

PARENT EDUCATION MOMENTS:

INFANTS

As a provider, you are an essential source of information during the transition to parenthood. The following is a list of topics that frequently arise during discussions with families, and the guidance recommended by the Family Development Program to support and educate.

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TRANSITIONING TO PARENTHOOD

- Many parents, especially NICU parents, don't feel the joy that they anticipated during the first few weeks after having a baby. It's normal to feel this way. Everything about your life has changed. Feeling this way does not mean you won't bond with your baby.
- If you missed the "golden hour" following your child's birth due to medical complications, you have not harmed your child or your relationship with them. There will be many more opportunities for attachment and connection.
- It is normal to sometimes feel ambivalent about parenthood. Some parents find themselves grieving their old life or even having moments of regret. These feelings can exist alongside joy, satisfaction, and love.
- Birth trauma is difficult for a lot of reasons, including the expectation that the birth will be joyful or the best day of your life. If you had a traumatic birth, you may need to give yourself permission to acknowledge that it was not any of these things, and that this is a significant loss.
- Becoming a parent isn't about perfection. There isn't a single correct way to parent; each parent finds their own way as they go along. It can be helpful to have compassion for yourself as you learn your own parenting style.

Additional Resource:

[Self-Care Tips for NICU Families](#)

- There is a difference between "baby blues" (normal mood fluctuation due to hormone changes) and postpartum depression. "Baby blues" can include feeling stressed, sad, anxious, and lonely after giving birth. In addition, up to 1 in 7 people may also experience postpartum depression, which can include long-lasting difficult feelings and symptoms like losing interest in things you used to enjoy, trouble concentrating, and feeling sustained guilt or anger. Postpartum depression can appear days or months after a baby is born, and if left untreated, it can last for weeks or months and make it difficult to take care of yourself or your baby. However, there is treatment that works well for postpartum depression, including therapy and sometimes medications. Please don't hesitate to reach out if you have any concerns about postpartum symptoms.

Additional Resources:

[Recognizing Postpartum Anxiety](#)

[Providing Support for Postpartum Anxiety](#)

[Recognizing Postpartum PTSD](#)



PLAYING

- Many new parents feel pressure to constantly stimulate their baby, especially if they worry that their baby is "behind" due to medical challenges. But play for young babies is very simple—they can lie on their back or belly (while supervised) and gaze at things around the room. You can play peaceful music or talk to them about what you're doing. Babies learn a lot from connection and manageable sensory experiences.





FEEDING

- Feeding is an opportunity for bonding and connection regardless of how you choose to feed your baby.
- The benefits of breast/chest feeding should be balanced with how it works for you and your family.
- For premature infants:
 - * How you provide nourishment to your baby may depend on factors such as the baby's development and medical concerns. Babies can receive nourishment through intravenous line (IV), peripherally inserted central catheter (PICC) line, gavage feedings, feeding tube, breast, chest, or bottle. It is okay and normal for feeding to look different between families and even within a family over time.
- Some families may want to observe feedings before trying on their own. Some families may want to feed their baby while a nurse/lactation consultant provides verbal guidance. Some families may want to learn on their own and only have a nurse/lactation consultant provide suggestions if they need guidance. Any of these approaches are totally okay.

Additional Resources:

[NICU Resources for Feeding and Sleep](#)

[Inclusive Strategies to Build Empathy and Equity With Families](#)



SLEEPING

- Some parents find themselves falling asleep with the baby on a couch or chair because they're avoiding bringing them into bed with them. This can be riskier than co-sleeping in a bed that has been made safe. While any kind of co-sleeping carries some risk, if you think you might fall asleep while holding the baby at night, it is better to make the bed safe (avoid pillows or heavy blankets, avoid gaps between the mattress and wall, choose a firm mattress) and sleep there instead of risking falling asleep in a less safe place.

Additional Resources:

[Safe Sleep Conversations](#)

[NICU Resources for Feeding and Sleep](#)

- As a general rule of thumb, four consecutive hours of sleep often makes the difference between feeling functional versus nonfunctional.
- If you feel close to a breaking point, ask your partner or support person if they can take a four-hour shift. Sleep in a separate room away from the baby with white noise or earplugs.



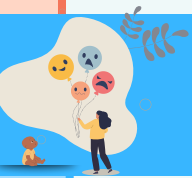


SOOTHING

- For the first few months of life, it can be helpful to remember that your baby has spent their entire existence curled up in a warm, dark, space with soothing rumbling noises and jiggly movements all day. This is the environment they are used to! So, things like swaddling, white noise, gentle movement, and skin-to-skin contact can work well to calm them.
- It is ALWAYS okay to put the baby down in a safe place and walk away for a few minutes. You are less likely to be able to soothe a crying baby if you are frustrated yourself.

Additional Resource:

[Understanding a Baby's Cry: How to Support Caregivers](#)



EMOTION REGULATION/SOCIALIZATION

- It can be useful to think about what you want your child to learn about emotions from watching you. Even the tiniest babies are learning from their parents all the time. Parents set the emotional “temperature” of the household.
- Parents support a child's development when they talk to their infants. For example, narrate aloud differing caregiving acts (“I’m going to change your diaper now”), giving encouraging statements (“I know you can reach that!” “I see you looking at your mobile.”), and acknowledging emotions (“Oof—you didn’t like it when I put you in your car seat.”). Treating infants as their own people helps them develop the expectation that they can impact their environment.
- When you feel overwhelmed, it can be helpful to use your five senses to connect with your baby. What do they smell like? What do they feel like? What do you notice about them?
- One of the hardest and most important things to remember is to parent the child you have, not the child you expected to have or the child you hear others talk about. This is especially true if your child has special needs. Different things are easy and hard for different parents, and things often become easier when you focus on the child in front of you rather than the child you imagined.

Additional Resource:

[Resources for Social-Emotional Development/Behavior Management](#)





SELF CARE

- Caring for yourself is caring for your baby. Caring for yourself is caring for your partner. Caring for yourself has changed since the baby. Take time to figure out what brings moments of joy and increase the frequency of those moments. It's okay to start small.
- Think about what the most important areas of caring for yourself are—intellectual, physical, spiritual, social. Some may matter to you more than others. Within each domain, write down one 5-minute activity that makes you feel connected to this part of you (e.g., texting a loved one, reading a favorite book).

Additional Resource:

[Self-Care Tips for NICU Families](#)

[Dads in the NICU: Taking Care of Yourself and Seeking Support](#)



ROMANTIC RELATIONSHIPS

- Your relationship with your partner has changed. It will take time to figure out a new balance and dynamic. Communication is key.
- Grace, understanding, and mutual support between partners is so important around the transition to parenthood. Try to remember that you're on the same team.



FRIENDSHIP/SOCIAL SUPPORT

- It is common for friendships to change after one person becomes a parent. If your journey to parenthood was complicated by medical factors, it can even make relating to other parents difficult. Finding people who can hear and understand what you have experienced can make a huge difference.
- Don't be afraid to ask for help. It is okay to be vulnerable. We weren't meant to parent alone.

Additional Resources:

[NICU Parenting: Coping With Comparisons](#)

[Sharing Your NICU Story](#)





NICU NORMALIZING

- When your child is sick, it is normal to wonder what you could have done differently. Many NICU parents feel this way. But what your child needs most is for you to be present now. There is still so much opportunity to shape their development. You are just at the beginning of parenting your child.
- Intense feelings of grief and loss during a NICU stay are normal and valid. You expected one experience and got something totally different, and that takes time to process. It is okay to cry, and it is okay to grieve or feel different kinds of emotions. Doing these things doesn't mean that you don't love your child or are not a committed parent.
- Some parents want a lot of information about their child's medical status to help them understand and feel in control. Other parents prefer the big picture because too much information can be stressful. You can tell providers what is most helpful for you.
- Some parents love the positive feelings that they get from doing skin to skin. Others feel stressed and do not enjoy it for a while. Try to find ways for you to connect with your child that are comfortable for you.

Additional Resources:

[NICU Parenting: Coping With Comparisons](#)



ADDITIONAL RESOURCES

[NICU Resources for Feeding and Sleep](#)



[Parent/Caregiver Resources for General Child Development](#)



[Parent/Caregiver Resources for Social-Emotional Development/Behavior Management](#)



[Parent/Caregiver Resources for Transition to Parenthood and Special Needs Parenting](#)

