Early Essentials Webisode 3

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Amanda Perez: Hey, I'm Amanda Perez with the Early Head Start National Resource Center, and welcome again to "Early Essentials." We are learning more and more every day about how pregnancy sets the stage for a child's later growth and development. This webisode will offer a little insight into all that happens during pregnancy to shape the children who show up in family child care homes and centers and on home visits.

First, let's hear from a veteran home visitor. Milagro serves children in pregnancy through age 3, and I asked her what she likes best about serving expectant families.

Milagro Benitez: I think the biggest part that I have enjoyed with the few families that I've worked with is just helping them learn through the process of, you know, your – this baby is growing; just how the baby is developing, and how the mom is going from a regular person to being a mom. You see how they develop into a mom during the pregnancy.

Amanda: So Milagro helps us think about the development of both the child and the family.

We're standing here in the offices of the Early Head Start National Resource Center. Welcome. We're off to meet some colleagues here who can help us think about pregnancy and what might help staff new to work with this population, this group of families, get started. Let's go.

So I want to introduce, first, Guylaine Richard, who is here with us from the National Center for Parent, Family, and Community Engagement. You all might have seen her out and about in the field. Guylaine is a former director of an Early Head Start program and also an OB/GYN. So, we're really thrilled to have you here with us today, Guylaine. Thanks for being here.

Guylaine Richard: Thanks, Amanda.

Amanda: And I want to introduce Frances Davis, who's a research associate from the Family, Infant, and Preschool Program in North Carolina, which is a Center of Excellence for Early Head Start. And, formerly, you were a mental health specialist at an Early Head Start program.

Frances Davis: Correct.

Amanda: So, Guylaine, will you start us off by talking about why pregnancy is so important – such an important time in the life of a child.

Guylaine: When we talk about pregnancy, Amanda, we are talking about, already, a partnership that is happening with the mother and the child and the family. Pregnancy is a time rich of newness. But also, inside of her, that little baby is experiencing a lot of growth, growth of organs, such as the heart; but most importantly, we know that during that time one of the – one of the organs that we most focus on, the brain, is also growing at 100 billion... Can you imagine? 100 billion cells by the time the baby is born. And those are those connections that we're going to be able, ourselves, to work on. This is amazing!

Amanda: Unprecedented growth, right? Or unrepeated growth for that baby.

Guylaine: Yes.

Amanda: What would you add, Frances, about that?

Frances: Well, I would just add that it is actually the first opportunity for the families to start linking how what they do in their everyday life affects what their baby is experiencing every day. A healthy lifestyle and good nutrition and good family relationships builds an environment for that baby, internally and externally, with that family, so it's their opportunity to start that process.

Amanda: So exciting to see, right? So it's really a time of opportunity, but also a time of vulnerability for the family and child; and we have to understand that as a part of that tremendous growth that Guylaine described for us. I think some of the – one of the things you also raise is that we know that in Early Head Start the regulations don't talk about school readiness until after that baby is born. But as you all are describing this time, how can we not recognize that, really, school readiness begins so much earlier – in pregnancy – for those children and families? So we really want to honor the work that folks are doing with those expectant families during that time. And, in many ways, this is really about good beginnings, right?

So, we have a question from a new visitor serving expectant families in New York City. Let's see what she has to say to us.

Veronica Miller: Lots of the families are new to the program. How can I build relationships with them quickly so we can get to do all we need to do together?

Amanda: Wow. So, a really good question. And we have some tips from Linda, who's a family advocate in Florida, for starting that kind of relationship – for the starting of it.

Linda Thalheimer: Lots of expectant parents want to know how we can build relationships. One of the ways that I do this is by asking the mother, at enrollment, open-ended questions about herself, about her family, about her education. I inform her that I am available to provide resources to her if she needs them. I inform her that we have a mental health consultant, a nurse practitioner, and a dietician available to her; and I am available to her as a community partner if she needs me.

Amanda: Is there anything you guys would add to that?

Frances: Well, I would say she's right on the mark, that the most important thing we do with families, initially, is build that trusting, respectful, kind of reciprocal relationship so they know we're paying attention to them. We know that we're willing to listen to what's important to them. And if we start doing it that way, then they're always going to be willing to share with us and engage with us; that's what we know. And that allows us lots of opportunities to help them be participating in their own care and their own development, so she's right on the mark with that.

Amanda: Oh, lovely. Guylaine, would you add anything there?

Guylaine: One of the main characteristics of that – building that trust early and building that relationship – is that attention to culture. That is so important when we work with expectant families, because we do

know that other cultures may be different, but they need to be honored. We need to give them that kind of respect and honor the diversity that they bring and what they tell us about their kids.

Amanda: We have a clip here from a home visit, and I just want to say that this particular provider has been working with this family for a long time. You see her toddler in this clip with her. And, Guylaine and Frances, as we watch, I'm hoping that you can help us note sort of what you see as important to this relationship.

[Video begins] Mother: Yeah, because we both feel like we're not mentally prepared.

Home visitor: [Laughter] Oh! You got about – you got a couple months.

Mother: I know. [Laughter] We've been sitting – like going back and forth and I'm like, "Well, are you mentally prepared for this – for another baby?" He's just like, "I didn't want to tell you, but I'm kind of scared." I said, "Oh, me too!"

Home Visitor: Oh, okay.

Mother: 'Cause it's just like – with her being 2, it's just like waking up...

Home Visitor: You just finished that.

Mother: Exactly. And then you got to wake back up again and you got to change again, burp again, pacifier – everything all over again. It's just like, "Ugh."

Home Visitor: Okay. So you all have agreed that both of you all need support. So when she leans, when you lean, you guys have – you know that each other need to lean, so you won't be like, "Get off me," right? Because you know that he needs to lean.

Mother: Right.

Home Visitor: Okay, so that works out. [Video ends]

Amanda: All right. So, Frances, what did you see there?

Frances: Well, obviously, she has a relationship with this family. They're very relaxed. They're very conversational. They seem to have no difficulty expressing what their concerns and interests are in a nice, friendly way. It's not a crisis for them, so it's a conversation. And it's obvious she's had previous conversations with them about what their plans are or how they interact, so that she can say, "Well, so you guys are going to be..." She's checking in and saying, "Is that working for you?" or, "Is that what you're going to do?"

She's not telling them what to do, which is one of the most important things in deepening that relationship, because they – she's kind of asking them to go deeper in their thought. "What are you going do? How is that going to work for you?" And really common to ones I've seen many times in Early Head Start, that relaxed or just enjoying each other, having a good conversation about important things.

Amanda: Guylaine, what would you say?

Guylaine: I actually was very taken by the conversation that the mother had with the father, really stating that, "Oh, you – you know, I wasn't going to share my fear, but you're also fearful about the fact that here we have that new life. Although we had two babies before, but there's a third one coming. Are you scared?" And she acknowledged that herself, too. She didn't know what she was going to do and she shared her fears.

Amanda: Guylaine, we have another short clip – this is much shorter – and a really different kind of flavor to this clip. This is a health provider who comes in occasionally in this particular model that Early Head Start has in this community. This health provider comes in occasionally to talk with families about health issues.

[Video begins] Health Provider: How about your dental? Where are we at with your dental? Because I know you complained about you needed a root canal last time we talked.

Mother: Yeah, my tooth broke.

Health Provider: This is the tooth that you were having the problems with? You had told me you were going to make an appointment. Did you ever make that appointment?

Mother: Yes, I did.

Health Provider: Before or after the tooth broke?

Mother: Before.

Health Provider: Okay, what'd they...?

Mother: We – I went in and they told me that my doctor didn't want to do a root canal or clean because they want to do a deep cleaning, because of the numbing medicine, I guess. So we're waiting 'til July 26th.

Health Provider: That's probably after the baby's born. [Video ends]

Amanda: So, Guylaine, what would you say about this clip?

Guylaine: So, here, this is a perfect example of the work that the medical provider can do with the dental provider: connecting the help that we can, the confidence that we can give families to talk about their issue. Not only for dental; they could have talked to the medical provider and both providers would have found the solution to help her before that tooth broke and not wait until the mother delivers.

Amanda: And so what you're describing, Guylaine, is sort of both the importance of those comprehensive services, because we know that families during this time are – are – have these health issues that come up and need this health care and also the dental care, and there's also a mental health component to it, and nutrition is really important. All of those pieces are really important, and the role of the Early Head Start staff person to sort of help that family really navigate and negotiate some of those messages that come in.

Guylaine: Exactly; exactly.

Amanda: Absolutely. Frances, is there anything you would add to that?

Frances: I think, building off of what you've already talked about in helping that parent take more control over what's going on, the staff person can actually offer opportunities for the parent to practice how they might have those conversations. And so that gives them a chance, in a safe place, to talk about, "Well, can I say this to the doctor?" or, "What would I say to the dentist?" so they can kind of sculpt that conversation and the staff person can be a part of that.

Amanda: So, Frances, I know that you also had some thoughts about the prenatal time as a really important time for families, and I wonder if you could say a few words about that.

Frances: Well, we do know that it's the time where they start building their lifestyle for the child and start making those connections between their child and themselves. So, the babies learn about their parent's voice or their sibling's voice. And so it's really learning, "What are the relationships we have?" And, of course, you know, kind of celebrating the fact that they know us right after they're born; they want to find Mom. So those connections, that relationship, actually begins way before delivery.

Amanda: And we know that that relationship before delivery really is predictive, then, of the relationship that occurs after. So some of those attachment kinds of things that happen through really thinking about – you know, your baby can hear you; your baby tastes the food that you're eating in the amniotic fluid. Those kinds of things can be so important to families as they're building these relationships prenatally.

You also really work in your program, Frances, with competence. Can you talk a little bit about that?

Frances: Helping the parent discover what are their own skills for getting their resources met, or thinking about how they want their family to be and helping them describe that, and then building off of that and saying, "Okay, so what are the steps you need to take to make that happen? How can we support you making that happen?" So, we're never telling them what to do. They – they have that information. Sometimes we don't have all the information. We might both go, "Okay, how do we get that information?" But it's a "how to" rather than a "do this" or what to do.

Amanda: Guylaine, one of the things that we know can interfere sometimes with a sense of parent competence can be depression. We know that the families that we serve in Early Head Start are really vulnerable to depression. I wonder if you could say a few words about that.

Guylaine: Definitely. Amanda. We know that depression is very current before, during, and after the pregnancy. And depression is not only the mother being depressed; sometimes the fathers also are getting depressed. So, what staff – as staff working with the families and partnering with them, we need to be attentive. We need to ask how do they feel before the pregnancy, during the pregnancy, and also after the pregnancy, and connect this information that these families are sharing with us with the policies and procedures that as programs we do have to support them, the tools that we have to assess them, and make sure that we bring that into the realm of things that we do on an everyday basis with the families. Listening to them – as Frances had said, listening to them, respecting them, and honoring, sometimes, what they are telling us without judgment.

Amanda: Well, it gets to this idea of, you know, we don't want folks to overstep kind of their comfort in working with families. We want to make sure that they connect with their mental health specialist and other folks who are on staff who can support them in getting that family the help that, sometimes, they need.

We have one more question that's come in from the field. This is from a new visitor. Let's hear what she has to ask.

Johanna Salcedo: There's a lot of health stuff to my job, but that's not really my training. I'm really worried about giving medical information.

Amanda: And we have a response from Minnie, who's a seasoned home visitor working with expectant families, so let's hear from her.

Minnie Terry: The pregnant mom and I, we work as a team. And I always prepare myself before I go to the home with every topic that I have. If the pregnant mom asks me a question that I don't know, I always encourage her to ask her doctor. He is her first answer for her questions or any of her concerns.

Amanda: So, Guylaine, what would you say to that, after listening to that? Is there anything you would add?

Guylaine: I will say that sometimes we need to understand that it's very difficult for parents to connect with the medical provider and let them know everything that they need. So in supporting families during that time, not only do we have to encourage them, it's a good tactic to write the question. Sometimes I feel like it's better to have those questions ahead of time. But also guiding them, even being with them during that time, because it's very scary sometimes to address questions that you do not – we do not know what the doctor is going to tell you.

Amanda: Yeah, absolutely. Frances, would you add anything to that?

Frances: I might add that we, as a practice, sometimes help parents role-play and kind of practice what they might say so they get an experience of going, "Oh, okay, I could ask that," because that's one of the things they're uncomfortable with. They don't know what to say back to the doctor, or "Is it okay if I speak this way to the doctor?" Of course, it's great to be able to tell the parent, "I don't know the answer to this. Let's see where we can find that out."

Amanda: Well, and I love the "I don't know," too. We don't always – we don't expect everyone to know everything. It's very complicated, but we certainly are thrilled that folks are out there doing this work and providing this resource to families.

I want to thank the folks out there that gave us those questions and that sent in some strategies for us as well. Guylaine and Frances, thank you so much for spending this time with us today.

Guylaine: Thank you, Amanda, for having us. It was a pleasure.

Frances: Yeah, it's great.

Amanda: Thanks for joining us today. I want to bring in that earlier point again about the opportunity of this time. I have seen the impact that staff can have as they work with families during pregnancy. I wonder what progress you'll see.

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