



Cooperative Extension Service

Department of Family & Consumer Science
College of Agriculture



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STARTING TO CARE

Human infants are uniquely dependent...and remarkably capable. They are as complex and demanding as any first-time parent fears, but their needs are often met with actions as simple as a smile or hug. Caring for them not only meets present needs but touches the future.

Parents and other caregivers practicing simple health (home hygiene, well-baby checks, early treatment, immunization) and safety (infant car seats, home childproofing, supervision) behaviors can avert costly, sometimes long-term consequences: One trip to an emergency room easily costs over \$100; infant intensive care costs can exceed \$1000 daily; disability may shorten life or limit lifestyle. Early stimulation or therapy for special needs is critical for developing the potential of infants with Down's Syndrome and other conditions. The rocking, talking games, and shared play so critical to nurturing emotionally secure and confident one year-olds is easily taken for granted. The inestimable costs of child abuse and neglect: insecurity, aggression, loss of conscience and learning potential, remind us of the importance of patient and caring nurture.

Yet parents cannot do the job alone. Neighbors, friends, and relatives can provide valuable support and share new information. Organizations can offer education and recreation for young families or babysitting which allows new parents a stress break or freedom to share their gifts with others. Corporate insurance and public health, including preventive services, can make health care affordable for all kids. Communities can work toward affordable maternal leave and/or quality infant care, services for physically or mentally handi-capped children. What families and communities do to welcome their youngest members is a measure of the character and values that guide their life together.

The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the aged; and those who are in the shadows of life, the sick, the needy, and the handicapped.
--Hubert Humphrey

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PARTNERS ON CHINOOK:

WY Dept. of Education
WY Dept. of Family Services
WY Dept. of Health

ROUNDUP ON THIS EDITION

TOPIC	PAGE
<i>Research and Theory</i>	2
Recent findings on key issues Perspectives guiding research and practice	
<i>Stats and Facts</i>	3-4
Back-to-back fact sheets on demographics and development	
<i>Just in Time</i>	5-8
Information and activity ideas for the public or professionals SHAKEN BABY SYNDROME LANGUAGE IN INFANTS TOYS FOR THE FIRST YEAR	
<i>Catch the Wind</i>	9-10
A digest of resources, public policy issues, and topics of interest to professionals and families	

Feedback or requests for resources or training welcomed.

The newsletter and many other types of resources can now be down-loaded from new UW Extension Family Life World Wide Web Site, "Dreamcatcher"
<http://www.uwyo.edu/ag/ces/family/dream.htm>

Research Briefs

New Findings on Infant Development and Care

Sudden Infant Death Syndrome

The most common infant mortality factor in the U.S. (5,400 infants in 1993), "crib death" has no identified cause, although apnea (arrested breathing) is a common correlate. Babies 2-4 mo., male, premature or low birthweight, of lower SES or African-American heritage, born to teen mothers or those who used nicotine or narcotics are at higher risk for SIDS. Placing an infant on back to sleep and electronic monitoring reduce incidence.

Source: Claire Etaugh & Spencer A. Rathus. (1995). *The world of children*. p. 159, New York: Holt, Rinehart, and Winston.

Pediatric AIDS

Transmission of HIV from mothers to infants is 14-40%, with viral strain, maternal symptoms, health/medication with zidovudine, and nutritional/care, Caesarean delivery increasing rates. Transmission can occur before conception, through placenta or birth canal, or via breastfeeding. Miscarriage, prematurity, low birthweight, and infectious complications are more likely in children of HIV-positive mothers.

Source: Claire E. Lindberg. (1995). *Perinatal transmission of HIV: How to counsel women*. *Maternal and Child Nursing*, 20, 207-212.

Mother's Return to Work

A year-long study with 32 first-time mothers found that high marital satisfaction and family support in the prenatal period predicted higher satisfaction with roles (self, wife, homemaker, employee) at 4 mo. At 9 mo. observations showed these satisfied mothers had more sensitive interactions (positive affect, responsiveness, cooperativeness, verbal/physical stimulation).

Sensitivity at 9 mo. predicted secure infant-mother attachment at 12 mo.

Source: Russell A. Isabella. (1994). *Origins*

of maternal role satisfaction and its influences upon maternal interactive behavior and infant-mother attachment. *Infant Behavior and Development*, 17, 381-387.

Infant Child Care Effects

Among high-risk children securely attached to mothers, infant day care predicted negative and avoidant behavior at 42 mo., externalizing and aggression in kindergarten.

Those in infant day care and insecurely attached to mothers were less withdrawn and showed more initiative at 42 mo. and kindergarten. Differences in aggression for home and day-care groups were evident only in kindergarten, suggesting that socialization to school aided adaptation in primary grades.

Source: Byron Egeland & Marnie Hiester. (1995). *The long-term consequences of infant day-care and mother-infant attachment*. *Child Development*, 66, 474-485.

Teen Parenting Indicators

Pregnant teens classified as autonomous (objective, insightful, enthusiastic about parenting) were more sensitive to their infants at 3 and 9 mo. than young women categorized as dismissing (cut off), preoccupied (passive, unobjective), or unresolved (fearful, irrational). However, no significant association was found between maternal sensitivity and infant attachment (as in prior research). Authors recommend intervention focus on helping teen moms understand child-rearing experiences and techniques.

Source: Mary J. Ward & Elizabeth A. Carlson. (1995). *Associations among adult attachment, representations, maternal sensitivity, and infant-mother attachment in a sample of adolescent mothers*. *Child Development*, 66, 69-79.

Theorybase

Attachment

Sucking, grasping, crying, and other reflexes as well as smiling and the peculiar shape of the baby face represent inborn responses which secure attachment to a dependable

adult and meet survival, socialization, and learning needs, according to ethologist John Bowlby. Half a century ago, Rene Spitz noted that orphaned infants receiving physical, but not social stimulation often failed to gain weight or maintain health. Research on neglect today terms this pattern "failure to thrive." Psychiatrist Eric Erikson observed that infant trust in a warm, reliable caregiver created a life-long foundation for self-esteem and positive interactions with others. Using Bowlby's theory Mary Ainsworth and others have found an affectionate parent-child bond helps infants and toddlers adjust to new settings and people. Consistent feeding, comforting, and stimulation (talk, play, shared routines) with the same one or few adults in a relaxed, nurturing environment facilitates all aspects of a baby's development.

Cognition

Biologist Jean Piaget's careful observations revealed that infants don't just imitate but explore their abilities and environment through senses and movements:

0-1 month: Exercise of inborn reflexes, with some control, but no coordination of sensory data

1-4 months: Pleasurable behaviors repeated, with some adaptations; some coordination of senses

4-8 months: Interest expands from own body to environment, more intentional, prolonged exploration

8-12 months: Coordination of prior learning, anticipating action; recognizing permanence of objects

Stats: Little people in a big world

How Many? Births and Rates, 1960-1992

Live Births 1992: USA: 4,065,014 (rate: 15.9/1,000 persons); WY: 6,723 (rate: 14.5)

--Approximately 99% of births occur in hospitals

Source: Statistical Abstract of the United States, 1995, p. 75, 78. Census Bureau.

Infants Among Us: 1960: 4,112 less than 1 yr. (.20% US pop.);
1993: 3,917 less than 1 yr. (.15% US pop.)

Source: Heath United States, 1995, p. 79. Hyattsville, MD: Public Health Service, May 1996.

A Troubled Start: Low Birthweight and Infant Mortality, 1983-91

Low Birthweight, per 100 live births, USA, 1991 6.9 WY, 1991: 7.7

Infant Deaths per 1,000 live births, USA: 1983 10.9 1989-91 9.0

Infant Deaths per 1,000 live births, WY: 1983: 9.8 1991: 7.8

-USA ranks 22 worldwide; WY ranks 23rd in USA; low birthweight infants (< 2500 g/5.5 lb.) are 25 times more likely to die in their first year.

Sources: Health United States, 1995, p. 99-103. Hyattsville, MD: Public Health Service, May 1996.

Who's Taking Care: Percentages of Births to Moms & Dads* by Age Group, 1992

< 20 12.7% (moms); 3% (dads)

20-24 26% of moms; 15% of dads

25-29 29% of moms; 23.8% of dads

30-34 22% of moms; 23% of dads

35-39 8.5% of moms; 12% of dads

40+ 1.4% of moms; 6% of dads

*Age was not stated for 16.6% of dads

Source: Statistical Abstract of the United States, 1995, p. 74. Census Bureau.

Like Mother's Milk: Percentages of Mothers Breastfeeding, 1970-87

1970-71: 25% 1980-81: 52.3% 1986-87: 55%

Source: Health United States, 1995, p. 98. Hyattsville, MD: Public Health Service, May 1996.

An Ounce of Prevention: Prenatal Care, Health Insurance, 1992

77.7% of pregnant women began care in the first trimester; 5.2% began in the third trimester

58% of Children 1-5 years have Health Care Coverage

Source: Statistical Abstract of the United States, 1995, p. 73. Census Bureau.

Back to Work: Labor Force Participation for Mothers of Children, USA, 1975 & 1995

Under 3 yrs: 1975: 32.7% 1985: 50.5% 1995: 59.7%

-Current rate for mothers of children under one is 58.5%; In WY, the rate is 62%

Source: Statistical Abstract of the United States, 1995, p. 406. Census Bureau.

Child Care for Infants & Preschoolers with Employed Mothers, USA, 1991

Sources of Care	Percent Using Source for Age Group		
	Under 1 yr.	1-2 yrs.	3-4 yrs.

Care in home	35.7	38.7	31.1
Care in another home	40.5	33.8	24.5
Organized facilities	11.5	17.5	32.9
School-based activities	---	.1	1.1
Mom at work	7.6	9.9	7.9
Other arrangements	---	---	2.5

Source: Statistical Abstract of the United States, 1995, p. 390. Census Bureau.

Facts: Big issues for little people

Patterns of growth in infants are well-documented, providing valuable clues for monitoring a child's progress, identifying potential problems, and stimulating appropriate development. Events such as sitting up, face recognition, and first words emerge in a specific order, but their timing may vary widely among normal children. A few of these milestones are listed on the right margin.

Who I Am is Who I Am

Every child comes with a built-in **temperament**, or style of responding to others, events, his or her own body. Activity level, body regularity, openness to novelty, adaptability to change, sensitivity to light or noise, mood, intensity, distractability, and persistence are typical measures.

Temperaments often stay much the same, but caregiver adjustments to easy (flexible), difficult (inflexible), or slow-to-warm-up can make all the difference in the adult's and child's day-to-day experiences.

Who I Am is Who I Trust

During the first year, a baby's **self-image** grows from the ability to trust caring adults. Consistent attention to basic needs like feeding, clothing, changing, bathing, and safety creates a dependable rhythm to life. Gentle talk, play, touch, and carrying during and between caregiving events strengthens parent-child attachments. Responding to cries and holding a child for long periods creates a secure, not a spoiled baby. Dads as well as moms play important roles in showing the newcomer that he or she is valued and welcomed.

All in a Row: Birth Order

First-born children tend to be more adult- and achievement-oriented, more helpful, anxious, and self-controlled than later-born siblings. "Acting out" after the birth of a new sibling is not unusual, but parents who maintain time for the older sibling and involve him or her in care of the baby can greatly ease anxieties.

A Pink and a Blue?

Many parents like to dress boys and girls in special colors and styles or offer each a unique selection of toys or activities. Boys do tend to be more active, and demanding of nourishment and attention in the first months of life. However, their interests and needs are similar: food, fondness, and fun with parents.

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The Ladder of Development
The pace and pattern of development varies for each aspect and each child.

- | | |
|--------------|---|
| 12 | <i>Walks; rolls ball back-and-forth</i> |
| MO | <i>Drinks from cup</i> |
| 11 | <i>Stands by self; stoops and recovers</i> |
| 10 | <i>Stands up briefly; walks holding on</i>
<i>Calls persons as "da-da," "ma-ma"</i> |
| 9 | <i>Plays pat-a-cake</i>
<i>Looks for hidden object</i> |
| 8 | <i>Thumb-finger grasp of small items</i> |
| 7 | <i>Gets to a sitting position</i>
<i>Pulls up to stand</i>
<i>Says "da-da" or "ma-ma"</i>
<i>Plays peek-a-boo</i>
<i>Shy with unfamiliar people</i>
<i>Imitates sounds</i> |
| 6 | <i>Sits without support</i>
<i>Turns to hear a voice</i> |
| 5 | <i>Stands, holding on to things</i>
<i>Transfers cube between hands</i>
<i>Looks for objects misplaced</i>
<i>Feeds self a cracker</i> |
| 4 | <i>Sits without head support</i>
<i>Shows preference for a caregiver</i> |
| 3 | <i>Holds head steady; rolls over</i>
<i>Holds bottle</i>
<i>Notices, reaches for small objects</i> |
| 2 | <i>Lifts head to 90 degrees</i>
<i>Clasps hands together</i>
<i>Social smile; laughs, squeals</i> |
| 1 | <i>Lifts head</i> |
| BIRTH | <i>Sucking, grasping, rooting, even swimming reflexes</i>
<i>Follows movement to midline</i>
<i>Cries and vocalizes other sounds</i> |

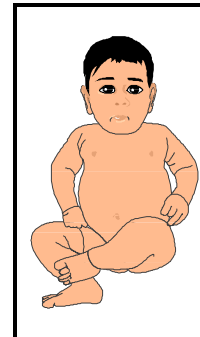
*Adapted from William K. Frankenberg & Josiah B. Dodds. (1967).
The Denver Developmental Screening Test. Journal of Pediatrics,
71, 181-191.*

just in time...

TEACHING TOOLS FOR FAMILIES

Don't Shake the Baby

The fragile body, "cute" face, and helplessness of an infant awake an unconscious nurturing response in humans and other primates. Along with smiling, cooing, nursing, and hugging, these traits are Nature's way of assuring survival and growth. Other behaviors such as crying, vomiting, and soiling diapers require caregiver patience and restraint to meet the baby's needs. Gentle and dependable care protects the delicate head and limbs and teaches the baby to trust caregivers. Rough treatment such as shaking, hitting, throwing a baby in a crib or on a table can quickly and easily result in serious permanent injury or death. Symptoms may not be visible, but quick and violent movements can cause internal bleeding, neck injuries, eye and brain damage. Child abuse is the cause of 95% of internal head injuries. Shaken baby syndrome may result in poor feeding habits, vomiting and seizures, heart or vision problems, or mental retardation.



Although the hurt may not heal, shaken baby syndrome *can be prevented*. Understanding the needs which cause a baby to whine or cry and knowing how to respond allows a caregiver to put events in perspective. Tiredness, illness, hunger, heat or cold, dark or light, gas pains, wetness, falls and pinches, or frustrated attempts to reach things are typical reasons for infant crying. Listen carefully: the tone and pitch of the cry often varies with the cause. Babies cry, even with great parents. Curiosity is typical in newborns and increases with crawling and walking. Babies rarely keep to adult schedules. Worst of all, babies can't say what they need or grasp commands. All these events can be exasperating, but forcing or hurting the child only makes things worse.

Caregivers should know their own distress signals and ask for help or put the child in a safe place and calm down rather than losing control. Experience and endurance vary greatly among loving parents and both may be enhanced by training in anger management.

Parents can train and supervise older siblings in gentle care. Non-family caregivers should be asked to describe and demonstrate experience with children under one year. Parents should inquire about handling of difficult situations and check two or more past employers. Failing to take these steps beforehand may place an infant (or older child) at risk for maltreatment.

Even with the best of care, some children are soothed more slowly. Appreciating that certain conditions (extreme irritability, ear infections, reactions to medication) will require added patience, endurance, or assistance, but may allow a caregiver to stay calm despite frustration. Since an infant's skull is relatively large, soft, and aqueous (water-filled) and neck muscles relatively weak, firm support (hand, shoulder, or car-seat) prevents injury into the third month and gentle movements is necessary throughout the first year.

--Gentle Parenting with Infants--

| Childproofing--keeping trouble out of the way
| Calm, reassuring talking or singing
| Playing with the child--even making tasks fun
| Adjusting expectations to age and temperament

Counting to ten when at wit's end
Directing a crawling infant to safe play
Offering choices to gain cooperation
Sharing praise, laughter

Adapted from: Vanderbilt University Medical School World Wide Web site <http://vumdlb.mc.vanderbilt.edu/peds/pidl/shaken.html>
Institute for Mental Health Initiatives. (1991). Anger management for parents: RETHINK. Champaign, IL: Research Press.

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TEACHING TOOLS FOR FAMILIES

The Language of Love and Laughter

Babies can't speak, but listening, experimenting with sounds, and interacting with others all help him feel welcomed, get her bearings, and develop physical, mental, and social skills during the first year. Infants learn by sensing and moving, so enjoying (not over- or under-stimulating) what comes naturally is a child's greatest gift. Keep in mind that infants can grasp pitch, tone, and rhythm before meaning and they listen and experiment before they can repeat sounds or say first words at or after their first birthday.

Talk, Talk, Talk

Talking through routines like eating, bathing, changing, and pre-nap (especially with eye contact) provides a reassuring rhythm and predictability
Talk about the baby's moods, expressions, and actions; Tell what you can do next
Entertain the baby with words, sounds, and kitchen items (timer, glass & spoon)
Whenever baby makes a sound, listen (don't interrupt) and respond (give-and-take)
Involve older children or other caregivers in give-and-take interaction

Something to Look At

Build a mobile which looks attractive from the baby's point-of-view (geometric black/white or bright colors, faces); change designs regularly to stimulate interest, expand experience
Use colorful blanket designs, wall hangings, dolls and toys
Show pictures, new objects, and bits of science and nature in quiet times together
..these things help a baby recognize, organize, and remember things which he or she can talk or write about later

Even Little Kids Like a Good Book

Read plastic- or fabric-covered books with pictures of familiar objects even to newborns
Create books (with poster-board, markers, pictures, contact paper, and clip-rings) featuring familiar objects, pets, people, and activities
Allow the infant to sit on your lap and "read" the newspaper (1-3 mo. olds like big, clear headlines)
Tell stories, sing songs, recite poems from experience or popular books (as long as the child is interested...don't force him or her to look at every page or complete the book)
Talking books and busy boxes are interesting

Sounds Like a Good Idea

Infants love to make sounds...with their voices--imitate what they do and they'll experiment further
Between birth and six months old, hearing and attention improve. Ring a bell, play a music box, make a glass cup ring with a spoon, walk baby outside to hear Nature and human activity.
Between six and twelve months, the child's physical skills and curiosity allow her to imitate human sounds, beat a drum (or pan), shake bells, rub objects together, or play in the leaves.

Language in Motion

As they happen, describe large movements: rolling, sitting, crawling, walking; and their directions: up/down, under/over, beside, on top.

Two Tongues

Children usually have no difficulty learning two languages. Support both, but recognize that rules of speech, grammar, and behavior vary from culture to culture. Thanks in part to learning patterns of speech during infancy, children easily learn where and when to use each language.

Adapted from: Janet Gonzalez-Mena & Dianne Widmeyer Eyer. (1993). Infants, toddlers, and caregivers. Mountain View, CA: Mayfield.

Language Development Milestones

Birth Cries; attention to bell, voice

1 mo. Vocalizations besides cries

2 mo. Laughs, squeals

3 mo. Cooing, babbling

4 mo. Turning head to follow voice; clucking

6 mo. Experimenting with sounds

7 mo. Says "da-da" or "ma-ma;" imitates speech sounds

8 mo. Directs "da-da" or "ma-ma" to specific person

10 mo. Vocalizations with sound-play (bubbles, gurgling)

13 mo. Uses other words

Infant sounds may not make much sense to caregivers, but listening, exploring, and experimenting with sounds are natural processes of development. Talking with rather than at a baby, providing a variety of interactive events (play, reading, trips to new places), and responding to a child all aid language growth

Activities That Develop Language Senses

	Visual	Auditory	Tactile
Birth-1 mo.	Face-to-face attention	Talk, sing, play music	Hold, kiss, cuddle
2-3 months	Give, hang colorful objects Take infant to a variety of places around the house, neighborhood, community	Introduce rattles, chimes	Kiss during bath, diaper routine
4-6 months	Provide mirror, small toys	Repeat sounds, laughs Call infant's name	Try squeeze toys, varied textures Allow splashing in bath
6-9 months	Let him tear paper, yarn Play peek-a-boo	Teach clapping, drumming Use "no," other commands	Experiment with fabric, food, sticky tape, water textures
9-12 months	View picture books	Read rhymes; imitate animals Roll ball back and forth	Try finger food, ice Name and show body parts Help her feel breeze (fan)

Adapted from: John W. Santrock. (1995). Children. Third Edition, pp. 178-180. Madison, WI: Brown & Benchmark.

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TEACHING TOOLS FOR FAMILIES

Toys for Infants: Play is the Thing

Babies learn by playing and exploring their environment. These toys will help infants and toddlers grow physically, mentally, and socially and give parents, brothers and sisters, or others a fun time:

Mobile (hanger with ribbons, bells over crib, 0-3 mo.)

Encourages stretching, focusing eyes, attention

Bell Wrist Band (bells attached to velcro band, 0-4 mo.)

Promotes shaking, grasping, sound recognition

Bean Bag (fill sturdy cloth squares and seal well, 3-12 mo.)

Good for squeezing, throwing, textures, hand-eye coordination, passing person-to-person after 6 mo.

Rattle (fill sturdy container, seal ends; 2-12 mo.)

Strengthens grip, links sound to action

Teething Rings (plastic, colorful; 4-12 mo.)

Soothes gums, strengthens grip; aids focus on details

Unbreakable Mirror (metal, not glass; 0-24 mo.)

Strengthens grip, vision; promotes self/other awareness

Picture Books (cloth or plastic, edible; 6-24 mo.)

Grip, page turning, eye focus teach pre-reading skills

Singing (0-24 mo.) or **Music Box** (6-24 mo.)

Soothing and stimulating sound patterns, social interaction

Stuffed Animal/Doll (0-24 mo.)

Grasping, textures, face recognition, and person-like talk and hugs

Stacking Cups (different sizes, colors; 8-24 mo.)

Chewing, grasping, stacking, recognizing color or shape

Oil and Water (oil and colored water in transparent jar, sealed;

9-18 mo) Allows for viewing of changes as container is shaken, turned, or held at different angles

Linus' Blanket (durable, no loose edges)

Comforting textures, warmth, peek-a-boo and pretend toy

Source: Jeremiah Silliman, 1996 WY 4-H Child Development Project Champion

Keep It Safe: Rules for Infant Toys

Avoid objects with sharp edges, small parts, strings or bands, pinching joints, or which are easily breakable

Do not allow an infant to play with electrical or electronic items

Do not use squeezable objects which can obstruct air passages

Cover electrical sockets in play areas; view buckets or pans as drowning hazards

Inspect toys frequently for breaks, tears, soiling; wash or clean in bleach water (1/9) weekly

Inspect crib, playpen, swing, or high chair for damage or size appropriateness

Share in or supervise play--do not leave the child unattended

For questions on safety or recall, contact the U.S. Consumer Product Safety Commission: 1-800-638-2772

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Catch the Wind: Programming Resources, Public Policy, Key Issues

Programming Resources

Best Beginnings, located in 19 counties, provides information and aids for breastfeeding to all families, and home visits for lower-income families.

Cooperative Extension Systems in several states offer resources for young parents:

-**"Parent Express"** 27 newsletters
c/o ANR Publications, Univ. of CA, 6701 San Pablo Ave, Oakland, CA 94608-1239
(510/642-2431)

-**"Great Beginnings"** newsletters,
c/o Pat Nelson, Cooperative Extension, 125 Townsend Hall, University of Delaware, Newark, DE 19717-1303 (302-831-2509)

-**"Little Lives,"** 24 booklets
c/o CES, University of Nevada-Reno 89557-0004.

-**"Off to a Good Start,"** and
"Visits with You and Your Baby,"
are booklets for new parents
c/o Publications Distribution Center, The Pennsylvania State University, 112 Agricultural Administration Building, University Park, PA 16802

American Academy of Pediatrics, 141 Northwest Point Blvd., PO Box 927, Elk Grove Village, IL 60009-0927 (1-800-433-9016) provides a wide variety of educational books, posters, and audio-visual media on child development, care, health and safety for parents, professionals.

Mead-Johnson Nutritionals, Evansville, IN 47721 (1-800-222-9123) is one of several food and pharmaceutical firms publishing info on development and care.

National Center for Clinical Infant Programs, 2000 14th Street North, Suite 380, Arlington, VA 22201-2500 (1-800-899-4302) produces the Zero-to-Three newsletter and offers training for infant/early childhood professionals.

WY Highway Department, Safety Branch, 5300 Bishop Blvd., Cheyenne, WY 82002 (307-777-7296) distributes materials on child safety seats.

Resources for Parents

The National Committee to Prevent Child Abuse, Fulfillment Center, 200 State Rd., South Deerfield, MA 01373 (1-800-835-2671) has republished a Hawaii Family Stress Center publication, "First Steps with Your Baby," offering infant caregiving insights for parents of all education levels.

Barry Brazelton. (1983). *Infants and Mothers*. Dell.

Frank and Theresa Caplan (1993). *The First Twelve Months of Life*. Bantam

Burton White. (1975). *The First Three Years of Life*. Avon.

Parent Options on the Job

A New Prototype Office (NNPO), allowing new moms to return to work with their infant was pioneered with WY state employees through a grant from the Dept. of Health in 1993. Relocated in one of three soundproof private offices equipped with crib, changing station, wash basin, and monitoring equipment, the new mother helps her employer maintain continuity and quality work while staying in touch with her newborn's needs. While not fully replacing child care, the popular arrangement allowed many moms to stay close to baby and keep up their work for state government. For more info on NNPO, call Jan DiLorenzo at 719/536-9707 or Maureen Clifton at 307/777-6203.

Quality Infant Care: You Can't Be Too Picky

Mark Bittner
UW Child Care Director

WHAT ARE MY OPTIONS?

Home Care (often 1/1; home environment) and **Center Care** (often special facilities and personnel); both vary widely in expertise, cost, and quality. State law mandates a 2 infants/1 adult ratio, but care may also vary if the program serves preschoolers.

WHAT DO I LOOK FOR IN A QUALITY CARE PROGRAM?

-**Caregiving Climate:** Does the place have a warm, happy feeling
-**Adult/child interaction:** Regardless of ratio, are adults responding to needs of children in the home/center? Are infants left in car seats, high chairs, cribs, or swings? Are infants held, comforted, and interacted with often? Is there room to crawl and play (out of the way of older children)? What variety of toys and play (learning) experiences are available? Are experiences individualized?
-**Licensing/Accreditation:** If not accredited, why not?
-**Curriculum:** Is there a balanced attention to children's needs (interaction, rest, eating), individualized, and guided by realistic expectations and supportive care?

-**Caregiver knowledge:** What's the provider's training or experience with infants? Can they do CPR?

-**Parent Expectations:** What's the policy on visiting, sick-baby care, cooperative participation?

IS A PROVIDER OPEN TO OBSERVATIONS, QUESTIONS? If not, look elsewhere.

For more information on choosing quality care, call Child Care Aware (1-800-424-2246), National Association for the Education of Young Children (1-800-424-2460), or Zero-to-Three National Center for Clinical Infant Programs (703-528-4300)

PARADOXES: A PARTING THOUGHT
'The Least of These' is Our Greatest Hope

No matter how big and tough we are now, all of us were once ten pound weaklings

We owe it to those who looked after us...to thank them...and to invest the best we have in the littlest among us.

We owe it to ourselves to reflect on those days before conscious memory and appreciate how...

Infants are so dependent...yet so capable. Recent research underlines the remarkable ways in which breathing capacities at birth, cries, nursing, reflexive movements, smiles, and adjustment to light, touch, and taste promote survival, bonding, and learning in the so-called "helpless" newborn.

Infants (and caregivers) require attachment. Babies thrive on caregivers who, in the words of Dr. Barry Brazelton, "are crazy about them." Yet we often take for granted the practical benefits and feelings of satisfaction that caregivers gain from taking that child into their heart (and time schedule).

Growing so fast, but taking things in stride. Eighteen years at an infant's pace of growth would turn us into ten stories and several tons of ungainly adult. Yet despite inexperience, they master walking, feeding, memory, organizing, socializing, and many rudiments of language. Maybe babies should be our role models.

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