



Infant Resources

Extensive infant care and parenting knowledge sets a postpartum doula apart from a baby nurse or newborn specialist. We do not need to have every answer, but it is important that we are able to provide our clients with evidenced-based resources, inform them of possible options, and support them in a non-judgmental manner. We live in the information age where thousands of resources can be accessed in a matter of seconds by typing a few words into our phones. You might think that because of this, parents may have fewer questions, but often the opposite is true. As professionals we can help parents navigate the many resources, share reputable ones, and use active listening as they process their options.

Here are things to keep in mind when providing answers or resources for clients:

Consider Source, Agenda, Date, and Audience

- **Consider the source:** Is this website a .gov or .edu resource? Often these are evidenced-based resources, though it is still important to identify the author and look for works cited. Websites ending in .com, .org, .net or other endings can absolutely still be an evidenced-based resource but it is important to check the author, their credentials, and their research. Also take into consideration if the website is also selling a product or a service. For books, look at the authors' credentials, read reviews, and look at its resource list or works cited page to decipher between opinion-based or evidenced-based books.
- **Consider the agenda:** Some parenting options and topics might seem like gray areas. If a client is asking for resources regarding infant schedules to prepare for going back to work, providing

information from a strictly attachment parenting resource might not be helpful. It does not mean we need to provide biased information; it simply means we should keep S.U.P.P.O.R.T. in mind when sharing resources.

- **Consider the date:** While information does not necessarily expire, in some topics the research is constantly being updated as more knowledge is gained. In scholarly settings it is recommended that resource references not be more than ten years old. When sharing books, websites, and articles, it is good to keep this in mind. Sometimes older resources have wonderful information, so this is not to say they should not be used; it simply means that the research and statistics might be outdated.
- **Consider the audience:** We should always provide evidenced-based information and if we share opinion-based resources we need to be sure we decipher between the two. There is much information available regarding almost every parenting topic. While it is not necessarily our responsibility to fine every resource our clients seek, we can be conscious of what we share, knowing their personality, goals, and expectations.

For example, if you have a client who tends to be anxious and is seeking information about vaccines, it is not likely a good idea to send links sharing vaccine injury stories. It would be a better idea to encourage her to read *The Vaccine Book* by Dr. Sears and request package inserts so she can look over the information and make a decision based on information rather than a fear based response. If you have a mother asking for the benefits of breastfeeding as she is struggling to feed and needs motivation, it is a good idea to send a resource explaining the benefits rather than a resource stating the risks of formula. If you have a prenatal mother seeking information regarding breastfeeding and formula feeding, then it might be appropriate to share risks of formula feeding. In that situation, she is not a new postpartum mother worried about her nursing relationship and the possibility of formula; she is simply trying to make a fully informed decision. It is not about limiting resources we provide parents; it is about making sure we follow S.U.P.P.O.R.T. and help parents to feel cared for and supported as they make decisions.

In addition to the above, it is best to limit unsolicited advice or resources. It is okay to provide clients with a resource packet if that is something you want to do, but providing too much information that has not been requested can be overwhelming for new parents. Some postpartum doulas use a short questionnaire during the hiring process so they know what, if any, resources parents are interested in. It is important that we not enter homes with any agenda regarding parenting choices. Our only agenda is to provide professional and caring support.

Baby wearing

<http://www.babywearinginternational.org/what-is-babywearing/babywearing-resources/benefits-of-babywearing/>

<http://www.babyktan.co.nz/benefits>

<http://www.babywearinginternational.org/what-is-babywearing/babywearing-resources/> - How to, types of carriers, etc

Circumcision/Intact

This can be a controversial subject and one that should be discussed with our clients using tact and professionalism. If you are a strong advocate and feel you are unable to support families based on their decisions regarding circumcision, as a professional it is important you be very honest about your services prior to hiring. We believe all families deserve S.U.P.P.O.R.T. care and hope all of our certified postpartum doulas are able to provide this care. We do understand strong conviction, and for that reason we ask that you be honest during the hiring process if this, or any other decisions, might impact your ability to do so.

Caring for an intact penis requires nothing more than normal hygiene. Foreskin should never be forcibly retracted. Washing in a bath, shower, or wiping while changing a diaper, is all that is necessary. Typically, the foreskin can be retracted between three years and puberty. It should only be retracted by the child to his own comfort. Once it is retractable he can pull back for washing. Prior to it retracting naturally, forcibly retracting can cause pain, adhesion and lead to infection.

<http://www.cirp.org/library/hygiene/> - care for the intact penis

Caring for a circumcised penis does require attention during healing and occasionally beyond. Parents should follow discharge instructions and any instructions given by their pediatrician. During diaper changes it is important to open the diaper slowly to be certain nothing is sticking to the penis. If it is sticking, parents can use a little water to gently remove the diaper or gauze from the penis.

<http://www.uofmchildrenshospital.org/healthlibrary/Article/86313> – sample discharge instructions

Parents might ask you for resources while making their decision. As professionals it is often best to share resources and information rather than personal opinion, but if asked, it is okay to share your views as long as they are clear it is your opinion.

<http://www.cirp.org/library/statistics/> - circumcision statistics by location

<http://www.circumcision.org/position.htm> – international medical organizations stance on routine circumcision

<http://www.healthychildren.org/English/ages-stages/prenatal/decisions-to-make/Pages/Where-We-Stand-Circumcision.aspx> - AAP stance on circumcision

High Needs and Colic

When a baby is high needs, colicky, or has underlying medical issues requiring attention, parents need extra support and reassurance. It is very physically draining to miss rest and provide near round the clock care, and it is emotionally draining to handle excessive crying. These parents often need extra reassurance and confidence building to reinforce the fact that they truly are wonderful parents and that their baby simply has high needs.

<http://www.askdrsears.com/topics/health-concerns/fussy-baby/high-need-baby> – a collection of articles related to high needs infants

<http://www.thefussybabysite.com/blog/is-there-really-such-a-thing-as-a-high-need-baby/> - an article explaining fussy babies. The site contains lots of information

<http://kidshealth.org/parent/growth/growing/colic.html> – information regarding colic

<http://kellymom.com/health/baby-health/reflux/> - breastfeeding and reflux

<http://www.childrenshospital.org/conditions-and-treatments/conditions/gastroesophageal-reflux-ger> – infant reflux

<http://www.amazon.com/The-Fussy-Baby-Book-Parenting/dp/0316779164> – The Fussy Baby Book

Infant Development

Many pediatricians will provide parents with information regarding infant development while watching for anything concerning. New parents might have questions for you regarding typical development and when they should expect certain milestones. Most importantly, remind parents that each child develops in their own time. Explain the difference between normal and average. For example, it is normal for babies to walk between 9 and 18 months, but 12 months is the average time. Parents might become concerned if a child does something later than average, but reassure them that their baby is likely still within the normal time frame and if they are concerned they can reach out to their pediatrician. If you are unfamiliar with infant development, it is important to look through these resources. If you are familiar, it is good to have these resources to share with your clients.

http://www.cdc.gov/ncbddd/actearly/pdf/checklists/all_checklists.pdf Government handout that can be given to new parents

<http://www.thewonderweeks.com/about-the-wonder-week-app/> The Wonder Weeks App can help parents prepare for developmental changes and know what to expect at different stages

Infant Sleep

Many parents begin thinking about infant sleep prior to their baby's arrival. Newborns are designed to eat frequently, rouse easily, and be close to caregivers. This is their self-preservation. When parents understand their newborns design, they are better able to cope and develop infant care plans. As babies get older, many parents adopt different nighttime parenting techniques and styles, but during the newborn phase it is important parents meet all of baby's needs as soon as possible, even at night.

Understanding How Infants Sleep:

http://www.drjen4kids.com/soap_box/normal_newborn.htm#.Vsag6mxFDIU – Newborn design

http://www.drjen4kids.com/soap_box/sleep_stuff.htm Sleep Patterns

<http://www.amazon.com/The-Baby-Sleep-Book-Parenting/dp/0316107719> – The Baby Sleep Book

Sleep Philosophies and Methods:

<http://www.pantley.com/elizabeth/> - The No Cry Sleep Solution

<http://www.parentingscience.com/Ferber-method.html> – Explanation of the Ferber method and warning to not use with young infants

<http://attachmentparenting.org/blog/2009/03/07/gentle-baby-and-toddler-sleep-tips/> - Attachment

Parenting sleep approach

Safe Co-sleeping

Co-sleeping (sleeping within arms reach of an adult) or healthy breastfed infants bed-sharing (sharing sleep surface with parent) can help parents get adequate rest while meeting the demands of early nighttime parenting.

<http://cosleeping.nd.edu/safe-co-sleeping-guidelines/> - Safety guidelines

<http://www.askdrsears.com/topics/health-concerns/sleep-problems/sleep-safety/cosleeping-safely> – Sleep safety concerns

Naps

<http://www.parenting.com/article/ask-dr-sears-getting-baby-to-nap-better> – tips for naps

<http://www.pantley.com/elizabeth/books/007159695X.php> The No Cry Nap Solution book

<http://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/baby-naps/art-20047421>- A more scheduled nap approach

Solids and Weaning

As postpartum doulas, we specialize in the early weeks and months but many parents may come to us with questions related to older infants. Being able to address their questions and concerns can help us be recognized as experts in our community which can be beneficial as you build your business.

<http://www.babyledweaning.com/> - Information about infant led solids

<http://kellymom.com/category/nutrition/starting-solids/> Articles related to solids

<http://www.lli.org/llleaderweb/lv/lvmarapr87p23.html> – Child-led weaning from breastfeeding

<http://kellymom.com/category/ages/after12mo/> Articles related to breastfeeding beyond a year

Special Needs

If an infant has special needs hopefully parents will receive information prior to discharge and receive ongoing support from their pediatricians. As postpartum doulas we are not able to give medical advice or diagnose anything but we can support families practically, emotionally, and with resources. Each area has a variety of services. This list is simply to provide you with some ideas of what might be available in your area:

<http://www.marchofdimes.org/mission/march-of-dimes-services-in-the-nicu.aspx#> - NICU Support

<http://www2.ed.gov/programs/osepeip/index.html> – Early Intervention support is available through state and local services. These services are free for children that meet the criteria and are no cost to families. You may need to research what services are available in your area.

<http://nad.org/issues/early-intervention> – Information about resources for infants born deaf or hard of

hearing

<http://www.rmhc.org/> - Ronald McDonald House Charities, providing lodging and support for families with children experiencing hospital stays

Vaccines

As postpartum doulas, we cannot provide medical advice. Many families might still seek information regarding medical topics, such as vaccines. Staying within scope means providing resources and recommending they discuss these topics with their healthcare providers. You might have a strong opinion regarding vaccination, but staying in scope means being cautious of how and what you say. . For families looking to research vaccines even more, you can recommend they ask their provider for the package inserts (while reminding them of benefit vs risk). You can also share these resources if they request:

<http://www.cdc.gov/vaccines/schedules/> CDC Schedule

<http://www.amazon.com/The-Vaccine-Book-Decision-Parenting/dp/0316180521> The Vaccine Book by Dr. Sears, explains each illness and vaccine

<http://www.nvic.org/> - National Vaccine Information Center – This is considered biased by some sources, use your judgment in reviewing and sharing

In addition to sharing links and books, some doulas collect handouts, samples, and other items from organizations and businesses. Parents might look to us as experts, so it is important we always refer back to their care providers when they seek specific answers. We are available as a sounding board and resource provider but we should not give specific healthcare advice. Wording many doulas use is, “Many/Some families have found X helpful. If you have questions or concerns, you can read Y and ask your provider for more information.

Application and Understanding

1. Describe the Ferber Method and be sure to include an understanding of when it is not advised.
2. Compare principles of the Ferber Method with that of Attachment Parenting.
3. Do you believe there are any risks with infant co-sleeping? If so, describe. Also address the benefits.
4. A new mother with a two month old baby is anxious to know when she can begin feeding her son cereal. What would you advise?
5. A new mom has read a number of books on vaccines and asks for your opinion. What would you say?
6. How do you know if a resource you are checking into is valid or not?