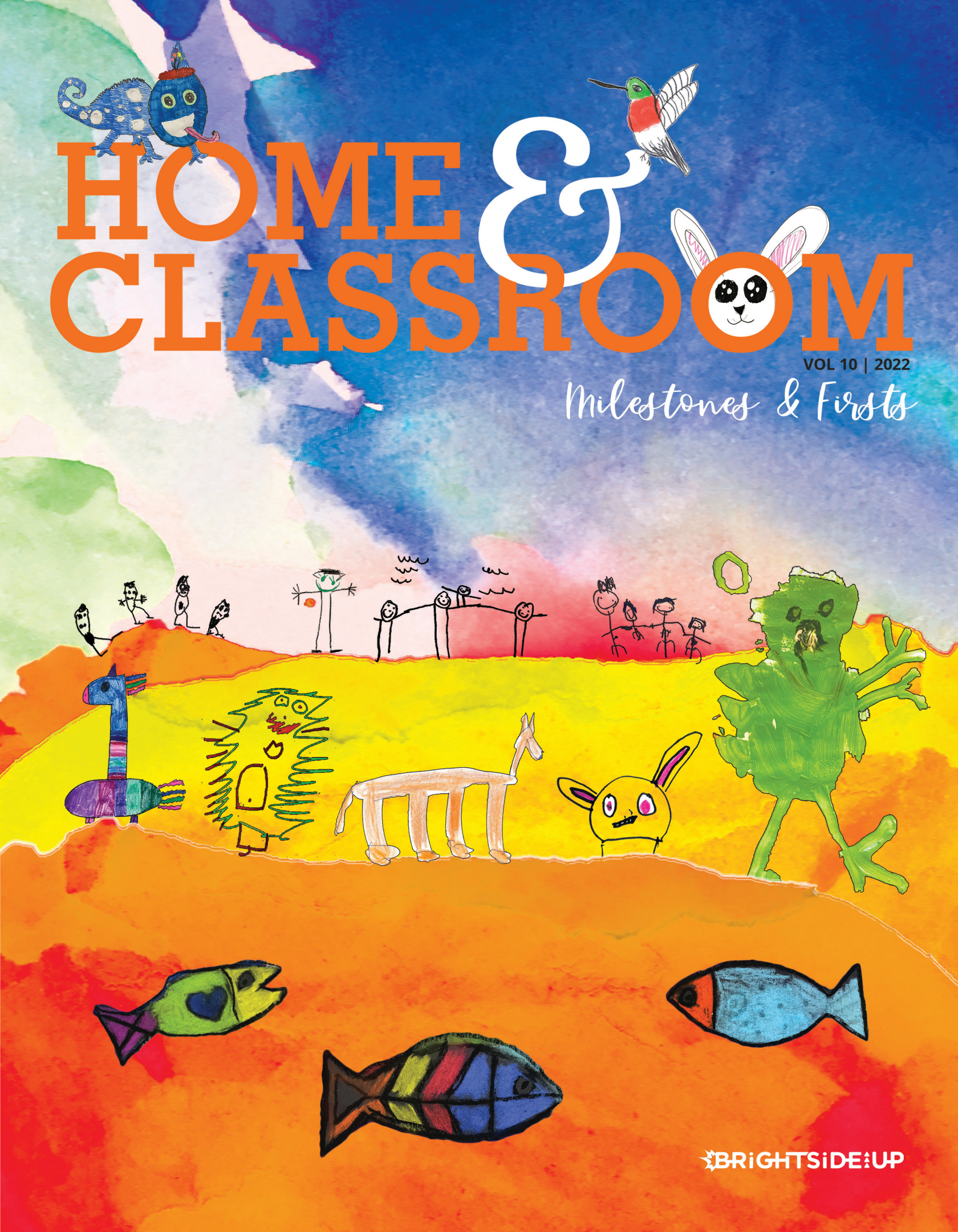


HOME & CLASSROOM

VOL 10 | 2022

Milestones & Firsts



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First Trip to the Dentist

by Rachel Mandel, RN

Your child's first trip to the dentist is an exciting and sometimes worrying milestone. As adults, we all have our own relationship with dental care and may have some anxieties surrounding dental procedures we have had in the past. It is important, however, to approach this mark with a neutral tone for your child. Making the dental visit an enjoyable and calm experience is the primary goal of early dental care. Dentists recommend that a child is first seen at 12 months of age or 6 months after the first tooth erupts, whichever is soonest. This may seem early but remember that the main goal is to foster a healthy relationship with dental care

and to establish a baseline of your child's mouth and teeth development.

The first dental experience may start days before the appointment. You may want to approach the topic of the dental visit with your child through reading books about teeth and the dentist. Explaining briefly what the child can expect is also helpful. Even very young children can absorb the information we give to them about future experiences and feel more prepared. Remind your child that you will be with them the whole time and that the dentist is there to help keep their teeth strong and healthy. When you first arrive at the dentist you will likely have to

fill out paperwork for your child. In some cases, you can ask to be sent the paperwork ahead of time and bring it with you. This can be helpful to keep your attention on your child in the waiting room so you are ready to ease any anxieties or answer any questions that may pop up.

The dental hygienist will call you and your child back to the exam room or exam area. Many pediatric dentists have open exam spaces that can help some children who feel uncomfortable in smaller contained areas. You may start by exploring the room with your child and asking questions along the way. Help them to notice the way the chair can move and be adjusted, the brightness of the exam light, and the various tools that will be laid out in front of them. Many times, parents sit in the exam chair with their small children on the first visit. The dental hygienist may offer your child sunglasses to wear to make the exam lights less intense. If this is not offered, you might bring your own. There is often a television or other distraction tool in the exam room. This can be helpful if your child becomes restless but encouraging your child to engage in the experience of their dental care can also be helpful.

The dental hygienist will attempt to clean and floss your child's teeth. Allowing the child to choose the flavors of the cleaning and fluoride products can be a great way to engage and develop some autonomy in the experience. Every child (and adult!) reacts differently to dental cleanings. Your child may happily sit through the whole cleaning, or they may refuse to open their mouth for more than a moment. Both responses are perfectly normal. The dental hygienist will generally allow your child to take the lead on their first visit and will do only what your child is



comfortable with. After the initial cleaning is done the dentist will come in to perform the first exam. This exam is like the cleaning in that your child should be in charge.

The dentist is hoping to check the teeth but is equally concerned about creating a lasting relationship with your child. The first exam is one of many over the lifetime of your child and should be as comfortable as possible. This is a good time to ask any questions you may have about your child's dental health or ask for tips on effectively brushing your child's teeth. On your way out of the office you will often be offered a toothbrush and other fun items.

Managing FIRST-TIME Jitters

by Kim Polstein, LMSW

Whenever we are trying something new, about to start a new job or school, or learning a new skill we are bound to feel a mix of emotions. We may feel excited and anxious, or fearful and brave. Being new somewhere or at something takes a great deal of vulnerability. Brené Brown defines vulnerability to mean opening ourselves up to “uncertainty, risk and emotional exposure,” there’s a possibility here we might be harmed physically or emotionally. Often, we might be worried about being this vulnerable, getting it wrong, or not being great at the “new thing” right from the start. Sometimes that worry leads us to avoid the task completely, but learning new things, being new at something or being new somewhere is the best way to learn, grow and keep our brains young and actively growing.

Whether we are starting something new ourselves or helping a child through their first time doing something new, we can follow a few steps consistently to help work through all those big feelings and help us courageously take on new challenges.

First, we need to acknowledge that we’re in unknown territory. We can “name it” as a new situation, a new skill to learn, or a new role to take on. We can also help children to “name it” and help them to acknowledge that this is something new! How exciting? We get to be the learner in this new

situation. Sometimes we think that by naming the scary feelings we have we give those feelings more power and they will then essentially take over, however, that is not the case. The science around emotional literacy and regulation helps us to understand that by giving the feeling or situation the name it gives us more power over it. Dr. Dan Siegel has coined the phrase “if you can name it, you can tame it.” This essentially means that when you notice and name your internal state (your feelings, emotions, and physiology) you can reduce stress by up to 50%. In a first-time situation, you might just say to yourself “this is my first time doing this, I feel a little anxious about it.” That simple statement can help you to regulate that feeling and gain more control.

Next, we can normalize those feelings simply by adding to our self-talk example. “This is my first time doing this, I feel a little anxious about it. It’s totally normal to be anxious the first time you try something new!” You can also help your child normalize the situation and their feelings by using the same kind of language. Sharing our experiences with others can help to normalize the feelings that come up when we’re faced with the first time.

Once we’ve named it, and normalized it, next we can give this first-time situation some perspective. We know that we won’t

be new at this forever, we know these feelings won’t last forever, but for right now it doesn’t feel so good and that’s okay. So, let’s add this perspective to our self-talk, shall we?

“This is my first time doing this, I feel a little anxious about it. It’s totally normal to be anxious the first time you try something new! It doesn’t feel good right now, but this won’t last forever, I will start to feel confident soon.”

It’s also important to note, that in our perspective taking we can rely on the past for support! Think of a time you tried something new before this one.

“If you can name it, you can tame it.”

Did you make it through? Of course, you did! You can remind yourself “I can do hard things; I’ve done hard things before.”

Finally, we can “reality check” our expectations. You shouldn’t expect to be perfect, or even great at a new skill when you’re first learning it. So set that expectation for yourself or with your child. We can reality check expectations by setting more realistic goals for ourselves and our loved ones. Let’s practice again,

“This is my first time doing this, I feel a little anxious about it. It’s totally normal to be anxious the first time you try something new! It doesn’t feel good right

now, but this won’t last forever, I will start to feel confident soon. I won’t be perfect this first time, but I will keep asking questions and practicing. Being new means being vulnerable and I might be awkward at first.”

No matter how many times you’ve come across, or helped someone through the “first-time” situation, there will always be big feelings. Remember to build in some space for recovery and rest after each new situation, whether this is physical rest or some quiet space to sit with your emotions. I like to say I’m giving myself “grace and space.” The grace to courageously be awkward and new, and

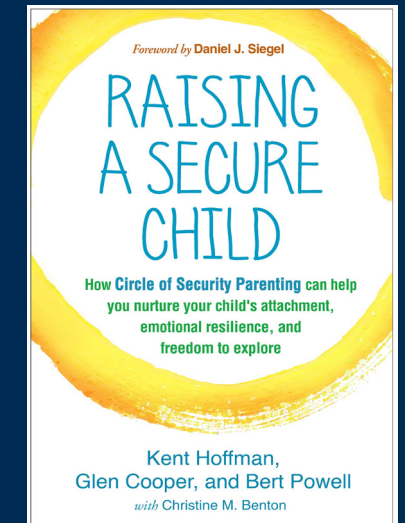
to practice being okay with the awkward and new; and the space to grow from it and to let my ego adjust to not being perfect right away. This is what keeps our brains young and healthy after all. When I practice being somewhere

new, or new at something I use the same self-talk pattern described above, and because I try to do this often, sometimes I shorten the entire sentence down to just... “grace and space baby...grace and space.” This can be a helpful mantra for you all as it is for me, and for the people in my life who often share their first-time vulnerabilities with me!

Now go out there and brave that first-time experience!



*Recommended Reading:
"Raising a Secure Child" by Bert Powell,
Glen Cooper, and Kent Hoffman*



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A Child's First Teacher is the Family

By: Deanna Clements



Families have an amazing opportunity to nurture their children's development and learning. Early experiences and relationships shape how a child's brain gets built. Every

interaction you have with a child teaches them something about the world. Partnering with families of young children involves ongoing conversations about growth and development. Young children change and develop quickly. It is important for teachers and families to share stories and observations, creating a partnership to find the best ways to support children as they experience new challenges.

Families are the experts on their child so it's important to welcome them as active partners in the screening process. The ages and stages questionnaires (ASQ) are developmental screening tools that provide a quick check of a child's development. They are used to identify strengths, as well as concerns. Screening is a way to keep track of milestones and celebrate them as the child grows and develops. It can help determine if the child needs further support in one or more areas and can be used to help guide planning for meeting the developing skills.

The ages and stages questionnaires are designed for use by families and early educators and are a great way to partner and share knowledge. The process can be an excellent resource for any family who wants to know what to expect at different stages of development.

There are two sets of questionnaires: the ages and stages questionnaires, third edition (ASQ-3) and the ages and stages questionnaires: social and emotional, second edition (ASQ: SE-2). The ASQ-3 is a developmental screening tool that pinpoints age-specific developmental progress in young children in the areas of communication, gross motor, fine motor, problem-solving, and personal-social. Communication is the child's language skills, both what the child understands and what they can say. An example of a question from the communication section of the ASQ-3 is: does your child say two or three words that represent different ideas together, such as "see a dog," "mommy come home," or "kitty gone"? Gross motor skills are how the child uses their large muscles for activities. An example of a question from the gross motor section is: does your child jump with both feet leaving the floor at the same time? Fine motor skills are the child's hand and finger movement and coordination. An example of a question from the fine motor section is: does your child stack seven small

blocks or toys on top of each other by herself? Problem-solving is how the child plays with toys and solves problems. An example of a question from the problem-solving section is: if your child wants something she cannot reach, does she find a chair or box to stand on to reach it? Personal-social is the child's self-help skills. An example of a question from the personal-social section is: Does your child drink from a cup, putting it down again with little spilling?

The ASQ: SE-2 is focused solely on social and emotional development. The areas of development that each questionnaire looks at are autonomy, compliance, adaptive functioning, self-regulation, affect, interaction, and social communication. Autonomy is the child's ability to self-initiate or respond without guidance. Compliance is the child's ability to follow rules. Adaptive functioning is the child's ability to cope with bodily needs. Self-regulation is the child's ability to calm or settle down or adjust to different conditions. For self-regulation, the goal is for children to be able to know how to handle themselves and their emotional states in an age-appropriate manner and to be able to cope effectively in stressful situations. Affect is the child's ability to demonstrate their own feelings and empathy for others. Social communication is the child's ability

to interact with others. An example of a social and emotional question from the ASQ: SE-2 is: does your child laugh or smile when you play with her? Early identification of social and emotional challenges can make all the difference to a young child.

The ASQ is designed to fit in with early childhood routines and engage families. It works by first selecting the questionnaire that matches the child's age. Then, a family member completes the questionnaire about how the child behaves and performs skills in natural settings like the home. While completing the ASQ-3, it is important to try each activity before marking a response. This can be done by making it into a fun game. The family member answers each question based on what the child can do. For each activity, the family member indicates whether the child is doing the activity regularly, sometimes, or not yet. Some programs have created materials kits to encourage a child's participation and support accurate administration of the questionnaires. These kits include materials such as books, blocks, small beads to string, balls, containers, crayons, child-sized utensils, and a doll with buttons and zippers.

While completing the ASQ: SE-2, a family member answers questions based on what they know about

the child's usual behavior. For each question, the family member indicates which response best describes their child's behavior by choosing often, always, sometimes, rarely, or never. Both sets of questionnaires have an overall section with open-ended questions about the child's development and a space to note any concerns there may be. The answers help show the child's strengths and areas where they may need practice or support.

After the questionnaires are completed by a family member, the teacher scores them and compares the child's scores to the cutoff points. The scoring sheet can help guide decision-making and next steps, as well as help guide and organize conversations with families. It is important to look at the big picture to understand how other factors may have influenced a child's score. The ASQ is strengths-based, and the emphasis is on what the child can do. Answers will show the child's strengths and highlight any areas in which the child may need more help or practice. Teachers communicate the screening results to the child's family and share resources for follow-up, monitoring, and further assessment if needed. A strong relationship between a child's family and their teacher can help a child succeed. All learning takes place in the context of relationships. Creating effective partnerships with families can provide the

needed support for the child, family, and teacher.

If the child is developing without concerns, there won't be specific follow-up steps other than continuing to play and interact with the child as they grow and reach new milestones. If the score is close to the cutoff, the next steps would be to provide learning activities and monitor progress. ASQ is a screener, not an assessment, so it can't diagnose a disability. It can help determine if a child needs further assessment or support in one or more areas. It helps catch potential delays early so if a child does need some extra support, follow-up, or intervention, they can get it early when it makes the most difference.

It is important to rescreen throughout the year and track results over time. Screening can identify children's strengths, uncover new milestones to celebrate, and reveal any areas where a child may need support. It helps teachers get to know the children better and how they can support them in the classroom and it helps families understand how to support them at home. Teachers and families can work together to encourage the children's development with ASQ learning activities, which are a great way to practice skills and have fun together to meet the children's developmental needs.



AN INTERVIEW STYLE PODCAST WITH CHILD DEVELOPMENT EXPERTS WITH HOSTS HANNAH & RACHEL

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Know the milestones & Trust your instinct

By Amelia Green

After the birth of a child, there is almost always a moment when a parent or caregiver wishes they had an instruction manual they could read to help them understand and better support their baby's development. As every child is unique, it can be difficult to develop and document standard ways to help every family and child. This is where the Center for Disease Control (CDC) stepped in. The Center for Disease Control is part of the federal U.S. Department of Health and Human Services and focuses on the prevention and control of disease in the United States.

You may have heard a lot about the CDC during the COVID pandemic of the last few years, but they have been working for many years to help to prevent, diagnose, treat, and control several diseases in the United States. One of the areas that the CDC focuses on is the development of children to help diagnose and treat developmental disabilities as early as possible. In the United States, 1 in 6 children has a developmental delay or disability, which made it a priority for the CDC to help to identify signs of delays and strengthen family engagement. This led to the creation of the *Learn the Signs, Act Early* program, and the developmental milestone checklists.

In February of 2022, the CDC updated its developmental milestones for the first time in twenty years. What does this mean for families and care providers in terms of recognizing the needs and support of little ones as early as possible?

For this monumental project, the CDC worked with the American Academy of Pediatrics (AAP) to revise its already existing developmental milestones checklist with the goal being to help caregivers more clearly

identify issues like autism or other social communication/developmental disabilities earlier. These checklists were created to identify evidence and research-informed milestones to clarify when most children can be expected to reach a milestone and to support more clinical screening and less of a "wait and see" approach.

Skills such as taking the first step, smiling, and waving are called developmental milestones and children reach milestones in how they play, learn, speak, act, and move. On the CDC website, you can find a list of milestones for months 2, 4, 6, 9, 12, 15, and 18 as well as for the ages of 2 years, 30 months, and 3, 4, and 5 years old. The 15- and 30-month milestones were added this year to offer a checklist for every well-child visit from 2 months to 5 years of age and to offer more clarity for parents and providers. The revision also adjusted milestones to reflect the behaviors and skills demonstrated by 75% of children at that age rather than the prior level which was what 50% of children at that age were doing. As part of this revision additional social and emotional milestones were added and also open-ended questions for providers to use when talking to families about a child's development such as "Is there anything your child does or does not do that concerns you?" These revisions are aimed at giving parents, caregivers, clinicians, and medical professionals a narrower set of criteria to use to help identify children who may benefit from additional support.

To accompany these milestones there is also an app that can be added to your phone called the "CDC Milestone Tracker". This app provides for tracking of milestones, easy-to-use checklists, tips to support a

child's development as well as what to do if there are concerns about a child's development. With all these tools and support available, the hope is that children can get the help that they need to grow and be the best version of themselves as early as possible.

With this wonderful structure and support in place, what does it look like in action when you are sitting with a child, and you are unsure of what to do? The bottom line when it comes to milestones is to trust your gut instinct. When you are the primary caregiver of a child you immediately become the number one expert on that child. At times looking at developmental milestones can reaffirm your concerns and at other times they can be more confusing. So how do you as a caregiver use the information and resources available to ensure a child's brightest future? The first and most important part of this is following that little voice inside. We have all had moments when we cannot explain why or how but we just know something is not right. These feelings can be even stronger when they relate to the development of a child you care about. This feeling of concern or uncertainty is usually the first step in identifying a delay or disability. It is important to remember that every child is unique.

My first son was born when I was 25 years old. I was the first of my friends to have children and did not have many young children, especially infants in my life to provide me with experience and examples of typical development. I had concerns about my son and his development almost immediately and voiced them at every well-child visit from 2-16 months.

My Alex was always just a little bit behind. If the milestones said that a child should do something at four months old, Alex did it at four months and 13 days. His milestones were met but at the very tail end of the acceptable range which to the medical professionals in our life meant that further evaluation was not needed. I was told that my baby was a late bloomer and that I was being a nervous first-time mom and needed to try to sleep and enjoy him more. Still that tiny voice and that feeling in my gut told me my sleep deprivation was not the true concern and I kept asking and pushing for a closer look and further evaluation and consideration. At 16 months old my son was diagnosed with severe autism.

He received Early Intervention services and we were able to watch him grow and blossom in his own beautiful way. For my family, the additional resources and milestones that have come into existence since 2007 helped to ease fears about our additional babies but also helped to make dialogue with doctors and other providers easier as we had a common language. The milestones are meant to serve as landmarks for guidance, not a road map to be strictly followed.

Using the CDC tracker app or even a notebook, write down not just concerns about the child in your life but also as a place to mark their successes! Keeping track of all of those firsts helps to establish a record and also gives you a snapshot of all the progress made by that child. This is the story of this child – there is no right or wrong. Use the milestones help to guide you but never forget that the story of that child is their own and that with your help, it will be a beautiful story of success and growth.

30 day self-care calendar



by Philomina Adjei

Taking care of children can be demanding. That is why we have put together a self-care calendar of simple practices and activities. In the calendar you will find a variety of the 6 forms of self-care practices: Physical, Emotional, Psychological, Spiritual, Relational, and Professional.

PHYSICAL self-care is taking care of your body, eating nutritious meals, exercising, drinking water, and getting adequate sleep and receiving general medical care.

EMOTIONAL self-care is on how we identify, process, and communicate our feelings and emotions in a healthy way.

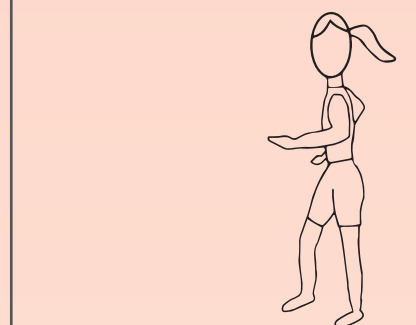

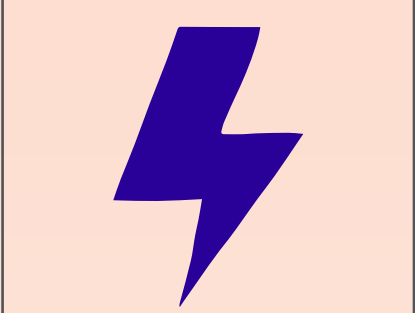

PSYCHOLOGICAL self-care is creating a space for reflection through journaling, taking time to sit with your feelings and processing your thoughts with a trusted other.

SPIRITUAL self-care is connecting to your faith, activities that allows you to think outside of yourself, or spending time in nature.

RELATIONAL self-care is being intentional about fostering meaningful relationships with the people around you.

PROFESSIONAL self-care is creating a work life balance that allows you to function at work and at home with less stress.

These practices are pieces that completes a *holistic wellness*. We hope you find this helpful in guiding you to intentional everyday practices.

						
						
						
						
		In order from top left to right <ol style="list-style-type: none"> 1. Begin your day with gentle stretches 2. Declutter, clean, or organize your room or workspace 3. Create an "essential" to do list 4. Take a walk 5. Communicate your needs 6. Read for pleasure 	<ol style="list-style-type: none"> 7. Your choice of self-care 8. Delegate or ask for help 9. Compliment yourself every time you see your reflection 10. Begin your day with gentle stretches 11. Give yourself some downtime before bed 12. Give thanks to a coworker who helped you this week 	<ol style="list-style-type: none"> 13. Try a new healthy recipe 14. Your choice of self-care 15. Define what gives you stress 16. Write down strategies that help you manage stress 17. End your day with gentle stretches 18. Do a random act of kindness 	<ol style="list-style-type: none"> 19. Clean out your inbox 20. Listen to your favorite music 21. Your choice of self-care 22. Create a priority list for the week 23. Write 5 simple things you are thankful for 24. Meditate or simply enjoy 10 minutes of quiet 	<ol style="list-style-type: none"> 25. Write a positive note to yourself 26. Get 8 hours of sleep 27. Cook your favorite meal 28. Your choice of self-care 29. Say this mantra 5 times, "My work makes a difference." 30. Have a negative thought-free day/positive vibes only

“Self-care is the fuel that allows your light to shine brightly.”

~Author Unknown



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The First Day of School

by Emily Vantassel



It's almost here, the first day of school! Along with the learning milestone comes a wide range of feelings for both children and adults. We can teach children to embrace the range of emotions they feel, from excitement for the new adventure to worry about the unknown; happy to make new friends yet sad to say goodbye for what feels like a long day. Everything you are feeling is natural...the feelings may ebb and flow for the coming weeks as you all transition into the new daily rhythm.

Whether this will be your child's first schooling experience or they're moving from one grade to another, it is still a mighty transition. There are a variety of strategies to support the whole child through this process. Knowing that new beginnings bring about some uncertainty, the goal leading up to the first day is to help our children feel as comfortable and safe as possible.

Here are some tried and true suggestions that have supported many families in preparing for the first day.

Meet the teacher: Meeting the new teacher prior to the first day is so powerful! It provides the opportunity for you all to connect and become acquainted. If your school is allowing in-person visits, this is ideal as it will allow your child to familiarize themselves with how to get to their classroom, where to put their things, and even where to find the bathroom. If your program is not facilitating in-person visits, see if you can meet virtually or over the phone. This is also a great time to ask questions regarding the first-day routines.

Drive by the school- Especially if you cannot meet your teacher in person, this will give your child a chance to see the building they are going to be spending the next year in! If there is a playground/park close by that they will frequent, give this a peek as well.

Talk about the new drop-off and pick-up routines- Talk with your child regarding what the morning and afternoon will look like. Are they riding a bus,

is a family member picking them up, riding with a neighbor, or going to an afterschool program? There are many unknowns regarding the drop-off and pick-up routine so start talking about it so your little one can ask any questions they may have.

Establish a bedtime routine- If you're anything like me, your summer bedtime routine looks drastically different than your school year one! Bedtime can be tricky enough as it is, so begin practicing this in the week leading up to the first day to give your child time to adjust.

Practice social skills- The beginning of the school year is when we make new friends and learn to navigate the social climate. Now is a great time to role-play the essential social skills, like turn-taking, asking to play, inviting others to play, and asking what someone's name is! Supporting your child in feeling comfortable with these social interactions will help them feel more confident when they're in a class full of new faces.

Practice their teacher's name (if you know it)- It can feel intimidating meeting someone and having to spend a whole day with them if you do not know their name. Children often hesitate to ask for help if they are not comfortable saying their teacher's name, especially if it is tricky to pronounce. Practice as a family or even role-play how to ask the teacher for help.

Pack their backpack- Packing their bag the day before will take one thing off the morning's to-do list and it will help your child to feel secure in knowing they have everything they need.

Read about it- There are many amazing books out there just for this moment! Read a few of them and have them pick their favorite to read on the night before the first day of school. Your library, the local bookstore, and even your school are great places to search for books like those suggested below.

Relax and go- The most important thing you can do to prepare your child for the first day of school is to find some time to relax together the day before. Everyone will be experiencing a range of emotions tomorrow, so this is a great day to

process your feelings together. Have your child identify how they're feeling (excited, nervous, curious, worried, etc.) and engage them in a conversation where you share the things you loved about school. Give them the time and space to ask questions and voice their concerns. Let them be heard and reassure them that they have a new teacher who will be waiting at school for them tomorrow morning and is so excited to meet and play with them!

As you head into the first day, keep in mind that your child's teacher is prepared for all that is to come. They are there to support you and your child through the big feelings and goodbyes. If you have any questions or concerns through this process, reach out to your child's teacher if that is an option. It might be exciting, overwhelming, bittersweet and so much more. Keep in mind that there may be tears (from either you or your child) and that is more than okay. However, it is best not to drag out the goodbye as it will only make things harder for your young one. When it is time to go, support them with a hug, a kiss, a reminder that you will see them again at the end of the day, and a reassurance that they are safe here. Trust that you have done everything in your power to raise a strong, independent, and a joyful young one. You're both going to rock their first day!


BOOK RECOMMENDATIONS

[The Kissing Hand by Audrey Penn](#)

[A Letter from Your Teacher: On the First Day of School by Shannon Olsen](#)

[Kindergarten, Here I Come! by D.J. Steinberg](#)

[Butterflies On the First Day of School by Annie Silvestro and Dream Chen](#)



PRENATAL MENTAL HEALTH

By Nora O'Hanlon

Image from unsplash.com

When a woman receives the news that she's going to have a baby, she might feel overjoyed by the idea of being a mother and raising a child. She might feel determined to make choices and changes to her life that will be most beneficial for her baby. Or she might just feel overwhelmed by all the other, less talked about, feelings that come with finding out you're pregnant. Past studies have shown us that during pregnancy, approximately 20%, or 1 in 5 women experience an increase in their level of anxiety and about 10% suffer from a depressive disorder (Franke, 2020) (Van den Heuval, 2022). And more recent reports, which have considered the effects of COVID-19, found that these numbers are drastically increasing. Studies on expectant mothers from around the world revealed that in the wake of the pandemic, 64% of expectant mothers experienced significant levels of anxiety, and 56% reported elevated depressive symptoms (McMillan, 2021).

When humans experience stress, our bodies create certain hormones to help us deal with it. The most known stress hormone is cortisol, and under normal circumstances, it does a great job of helping people cope with and overcome stress. However, when someone feels consistent stress for long periods of time, stress hormones start to become less helpful and can even become harmful. During pregnancy, average levels of stress hormones are filtered away from the baby through the placenta. But when hormone levels get too high, the baby will start to feel the pressure (Van den Heuvel, 2022).

"Prenatal stress" is the exposure of a developing fetus to high concentrations of stress hormones, such as cortisol. Research has found that increased exposure to prenatal stress leads to differences in the growth and functioning of a baby's organs, including the

brain. Furthermore, these differences were found to correlate with behavioral differences in children as old as eleven (Franke, 2020).

It is normal for our daily expectations and life events to cause some occasional feelings of worry or urgency. No one should expect to be able to eliminate all sources of stress from their life, but in terms of protecting your baby from the effects of toxic stress, there are several actions you can take.

The first step for any mother looking to improve her child's emotional health is to first look at how to improve her own. Planning and practicing self-care routines, such as exercise, healthy meal planning or indulging in a creative outlet, is crucial for fostering and maintaining your emotional wellness. Mothers who can first establish healthy goals and habits for themselves will have an easier time creating and modeling positive habits for their children. Another popular method for improving your mental state is seeking

“...1 in 5 women experience an increase in their level of anxiety and about 10% suffer from a depressive disorder.”

reassurance from close friends or family. Research has found that expectant mothers with stronger support systems and higher levels of optimism had healthier pregnancies as measured by longer gestational periods and increased birth weight (La Marca-Ghaemmaghami, 2015). Seek out someone you can trust to have a conversation about the things that are worrying you. Ask for help or advice from someone who's had similar experiences. Or simply ask a loved one for a hug and be sure to squeeze it out for at least 20 seconds to maximize those hormonal effects!

Although improving mental health and practicing self-care sound like great ideas, they are not necessarily easy things to accomplish in real life. Some forms of stress are unavoidable, and while bringing a new life to the world can be an exceptionally joyous experience, it also brings about new forms of stress. For any new moms feeling overwhelmed by changes or uncertainty in their life, it's important to remember that you are not alone and it's never too late to foster positive growth in your child. The importance of post-natal bonding between a mother and her infant is well known for its impact on the child's future social development. However, more recent research has also found that this connection may also be able to mediate or eliminate the effects of prenatal stress. For example, one study which examined the relationship between prenatal depression and infant negativity found that when mothers were more physically affectionate with their babies after birth, the association between prenatal stress and infant emotionality was no longer present. Furthermore, a second study looked at cortisol levels during pregnancy and found that stress hormone levels during prenatal development were predictive of the child's cognitive abilities at six months old. However, when the infant and mother were able to achieve a secure attachment relationship, this connection disappeared (La Marca-Ghaemmaghami, 2015).

Creating a secure attachment between a mother and child can be very simple, and yet very complex. Sometimes, constraints on time, health and resources can all hinder how well a parent and child are able to bond, despite the instinctive desire to do so. Luckily, there are a few simple tips parents can use to create quality bonding opportunities for themselves and their little ones. First, make time for and relish in those private snuggly moments throughout the day. Notice the smell of your baby's skin and the feel of their tiny muscles as they cling to and pull on your arms and fingers. Spend some time making and maintaining eye contact with

your baby. Remember that during their first weeks of life infants can only see between 8 and 12 inches away, so be sure to lean in close and speak with a gentle voice. Consider introducing some music into your bonding time to extend or enhance the experience as well. Soft instrumentals can add to a relaxing atmosphere or insert your baby's name into your favorite lyrical lines to keep the experience engaging and fun. (Stacey's mom isn't the only one with it going on!)

A woman's physical health during her pregnancy sets the stage for her child's physical development and dispositions in later life. Similarly, a mother's mental health during pregnancy is her child's first glimpse at how they should see the world. Prenatal health goes far beyond a visit to the doctor and a daily vitamin, and while women should take advantage of every opportunity to better their health and the health of their unborn child, everyone's experience with childbirth will be different and it is never too late to make a positive change.

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Image from CDC via pixabay.com

What to Expect

Baby's First Visit to the Doctor

by Desiree Myers, RN, CCHC

If you have read my past articles in *Home and Classroom*, you already know how busy you and your newborn are during your hospital stay after birth. Now it's time to talk about what happens after your discharge from the hospital, specifically during the baby's very first visit to the pediatrician.

After coming home from the hospital, you and your newborn should take advantage of some well-deserved rest, bonding time, developing feeding and sleep routines, and some new mommy self-care. After two or three days at home, your baby will be ready for their first well-visit with a pediatrician. If this is your first baby, you may be wondering what to expect at this appointment. To help you prepare for this milestone visit, here are a few tips and tricks to help you get ready.

What (and who!) to bring:

Other than the baby (obviously!) it is helpful to have another adult with you, this might be your partner or spouse, or someone else who will be helping as a caregiver. Having a second set of hands and ears along for the visit will help ease the load, of both carrying the baby and bag, as well as asking questions and remembering information shared by the doctor.

Along with your ID and insurance card, it can be helpful to bring any paperwork, doctors notes, or other records you may have received at the hospital. These records help transmit any information the hospital may want to pass to the pediatrician so they can better evaluate and care for your baby per their individual needs. Although your pediatrician will always perform a full and thorough assessment, hospital records may highlight certain areas of the assessment based on what was observed during delivery.

When you arrive for your appointment:

Be ready to fill out some paperwork, another great reason to bring along that helper who can write for you or keep baby company while you fill everything out. Be sure to have any important information with you like insurance cards, baby and parent(s) date of birth, addresses, and family history. Don't fret too much about this, as you can always ask for assistance if needed. And before you know it, the paperwork will be complete, and your visit will begin.

During the appointment:

A weight check: It is very common for newborns to weigh less at the first doctor's visit than they did when they were born. It takes time for the baby to learn how to effectively feed and all babies learn at a different pace. Breastfed babies often take longer to regain the weight lost after birth. Most babies are usually back to birthweight by 2 weeks old. If your pediatrician is concerned about their weight, they will develop a feeding plan with you and the baby may have more frequent visits for weight checks.

Length & Head Circumference: The nurse will also recheck these measurements, which may or may not have changed. These are measured at every visit for quite some time, along with weight, to track your child's growth and compare it to the average growth of children.

A head-to-toe assessment: The doctor will do a thorough assessment of your baby, including listening to their heart, lungs, and bowels, looking at the eyes, ears, mouth, nose, and genitals. They will check to be sure the umbilical stump is healing well and instruct you on how to care for it. They also look at the baby's skin, including color to be sure there are no issues with

jaundice (yellow discoloration of the skin). They will be sure that the range of motion of the neck, arms, legs, and hips is normal, and they check a variety of reflexes, including the suck reflex, startle (moro) reflex to determine if your baby's neurological system is working correctly. Remember, you can always ask questions during the assessment to gain a better understanding of your baby's health and development.

Tests & Immunizations: Sometimes the pediatrician may perform a repeat hearing test or blood work if the results from the hospital were abnormal or if the tests weren't completed at the hospital. There aren't normally any immunizations at the first visit to the doctor unless the first dose of Hepatitis B was not given at the hospital. This is also the time to ask the doctor what to expect regarding vaccinations and at which visits your baby will receive vaccinations.

Q&A: The pediatrician will ask you many questions, including questions about your newborn's feeding schedule, how often they are pooping and peeing, how/where they are sleeping, and more. This helps them gain information additional to their physical assessment. They may educate you about a variety of infant safety topics, such as safe sleep, shaken baby syndrome, and feeding or nursing techniques. This is also a great opportunity to ask questions that you may have. It may be helpful to come to the visit prepared with some questions, and you may develop more questions during your visit.

In the end, you should leave this doctor's visit knowing how your baby is doing and what to expect until the next visit. Most likely, the office will give you a printed summary of your visit with specific instructions. The office will also usually try to schedule the next visit so that you know when you will need to come back. The timing of the visit may differ depending on a few things but is most often at 1 month of age unless the baby needs weight checks or has other issues. Until the next visit, follow any advice from the doctor regarding feeding, sleeping, and enjoy your baby. They will grow and develop so much in the month before their next doctor's visit.



Visit brightsideup.org for brightsider insights and ways to get involved in creating a world where all children are understood.

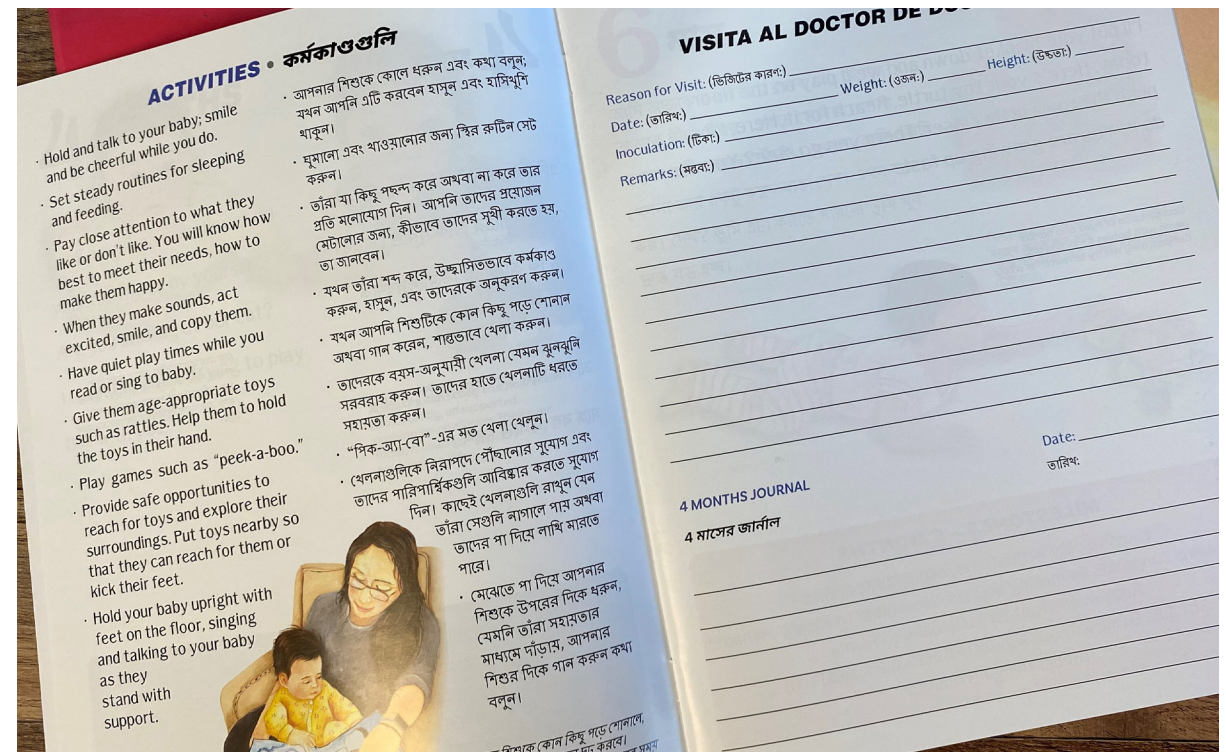
Spotlight VOYAGE: THE JOURNEY BEGINS

Milestones may look different across cultures, locations, and generations but their importance in telling a story is universal. In recognition of the importance of supporting families new to America, the ONA Ramirez June Initiative was created. Their mission is to affirm the dignity, value, respect, contribution, and worth of all New Yorkers with Intellectual and Developmental Disabilities (IDD) by assisting new Americans with IDD and their families to connect with vital resources, information, and services.

As part of this mission, disability-themed resource materials were developed and distributed to new Americans and service providers in New York State. One of these resources is Voyage – a free, multi lingual book to help families with young children identify disabilities and get help early. These books support families from the age of 2 months up until 5 years. In the Voyage book are milestones, age-appropriate activities to encourage development and places for a caregiver to enter information about the child such as what occurred at each doctor’s visit and noting milestones and concerns.

Voyage is available in Spanish, Chinese, Russian, Bengali, Haitian Creole and Korean and each book has an English translation side by side to assist with translation. Free copies of Voyage as well as informational material about the early identification of disabilities created by the Center for Disease Control’s “Learn the Signs, Act Early” campaign can be mailed to you at no cost through the New York State Office for New Americans website.

We also have Voyager books in our office to distribute, call to request your copy today.





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