



Webinar B3 – Prenatal Development: Laying the Foundation for School Readiness

Question and Answer

Question 1 - How can programs support a mother who wants to breastfeed but cannot take any time off of work or she will lose her job?

Answer: Programs need to have open discussions with the mother about her goals for breastfeeding, her support system, and the challenges she faces when returning to work. Planning for her return to work to allow her to continue breastfeeding needs to take place as soon as possible in the newborn period. If the mom would like to continue to breastfeed, supporting her decision is critical to her success. There are many different ways to provide breast milk to babies whose mothers have to go back to work, including breastfeeding during maternity leave and then weaning, breastfeeding during maternity leave and then weaning for the daytime and nursing at night, and continuing to breastfeed after maternity leave using a breast pump when away from the baby. Discussions need to consist of pumping milk, hand expression, introduction of bottles, milk storage, and before and after work nursing schedules. Local agencies such as WIC may be able to provide pumps. Having her talk to other mothers who have successfully nursed after returning to work is extremely helpful, and connecting her with a peer counselor for support during the breastfeeding period is ideal.

Question 2 - Does the EHS school readiness framework specifically address pregnant women/expectant families?

Answer: No. School readiness goals are set around the program's expectations of children's status and progress across domains for children, birth to five, participating in the program.

Programs serving pregnant women are required to deliver high-quality services to meet the educational, health, nutritional, and social needs of the expectant families they serve, and likely have program goals and plans they are working toward. Prenatal services can support family well-being and increase the likelihood of healthy fetal growth and brain development, positive birth outcomes and secure attachment relationships between the expectant family members and the developing fetus.

Question 3 - Does reading or playing classical music to the unborn baby have any impact on brain development and school readiness?

Answer: Hearing is one of the first senses to develop in utero. As early as 16 weeks gestation, a developing fetus can hear and respond to sound. After about week 24, recognize, and be calmed by the mothers' voice. It is believed that a baby does learn to recognize her mother's voice prenatally because the vibrations of voice resonate through the fetus' body. A mother's voice is easier for a fetus to hear than anything else.

A fetus in utero cannot hear much detail. They mostly respond to tone, rhythm and melody of voices. Reading to or playing a mother's favorite music to her baby before birth is an important part of developing maternal-fetal attachment and eventually maternal-infant attachment. Attachment is critical to social-emotional development, which is a major component of school readiness. Therefore, EHS staff can encourage talking to, reading to, and even playing music to the fetus during pregnancy.

Question 4 – What impact does perinatal depression have on the baby's development?

Answer: Maternal depression during pregnancy and after birth has a significant impact on a baby's development. Depression during pregnancy increases the risk for preterm delivery and low birth weight. Higher levels of stress hormones in the mother may affect the fetal brain, possibly increasing the risk of emotional, behavioral and learning problems in the child, including irritability, aggression and cognitive impairment. Depression after childbirth, postpartum depression, also has effects on both mother and baby. A depressed mother may have difficulty with attachment to her baby, increasing the risk of cognitive delays and emotional and behavior problems in the baby, including hyperactivity and distractibility. Babies of depressed mothers may be irritable and lethargic, with irregular sleep habits. They tend to cry more, be more difficult to soothe, and have more problems with feeding and sleeping, in addition to possible delays in language and motor development. Fortunately, if the depression is diagnosed early, treatment and support can help both mother and child.

Question 5 - Are there any specific strategies for engaging fathers during the pregnancy?

Answer: Fathers should be included in all prenatal care, education and support activities. Inviting fathers to group prenatal classes, or scheduling prenatal home visits when fathers are at home engages fathers in helping to sustain a healthy pregnancy and in learning about and preparing for the birth. Development of fathers' support groups can also be an important strategy. Some organizations have trained male breastfeeding advocates to provide peer-to-peer support and basic breastfeeding education to other fathers, with significant increases in breastfeeding rates at the organization. Fathers should also be included in the development of the birth plan, should be engaged to provide physical and emotional support to the mother during the birth, and should be offered the opportunity after the first hour or two of maternal contact with the newborn to have skin-to-skin contact with their babies.