one that says, "Do either – can you either – either of you speak to whether postpartum depression is decreased in women if there's father involvement?"

Nick: I can tell you that depression in general decreases when there's support for the person experiencing it. Support doesn't impact biological changes, so you want to differentiate the difference between baby blues and clinical depression. Clinical depression tends to be more of a chemical experience. But there's nothing better for a new parent, depressed or not, to have the support of as many, caring, responsive, sensitive help in the family. So clearly, fathers have a role with new mothers in making this passage easier.

Laura: Thanks, Nick. Any thoughts, Guylaine, before we move on?

Guylaine: I think, you know, we can move on. And I really appreciate the way Nick made the difference for us. Like if we are looking at clinical depression, you know, there are more, you know, that we need, but, you know, the support – anybody – and specifically during the postpartum period, having the father involve in, you know, will definitely assist – if we're going through the blues, will definitely make the

mother feel supported and, you know, this is the closest version, you know, this – and this involvement is seen and appreciated and can make a difference.

Nick: I'm glad, Laura, that the question about depression came up because this is really a life-saving question for parents and for children. So, it's good that our staff around the country are aware and are sensitive to it, are doing depression screenings, and that staff themselves are getting comfortable talking about emotions, including depression, because this itself is a help for relieving the symptoms.

Laura: Thanks, Nick and Guylaine. We have another question that came in. It says, "What is the best method to convince parents to adopt current best practice methods for an infant's health when the method is at odds with their cultural norms?" Nick, do you want to start with that?

Nick: Sure, Laura, why not. I don't think that we can convince parents of anything. I have to be honest. I think the best we can do is help parents make informed choices and decisions and then let them know by the way we demonstrate our actions with them that we're there to support them as they stick to their choices and decisions or offer to change them. What we do want to do is make sure that parents know what might be the consequences of different parenting behaviors and work through with them what they will do and what they might see if it's not working for their child.

But going against one's own belief system, one's practices, is really a losing proposition. But helping parents become informed decision makers is where we have our strength. So I think that we need to hold back on the convincing and telling people what's best for them and build up on our ability to hear what people are choosing and help them have accurate information so that they can make accurate choices and to know that we're with them no matter what their choice is – unless there's neglect and abuse – and that we will stand with them as they go through this journey of decision making.

Laura: Thanks, Nick. Guylaine, any thoughts before we move on?

Guylaine: I think, you know, Nick said it all. But one other thing that I want to remind us is that, you know, there is no convincing that happens when you are in partnership. You try to model. You try to – you try to just give that person enough room for that person to make their own decision while yourself you're supporting them because your partner may become very reluctant to share anything else with you if you are – if you get – if you give even the – they see the minor sign of you being – judging them. So, let's take it the other way, as Nick said. Let's let them – help them look at the consequences and make the decision; and as you're holding it, you never know when the turn is going to be made, you know, into the direction that you want to point them to.

Laura: Thanks, Guylaine. Thanks, Nick. One final question; a very specific question for both of you. "Is there a particular perinatal mood disorder screening tool that you could suggest that could be used in the field or anything similar that you think would be helpful?"

Nick: Guylaine?

Guylaine: I am – nothing is coming straight to mind really while I'm thinking about it, unfortunately; but definitely we could look that up and be sending this information to the field at a later point. But nothing's coming immediately to my mind.

Nick: The thing I would encourage programs to do is to recognize that actually depression doesn't just happen after the birth of the baby, but there's a higher rate of depression during pregnancy than after the baby. So this is a discussion that's ongoing. And because our programs are working with families earlier than third trimester, we can get into a normative discussion about mood and emotions.

There are a number of different screenings. A lot of people use the Edinburgh. A lot of people use – I believe it's the CSCD. There are questions that have maybe 10 or 12 questions on it, some have fewer, and some of these questions are particularly challenging for staff because we need to ask about the extent of parents' moods and do they feel as if they could harm themselves or others.

So whatever the instrument is, staff and their supervisors and their team need to be comfortable with the discussion before entering into the discussion with parents. If we're not able to talk about it, parents won't be able to talk about it with us; and I think it's a wonderful thing that it's a part of our ongoing work.

Laura: Thanks, Nick. Thanks, Guylaine. I really want to give a big thanks to both of you for joining us today because we're going to be concluding. And in conclusion, we'd like to thank you, all of you, for all of your questions and your time joining us today. And on behalf of Nick and Guylaine, myself, and the rest of the Birth to Three team, we'd like to thank you for joining us for this session and wish you all the best as you continue your work on behalf of Early Head Start families and children. Thanks so much.

Guylaine: Thank you.

Nick: Thank you, everyone, it was a pleasure.