



Webinar B4 – Meeting the Unique Needs of Families Through the Required Postpartum Visit

Question and Answer

Question 1 - What recommendations do you have if both parents present signs of "Baby Blues"? Is there a way that they could help each other?

Answer: Baby Blues is a common experience for both moms and dads and both can experience more lasting and debilitating depression. Both are likely to be exhausted, anxious, unsure, and experience extreme highs and lows after the birth of a baby. Both are having their own version of charged hormones. How the genders typically express these changes and their emotions can be quite different. Women may be more likely to have expressions that seem to rise from a more internalized center, such as crying. Men may be more likely express their emotions in a manner that seems to rise from a more externalized center such as having outbursts of anger. Both often begin from the same place and simply come out differently.

There are two primary approaches Early Head Start (EHS) staff can bring to all new parents, no matter how they seem to present themselves.

1. Recognize that new parenthood is a highly personal experience and can be challenging on so many levels. Ask each parent, over a course of visits, "Who is there for you that you can count on for help and support?" This includes help with the baby, the arrangements of new family life, and someone to share their feelings with, in addition to their partner. Each parent may be more or less open to thinking they need or that it is acceptable to seek support. Both parents deserve and benefit from consistent support.
2. Sensitive EHS providers become more helpful when they are open to the emotional reality of both moms and dads and act in a manner that invites hearing about the emotions and providing an emotional "container" that can safely "hold" their emotions. These feelings can be challenging for staff to witness and accept, yet listening, hearing, and supporting parents in a manner that decreases shame, and helps parents to become more comfortable accepting their full range of emotions can be the most meaningful "gift" a new parent could ever receive.

Question 2 - Please define qualified "health staff" as related to who does the home visit. What should the training consist of?

Answer: Staff conducting these visits should be prepared to provide information and answer questions on the following topics:

- *Physical health:*
 - Mother's recovery
 - Breastfeeding concerns (mastitis, pain in the breasts, chapped nipples, etc.)
 - Postpartum care for any health concerns for the baby or mother
 - Newborn's growth
 - Newborn's movement (including reflexes)
 - Newborn's temperature
 - Newborn's cord care
 - Newborn's sleeping
 - Jaundice
 - Newborn's hearing and vision
 - When to call the doctor
- *Nutrition:*
 - Nutrition for breastfeeding mother
 - Family access to nutritious food
 - Breastfeeding questions
 - Family access to lactation support or breast pumps
 - Making and storing formula and/or breast milk
 - Newborn's eating
 - Newborn's weight gain
 - Newborn's elimination patterns
 - Newborn's burping or spitting
- *Mental health:*
 - Maternal and paternal depression
 - Parental responsiveness to the baby
 - Adjustment of all family members to the newborn (including siblings)
 - Family sense of competence
 - Social support for the family
 - Stress related to upcoming return to work or school and plans for the baby's care
 - Newborn's crying, including how to put the baby down and take a break when needed

While staff should be prepared to answer general questions on the above topics and others, they may not have the expertise to respond to all of a family's specific concerns. In preparing for this visit, staff should also consider resources and/or community programs that can support families during this time. In addition, if families have not already been connected to primary care and WIC, this visit offers a window of opportunity for those important referrals. Families with newborns might also request or benefit from information on local lactation consultants, new parents' groups, mental health services related to postpartum issues and attachment and bonding, as well as resources for support in accessing specific food, furniture or materials that may become necessary during this time, and early intervention programs. (Reference: EHS Tip Sheet No. 51: What Does the Two-Week Newborn Home Visit Address?)

Question 3 - Does the newborn need to attend the 2 week postpartum visit?

Answer: If the newborn is not available because of hospitalization, the home visit should still be done with the parent. The health status of the newborn should be included in the conversation during the visit. The newborn's availability during the home visit should be documented within the home visit notes.

Question 4 - Does the visit with the doctor count as a two-week visit or does it have to be in the home with a health professional?

Answer: According to the Head Start Program Performance Standards (HSPPS), the home visit is done in the home with a health staff member. The visit to the doctor does not count as an EHS two-week post-partum visit.

Question 5 - If a parent is unavailable for a home visit, can an EHS staff communicate with the parent via telephone and still be in compliance?

Answer: A telephone call does not take the place of a home visit.

Question 6 - You talked about how new parenting requires self and co-regulation. Can you give an example of what you mean?

Answer: Self-regulation means having the ability to get oneself "together" in the face of experiences that can over stimulate or make one feel overwhelmed and/or out of control. Think of hunger as an example. Being over hungry can make one irritable and/or behave in an erratic manner or cry. Self-regulation is the ability to calm oneself by eating. Sometimes, especially with infants and newborns, there is a need for someone else to recognize or wonder what is upsetting and what might be the cause of discomfort. When someone feeds a child, this is co-regulation. Someone outside of the child is offering the support to help the child "get themselves together."

Adults in children's lives both foster their children's own abilities to "get themselves together," which are considered self-regulation. They also use themselves to address the situation to assist their children to become successful in "getting themselves together," which is considered co-regulation. These opportunities and exchanges occur in biological, emotional, social, or behavioral contexts throughout life.

EHS staff often provides co-regulation to parents as moms, dads and staff face experiences that can be challenging and disruptive to a parent's own sense of well-being. Staff uses their way of being with

parents, their knowledge, and the resources they have available to help parents “get themselves together” on behalf of their children and themselves.

Staff also develop their own ability to self-regulate in the face of being over stimulated, overwhelmed, stressed and/or challenged by the family situations they encounter. The reflective supervision and support they receive from supervisors, colleagues, and training opportunities can serve as that help from outside of themselves, co-regulation, that helps them face the rigors of their work-life.

Question 7 - How do we handle the two-week visit if baby and/or mother are still in the hospital?

Answer: If appropriate, a visit can be made to the hospital by the EHS staff. If the visit cannot be made in the hospital, a visit to the home should be made as soon as possible after discharge. If the visit is not made with-in the two-week period due to the health condition of the mother and/or newborn, this should be clearly documented in the records.

Question 8 - Is there any information on how postpartum depression in mothers and fathers impacts the baby’s brain development?

Answer: Our brains are profoundly impacted both by genes and experiences, nature and nurture.

In the earliest years of life, brains develop in the context of relationships and the experiences that relationships bring with them. The simplest of exchanges between a parent and the very young child: touch, talk, visual connection, reciprocity, even the sense of routine and security that grows between child and parent; these all impact the development of the brain.

Depression brings both biological and experiential impact. The stress hormones that come with depression can live on in a child’s life and impact their ongoing well-being. Depression can turn a person’s emotions inward, dull a person’s responses, and stunt their outward interactions. This too, can impact their child’s developing brain circuitry.

EHS staff are in an ideal position to help identify parents who are experiencing depression and support their abilities to seek support in addressing issues that bring them great pain and can threaten the one thing all parents desire, to do the best for their children. This is a delicate path to walk with a parent, and all staff must be sensitive not to bring more guilt or pain to parents as they confront their own emotions and the impact it may have on their child.