

# HOME & CLASSROOM

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*Babies*



BRIGHTSIDE UP





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# DO BABIES REMEMBER

by Barbara Mitchell, LMHC



**A glance into  
childhood  
amnesia; how  
memory works  
in our earliest  
years, and the  
implications  
for infant and  
toddler care  
practices.**

*“It doesn’t matter, he’s just a baby, he won’t remember.”*

*“You were a kid, you don’t remember.”*

*“It’s no big deal, she’ll forget all about it.”*

Common wisdom holds that infants and toddlers do not remember their earliest years of life, and therefore that some of what they experience is not important. Yet, the idea that children do not have some form of memory contradicts most evidence-based best practices in infant and toddler care. We intuitively know that the earliest moments do matter, we show it when we instinctively coo to a baby, or handle a newborn with gentleness. There are several competing theories about the degree to which we remember and how early memory works. The grown-ups who study the phenomenon called “childhood amnesia” are themselves just as in the dark about their earliest years of life as their subjects, but they continue to chip away at the unknown and bring new understanding to our practice.

“Childhood amnesia” refers to the lack of memories from early childhood; an inability to recall or verbalize early childhood events. Childhood amnesia is divided into two subsets; the age of zero to when there is no recall and the ages of 3 to 7 when there are fewer memories than would be expected from forgetting alone. The value of examining a time we cannot recall is found in the nature vs. nurture question. If the earliest years do not contribute to a sense of personhood then it could be argued that social-emotional learning is not a factor in brain development, which is contradicted by almost every early childhood brain development study to date.

What then is the value of early childhood memory if it is not consciously recalled or stored in the same way as adult memory? What can we assume about early intervention and social-emotional learning? Understanding the different components of memory and how they interact with development is the key.

### ***Explicit Memory vs. Implicit Memory***

In the research world it is broadly agreed upon that there are two types of memory that govern our functioning and sense of self. These two categories are largely defined by the individual’s sensation of recall. In other words, some things we remember and we know that we are searching our memory for them. For example, can you recall your childhood phone number? Search your memory for it and try to bring it to mind. This is called explicit memory. The other main type of memory is referred to as implicit memory, and unlike explicit memory, one does not have the sensation that they are retrieving a memory. This is often compared to “it’s like riding a bike,” because once you gain the ability to ride the bike, you never consciously retrieve the memories of the first time you learned how to ride, you simply do it. You don’t consciously engage your abs, apply a specific weight to the pedals, or calculate the minute shifts in weight. Instead, you use your implicit muscle memory, recalling every experience that has contributed to your present actions. (Siegel, 2014)

Explicit and implicit memory are distinguished further from each other in form, function, and operation. Explicit memory includes semantic memory and episodic memory. Semantic memory is for the recall of facts like names and dates and requires the use of language to access these symbolically encoded entities. Episodic memory is more unique, taking place within time and context. Episodic memory contributes to our autobiographical memory, or conscious recall of the determining and unique events of our life: graduations, weddings, births, funerals etc. (Siegel 2011)

Implicit memory, with its lack of sensation of recall, is not only procedural memory such as riding a bike, tying your shoes, or driving a car (think of that feeling of driving to work and not remembering how you got there – that is your procedural memory activated without your conscious awareness). Implicit memory also includes priming, a reliance on experience-based associations. The way we fill in the blank letters on Wheel of Fortune, or experience an intuition or “know it in our gut.”

The leading theory about childhood amnesia lies in this understanding of explicit and implicit memory. Explicit memories (semantic and autobiographical) are likely inaccessible because memory in the earliest years is stored as implicit memory due to a lack of symbolic language. Symbolic entities require a symbol to represent the entity, language serves as the common symbolic expression between humans. According to Piaget’s stages, the use of symbols

The leading assumption then is this; explicit memory recall requires language due to its symbolic nature. Infants, toddlers, and young children do not have enough access to language to store full explicit memories. Therefore, memories are stored and retrieved in an implicit form, meaning they are mostly iconic and somatic (non-verbal), and they do not have the sensation of being recalled (like riding a bike). In this understanding of childhood amnesia, it

**“ In this understanding of childhood amnesia, it is not that there is no memory storage, it is that these memories are stored in other ways, and that children and adults alike are not cognizant of when these implicit memories are recalled. ”**

allows for abstract representation (the ability to hold in the mind’s eye); without this ability, young children mostly live in the here and now by experiencing immediate sensations and anticipating repeated behaviors. (Wadsworth, 1996). Although there is evidence for the foundation of language acquisition at the earliest months of life (Bhattacharjee, 2018), infants and toddlers do not yet have access to a full wordlist to provide explicit memory storage. On the contrary, young children live mostly in their right brain, which is holistic and non-verbal because it is more directly influenced by the body and lower brain areas (Siegel 2011), which means memory gets stored somatically as images and sensations.

is not that there is no memory storage, it is that these memories are stored in other ways, and that children and adults alike are not cognizant of when these implicit memories are recalled.





If the long answer is yes, then it reinforces many aspects of best practice and demonstrates the value of professionalism in the field by elevating the personhood of infants and toddlers. (Gerber, 1998) It means that our implicit memories are activated every day. It is helpful to think of implicit memory as relationship muscle memory. When we use muscle memory like riding a bike, we don't choose to activate the memory, it simply comes to use when our body is in the familiar situation of sitting on a bike. Relational muscle memories are the same, they are activated when we are in a similar position or situation.

This means that when an infant's cries are met with a responsive, caring, and skilled adult, that infant will become an adult who will believe that they are capable of doing something to get their needs met.

It means they will believe that others are also capable of meeting their needs.

It means they will know what a trustworthy person "feels" like. And when they feel that trustworthiness, they will know what to do in that relationship.

It means that every toddler whose choices are honored in an appropriate way will have the muscle memory to try something new or to take initiative in important moments.

It means that every young child whose feelings have been recognized and resonated with will activate those memories in a familiar situation and be able to empathize with another.

It means that the very earliest interactions shape a person; that every moment of rupture and repair – "oh, I didn't notice your diaper needs changing, that's why you're crying, lets get you cleaned up."

It means every laugh you share, every cry you sooth, every space you arrange, every material you select, and every invisible action you make,

are all remembered and accounted for and have an impact.

A parent's 12am, 2am, and 4am feedings and soothing have exponential value. A child care provider's final push through at the end of a long day to remain present and responsive before a parent comes for pick up has exponential value.

The moments that go unseen by everyone except you and the children you care for are priceless because the memories are stored in the body and written on the heart.

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## The Richness in Routines

by Wendy Sullivan



Perhaps the most familiar of caregiving routines, and one that offers us the most opportunity to enjoy one-on-one time is diapering. When approached as an opportunity rather than a chore, diapering can become a valuable activity that reinforces attachment and baby's self-awareness.

One way to be responsive to young children is to develop routines that provide stability in their schedules. A way to accomplish this is to build a simple routine that can be followed so that the child can develop a familiarity with the routine and begin to anticipate the activities. Routine building also allows the child to be an active participant, rather than an inactive party in something happening to them. For example, a caregiver ready to diaper can sing a simple diaper song that would give babies a cue as to what will happen next. A baby can hold the clean diaper while a caregiver deals with the dirty one while describing the steps of the diapering process. The intimacy of diapering allows for the caregiver to observe, connect, and listen to the child; and in

turn the child is encouraged to listen, watch, and interact with the caregiver in an easy-going and relaxed setting that provides a close connection.

Imagine the impact a responsive caregiver can have on little ones, taking perhaps 5 minutes to change an average of 8 diapers a day. Looking at diapering as an opportunity allows caregivers to develop an understanding of the richness of routines and one-on-one time with the babies in their care. These sometimes overlooked bits of time can easily be mistaken for things that happen "to" babies instead of "with" babies.

An important part of any routine is the shared conversation between baby and caregiver. Caregivers who simply talk their way through daily rituals and routines expose babies to 1,000 to 2,000 words every hour. Providing language and shared attention to babies can make any daily routine a rich, connected experience.



# Bringing Home Baby

by Elizabeth Birkhead Weaver, RN

Bringing a new infant home has always been both an exciting and a stressful time for parents. Especially if it's your first time, you will probably have a lot of questions about how to take care of and raise your baby. Now, with the COVID-19 pandemic, this stress can be heightened. If you are expecting a baby soon, it means you have gone through your whole pregnancy during the pandemic (and that's not easy!). Bringing a newborn home during this time might raise a lot more questions. As a maternity nurse, a mother of two little boys, with a third baby on the way, let me tell you I have had a lot of questions myself about how to do this during a pandemic. Here's what I've learned!

First, be aware that there are increased restrictions in the hospital. Talk to your OB about what your hospital stay might look like. Most hospitals are allowing only one support person. If that support person leaves the hospital, they are not allowed back in, and no other support person is allowed in their place. You will likely get a COVID test when you arrive. If you test positive, your nurses and doctors will wear goggles, gowns, caps, and masks whenever they come in.

If you are worried about COVID-19 and your infant, take a deep breath. Doctors have found that it is uncommon for infants to have severe cases of COVID. Even babies born to positive moms aren't necessarily infected. If you do have COVID-19 at the time you deliver your baby, your doctors will help you every step of the way to make sure that you and the baby are safe. Usually moms who are COVID-19 positive are encouraged to wash their hands, wear a mask around their baby, and keep a 6 foot distance from them when possible (CDC, 2020).

Next thing to consider is feeding your baby. When you're thinking about this, keep in mind that during COVID-19 there are some extra benefits to breastfeeding. Breastfeeding provides antibodies from mom to baby. Antibodies are the part of our immune system that help our body fight off infection. As adults, we have developed many antibodies already, but infants haven't had the chance

to do that since they are brand new. Even if you don't have COVID antibodies in your system yet, doctors have found that breastfed babies usually have less severe respiratory symptoms if they do happen to get sick, including lower risk for asthma, eczema, tummy issues, SIDS, diabetes, and obesity... just to name a few! What if you do think you have been exposed to COVID and you are breastfeeding? Good news! Studies show that the coronavirus is not passed from mom to baby via breastmilk (WHO, 2020).

When can visitors come and meet the baby? That question can be difficult to answer. Complete isolation is the safest in terms of not getting sick, but is it realistic for everybody? Some families will be fine with strict isolation. New parents who are exhausted and overwhelmed may need a helping hand from a trusted friend or grandparent to help them through the first few days and weeks. Each new parent will need to ask themselves what level of contact they are comfortable with. Of course, asking a visitor to obtain a negative COVID test or to quarantine for two weeks prior to visiting is a great way to ensure safety, and even then proper handwashing and masking are important. Making decisions about who can be allowed to visit may be even more difficult when you are tired, worried, and not thinking clearly, so it is always okay to reach out to your pediatrician or OB and ask them what their recommendations are. Above all, don't be afraid to say no if you are uncomfortable. You'll learn that parenting is a long journey of making tough decisions about keeping your family safe, and this is the first of many.

Wishing you all the best for a healthy mom and a healthy baby!

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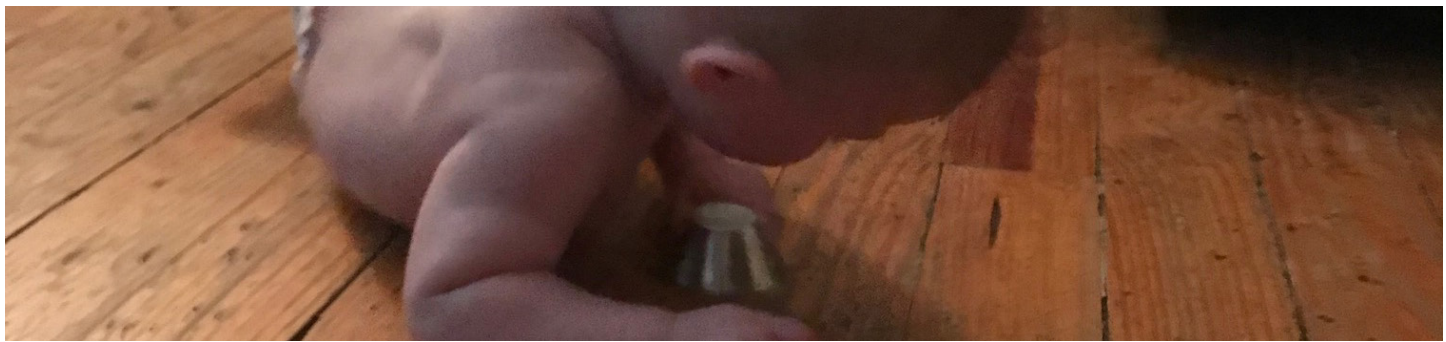
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# Observing & Responding

## WITH YOUR Heart & Mind BY SARAH GOULD-HOUDE



For me, being with an infant is as special and exciting as anything I could ever do, and I cherish every minute I get to spend with a baby. As an early childhood education professional, I have spent many hours thinking about reciprocal relationships; what they look like and how we can build those skills.

As caregivers, we bring ourselves to each and every interaction. We bring our experiences, cultures, beliefs, and values with every move we make and word we speak. Think about the impact this could have on an infant and recognize how we can work to create relationships and environments that respect who the infant is as a person, what their skill levels and needs are within the context of their temperament, culture, language, and family. There are many ways we can do this and one place it can start is through our careful, open, and reflected-upon observations.

When observing an infant, try to begin with a clear mind. As caregivers, we have a multitude of thoughts and tasks pulling at our attention at any given time. It may even feel frivolous for us to think, “I should take five minutes, clear my mind, and observe how Adei manipulates this metal bowl.” Yet, there is so much value and so much to be learned about Adei when we invest the time to carefully observe her playing with that bowl. By doing so, we can learn to read her cues throughout all the varied moments of the day because we need to understand when she may be telling us she is hungry, tired, or needing a cuddle, simply by identifying the clues.

Whether the infant is playing, exploring, eating, or simply relaxing, it is beneficial to observe them and at the same time, recognize what we bring to the

observation. If we apply our whole selves to every observation, that will impact the quality of our observation and in turn, how we respond to the infant. When observing an infant at play, consider how you feel in that moment and how you will actively engage in the observation, without thoughts or actions getting in the way.

Before observing, try to take a few big deep breaths in through your nose, 1, 2, 3, 4, and 5, and then out through your mouth 1, 2, 3, 4, 5, 6, and 7. Place yourself in a comfortable position near the infant, still allowing them to have space. You want to be present without interrupting what the infant’s activity. This can be harder than it sounds, but if an infant appears to be in a place where they are exploring the world and are not actively trying to invite their caregiver in, we can step back and watch what unfolds.

For example, if you were observing and caring for the infant in this picture, Ruthie, you could reflect on how she is engaging with the ramekins, and not looking to the caregiver to engage directly in her play. During this moment of play, a reflective and mindful caregiver may have these types of thoughts, “Ruthie has a metal ramekin in her hand. She is reaching for a second ramekin on the floor in front of her. She appears to be looking at the ramekin in front of her. She does not seem to need me to talk with her or support her right now. I know this because she is not looking at me and does not appear to be looking for me. Usually, if she wants me to play with her she would look at me and smile. I do not want to interrupt her manipulating these ramekins right now. I wonder if she has been able to reach for and hold both of these at the same time before. It seems like she might be refining this skill. I wonder what she would do with some more ramekins and some metal Mason jar rings?”

This is an example of a clear-minded and wondering observation where the caregiver is stepping back and allowing Ruthie to fully explore. The environ-

ment is a “green light” environment, meaning it is safe and designed for an infant’s exploratory actions and they will not have to be interrupted to be kept safe. Notice that the caregiver worked through her thoughts that could turn into misleading assumptions. She did focus on what Ruthie was doing at that moment, and then lead to reflection of what she has observed her doing in the past. Creating



simple, “I wonder statements” gave her good data to provide Ruthie with future interesting experiences that can aid in her development.

Being able to step back and observe an infant is a skill. As caregivers, we control what an infant can experience. There is a time and place for us to talk and play with infants. There is also a time for us to step back and let them play and explore. Our careful caregiving can help them enter a mental and physical space where they are emotionally fueled and can confidently explore their environment.





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Photo by Juan Encalada on Unsplash





# What *to* Expect

## *A Newborn's First 24 Hours*

by Desiree Myers, RN

As a former maternity nurse, I have had the pleasure of assisting with bringing hundreds of newborns into the world and caring for them during their first few days of life. It is such an amazing experience, both as a nurse and a new mother. So many important moments occur in those first few days of life, especially in the first 24 hours. Besides the cuddles, diapers and pure joy that comes with seeing that beautiful, new little face for the first time, what else happens in those first 24 hours? What can you and your newborn expect? Let's walk through a newborn's typical first day of life, from minute 0 all the way to hour 24. Before we dive in, do keep in mind that this is the first 24 hours of a healthy newborn. Not all precious little ones have this typical first day, but most do. And try to remember that the process of delivering a baby and how you and that baby are cared for afterwards has drastically changed over the decades. So, mom and grandma's birth stories may not match yours, which is OK.

Here we go.

**Minute 0:** Whether you've just labored for 22+ hours, pushed for 3 hours, or had a planned or emergency cesarean section, you just brought a little human into this world, nice work! Newborns who are born vaginally are usually placed directly on your bare chest. This is called "skin to skin" and is tremendously important for the newborn. It is here that you finally see your beautiful baby and is your first chance to study them from head to toe. There is a squirming, screaming, wet and gooey little human looking at you. Isn't that crazy? While you are gazing at your baby, skin to skin contact helps to regulate their temperature, blood sugar levels, and breathing; and most importantly, is a time for bonding. Your newborn is often cold, scared, and confused when born and being placed on your warm skin where they can hear your familiar heartbeat is the best way to warm and calm them. Your baby has just moved

from a cozy little sac of fluid with the sweet tunes of your heartbeat to a cold, loud environment filled with air rather than fluid. When they are born and the air hits their lungs, they take their very first breath. This is often when we hear the much sought after "first cry." Oh, what a beautiful sound. But, believe it or not, not all babies cry when they are born. Some little ones are stunned and may take some stimulation to cry, which involves the nurse rubbing and cleaning them with a blanket or cloth while they are skin to skin. The nurse will also suction your baby's mouth and nose with a bulb syringe to remove any excess secretions and fluids. While skin to skin, the doctor or midwife will wait for the umbilical cord, which connects your baby to your blood flow and nutrients, to stop beating. Once this occurs, the cord is clamped and cut. Your little one is officially no longer physically connected to you, but the emotional connection already forming is so much deeper. While studying your new baby and forming this emotional connection, don't be alarmed if they are pale or blue or if their head looks malformed. These are normal occurrences with a vaginal birth. Acrocyanosis is a word used to describe the blue/white discoloration of the hands and feet. This occurs because the blood travels to your baby's most vital organs first (brain, heart, etc.) and slowly disperses out to the extremities. Therefore, acrocyanosis can last a few hours. And as for their head, this will also shape itself back to normal in a few days. You won't have a cone head baby forever.

**Minute 5:** As important as skin to skin is directly after birth, it is sometimes delayed. Delays in skin to skin may occur when the newborn has to go to the infant warmer. This most often occurs when an infant is born via cesarean section or if the vaginal birth was difficult or lengthy. After your little one is checked out and confirmed healthy, they are placed skin to skin as soon as possible, hopefully by minute 5. This delay in skin to skin doesn't cause any harm. All skin to skin time is beneficial in those first 24 hours.

By now, the nurse has listened to your little one's heartbeat and lungs, counted their respirations,

taken their temperature and tested their basic reflexes. At 1 and 5 minutes of life, your baby is given an APGAR score, which is an indicator of how well they are adjusting to the outside world/ how healthy they are. Heart rate, color, reflex response, activity and muscle tone, and breathing are each given a score between 0 and 2. A total score of 8-10 indicates a healthy little one. A score below 8 requires further assessment, monitoring and intervention. Increasing the APGAR score may be as simple as giving your infant time to adjust or clearing more fluid from their lungs, but it sometimes requires more intervention. Once baby is deemed to be doing well, a diaper is usually placed as soon as convenient. They may have already pooped or peed somewhere between the womb and your chest (gross, but honestly you are too infatuated to notice). When born, babies are also covered in vernix, which is a cheese-like substance that protects their fragile skin. Excess vernix, blood, secretions, poop, etc. are wiped, your infant is dried and a hat is placed to warm their little head. Footprints are then taken and bracelets are placed on the wrist and ankle of your infant, as well as yours and your support person's wrist in case your little one ever has to be separated from you. If possible, this is all done while your baby remains skin to skin.

**Minute 10:** If your little bundle of joy hasn't already, they may attempt to latch onto the breast to feed. This is an amazing natural instinct that your infant is born with. Some infants are pros right away, latching on perfectly and feeding like a champ. However, some infants need a little help learning how to latch and suck. Much of the hospital stay will involve you, your newborn, a nurse and a lactation specialist working together as a team to be sure that your little one is eating well. As babies learn to breastfeed, they can be vigorous and not know exactly what they are doing (how and where to latch). This can sometimes be painful for you. If it is, let the nurse and/or lactation consultant know. This is when you will all work together to adjust your little one's latch, so that they don't damage the nipple. You can also use Lanolin or other nipple creams to help with the pain and prevent infection. For this



reason and others, some mother's choose not to breastfeed. If this is the case, your infant may still attempt to breastfeed, as this is their natural instinct. This means that they are hungry, so they may be given a bottle at this time. This can be given by you, your support person or the nurse. If the 1 and 5 minute APGAR scores were concerning, a 10 minute APGAR score may also be given at this time.

**Hour 1:** Shots already! Yes, but all for the health of your baby. Tears will be shed, yours and theirs, but everyone will recover quickly. By an hour old, if your little baby hasn't already, they receive a Vitamin K shot in the thigh, which helps their blood clot to avoid any internal bleeding. The first dose of the Hepatitis B vaccine is given in the hospital unless you choose to wait until the first pediatrician visit. Also, antibiotic eye ointment is administered to prevent any eye infections that may result from bacteria exposure during birth. Your little one is becoming very busy. A full head to toe assessment is completed around this time to be sure all is well with your baby. Eyes, mouth, toes, fingers, genitals, abdomen, reflexes and more are checked during this assessment. Your baby's respirations, heart rate and temperature are checked often during this first hour and the next hour, often every 15-30 minutes. If your baby is at risk for low blood sugar (certain maternal conditions can pose a risk for low blood sugar in newborns), a blood glucose level will be taken around this time from a prick in the heel. Sometimes babies need artificial glucose gel and extra feedings if they have low blood sugar. If possible, all of this (shots, assessment, blood sugar, etc.) is done when your infant remains skin to skin. Otherwise, your baby does remain in the same room. Then, if it hasn't been done yet due to skin to skin and bonding time, your newborn is weighed. Length and head circumference are also measured. Once all of this is complete, your infant is swaddled in a blanket and given to you or your support person, or is placed back skin to skin with you. You can continue to bond and study your new little one.

This hour is where the changes in time are really shown. In the past, babies were taken to the nurs-

ery for all of the hour one shenanigans and often stayed there for the majority of the hospital stay. However, we have realized over the years that baby needs you! And there is no nursery at home, so you need to learn to care for baby.

**Hour 12:** By hour 12, you and baby have been transferred from the delivery suite to the recovery suite, where you spend the rest of the time until discharge. During these hours, your baby is still adjusting to life on the outside. It is important to keep them warm and to not overstimulate. If your infant is not skin to skin, hats and swaddles are encouraged. Your baby has been assessed by a nurse a few times by now. Besides assessments, these hours are spent learning how to care for your new little one. Have you slept yet? Some little one's love to sleep and are content in their crib. Others just want to be near mommy, so they can listen to that oh so familiar heartbeat. It's OK. This too shall pass. And in the meantime, cuddles are fun. Even if it doesn't seem like it, a typical newborn sleeps 14-17 hours a day! Often, they only wake to eat and mingle for a bit before going back to sleep.

Did I mention that newborns feed every 2-3 hours? They do, and much of this time is spent feeding and, if you are breastfeeding, working with nurses and lactation consultants until your baby is feeding well. Most of what babies get during breastfeeding is small amounts of colostrum, which is high in calories and electrolytes so that your baby receives adequate nutrition until your milk is fully in. However, sometimes little ones need a bit more than what is being produced. If your little one is having trouble breastfeeding or having low blood sugar, the doctor may order formula supplementation until they get the hang of it or until your milk comes in., and this is OK! A fed baby is a happy baby and your breastfeeding days are not over. You may pump whenever formula is given to assist in your milk coming in. Besides learning how to breastfeed you will also learn how to swaddle and change a diaper. Newborns may have had their first bowel movement by now (this is called meconium and is black and sticky) and they may have peed already.

However, doctors only expect one bowel movement and one void (pee) in the first 24 hours, so they still have time. Nurses spend much of this time educating you about shaken baby syndrome, baby basics, safe sleep and more. Infants are safest sleeping alone, on their back and in the crib (ABCs) without any blankets, pillows or stuffed animals. This is to protect the infant from suffocation and falls. This will also be encouraged when you and baby go home and until the infant is at least one year old. Cuddles are sweet, but safety is sweeter.

**Hour 24:** Your bundle of joy is 1 day old! Can you believe it? Big things happen when babies turn 24 hours old. Your infant has now been assessed multiple times by the nurse and at least once by the pediatrician. If your little boy has been circumcised, you will learn how to care for the circumcision. If they haven't been bathed yet, the first bath will also happen around 24 hours old. That vernix is good for their skin, which is why some hospitals delay the first bath until now. Your baby's cord clamp is also removed at this time, as the cord has dried. You can keep the clamp for memories if you want. Hopefully, your little one has gotten better at feeding. Infants are weighed again and it is not uncommon for them to lose up to 10% of their weight. However, any more than this can be concerning and the doctor may want formula to be given and more frequent feedings. It is also time for the "24 hour testing".

This testing involves checking their hearing, a CCHD test and taking blood. A CCHD test uses a pulse oximeter to test the amount of oxygen in the baby's blood. Low levels of oxygen can indicate congenital heart disease. When recognized early, this can be treated quickly to decrease complications. Blood is then taken from your little one's heel. It may seem like a lot of blood, but it's not. Don't worry. Most of this blood will be sent out to be tested for a variety of diseases and disorders. Parents often don't hear anything else about this, meaning that everything was normal. The rest of the blood gets tested at the hospital for your baby's Bilirubin levels. High levels of Bilirubin indicate jaundice, which is what causes

the yellow discoloration often seen in infants. This is a very common issue in newborns. Depending on how high the Bilirubin is, the doctor may want formula to be given and more frequent feedings, as this helps lower the levels. Your little one may also need to sunbathe under some UV lights or they may just recheck the level a little later and go from there. Either way, infants cannot be discharged until their Bilirubin levels are normal.

**Discharge/the next few days:** During the hospital stay, you have spent much time getting to know your newborn and learning the basics of caring for them. You are now confident enough and skilled enough to go home with your baby, where the learning continues. If you had a vaginal delivery, you can often go home at 24 hours if everything is going well with you and baby, otherwise 2 days is a normal hospital stay. If you had a cesarean section, you stay 3-4 days to give you time to heal. As long as your baby is eating well, having bowel movements and voiding, and all 24 hour tests were normal, they can usually be discharged from the hospital. They can now go to their forever home to settle in and continue to learn and bond with you. You and baby have had an eventful 1-4 days and can now relax a bit, at least until the first doctor's appointment.

Follow-up with a pediatrician is normally recommended 2 days to a week after discharge to be sure that the infant is still doing well. And then before you know it, your little nugget is walking and talking! You have made it through the newborn stage. Until the next baby, at least.





*AN INTERVIEW STYLE PODCAST WITH CHILD DEVELOPMENT EXPERTS WITH HANNAH & RACHEL HOME & CLASSROOM*



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# Plan for Your Infant with Their Toddlerhood in Mind

by Kathleen Harland

When planning for a new baby at home or in a child care program, we tend to prepare the environment based on what the infant can do at that moment. We may gather up blankets for them to lay and move freely on the floor or on a mat. We may create an area that we know will be safe from dogs or older children. We likely set up a cozy chair for feeding and soothing. “Check,” “check,” and “check.” All things needed for an infant who doesn’t appear to be doing a lot.

But, a funny thing happens as we watch our babies notice the things around them, like shadows on the wall or the voice of a loved one who’s returned. We see that these babies are doing a lot. They are using all of their senses, all day long, to gather information to help them make sense of the world around them.

When given the opportunity to explore materials, they will grasp, mouth, and drop their way to understanding “What does this do?” and “What can I do with it?” Babies are also keen observers, watching as we and the other children in care go about our day. They see our facial expressions, our movements, our interactions, our play and our exploration. It is amazing how quickly an infant moves from being the youngest and most protected, to the child who must also learn to climb carefully around the baby or to have “gentle touches” for the baby. They grow so quickly! The young infants have their turn watching as the older classmates or playmates crawled up the stacked mats, pulled to a stand at the two-tiered shelf, pulled the fabric baskets down from the window sill, and threw the metal bowls

over the gate to make that fabulous clanking sound. They had their turn to watch and so quickly they grow into their turn to try, practice, practice more, practice even more, and then to master those skills!

When preparing an environment for infants at home or in child care, keep in mind the curious, competent, inquisitive toddler they are growing into with each opportunity to choose, explore, test, taste, gather, dump, and drop. Plan with the near future in mind. A full dramatic play area equipped with a play kitchen is beyond the need and ability of an infant but a soft bin filled with colorful pot holders and another with bowls of various sizes and textures would be a fabulous exploration for infants. At first, they will be experimenting with how to grasp them and with the various feel and shine of the materials. They may be noticing that you can see the toys in the clear plastic bowl, that the metal bowl reflects the light from the window and that the wooden bowls are the heaviest. As time goes on you’ll likely see sorting and exploration of how each one rolls or tips. In time, those same children are “mixing” in those bowls and using the potholders to grab the “hot soup.”

Having a variety of open-ended materials accessible for infants and toddlers to choose, for exploration and discovery, is providing learning and development opportunities for them. We, as the caregivers and families of these infants get to watch them continue to use all of their senses and developing skills as they elevate their play with each growing day.

# NANA

*mindful moment*

with Kim Polstein, LMSW

THE FUTURE IS IN YOUR HANDS

I recently heard someone say, “The past is in your head, the future is in your hands.” This sparked some curiosity for me. What does it mean to have the future in your hands? Is it referring to the actions you take or don’t take toward any given decision? Could it be referring to something or someone you’re holding? I believe it could be all of those things. What I discovered for myself in meditating on that quote is that it doesn’t necessarily have to be an external “thing.” The past is in your head, the future is in your hands, could simply be suggesting that you be present in the here and now. Rather than spending time thinking of the past, or focusing your thoughts on the future and what comes next, what would happen if you became present to the now?

This month I’ll challenge you to focus on presence. We can do that through a simple mindfulness exercise of becoming aware of our bodies. For the sake of consistency with the quote that sparked this thought, let’s focus our attention to our hands.

As you move through your day, notice your hands. You might notice that they are cold from the morning chill, or cold from a stressful response in your body reacting to a crying infant, or a deadline at work. Maybe they’re sweaty and warm. Tuning in helps us to recognize signals our body may be sending us. Take note of the color, the shape, the way your skin feels stretched across muscle and bone. Is it tight and dry? Is it relaxed and hydrated? There is nothing to fix, nothing to change, just practice becoming present to what already is. Notice how your hands feel when they touch something soft or warm, cold or hard. When you find you are living “in your head” see if you can be present in the moment by noticing your hands. ⚡





# Are you talking to me?

by  
**Mary Miranda**

**M**y first child was a surprise C-section. Having complications from the anesthesia along with a lingering lack of support for breastfeeding in the early 1980s resulted in my plan to breastfeed being put aside. The nurse in charge of the bottle-fed babies was a large woman with a strong Nordic accent.

In my mind, I called her Helga the Horrible; she completely intimidated me as she hovered while I fed him, changed him, and bathed him; frequently taking over the job to show me how to do it 'correctly'. Immediately after he was fed and my baby care lesson ended, she would rush him back to the nursery. I never had a real chance to just hold him and relax with him and to enjoy forming that initial bond. I had never in my life felt so unconfident and incompetent. Three days later, her final words to me as we left the hospital were, "You have an easy baby here. Now you be a good mother and don't go spoiling him, you hear me? I've got him on a nice 4-hour schedule for you."

As my husband and I drove home I thought about what Helga had said and I resolved that I would be a perfect mother and do as she had advised. While it seemed that he always wanted to eat after 3.5-hours, I was able to keep to the strict 4-hour schedule for the morning and the early afternoon feedings by using a variety of techniques to distract him from his hunger. But his late afternoon meal was different. His cries grew very loud very quickly, his face turned a motley red, and his fists clenched. He was clearly very distressed. As I watched him frantically moving his mouth and head around searching for his bottle, I knew Helga was wrong and I gave him his bottle.

Of course, we know you cannot spoil a baby and I was right to ignore Helga's warnings. I was not 'spoiling' my son by responding to his cries. He was simply a hungry baby, trying hard to commu-

nicate his need and by responding to him promptly for all his future meals I showed him that he could trust me to meet his needs and that the world was a safe and secure place.

From birth, your baby will talk to you. They obviously can't use words but will communicate needs to you with a variety of signals. These signals are called baby cues and evolve and expand as they develop. You will notice cues in the sounds she makes (such as crying, cooing, vocalizations), how she is moving or holding her body (such as leg motions, tension, reaching, pointing, rate of breathing) and the facial expressions she makes (such as degree of eye contact, unfocused staring, intent staring, frowning, smiling).

Since no two babies are exactly alike, each will use his own combination of cues to talk to you. But how do you know what those cues mean? WHAT is your baby trying to tell you? Their movements may seem random, the facial expressions may seem fleeting, and there seems to be an endless variety of cries. Figuring it all out at first can feel overwhelming. It can be heartbreaking to hear your baby crying and not know what he needs. There will be a lot of trial and error at first, as you offer one solution and then try another. Perhaps you hear the baby start to grumble a bit after you have just fed him and laid him in bed. When you pick him up and rock him, he continues to fuss. Next, you try putting him over your shoulder and patting his back. Suddenly, he burps, and immediately relaxes. Success! Next time he grumbles like that, you will know he might need help with burping.

It gets easier with time and practice. You will begin to notice patterns. You may notice that when he talks to you by making sucking noises, smacking lips, nuzzling your breast, or putting his fist in his mouth, he is telling you that he is hungry. When he talks to you by yawning, staring into space with

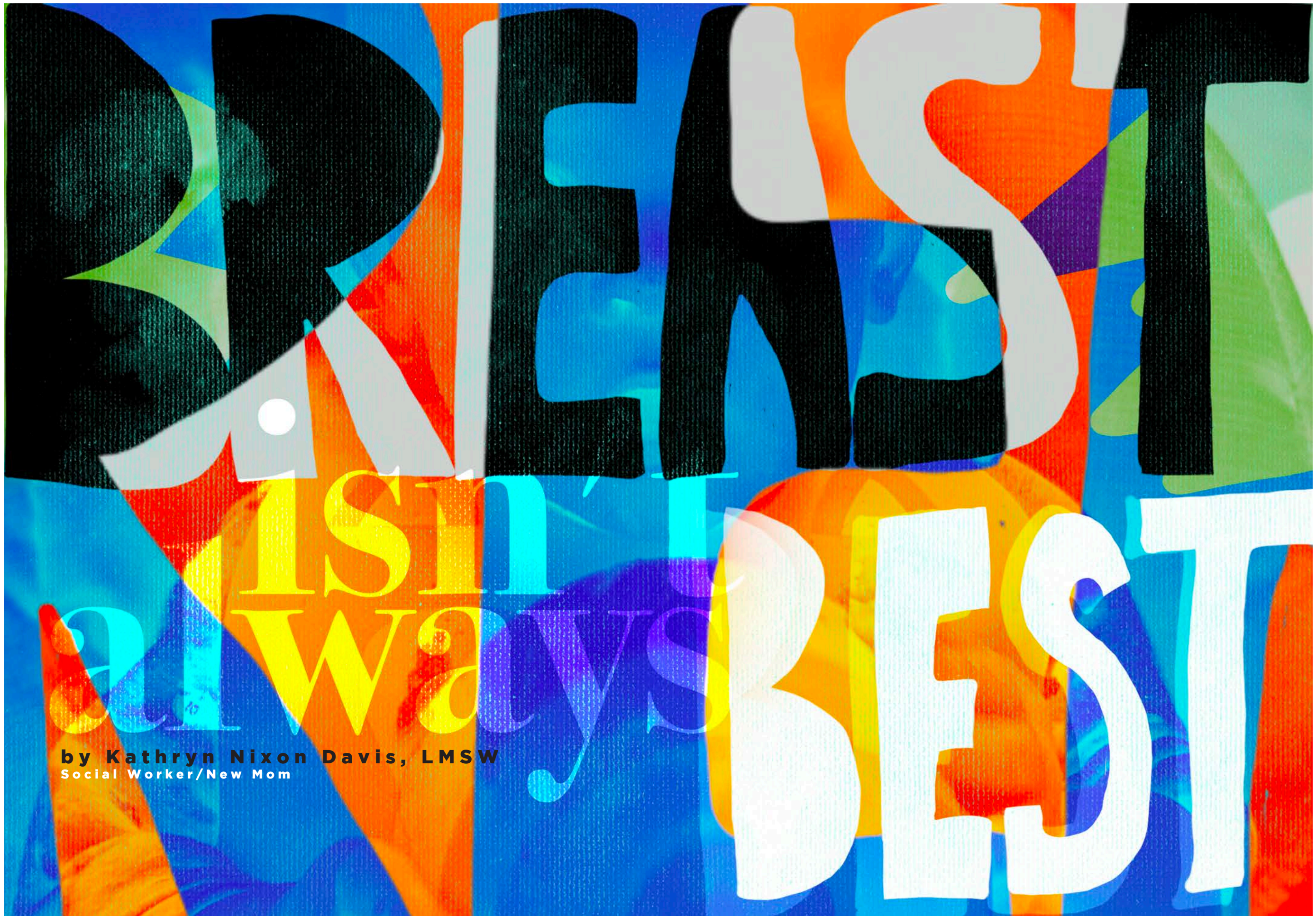
unfocused eyes, starts tugging on his ear, sucking on his fingers, or ceasing to maintain eye contact, he is telling you he is tired. When your baby talks to you by making and holding eye contact, has body movements that are smooth and relaxed and the facial aspect is alert with wide open eyes, smiling at you, imitating your facial expression, tracking a toy you move from side to side, he is telling you he wants to play and interact with you. When he talks to you by turning his head away from you or the object he was looking at, begins squirming and getting restless, or arches his back away from you, he is telling you she needs to stop and take a break.

Translating baby cues is like being a detective. Cues are like clues. As a sensitive and responsive parent, you will observe the cue clues your baby gives, then interpret the meaning of them and respond appropriately to the baby's need for nourishment, comfort, or stimulation.

In *The Conscious Parent*, Dr. Shefali Tsabary writes "Free yourself of all distractions, and attune yourself to them in a state of curiosity and delight." Spend as much uninterrupted time with your baby as possible. Relax and enjoy him. Focus on his behaviors, facial expressions, and sounds. Babble with him. Give him time to babble back. Gradually, the patterns will emerge, you will become adept at reading his cues, he will become adept at reading yours, and communication will become smoother as you become attuned to each other. One morning you hear him murmuring to himself in his crib. He turns toward you as you enter his room and you gently call, "Good Morning." He coos back at you, smiles, and raises his arms toward you. You smile and ask, "Are you talking to me?"

In your heart, you know the answer. Yes, he most certainly is.





by Kathryn Nixon Davis, LMSW  
Social Worker/New Mom





**Feeding my son was a huge source of stress and anxiety for me. I wish I could take back the months of tears, guilt, and shame I felt from my semi-chosen feeding method for Ben. Fed is best. Maternal mental and physical health are intricately linked to an infant health and well-being, and sometimes that means not breastfeeding.**

lot of pressure and judgment about choices made, but I didn't quite know until I had my son. Here's what I was hesitant to say in public: According to certain motherhood websites and pockets of the internet, I have a somewhat controversial opinion on when it comes to newborns and babies: Breast is not always best. There. I said it.

It feels silly to admit now, but I had no clue that feeding your newborn every 2-3 hours was one of the main reasons why new parents get no sleep (besides the whole newborns don't sleep part). Where was that info in the "what to expect" guide? Did I skim over that part of the required reading? Everyone kept telling us to

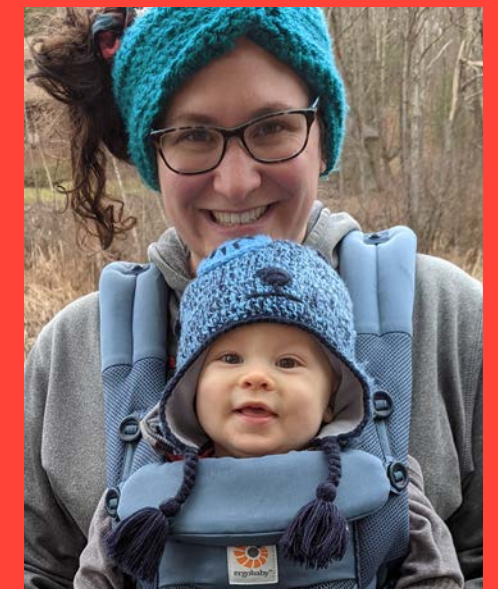
enjoy our sleep while we could, but they could have been a little more specific with the details. Was it just me that was surprised about this? I thought I knew enough about babies to get by, but I was seriously clueless when it came to feeding. My childbirth and breastfeeding classes were cancelled, so I naively assumed that it would be a natural, easy process that genetics would instantly reveal an intuitive road map once I gave birth.

Feeding my son was a huge source of stress and anxiety for me. I wish I could take back the months of tears, guilt, and shame I felt from my semi-chosen feeding method for Ben. Fed is best. Maternal mental and physical health

**A** little over one month of the shutdown, amongst all the fear and should we or shouldn't we's of figuring out how to be as safe as possible with a virus the world didn't yet understand, I had my sweet little boy. We spent our four weeks in our little cocoon, just the three of us. Our only in-person interactions that first month were masked porch visits from my mom; dropping off groceries and the myriad of supplies we realized we needed and didn't have. Those first few weeks at home were

exciting, scary, and more than little lonely. My husband and I were thrown into the world of tracking wet and dirty diapers and around the clock feeds.

Being a first time mom during a global pandemic has been the most challenging, yet rewarding experience of my life. Almost a year out, I have the sweetest, curious, smiley, happy little boy, but goodness it was a rough start. If I'm being completely honest, I was nervous to write this. I knew that parents can feel a





are intricately linked to an infant health and well-being, and sometimes that means not breastfeeding.

There are a variety of factors that went into our decision to formula feed, but in the end, it was the best decision I could have made for my mental health and my relationship with my son. I was so completely unaware of my bias against formula that it took me months to feel ok with the decision. I had the impulse to hide the formula tubs in my cart or explain my feeding dilemma to those checking me out at the store, stemming from my imagined judgment from strangers and my internalized judgement of myself.

I initially put my vision of how I would feed my son over my mental and physical wellbeing. I hope anyone that is reading this that has struggled with similar situations will let go of all the pressure, guilt, and even failure you may have felt as a result of not breastfeeding. It took a while, but I finally did and it was such a weight lifted. Now I call it my brand of feminism.

The second lesson I've learned over the last 10 months is the importance of developing connections with others to give support through the joys and challenges of keeping a tiny human alive and thriving. It has been empowering to share my experiences with friends that have babies younger than my own.

A month difference in age in the infant world can mean huge developmental changes, and having someone to talk to who has recently gone through a similar stage was

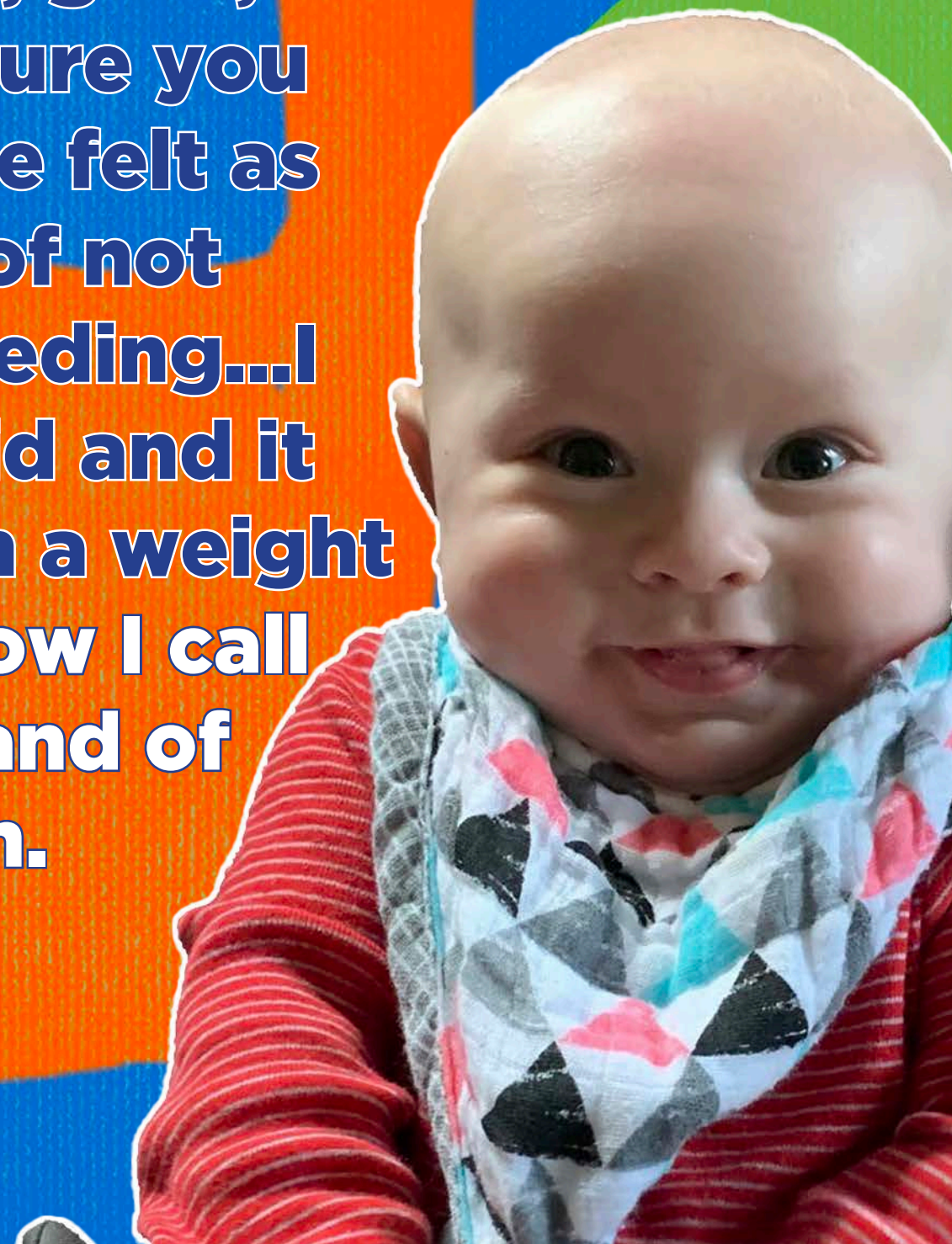
key for my feeling connected and reassured throughout my journey. If you are about to be a parent or are in the new parent stage, don't hesitate reach out and ask for help or advice, no matter how stupid or silly you think your question may be. It might feel like it at times, but you're not alone.

My first text to a mom that was a month ahead of me in the parenting world was such a saving grace for me in those early days. I can't remember what I asked, but I remember the desperation I felt before sending that first text. The conversation quickly became "are you as big of a mess as I am?" Acquaintances and "friends" on social media have transformed into people I rely on to share and celebrate the ordinary day-to-day milestones, laughs, and more importantly, fears and anxiety.

Having fellow new moms to talk to has been such a blessing, especially during this uniquely connected, yet lonely period in human history. Reach out and ask those "stupid" questions, commiserate at 3am about your baby that refuses to sleep, ask what gadgets are worth it and what aren't, and give other people the chance to tell you yes, it does get better after the first couple months. The reassurance and reminders that I am strong and will get through whatever challenges that arise has been invaluable. I count the growth of my friendships as a gift, despite not being able to actually see one another in person (thanks covid).

***Parenting really takes a village, and I'm so thankful for mine.***

**I hope anyone [who] has struggled with similar situations will let go of all the pressure, guilt, and even failure you may have felt as a result of not breastfeeding...I finally did and it was such a weight lifted. Now I call it my brand of feminism.**





# BABY'S FIRST FOODS

BY MEGAN MORROW, RDH, CDN



Recently, I've found myself interested in the study of both pediatric food allergies and baby's first foods. This is due in large part to having a one-year-old of my own and going through the introduction of solid foods just a short time ago. My husband and I were anxious to start. We were unsure of how our daughter would react to certain foods and sought some guidance from our pediatrician. Not every parent feels this nervous introducing their baby to their first foods, but admittedly we were. We started slowly, being careful about how much and how often we gave her these foods, in particular those considered to be the top allergenic foods. Fortunately, she handled them quite well and we had no issues. From our experience, I can sympathize with parents and caregivers during this stage of development and would like to share some of the information I've learned along the way. It might just help ease your mind, or at least brush you up on introducing baby's first foods.

Towards the end of December, the 2020-2025 Dietary Guidelines for Americans were published. In this updated document they have included nutrition recommendations for infants and toddlers, which hasn't been added to this publication since 1985. In the footnotes below you will find the link for it in its entirety so you can conduct your own research.

"Every bite counts" is addressed throughout the dietary recommendations for all stages of life. This is particularly true for infants and toddlers, as their stomachs are small and they can only take in so much. Eating small amounts of nutrient dense foods is truly important and vital for their growth and brain development. Introducing baby to new foods becomes that much more important as babies begin to learn taste preferences at an early age.

It is recommended for baby to start trying solid foods as early as six months. If baby is showing signs of "food readiness," which is being able to control the head and neck, sitting up alone or with support, bringing objects to the mouth, and trying to grasp small objects, some experts say baby can be ready as early as four months of age, but earlier than that is not recommended.

Complementary foods are often tried first. A "complementary food" simply means any solid foods that complement either human milk or formula. Exam-

ples of these foods include fruits, vegetables, and cereal grains. After these complementary foods are tolerated with no reactions, it is fair game to introduce the top allergen foods.

So which foods are considered top allergens? They are eggs, peanuts, tree nuts, shellfish, soy, cow's milk, wheat, fish, and most recently researched, sesame. These are the foods that lead to nearly 90% of food-related allergic reactions. A food allergy occurs when the body reacts against otherwise harmless proteins found in certain foods. Reactions to food allergies typically occur shortly after a food is ingested, or in some cases has even made contact with the skin, and they can vary in severity depending on the individual. Signs of an allergic reaction could range from hives, rashes, itches, wheezing and shortness of breath to nausea, vomiting, diarrhea, or swelling. It is important to note that if baby does have an allergic reaction to one of the foods introduced, that doesn't necessarily mean that baby will be allergic to that food for the rest of his or her life. In many cases the child outgrows the allergy as the body "learns" the new food.

One of the most commonly discussed food allergies among children in recent years occurs with exposure to peanuts, so let's look at that as an example. When I was a baby, the more common school of thought among pediatricians was to have parents wait until after the baby was over one year old (or even older) to introduce peanut butter. Things have changed, however, and there has been an abundance of research that has shown the importance of introducing peanuts to baby around six months of age to help reduce the chances of an allergy. Some research has even shown that the longer you wait to first introduce peanuts, the greater the chances of baby having an allergy to them. Studies have also suggested a potential link between an allergy to peanuts and other foods and/or medical conditions. For instance, if baby has severe eczema or has shown an allergy to eggs, the recommendation is to try peanut butter as early as four months of age, as these children have a greater chance of developing a peanut allergy. In this case, however, you would want to consult with your pediatrician and/or allergist. They might require a blood test or skin prick test, and then provide options to when and how to introduce peanuts to baby.



Now, how do you have baby taste peanuts for the first time? Some parents use peanut butter powder (mixed with breast-milk, water or formula, or even mixed in with some baby cereal), while some crush up a peanut snack called



photo by Derek Owens on Unsplash

Bamba. Other parents stick with the lunchbox standby, regular peanut butter, and use breastmilk, formula or water to thin the consistency down. While there are other options, these tend to fit the bill nicely. From our own experience, we went the natural peanut butter route, thinned with breastmilk, which is something our daughter was certainly familiar with. During this time of early introduction to food, the concern is not about providing food and calories to fill up baby, it's all about a slow and steady exposure of new foods and tastes to baby.

Based on expert recommendations and some personal experience, I feel it is ideal to have baby try these new foods at breakfast or lunch, versus later in the afternoon or evening. The reasoning behind this is that if baby were to have an allergic reaction to that food, it would likely happen while they are supervised during the day and appropriate care could be given. It is best practice to introduce a new food at home, not at a restaurant or when baby is in child care. When baby tries a new food, give a taste, wait

ten minutes, and if there is no reaction, give baby as much of the serving as he or she wants. Once you do introduce baby to a new food, offer it for about three days before introducing the next new food. This slow and steady process will allow you to know for sure if baby is able to digest said food without any reactions before moving on to the next. Once those less allergenic foods have been tolerated, go ahead and start introducing the potentially allergenic foods such as eggs and peanut butter along with complementary foods. Again, do this over the course of several days per each new food to weed out any questions or concerns about which food is causing the reaction. If there happens to be a reaction to any of the foods, consult your pediatrician or allergist.

After reading about the prevalence of food allergies in children increasing, I often thought what could prevent it from happening? Why are allergies increasing? Unfortunately there is no clear answer. Some research suggests

that exclusively breastfeeding your infant for at least the first six months of life can delay food allergies. Other research suggests babies that are surrounded by animals, in particular babies that live on farms, are less likely to develop food allergies. The beautiful thing about science is that it continues to improve upon itself. There is a lot of research happening on how to decrease the chance of food allergies (such as introducing peanut butter as early as four-six months versus one year of age), as well as how and when to reintroduce these foods in the appropriate way to allow an individual to grow out of their allergy. Luckily, we will continue to learn more about this exciting subject as the studies continue.

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# Nourishing Brain Development

by: Maggie Hartig, Registered Dietitian

What do eggs, meat, dairy, fish, nuts, oatmeal, and leafy greens all have in common? I know what you might be thinking, and yes, they are hallmarks of a healthy diet, but more importantly, all of these foods contain essential nutrients that are critical in a child's healthy brain development.

Brain development is most sensitive to a baby's nutritional intake from mid-pregnancy through three years old. Coincidentally, the majority of the brain's structure and capacity is formed before a child's a third birthday. Inadequate nutrition during this time can have long-lasting effects on a child's cognitive development as well as mental health later in life. Imagine that you're building a house. In order to build a stable house, you need to start with a strong foundation. Early nutrition is like the foundation that brain development is built on. Memory function, attention span, metabolism, cell growth, sensory systems, risks for neurological birth defects, mood and impulse control and decision-making ability are all directly impacted by a nourished brain.

While all nutrients are important for normal brain growth and function, some are particularly crucial during the early stages of an infant's life. You may be familiar with some of them such as iron, vitamin D, omega-3 fatty acids, and folate (folic acid), but other lesser-known nutrients include choline, zinc, and iodine.

Some key brain-building nutrients and their best food sources are choline, found in red meat, eggs, fish, dairy, nuts and seeds, beans, cruciferous vegetables, liver. Folate is found in liver, dark leafy vegetables, fortified cereals and breads, soy, beans, nuts, asparagus, fruit and fruit juice. Iodine can be found in seaweed, iodized salt, seafood, dairy products, eggs, enriched grains. Iron is present in meats, soy, soy products, beans and lentils, fortified cereals and breads, dark leafy vegetables, baked potatoes. Protein includes meat, poultry, seafood, beans, peas, lentils, eggs, soy products, nuts and seeds, milk, and dairy products. Vitamin A is in milk and dairy products, eggs, liver, fish, and green, orange, and yellow vegetables (carrots, sweet potato, spinach, tomatoes). Vitamin B6 is present in liver and other organ meats, fish, potatoes and other starchy vegetables, and non-citrus fruits. (Not a comprehensive list)

Here is a Sample Brain Boosting Menu

Breakfast	Lunch	PM Snack
Milk	Milk	Water/Milk
Spinach, Cheese, and Egg Frittata or Omelet	Brain "Power" Bowl	PBJ Smoothie
Whole Wheat Toast	CHOOSE A GRAIN: Quinoa, brown rice, farro, wild rice, barley, etc.	Nut/Seed Butter
	CHOOSE A PROTEIN: Lean-meat, fish, tofu, hummus, falafel, beans, peas, lentils, soybeans, seeds, hard-boiled egg, cheese etc.	Low-Fat Yogurt
*Tip: try adding diced tomatoes and/or bell peppers. The vitamin C helps absorb the iron from the spinach and eggs.	ADD TOPPINGS Fruits and veggies (at least 2-3) Another protein Dressing/seasoning	Banana
		Strawberries
		*Substitute strawberries with another fruit or try a combination: raspberries, blueberries, peaches, kiwi, mangoes, pomegranate etc.



Nutrients work synergistically in the body. Focusing on one nutrient at a time is both impractical and overwhelming. Instead, consider the diet as a whole and try to include as many types of foods from across the food groups as possible. Many of these nutrients can be found in the same foods! For example, eggs are an excellent source of choline, protein, vitamin D, and B<sub>12</sub>.

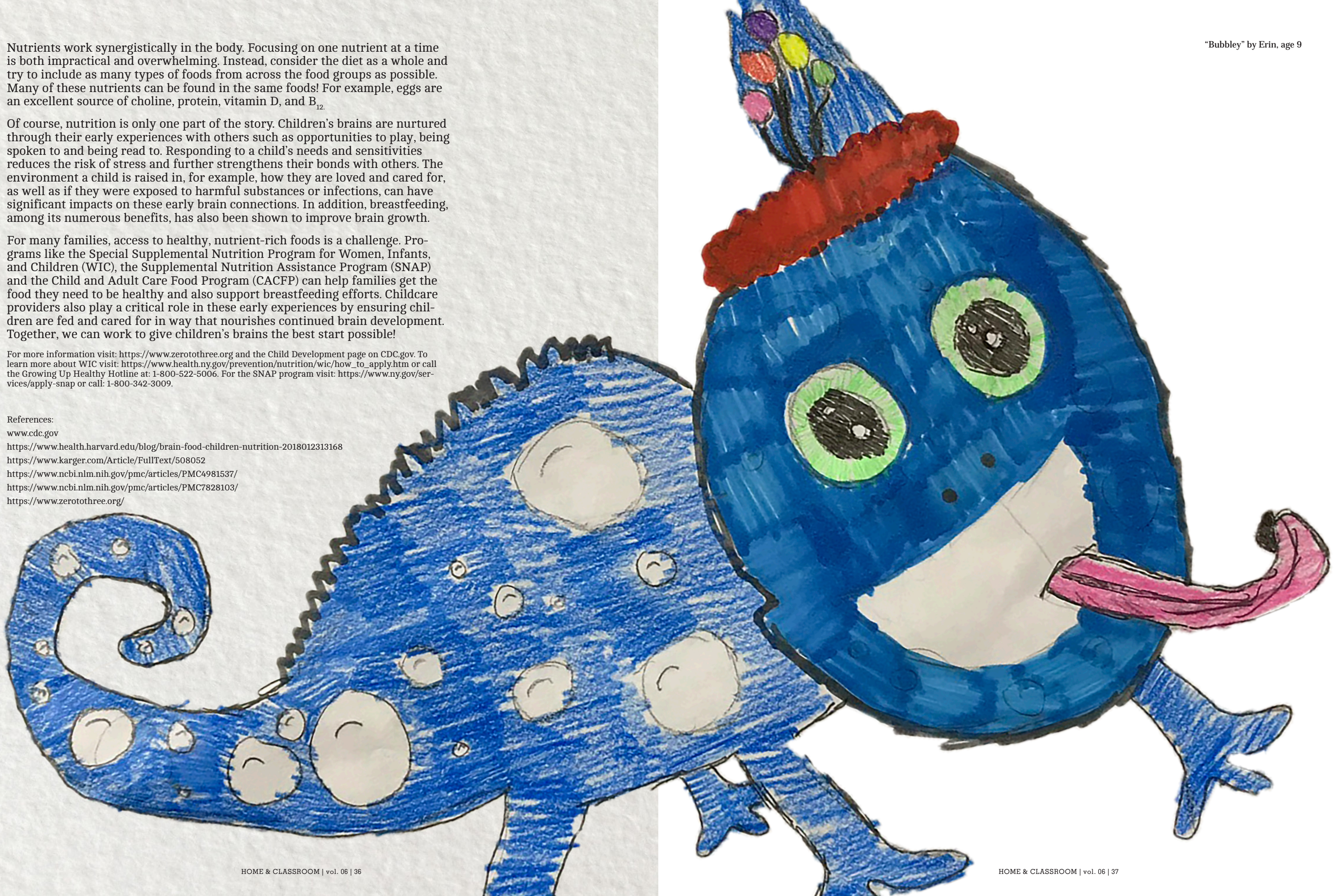
Of course, nutrition is only one part of the story. Children's brains are nurtured through their early experiences with others such as opportunities to play, being spoken to and being read to. Responding to a child's needs and sensitivities reduces the risk of stress and further strengthens their bonds with others. The environment a child is raised in, for example, how they are loved and cared for, as well as if they were exposed to harmful substances or infections, can have significant impacts on these early brain connections. In addition, breastfeeding, among its numerous benefits, has also been shown to improve brain growth.

For many families, access to healthy, nutrient-rich foods is a challenge. Programs like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP) and the Child and Adult Care Food Program (CACFP) can help families get the food they need to be healthy and also support breastfeeding efforts. Childcare providers also play a critical role in these early experiences by ensuring children are fed and cared for in way that nourishes continued brain development. Together, we can work to give children's brains the best start possible!

For more information visit: <https://www.zerotothree.org> and the Child Development page on [CDC.gov](https://www.cdc.gov). To learn more about WIC visit: [https://www.health.ny.gov/prevention/nutrition/wic/how\\_to\\_apply.htm](https://www.health.ny.gov/prevention/nutrition/wic/how_to_apply.htm) or call the Growing Up Healthy Hotline at: 1-800-522-5006. For the SNAP program visit: <https://www.ny.gov/services/apply-snap> or call: 1-800-342-3009.

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# Letters to Babies

by Irina Cardoso

Learning stories are a narrative approach to observation and documentation that have the power to connect families and teachers through a unique, personal, and surprisingly fun and easy method of observation. This observation method also helps to inspire and inform families and teachers by highlighting the meaning of every day moments in a very individualized manner that is specific to the child's growth.

Learning stories are different from other types of observation in that it is written as a story, by the teacher to the child. Essentially, the teacher becomes a letter-writer describing and documenting the important moments, discoveries, set-backs, and milestones reached by the child each day. Because they are written in an informal, letter-like style and focus on the child's strengths, ideas, and learning; they are as enjoyable and easy to write as they are to read and understand.

Learning stories are also helpful in creating a responsive relationship between the caregiver and child, as the teacher must remain observant about what the child is doing, learning, discovering, or practicing. As an added bonus, when families pick up their children from child care, a short story about the day can be very meaningful as well as helping to strengthen the parent-teacher relationship.

Ready to try it?

While focusing your attention on a moment of the day, ask yourself the following: what am I seeing? Describe in detail what the child is doing, the environment, who else or what else is involved in the moment. If possible, provide details of sounds, words and actions, then add your perspective while answering the question, "Why is this important?" From your point of view, the story becomes assessment tool when you relate the object of the story with developmental milestones. You can focus on pointing out an effort or offer a testimonial on skills you are seeing the child practice. As a conclusion, add a sentence or two about how you will provide opportunities to expand on what you observed.

You don't have to do it all on the spot. When you notice the event, jot down some notes if you can, or do it later. Then, transform your notes into letter form. Make it personal, address it to the child or simply call them by their first name and introduce yourself as the 1st person narrator.

Writing the story in letter form accentuates the relationship between the observer and the subject of the story. Once you add the narrative it will start to feel like a conversation. After you have told the story, read it to the child whether they can respond or not. Then share it with the family or a close family member or friend, if you are the parent. Ask for feedback and continue the conversation. You can even start by taking pictures of something that caught your eye and then write a story about the image. It doesn't have to be a major milestone, just a moment in time and remember the audience, the family, who will cherish the information no matter its simplicity. By sharing, we are showing our care.

Here is an example of a learning story. This story portrays an 11-month old infant who has recently learned to walk.

*Dear Nara,*

*Yesterday, I was sitting on my rocking chair, holding your friend Kai. You were walking in circles around the chair a few feet away. Kai fell asleep right away and I went to lay him down in his crib. I came back to sit on the chair, when you crawled closer to me and continued to circle around the chair. You made eye contact with me when your rounds positioned you in front of me, then you looked down. After a few more rounds, you walked away and picked a stuffed animal and proceeded to walk toward me holding it with your right hand. Once you reached me, looked into my eyes, you smiled and let go of the stuffed animal, placing it on my lap. Then you waited there still looking at me. I said: "Thank you Nara!" You smiled and reached to grab the animal again. You then took the animal and walked away a few steps, then you came back and repeated the motion, placed the animal on my lap, I picked it up and said, "Thank you!" You again stood there, then I extended my hand to give you the animal back and then what did you do? You took the animal and you said something that resembled thank you!*

*This is important because first, before this day I had never heard you say thank you! Second, because we were having a special conversation where you and I were able to experience cause and effect. By your decision to engage with me you showed me that you know communication and are learning social skills. You established rapport by first circling around the chair, and then you planned the steps to get closer to me by bringing me an offering, the stuffed animal. Then you imitated and practiced socialization by expressing thank you back. Your brain is also building capacity for continuous interaction, which is an essential social and cognitive skill.*

*I will continue to explore communication with you, by expanding the conversation further. I also noticed that you were able to make connections with me rocking Kai in the chair and you brought me the stuffed animal so I could take care of it too. I will bring out the baby dolls next week for us to play together and continue to practice serve and return. Because with serve and return we are building relationships, and this will help you make and keep friends in the long term.*

*Until then,  
Happy playing!  
Caregiver's name*





# say my name, say my name

by

Jessica

Orellana, M.Ed.

**O**ur names tell our story and shape our identity. Names often connect us to our culture, language and family. Before I was born, my mother knew my name would start with the letter J. In the Jewish tradition you name your child after a deceased family member. Papa Joe, my mother's grandfather died before I was born. My name Jessica was the subtle connection to my mother's love of her grandfather and my family's Jewish tradition and history. Jessica was the 2nd most popular name the year I was born, and friends, educators and employers never struggled to pronounce it. I have met many (I mean, seriously, so many) people with my name, heard my name as characters on TV shows and always find it on a keychain. My last name, however, is less common in the United States. My last name is Orellana, pronounced Or-Eh-Yana, representing my Mexican heritage, where my father's family originates. From a very early age my Dad brought me to Mexico City to spend time with family, taught me the language and passed on Mexican traditions. His pride in his culture gave me the confidence to respectfully correct someone when they said, Or-A-Lana, Or-Li-A-Nu, or Air-A-Lano. I had some teachers who were very determined to pronounce my name correctly and I had others who either seemed too shy to try or maybe did not care. Understanding the importance of pronouncing a name correctly honors the family's intentional decision to pick a baby name.

We begin building relationships starting in the womb. Infancy is a critical time in development for early bonding and attachment. When an infant is in your care, you say their name frequently while you sing, play and engage in daily routines. With time, babies learn the sound pattern of their name and respond consistently at around 9 months old. You will not always know

how to pronounce a baby's name. However, considering how many times we use a person's name, it is important to correctly pronounce it as soon as they enter the world.

Dionne Grayman wrote an article for Chalkbeat (2019) about her educational experience growing up with a name commonly mispronounced. She wrote, "My class roster included names that my teachers surely had seen before. Yet I can still recall the way they butchered mine. "Dionne" — pronounced Dee-OWN — had a least four variations that included Dee-On, Dye-Own, Day-On, and Dianne. Whenever teachers mispronounced my name, it made me feel they had taken a shortcut and that the added step of learning the correct pronunciation wasn't worth the effort. Which meant, to some degree, that I wasn't worth the effort." This experience stayed with Dionne until adulthood and today her work is grounded in amplifying the voices of marginalized communities. When a name is unfamiliar to us, learning how to pronounce it correctly is not just common courtesy, but is an important component of psychological safety. When we feel seen and respected, we feel safe. This impacts our ability to learn, make and sustain relationships, and develop a strong identity.

No one is perfect and we all make mistakes along the way. My first mistake I was aware of and was called out on happened while teaching kindergarten. My student's name was Shateria, pronounced, "Sha-Tear-Ah" and I made a typo and labeled her cubby Shaterig. Her mother walked in and before even looking around the classroom or introducing herself or her daughter, quickly pointed out my error. In that moment, I learned a valuable lesson. My teaching philosophy of respecting different cultures, abilities and identities required intentional effort. From then on, I would go through



my roster in advance and reach out to families before the first day of school. I started sending out a postcard to each home with a short introduction, followed up with a phone call. By the first day of school, I knew how to pronounce each family member's name, including pets and imaginary friends!

Fast forward to today working at Brightside Up as a mental health consultant, I have upheld my commitment to cultural competency and relationship building starting with the very first interaction. Below are the name stories of Rensselaer and Albany County Head Start teachers that I have had the pleasure of working with. These stories are shared with permission, enjoy.

**Brianna Elizabeth:** "My grandfather went down to the hospital gift shop and bought a baby name book. The name before Brittany in the book was Brianna. Now, I only go by 'Bri' since most people pronounce Brianna like BRE-ON-AH but mine is pronounced BRE-ANN-UH. My mom gets really upset when people say my name wrong, so it's easier to go by Bri. My middle name, Elizabeth, however, is also my maternal grandmothers middle name."

**Pronunciation:** Bre-Ann-Uh E-Liz-Uh-Beth

**Dera Nicole:** "My mom came across my name from a map in the Bible. Dera means holy land and my middle name is Nicole which means victory. So together its holy land victory."

**Pronunciation:** Dare-Ah Nih-Cole

**Emily Ho Fang:** "I was adopted from Taiwan when I was about 5 months old. My adoptive parents decided to keep my birth name, Ho Fang, however they did "change" it to be my middle name. When my parents were deciding my first name, my mom really liked the

name Emma but my dad didn't think that was the best fit name for me. So they decided on Emily instead."

**Pronunciation:** Em-Uh-Lee Fong

**Kelly:** "My mom was 19 years old and liked the movie star Janet Leigh. Janet Leigh had just had a baby and named her Kelly. My Mom fell in love with the name and named me Kelly!"

**Pronunciation:** Kel-E

**Tempitope:** "My name is TEMITOPE! Simply put, it means I AM THANKFUL! My parents have had seven children. And my mother was contented with four girls and three boys. She didn't want another child. Then she conceived again. And when she found out, she had said: T'em i to ope. Meaning: My lot is worth being THANKFUL for. Yoruba names are oftentimes, sentences that are constricted. It's important to pronounce a name the right way, otherwise the real meaning is lost. It should be noted though that moving from one nation to another, we find ourselves among other people, cultures, and languages who may not be able to pronounce my name as my people would. I appreciate those people who would still make honest efforts. It shows that they are interested in whom I am. And I really do not mind if they could not pronounce my name."

**Pronunciation:** Tay-Me-Tor-Kpe (The last syllable [kpe] has a clicking sound)

Grayman, D. (2019, December 16). My teachers mispronounced my name. Decades later, it still stings - and influences the way I coach educators. Retrieved January 20, 2021, from <https://ny.chalkbeat.org/2019/12/16/21111812/my-teachers-mispronounced-my-name-decades-later-it-still-stings-and-influences-the-way-i-coach-educators>

# WHAT ABOUT THE WIND?

by Colleen Sterling

The wind can be difficult concept to understand. Wind is moving air and air is what we breathe. You can't see wind, except for what it moves like leaves, branches or plastic bags. You feel wind on your skin and blowing through your hair. Sometimes you can hear the wind rustling through leaves or whistling through cracks in your home.

The first step is to find out what your child understands about wind and get them thinking about how it works. Here are two fiction books about wind that you can use to introduce the topic of wind with your child. *Gilberto and the Wind* by Marie Hall Ets (1963). A little boy hears the wind whispering at the door and takes this as an invitation to play. His inability to control the wind is problematic. *Like a Windy Day* by Frank and Devin Asch (2002). A little girl thinks it would be fun to imitate the wind's actions—snapping wet sheets, stealing hats, and shaking dew from a spider's web. Text is minimal with good descriptive words.

After reading, make a list with your child and talk about what they see the wind moving. Your child may mention things like clouds, sailboats, grass, kites from the books. Also think about the flag outside the library and items they come across in their own neighborhood. Are there ways they can make their own wind? They might think about blowing with their mouths, making a paper fan, or using an electric fan. Ask them to think about how wind works and encourage their curiosity.

Do you need to brush up on the science behind wind? Here are two non-fiction children's books that you can find as read-a-louds on YouTube or the book at your local library to help you and your child learn about wind. *Feel the Wind* by Arthur Dorros (1989). This has a lot of information about why wind moves and introduces different types of weather and how wind is used as power. I would recommend using this book as background knowledge for the adult and share the appropriate sections that your child is interested in. *Wind* by Erik Edison (2021) is a briefer and easier to read non-fiction book on wind for our younger children.

Hot Air, Cold Air Experiment: You will need a plastic bottle without the cap, a balloon, and two containers: one filled with hot tap water (do not boil the water) and second container filled with cold water and ice cubes. Remember to talk to your children about being safe around the hot water. If you are doing this experiment in a classroom, please do it with small groups, so children can be closely supervised.

- 1) Adult: blow up the balloon to stretch it out (a few times) and make it more flexible then let the air out.
- 2) Place the balloon over the mouth of the empty plastic bottle, the bigger the bottle the longer it will take to blow up the balloon.
- 3) Hold the bottle in the center of the container filled with hot water. Wait a few minutes and notice the balloon start to inflate and expand.
- 4) Remove the bottle from the hot water and hold it in the container with cold water and ice. Wait a few moments and notice that the balloon start to deflate and contract.

During the experiment ask the children to describe the differences they are seeing in the water temperature and the effect it is having on the balloon. Some questions to ask your child:

- What do you think the hot water is doing to the air in the plastic bottle?
- What do you think the cold water is doing to the air in the plastic bottle?
- Why do you think the warm water is expanding the balloon and the cold water isn't?
- If you want to include some math and technology skills, the children can help record the temperature of the containers of water with a food thermometer.

The explanation: Hot air is lighter than cold air so as the air in the plastic bottle heats up the air rises and expands the balloon. As the air cools in the container filled with ice water the balloon deflates as the air falls to the bottom of the plastic bottle. Wind is created when the earth's warm air rises and the cool air moves in to take its place. Learning about wind can lead to more experiments and learning about weather, power, erosion or sailboats.



# the PROJECT APPROACH

with babies by Debbie Markland  
Early Childhood Educator, LEARN AS YOU PLAY

I taught for seven years in a traditional theme-based preschool and had never heard about the project approach until I started a job at a more innovative school. Shortly after I was hired, I was handed a copy of *Young Investigators: The Project Approach in Early Years*, by Judy Harris Helm and Lilian Katz. I had several months to read it before I was to meet my new PreK class and dive into this new (to me) way of teaching. I knew I had to closely observe, listen to, and get to know my children so I could determine what topics and interests might be pulling them in.

In an NAEYC article from *Young Children* published in March 2017, a “simple” summary of the project approach is this:

“...the project approach is viewed as empowering to children because they are active participants in shaping their own learning (Harris & Gleim 2008; Harte 2010; Helm & Katz 2011) The project approach involves children’s in-depth investigation of a worthwhile topic developed through authentic questions (Mitchell et al. 2009; Katz & Chard 2013). The teacher’s role is to support children through their inquiry. Teachers help children become responsible for their work, guide them

to document and report their findings, and provide opportunities for choice (Katz & Chard 2013; Katz, Chard, & Kogen 2014). [It] uses a specific three-phase design.

During phase one, selecting a topic, teachers build common experiences by talking with children about their personal experiences to determine interests and helping children articulate specific questions as a topic emerges (Mitchell et al. 2009; Yuen 2010; Helm & Katz 2011; Katz & Chard 2013). Phase two, data collection, emphasizes meaningful hands-on experiences. Children are researchers, gaining new information as they collect data to answer their questions. This phase is the bulk of the project investigation and takes place through direct and authentic experiences such as field trips, events, and interviews with visiting experts (Harte 2010; Katz & Chard 2013). Children can also gather data through secondary sources, including books, photos, videos, and websites.

Phase three, the culminating event, is a time to conclude the experience, usually through a summarizing event or activity (Mitchell et al. 2009). The children’s

role continues to be central and the class often holds discussions on what they have learned to create a plan to share their insights (Harte 2010).”

My first entrance into the project approach ended up being The Ice Cream Project. We had noticed that our friends were obsessed with serving each other ice cream in the dramatic play area. We discussed with the class how we could flip the dramatic play area into an ice cream store by observing our school’s ice cream station. A cardboard box became a freezer. The class made a poster board sized menu. We had a cash register. We made playdough often, creating scents to mimic ice cream. We had real ice cream cones to use! It was amazing - a fairly successful first dive into a project with my class.

Other successful projects I have been part of over the years have included The Sculpture Project, The Logo Project, The Berry Project, and The Doghouse Project. Honestly, I don’t know which I loved the most. But they all convinced me that observing children and getting to know

them to determine a project or trajectory of learning was the way to go! It created so many connections for the children-when they loved the subject they were learning about, learning became easy, fun and engaging.

I have never used or personally closely observed the project approach with children younger than three, and I am intrigued what this may look like at a “baby” level. I feel like the key to success with a project is the initial observation of children’s play to determine what their interests are. So I feel like these initial observations and initial relationship building is the key to success and these two things would be the key path to a “baby” project.

A friend of mine shared a simple story about one of her projects as a toddler teacher.

Her children, ages 12-20 months, were “show[ing] advanced signs of cooperative play amongst their peers, loved to go on walks, talk[ed] to people both new and familiar, and freely engaged with various groups showing little to no “stranger danger” attitudes.” The classes project simply became The Building Community Project. Phase Two may not have involved official data collection as we think of it, but as the teachers created situations / scenarios for the babies, those little ones were gathering their own tidbits of information to decide just what it meant to be part of a community. When the babies observed that the front desk staff remembered their names as they walked by the desk, when the cafeteria workers gave them high fives when they visited and when the facilities staff made special visits just to say hi to

them, these little ones were gathering their own data. Data that showed they were part of a community! And when the teachers put together a booklet showing these photos of these interactions and these relationships that had been formed - the children’s faces in the booklet showed it was a successful project!

So, what does a project look like with babies? Perhaps not much different from a PreK project. Teachers have observed intensely to determine interests, created situations and scenarios for children to draw conclusions from and collected information to build upon. Those babies then become active participants in their learning teaching them that they have a voice in the world around them.





# SPRING GREENS YOUR WAY

by Bonnie Schultz, RD

Spring is here! Fresh green leafy vegetables grow abundantly. What's your favorite: crisp romaine, softly curving Bibb lettuce, delicate spinach, peppery arugula, spicy mustard greens, juicy Swiss chard, bok choy, tatsoi or mizuna or another?

Whichever leafy greens you prefer, our bodies appreciate them too. They're all low in calories. Generally, the darker the color the more healthful the leaf, packed with Vitamin A, C and K, and some rich in folate and calcium. All this vitamin and antioxidant power protects our heart, reduces cancer risk and keeps the cells in our bodies powering along.

What differences might your children observe in a baby green mix? What's the same among the green, red and purple leaves? When ripping them, how do they line up from tender to tough? How might they be sorted by surface texture? When you bite, which leaf's flavor is most likely to bite back with a peppery flavor? Which types are best to fill and roll into a leaf-wrapped snack?

How do you enjoy spring greens? The best way is your way.

Munching on them straight? Tossed in a salad? Piled on a sandwich or folded into a wrap? Added to soup? Stir fried with garlic or onion? Splashed with vinegar? Rolled with filling for a tasty treat? Some other preparation?

Measure, mix and create your own dressings for fresh, flavorful choices! Children can help too. Refrigerate the dressings for up to a week. The mustard helps to keep the dressing mixed (emulsified) and adds flavor.



## BALSAMIC MAPLE VINAIGRETTE

Makes 2/3 cup, 10 tbsp or 10 servings

- ¼ cup balsamic vinegar
- 3 Tablespoons maple syrup
- 2 Tablespoons vegetable or olive oil
- 1 ½ teaspoon Dijon mustard
- 1 teaspoon garlic powder
- ½ teaspoon salt
- ½ tsp black pepper

## HONEY MUSTARD DRESSING

Makes ~3/4 cup, 13 Tablespoons or ~6 servings

- ½ cup plain low-fat yogurt
- 2 Tablespoon mustard, prepared (preferably Dijon)
- 2-4 Tablespoons lemon juice
- 1 Tablespoon honey
- Salt, to taste (optional)

To wrap it up, how about a whole wheat tortilla wrap? Perhaps fill it with spring greens, shredded carrots, edamame, sliced almonds, dried cranberries and a drizzle of your favorite dressing.

For more flavorful dressing ideas, check out Just Say Yes to Fruit's and Vegetables. Search from A to Z for tasty ways to use the produce you have on hand. We've tested these recipes for years at farm stands. Families keep giving us the taste bud thumbs up.



# “IF YOU GIVE A CHILD A BOOK...”

BY JACKIE FARMER

Babies are never too young to enjoy books. Research has shown that there is a correlation between how early we begin reading to our babies and growing lifelong readers. Make reading time a fun and engaging time with you and your baby. This special time with your baby helps them develop relationships and secure attachments. Even though babies can't talk yet, their brains are already making connections. Reading will increase the number of words they will learn.

Below is a selection of books for your infant:

## BIRTH-6 MONTHS

Experts agree that babies see the colors white, black, shades of gray and some suggest red, so books with contrasting colors are best. Go ahead and talk to them, describe the pictures, shapes and patterns. They love hearing your voice.



### LOOK! LOOK!

By Peter Linenthal

This sturdy board book is full of high-contrast black-and-white cut-paper art perfect for babies to stare at.

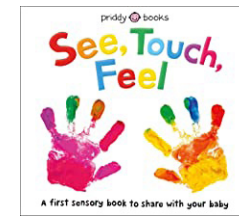
### FOLLOW UP ACTIVITY TO DO WITH BABY:

Point to and name familiar objects. By hearing an object named over and over, your baby learns to associate the spoken word with its meaning. For example, “Here’s your blanket. Your very favorite blanket. What a nice, soft blanket!”

THE SCRIPPS HOWARD FOUNDATION PUTS BOOKS INTO THE HANDS OF CHILDREN IN NEED ACROSS THE COUNTRY THROUGH THE “IF YOU GIVE A CHILD A BOOK ...” CAMPAIGN.

## 6-12 MONTHS

Babies begin to explore books by looking, touching (opening/closing), and mouthing them. By 9 months, babies may prefer or seem to recognize certain stories or pictures. Your baby may also continue to occasionally mouth books. In the early years, that is a normal book behavior and tells us that babies want to explore books.



### SEE, TOUCH, FEEL: A FIRST SENSORY BOOK by Roger Priddy

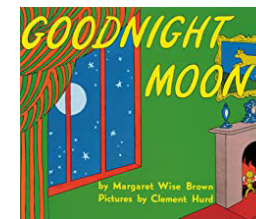
Each page in this book has a colorful picture activity that invites baby to touch and explore. There are raised textures to feel, finger trails to follow, and a shiny mirror to look in to.

### FOLLOW UP ACTIVITY TO DO WITH BABY:

Let your baby use all their senses to explore a variety of objects. Objects that are brightly colored, have interesting textures and make noises are particularly good. Continue talking to your baby about what they are seeing and experiencing. Put one or two of the objects in a play area where your baby can reach them.

## 12-18 MONTHS

Offer board books with simple stories. Stories with rhymes and phrases that repeat and that grab your child's attention. Children this age also love stories with pictures of other babies and familiar objects, such as animals.



### GOODNIGHT MOON by Margaret Wise Brown

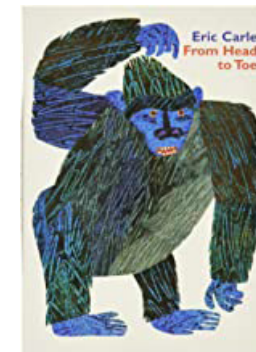
A classic in children's literature, this book is a must have for any new baby. A bedtime story written about a rabbit's routine before he goes to bed. Before his bedtime, the rabbit goes around the room and notices items within eye sight and says goodnight to all of them.

### FOLLOW UP ACTIVITY TO DO WITH BABY:

Routines help babies learn self-control, comfort and a sense of safety. Routines help babies learn what happens next. Routines provide the two key ingredients for learning: relationships and repetition. Play simple talking and touching or point games with your baby. Ask, “Where’s your blanket?” Then touch her blanket and say playfully, “There’s your blanket!” Do this several times, then switch to other objects.

## 18-24 MONTHS

Your child may have a favorite book that they want you to read over and over again. They may run away, but they will come back and they are still listening. Children need to move so having books with action helps children to engage with the story.



### FROM HEAD TO TOE by Eric Carle

This colorful and energetic book will have your toddler moving, clapping, bending and stretching with the animals. Eric Carle is a beloved author of other books such as: The Very Hungry Caterpillar, Brown Bear Brown Bear and Polar Bear Polar Bear What Do You Hear?

### FOLLOW UP ACTIVITY TO DO WITH BABY:

Look for ways to engage your child with the story, such as asking your child to stomp like the elephant. Your toddler might also be able to label objects with simple sounds or words, for example, exclaiming “Moo!” when he sees a picture of a cow. For new talkers, get in the habit of pausing before you say a favorite line or phrase in the story to see if your toddler will fill in the final word. Encourage your child's new independence by giving them a “job” such as turning pages. While reading, take some time to discuss what's happening in the pictures and ask questions about the book such as “Who is hiding behind the tree?” This interaction helps to build your toddler's thinking and language skills.



# Spotlight CONTINUITY of CARE

with Deb Freer



Pictured: Ms. Erica, Albany Community Action Partnership

My journey as an early childhood teacher began almost thirty years ago. For most of those years I worked with toddlers and thought that I had found my perfect job. Each year I met new little faces and their families. I loved guiding them through their daily journeys; building trusting relationships, talking through their feelings and actions, enjoying silly moments with them, and giving them the time and support needed for success. I thought I had found my dream job. How could it be any better than this? I knew I LOVED teaching toddlers.

Then, about 6 years ago, big changes at my organization loomed and threatened to crush my “happy toddler teacher” existence. They were introducing continuity of care, a teaching model that has a teacher stay with the same children from infancy through toddlerhood. To say that the thought of leaving what I knew and loved made me sad would be an understatement, but I had to try.

I was nervous all the way up to the first day. Thoughts like, “what should I do,” and “where do I begin,” raced through my mind. Those thoughts continued up until the first moment...then I saw the first child’s face. My nerves seemed to vanish and I knew it would all be OK. I just felt it. I knew we would all be in this together for the next three years and the feeling of relief and excitement replaced my previously fried nerves.

My days going forward were not only of growth for my infants but of growth for me as well. From their first sounds to their first sentence, I was part of it all. I was able to learn about each individual child from one milestone in their life to the next. I saw that their personalities changed and expanded as they developed into their older selves. It was such a wonderful experience to grow alongside the children as I cared for them.

I also made phenomenal connections with the families. The trust and communication we started on day one grew each week, month, and year and will last a lifetime. The joys and benefits of continuity of care are like nothing I had experienced before in my teaching career. I am so grateful for the experience. I’ve now completed two continuity of care cycles. Although the children move up to their pre-school classroom, the experiences and memories built through our years together remain forever embedded in our hearts. It turns out that my dream job got even better. I may have reluctantly agreed but I am now so glad that I have been able to witness and participate in the children and families experiences through their first three years.

*Debbie is an Infant/Toddler Teacher at Albany Community Action Partnership, Nathan LeBron Site*



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