

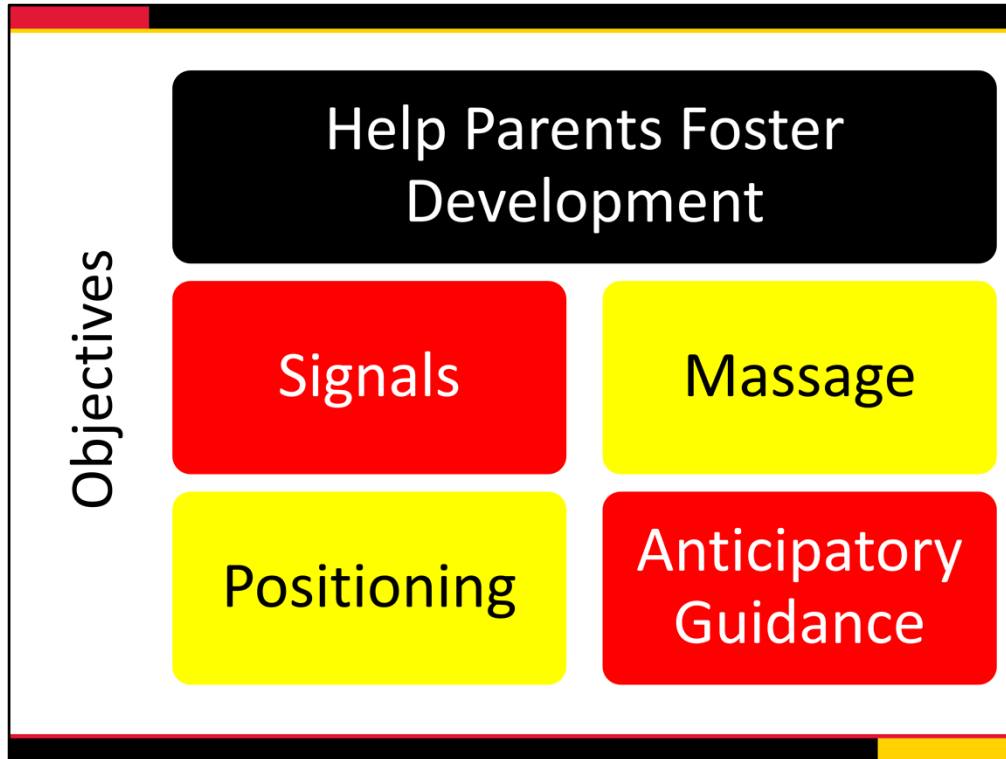
Module 4: A Potpourri of Interventions for After the NICU



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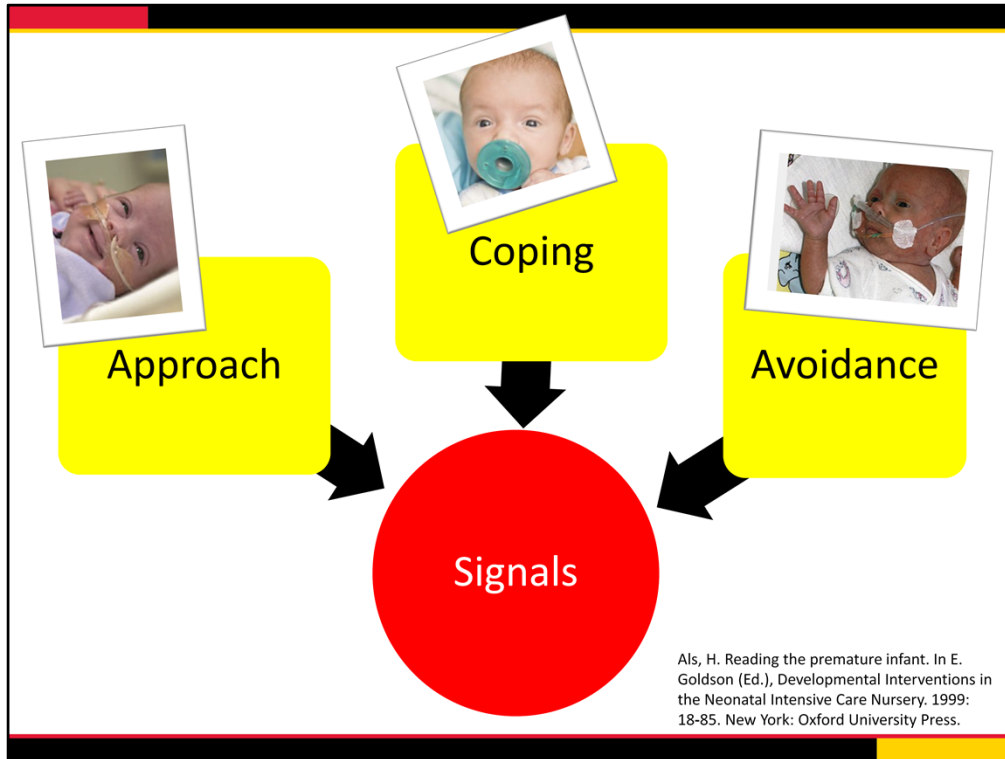


This is Module 4: A Potpourri of Interventions for After the NICU. This is the fourth in a series of five modules relevant to infants and toddlers born prematurely.



The main objective of this presentation is to inform you of ways to help parents foster the development of their premature infant following discharge from the NICU; this includes:

- teaching parents how to read and respond to their baby's approach, coping, and avoidance signals;
- educating parents about the importance of back to sleep and tummy time;
- showing parents how to massage their baby to facilitate relaxation, and
- providing anticipatory guidance for upcoming skills.



First, let's discuss teaching parents how to read and respond to their baby's signals. Research conducted by Dr. Als and her colleagues helps us to understand and react to the signals of infants born prematurely. There are three types of signals: approach, coping, and avoidance.



Approach signals let us know when the baby is happy and ready for additional stimulation. Signals indicating this readiness include:

- a smile,
- ooh face,
- being quiet and alert,
- gentle locking,
- a soft facial expression,
- cooing,
- mouthing,
- being relaxed, and
- smooth movements.



Coping signals show us when a baby is helping himself cope with various environmental stimuli. Examples of coping signals include:

- suck search or sucking,
- hand on face or mouth,
- leg brace,
- finger fold,
- hand or foot clasp,
- grasping,
- fisting,
- going into a drowsy or light sleep, or
- bracing the body against a surface.



Avoidance signals let us know when the baby is not happy and needs a change. Signals indicating avoidance include:

- tongue thrust,
- whimper, fuss, gasp
- arching,
- eye floating or gaze aversion,
- gape face, grimace or frown,
- finger splay, salute or airplane,
- sitting on air,
- spit up, gag, hiccough, burp, pass gas, yawn or sneeze. These last few avoidance signals occur for physiologic reasons, but the research of Dr. Als demonstrates that they happen more frequently when an infant is stressed.

Helpful Signal Strategies

Talk before touching
to prepare baby

Give break after
picking up

Begin with one
stimulation at a
time

Reduce stimulation
when avoidance
signals seen

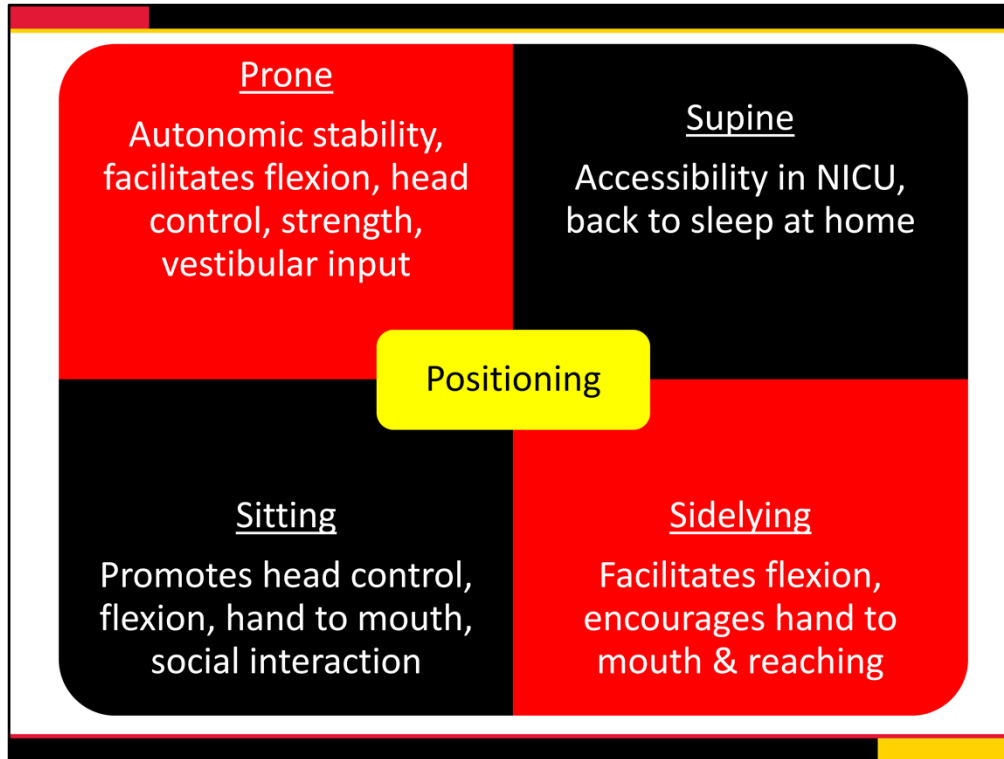
Look beyond parent
to environment
when parent doing
'the right thing'

In addition to helping parents learn how to read their baby's signals, it's important to help them learn how to respond to these signals. First, parents should talk to their baby softly before touching him or picking him up; doing so will prepare the baby for being touched or picked up and will decrease the likelihood of the baby responding with an avoidance signal. Next, parents should observe their baby's reaction to being picked up. If the baby is displaying an avoidance signal, encourage parents to give their baby a brief break so that he can reorganize himself. During the break, parents should hold their baby quietly without talking, stroking or rocking. Once the baby is ready, as demonstrated by an approach signal, parents can add one stimulation at a time; perhaps talking to the baby. If the baby displays an approach signal, another level of stimulation can be added, perhaps rocking while talking. If, on the other hand, the baby displays a coping signal, the parent should stay at the current level of stimulation and simply talk softly. However, if the baby displays an avoidance signal, the parent should reduce stimulation, give the baby an opportunity to reorganize, adding stimulation when the baby indicates readiness. Sometimes, a baby may display an avoidance signal when the parent is doing everything correctly; this is because babies react to the larger environment too. Help parents recognize other aspects of the environment that may be causing the stress; perhaps older siblings are entering the room after school, slamming the door and squealing with delight as they do so.

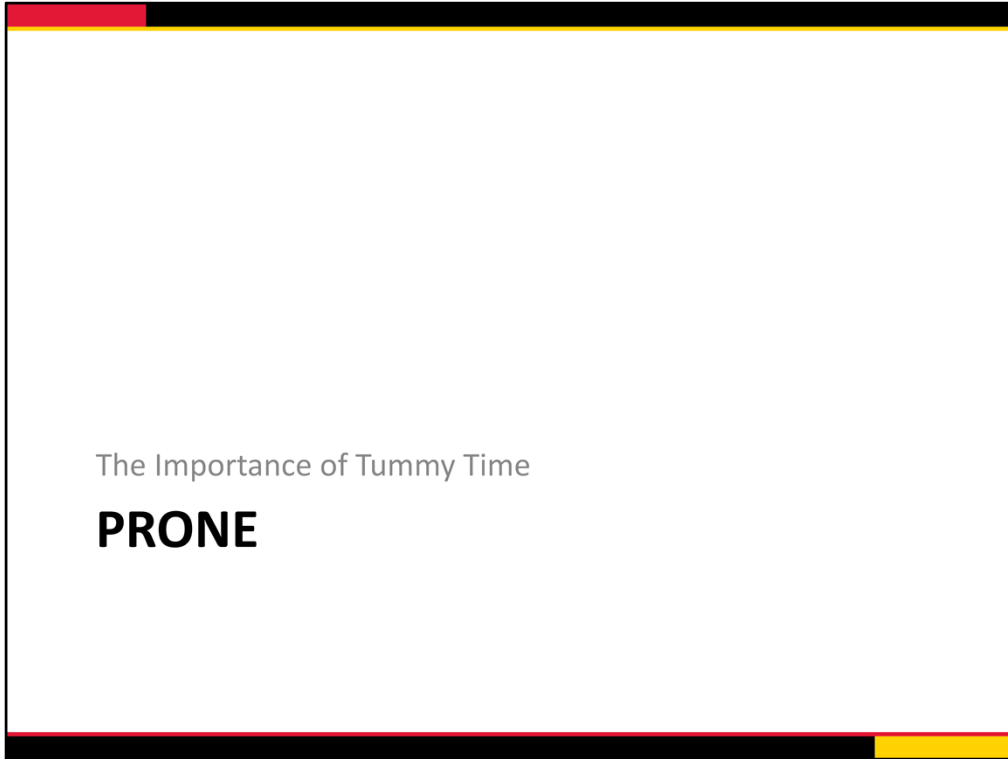
Teach Parents about Positioning

POSITIONING

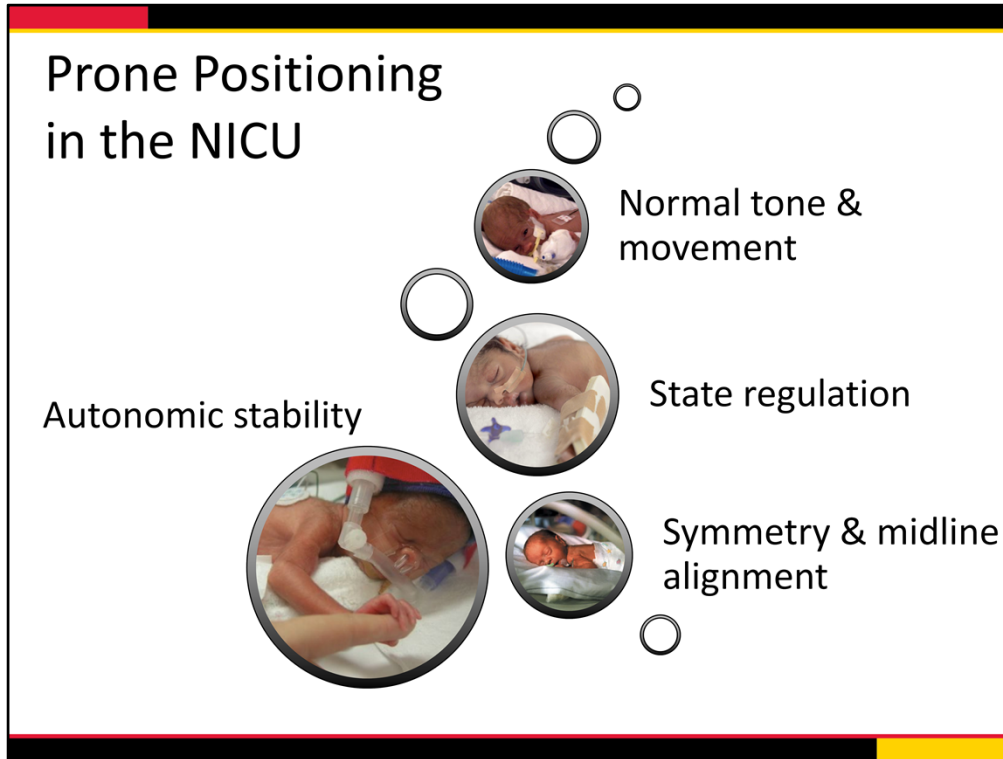
In addition to teaching parents about signals, it's also important to provide them with guidance related to positioning their baby.



There are four main positions in which young babies may be placed. The first is prone. Babies positioned in prone are placed on their stomach. This is a common position in the NICU as it fosters autonomic stability. Once home, tummy time, when awake, is important as this facilitates flexion, head control, strength and vestibular input. The second position is supine. Babies positioned in supine are placed on their back. While in the NICU, very sick babies are placed in this position for quick accessibility. Once home, unless otherwise medically indicated, babies must sleep on their back to assure safety. In addition to tummy to play and back to sleep, there are two other secondary positions to consider. Sitting promotes head control, flexion, hand to mouth activity, and social interaction. The last position is sidelying which involves positioning a baby on his left or right side. This position facilitates flexion, encourages hand to mouth activity and reaching for toys.



Let's begin by discussing the prone position and the importance of tummy time.



While in the NICU, very young premature infants spend most of their time in prone, including when they sleep. This position is commonly used because it fosters autonomic stability, symmetry and midline alignment, state regulation, and normal tone and movement. While in the NICU, it is safe for babies to spend a lot of time on their stomach, even sleep time, because medically fragile babies are constantly monitored by machines that continuously track heart rate, respiratory rate, and even oxygen saturation levels. Unless otherwise medically indicated, sleep positioning should change, from prone to supine, prior to discharge and babies at home should always sleep in supine. Remember, it's back to sleep and tummy to play.

Teach Parents Tummy Time is Important



Buils head, neck &
upper body strength
for lifting head,
crawling & pulling to
stand

Teach parents why tummy time is important. Explain that tummy time builds head, neck and upper body strength. Note that their baby needs this strength for lifting his head, crawling and pulling up to stand.

Encourage Tummy Time



Start when home from
NICU

Make part of daily routine

Start with brief periods

Encourage parents to start tummy time as soon as their baby comes home from the hospital. If needed, help parents figure out ways to make tummy time a part of their baby's daily routine. Explain that it's okay to start with brief periods of tummy time: one to two minutes, two to three times a day at different times of the day; gradually building up to 15 minutes a day.

Tummy Time & Toys



Toys can make tummy time fun

Place toys in front of baby

Move toys side to side to encourage head movement

Let parents know that toys can make tummy time fun. Encourage parents to place safe objects and toys on the floor in front of their baby. As the baby develops better head control, suggest moving toys from side to side to encourage the baby to move, lift and turn his head.

Tummy Time with Parent



Parents even more fun
than toys

Talk, sing, stroke hands

Read

Let parents know that they are even more fun than toys. Encourage parents to get on the floor with their baby and talk or sing to him, or even stroke his hands. Another idea to share is reading during tummy time; parents can turn the pages of a picture book or magazine and talk about what they see. Let the parents know that this helps develop their baby's eye strength and keeps his interest.

Tummy Time on Towel Roll



Place towel
under upper
chest & armpits

If a baby doesn't like the floor, help the parents explore other ways to do tummy time. Try tummy time on a rolled-up towel. Place the towel under the baby's upper chest and armpits. Let parents know that the towel provides a little extra support, making tummy time easier for some babies.

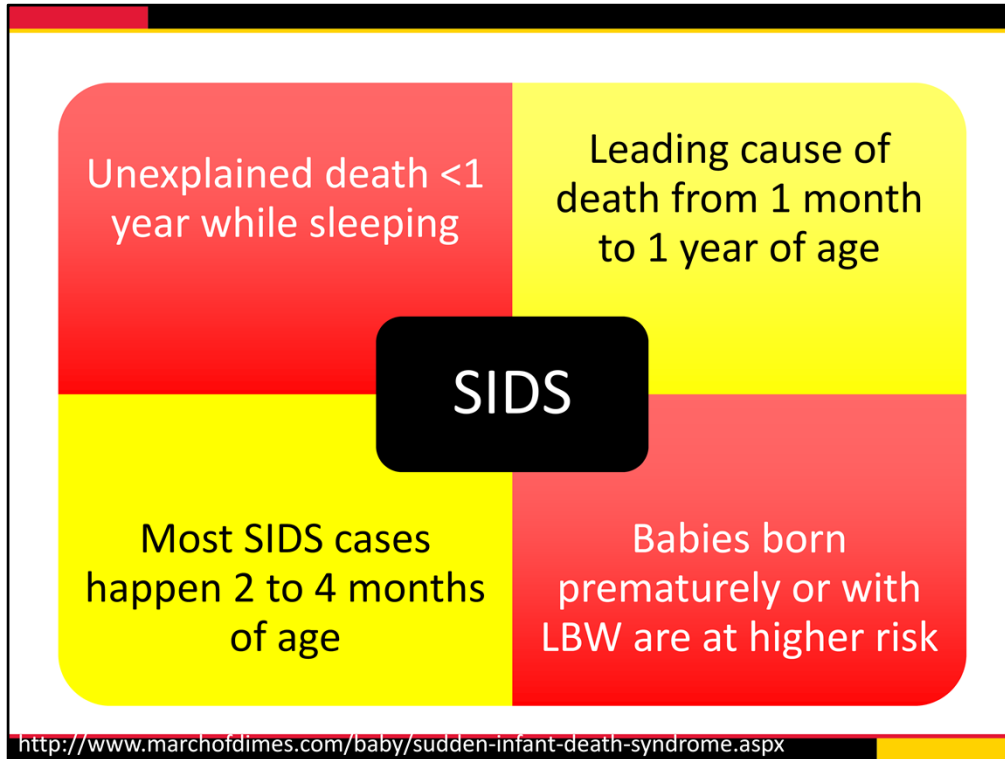


Also try tummy time on Daddy's chest or Mommy's lap. Encourage parents to sing songs, rub their baby's back or gently rock side to side. Watch the baby's reaction to see if this helps make tummy time more enjoyable. Assure parents that this is still tummy time and that it gets their baby ready for tummy time on the floor in the future. Remind parents that it's tummy to play and back to sleep.

The Importance of Back to Sleep

SUPINE

Unless parents have received special sleep position instructions from their baby's primary care provider, all babies, including premature and low birth weight babies, should sleep on their back to decrease the risk of SIDS.



Sudden infant death syndrome (or SIDS) is the unexplained death of a baby under one year of age while sleeping. SIDS is the leading cause of death in babies between one month and one year of age. Most SIDS cases happen in babies between 2 and 4 months of age. Babies born prematurely or with low birthweight are at higher risk for SIDS.

In the NICU



Prone Sleep

Promote flexion
Reduce reflux
Improve tone
Decrease apnea

ALWAYS under
medical
supervision

<http://www.healthychildren.org/English/ages-stages/baby/preemie/Pages/Reducing-a-Preemies-Risk-of-Sudden-Infant-Death-Syndrome.aspx>

As previously mentioned, while in the NICU, parents may have seen their baby nested in prone, surrounded by rolled blankets or positioning devices. This may have been done to promote flexion, reduce gastrointestinal reflux, improve developmental tone, or decrease other symptoms such as apnea. However, this was done under close medical supervision with the baby on a cardiorespiratory monitor.

In the NICU



Sleep Study

Determines safest sleep position for baby with special medical needs

Alteration from BACK TO SLEEP must come from medical provider

<http://www.healthychildren.org/English/ages-stages/baby/preemie/Pages/Reducing-a-Premies-Risk-of-Sudden-Infant-Death-Syndrome.aspx>

Premature babies with chronic lung disease or other upper airway issues, gastro-esophageal reflux, or other medical problems, may have had a special sleep study prior to discharge from the NICU. A sleep study determines the safest sleep position for a baby with special medical needs. Any alteration from the “back to sleep” recommendation must come from the baby’s medical provider. Otherwise, all babies, even babies born prematurely or at low birth weight, should sleep on their back at home to reduce the risk of Sudden Infant Death Syndrome, or SIDS.


Where to Sleep

The AAP warns against co-sleeping

Do not use a
Do not use
side
loose bedding, pillows, toys

<http://www.marchofdimes.com/baby/safe-sleep-for-your-baby.aspx>

Most newborns, and babies coming home from the NICU, sleep about 16 hours a day. Since babies spend so much of their time asleep, it's important to make sure that they sleep safely. Make sure that parents know to put their baby to sleep on his back, on a flat, firm mattress covered with a fitted sheet. The mattress should fit snugly in the crib or bassinet so there are no spaces between the mattress and the crib or bassinet frame. Families should not use a crib with drop-side rails and they should not try to fix a crib that is broken or has missing parts as doing so is potentially dangerous. In addition, families should not use bumper pads, loose bedding, pillows, stuffed animals or other toys as the baby may suffocate on them. The American Academy of Pediatrics warns parents against co-sleeping. Instead, parents can keep the baby's crib or bassinet close to their bed.



How to Sleep

Do: On back until 1 year, in light clothing, use blanket sleeper if needed, provide pacifier

Don't: Keep the room too warm, use positional devices

<http://www.marchofdimes.com/baby/safe-sleep-for-your-baby.aspx>

Parents should put their baby to sleep on her back every time, until she's 1 year old. Parents should not put their baby on her side or stomach as these are not safe positions for sleep. Assure parents that if their baby can roll over from her back to her side or stomach, and over to her back again, they shouldn't worry if she changes positions while sleeping. Parents should dress their baby in light sleep clothes, removing any strings or ties from the pajamas. Parents can use a blanket sleeper to keep their baby warm if needed. Blanket sleepers are safer than blankets as they keep babies warm without the risk of covering their face. Encourage families to give their baby a pacifier for naps and at bedtime. Pacifiers may help protect a baby against SIDS. If a baby won't take a pacifier, let the parent know that it's okay and to not force the baby to take it. It's also okay if the pacifier falls out of the baby's mouth during sleep. Explain that it is not safe to hang the pacifier around a baby's neck or attach the pacifier to a baby's clothing or a stuffed animal. Families should not keep the room too warm, they should keep it at a temperature that's comfortable for them. Help parents learn the signs that may indicate that their baby is overheated; a baby may be overheated if she is sweating or her chest feels hot. Finally, caution families against using positional products that claim to reduce the risk of SIDS. There is no evidence that special mattresses or wedges prevent SIDS.

More Recommendations



Keep baby away from
secondhand smoke

Don't use monitor if
not medically
prescribed

<http://www.healthychildren.org/English/ages-stages/baby/preemie/Pages/Reducing-a-Preemies-Risk-of-Sudden-Infant-Death-Syndrome.aspx>

Stress that families should keep their baby away from secondhand smoke. Household smoking is a risk factor for SIDS. Unless medically prescribed, parents should not use home cardiorespiratory monitors to reduce the risk of SIDS. Using these monitors when not medically indicated does not reduce SIDS.

Alleviate Common Concerns

Choking

- If baby is at risk, follow special recommendations
- Healthy NICU graduates can turn their head or protect airway
- Discuss any concerns with primary care provider

Flat Head

- Usually rounds out
- Encourage tummy time & change position baby faces in crib

Motor Delay

- Encourage tummy time


<http://www.healthychildren.org/English/ages-stages/baby/preemie/Pages/Reducing-a-Premies-Risk-of-Sudden-Infant-Death-Syndrome.aspx>

Most parents know about the importance of “back to sleep.” However, some parents or grandparents may have one of the following three concerns: choking, flat head, or motor delays. Let’s begin by discussing the fear of choking. Some families worry that their baby will spit up and choke while back sleeping. Let families know that if their baby has special issues that put him at risk for choking, they should follow the special sleep positioning instructions given to them by medical professionals in the NICU, prior to discharge. Reassure families that most healthy NICU graduates are able to turn their heads or protect their airways if they spit up. Encourage parents to talk to their baby’s primary healthcare provider if they have any concerns about potential choking. Some families worry about their baby’s head being flat from back sleeping. Explain to parents that the head usually rounds out as a baby gets older, learns to hold his head up, and spends less time on his back. Encourage supervised tummy time during awake times. Also suggest changing the position the baby faces in the crib every few weeks so that he is not always lying on the same side of his head. If head shaping is a concern, encourage the parents to talk to their primary care provider and/or arrange for an evaluation with a physical or occupational therapist as part of the child’s IFSP. A motor delay is another common concern. Some parents worry that their baby will have motor delays because she spends too much time on her back. Encourage parents to provide their baby with supervised tummy time while she’s awake to build the necessary neck and shoulder muscles needed to roll over. If a baby appears to have delayed or atypical gross motor skills, talk with the family about adding a physical therapy evaluation to the IFSP.

Car Seats, Strollers, Infant Seats

SITTING

Another important position to consider is sitting. Babies spend time in the sitting position when they travel in car seats and strollers, and when they play in infant seats.



Car Seat Safety

- 1) Facing rear
- 2) Buttocks & back flat against seat back with harness snug
- 3) Car seat head-support system or blanket rolls

<http://www.marchofdimes.com/baby/car-safety-seats-tips-for-parents-of-preemies.aspx>

Car seat testing is usually done within one week of a baby's discharge from the NICU to home. The purpose of a car seat test is to make sure that the baby can maintain her heart rate, breathing and oxygen level in a seated position, in the car seat. Once the baby passes the car seat test, she will be able to use the car seat for travel. Most very small babies need additional positioning assistance when in a car seat. The March of Dimes website offers the following car seat safety tips for parents of premature infants:

- 1) Place your infant so she is facing the rear. Your infant should be rear-facing until she reaches the highest weight and height allowed for the car safety seat by its manufacturer.
- 2) Place your infant so that his buttocks and back are flat against the seat back. The harness should be snug, with the car seat's retainer clip halfway between your baby's neck and stomach. The clip should not be on his belly or in front of his neck.
- 3) Use only the head-support system that comes with your car safety seat. Avoid any head supports that are sold separately. If your infant is very small and needs more support for her head and body, then place blanket rolls on both sides of your infant.

Other Sitting Times

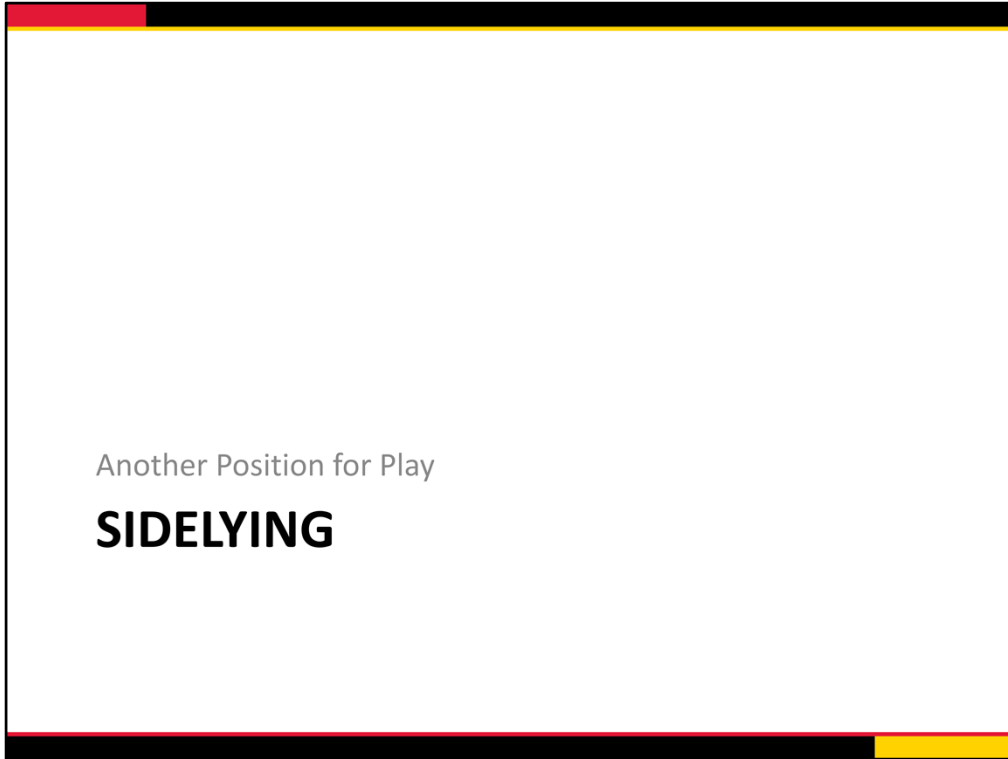


Stroller



Infant Seat

In addition to sitting in a car seat, babies may spend time sitting in a stroller or in an infant seat. At these times, parents should continue to assure that the buttocks and back are flat against the back seat and that the harness is used. If support is needed, parents should use the head-support system that came with the device or use small blanket rolls.



Sidelying is another position for play.

Sidelying for Play

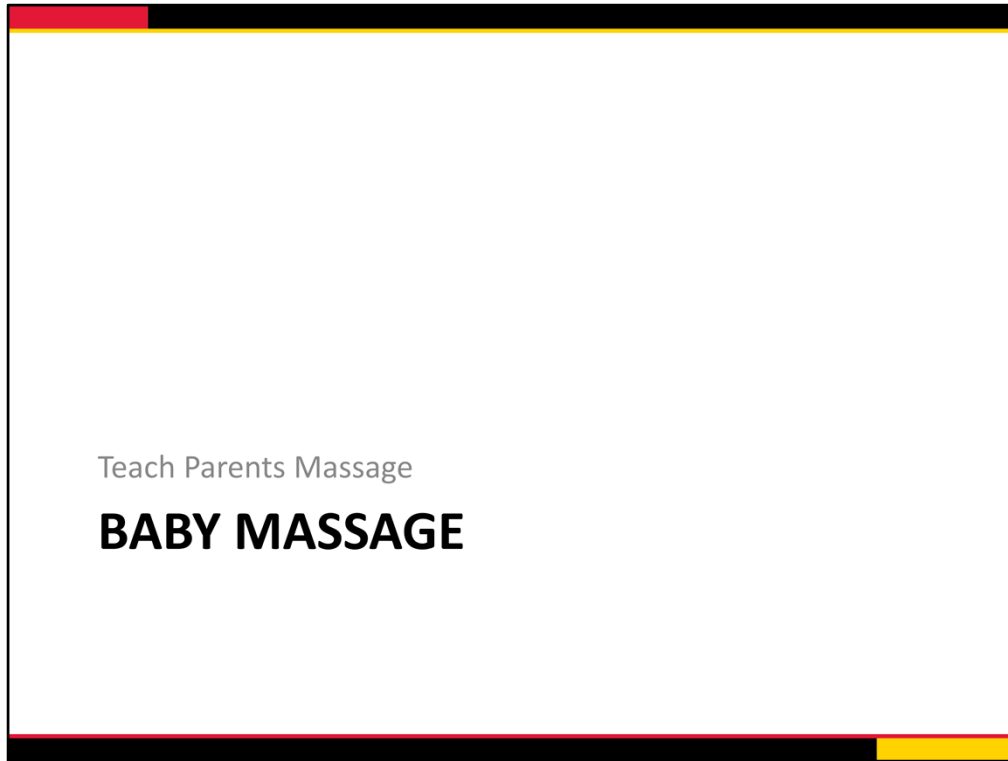


Reaching for Toys

Helps bring hands forward to reach for & play with toys

If needed, use hands or blanket roll for support

Some babies have difficulty bringing their hands to midline or lifting them up to reach for toys. For these babies, and all babies, sidelying is an excellent position for play. Show parents how to use the sidelying position to help bring their baby's hands forward to reach for and play with toys. If the baby arches or has trouble staying on his side, show parents how to support the baby with their hands or a blanket roll. If needed, consider a consultation with a physical therapist for more ideas.



In addition to informing parents about signals and positioning, we can teach parents how to massage their baby to facilitate relaxation.

Infant Benefits



Baby Massage in the NICU

- 1) Improved weight gain
 - 2) Higher Brazelton scores on orientation, range of state, regulation of state & autonomic stability
- *Use moderate pressure

Field T, Diego M, Hernandez-Reif, M (2010). Preterm Infant Massage Therapy Research: A Review. *Infant Beh Dev.* 33(2): 115-124.

In a review of the literature, Field and her colleagues found that the benefits of massaging babies born prematurely include improved growth and higher Brazelton scores on orientation, range of state, regulation of state and autonomic stability. In their review, they note that moderate pressure may be the key to effective baby massage as preterm infants who received moderate pressure stroking gained significantly more weight than infants who received light pressure stroking; moderate pressure also led to more organized behaviors.

Parent Benefits



Baby Massage in the NICU

Enhances bonding
Increases
confidence

Beachy JM (2003). Premature Infant Massage in the NICU. Neonatal Network. 22(3): 39-45.

According to Beachy, parents of preterm infants also benefit from infant massage because it enhances bonding and increases confidence in their parenting skills. Prior to discharge, baby massage can begin once a baby can maintain his own body temperature and can be held. Given this requirement, babies who are home from the NICU, are ready for baby massage.



Helpful Hints

- 1) Use moderate pressure
- 2) Maintain contact
- 3) Provide slow rhythmical strokes from in to out
- 4) Use oil, avoid nut-based

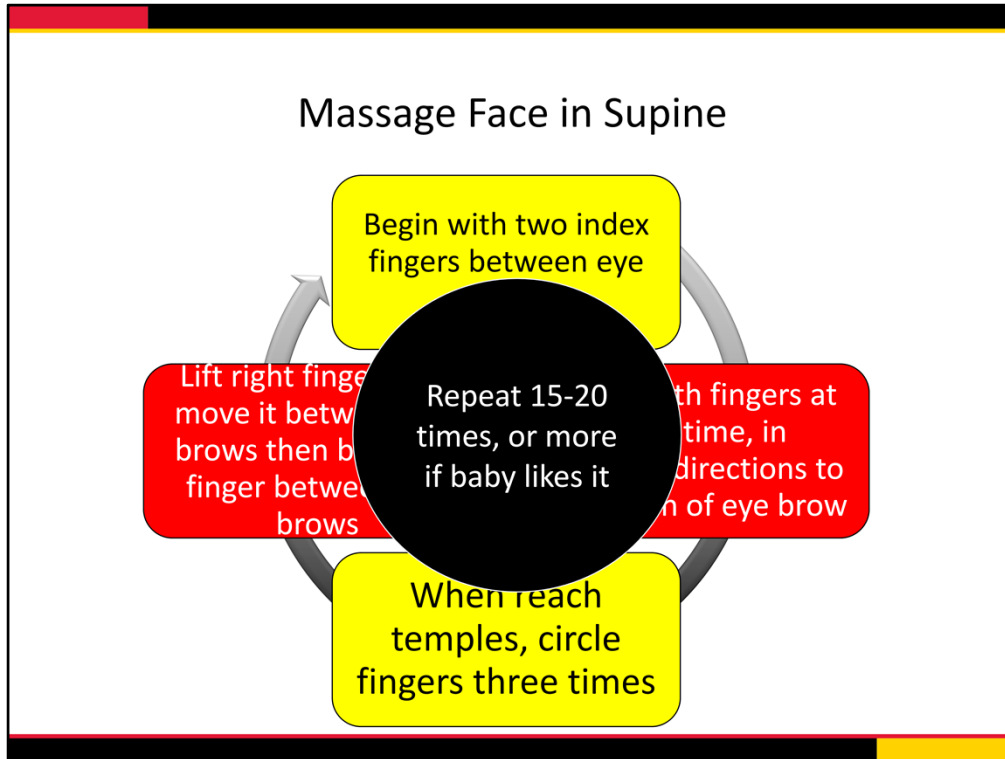
When teaching parents about baby massage, share the following four helpful hints. First, parents should use moderate pressure as research has demonstrated greatest benefit from moderate versus light touch. Let parents demonstrate a moderate touch on you. Give them feedback if they need to increase or decrease the pressure. Next encourage parents to maintain contact when massaging a given body part; noting that they should let go only between different strokes. During the massage, coach parents through providing slow, rhythmical strokes from in to out to best help their baby relax. Finally, suggest that parents use oil for a nice gliding stroke as bare hands create friction and don't feel as good to the baby. It's up to the parent to decide whether to use a baby moisturizing oil or a vegetable oil for the massage. Whichever oil they choose to use, it's best to test a little on the baby's skin first, just in case she has a reaction. Caution parents against using any nut-based oil, such as peanut oil, as it may trigger an allergic reaction.



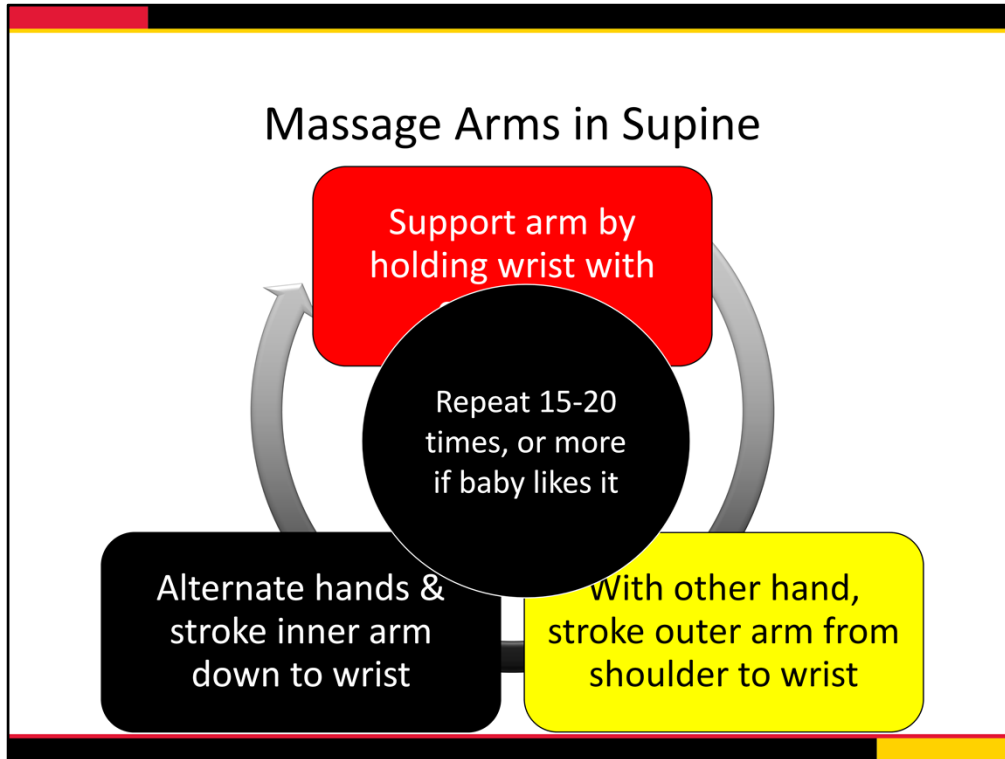
Getting Started

- Make sure room is warm
- Minimize distractions
- Position baby facing parent
- Demonstrate on a doll
- Use the same massage sequence
- Read & respond to signals

Before actually beginning the massage, there are a few additional considerations. As the baby will be undressed for the massage, encourage the family to make sure the room is warm, and that there are no drafts. Parents may prefer to keep their baby dressed, only undressing the body part being massaged, if the room is a little cool. Another option is to undress the baby but cover him in a blanket or towel, uncovering the body part being massaged. As this is a special time for parents and their baby, suggest that they turn off or silence their cell phone, turn off the television and possibly play some relaxing music. If the family chooses to play music, they should make sure that the level is low enough for the baby to hear them talking. If everyone is comfortable, the floor is a great place to do baby massage. Lay the baby down on a towel, folded blanket or a changing mat. While the baby is small, it is also possible for Mom to massage her baby while he is positioned on her lap. Situate the baby so that he is lying down on his back, facing Mom, with his feet close to her body. When demonstrating how to provide baby massage, it's ideal for you to use a doll while the parent uses their baby. Encourage parents to use the same sequence each time they massage their baby; this makes it easier for them to remember and it makes the experience more predictable for the baby. Finally, remind parents that it is very important for them to read and respond to their baby's signals during the massage. Through these signals, the baby will let his parents know if he needs a break or if he needs to end the massage a little early.

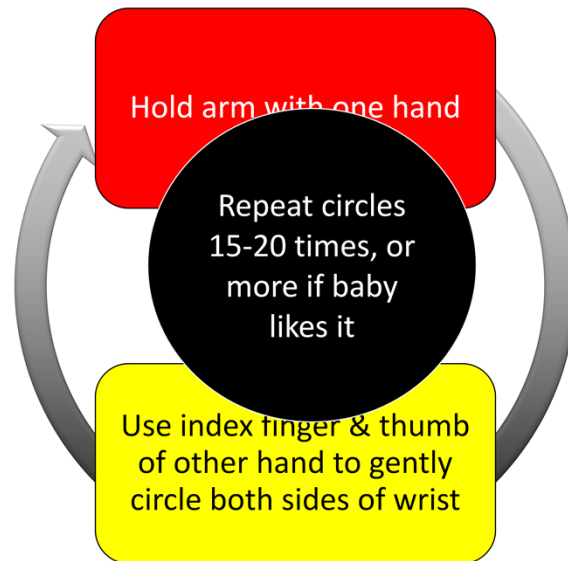


Recommend that parents begin the massage session by massaging the baby’s face as this provides an opportunity for nice eye contact. Have the parent start by placing a small amount of oil in her palm and warming it by rubbing her hands together. While both mothers and fathers can massage their baby, for purposes of this presentation, the term “Mom” will be used for simplicity. To begin massaging the face, have Mom place her two index fingers between her baby’s eyebrows. Next, have her move both fingers at the same time, in opposite directions, to trace the arch of the eye brows. When her fingers reach her baby’s temples, she should gently circle her fingers three times. Then have Mom lift her right finger up and move it so that it is again positioned between her baby’s eyebrows. Once her right finger is back to the starting position, have her move her left finger from her baby’s temple to the starting position. Encourage Mom to talk with her baby and repeat the same stroke 15 to 20 times.

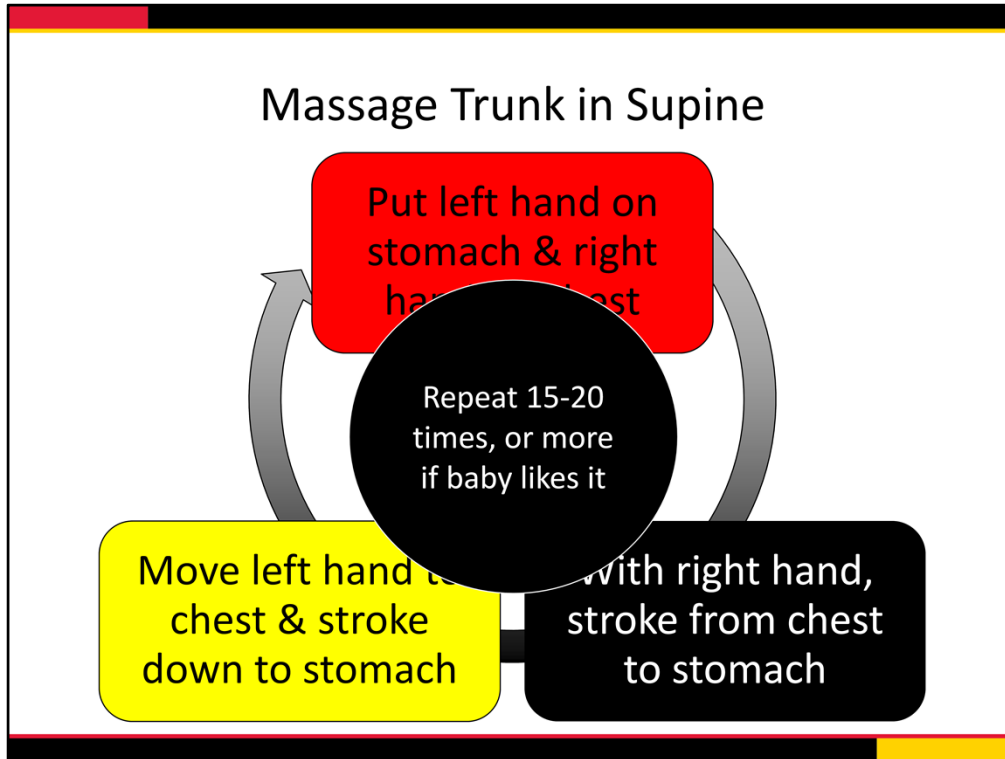


To begin massaging the arm, have Mom support her baby's right arm by holding her baby's right wrist with her left hand. Next, have Mom place her right hand on her baby's shoulder. Once both hands are in position, have Mom use her right hand to stroke her baby's outer arm from the shoulder to the wrist. Once Mom's right hand reaches her baby's wrist, have Mom move her left hand to the top of her baby's inner arm, by the armpit. Have Mom use her left hand to stroke her baby's inner arm down to the wrist. Once the left hand reaches the baby's wrist, have Mom move her right hand back to her baby's shoulder. Encourage Mom to talk with her baby and repeat the stroke, alternating hands in a milking motion, 15 to 20 times. Massage the right wrist before massaging the left arm.

Massage Wrists in Supine

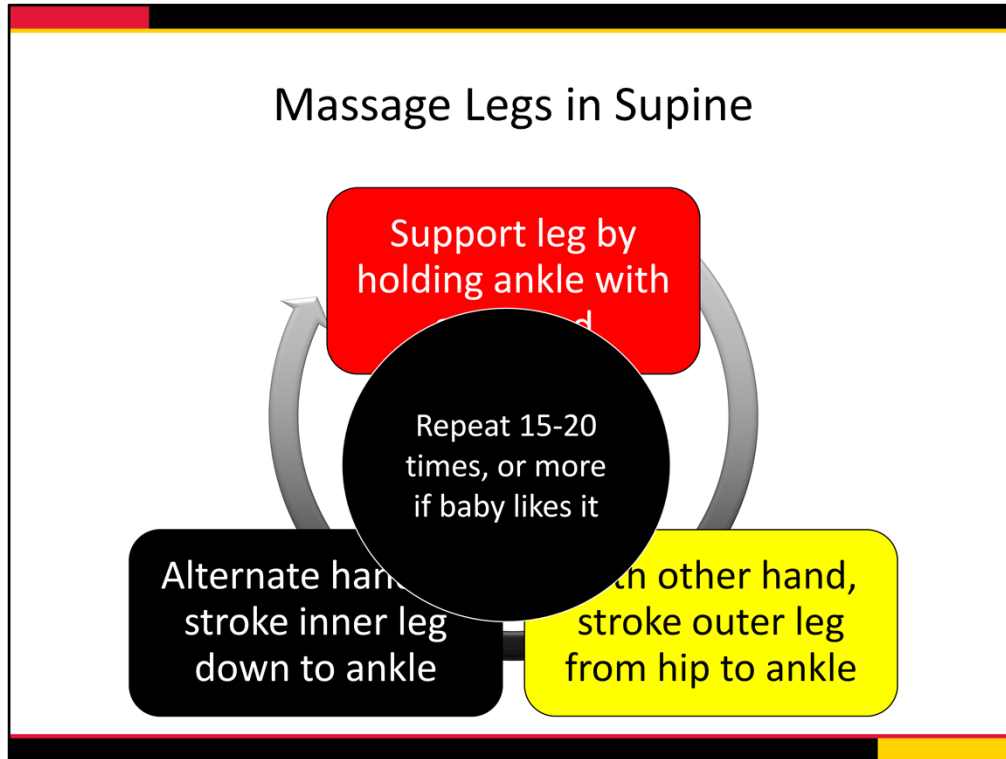


To begin massaging the wrist, have Mom hold her baby's right forearm with her left hand. Next, have Mom use her right index finger and thumb to gently circle both sides of her baby's wrist. Encourage Mom to talk with her baby and repeat the circles 15 to 20 times. After massaging the baby's right wrist, have Mom massage his left arm and left wrist before massaging the trunk.



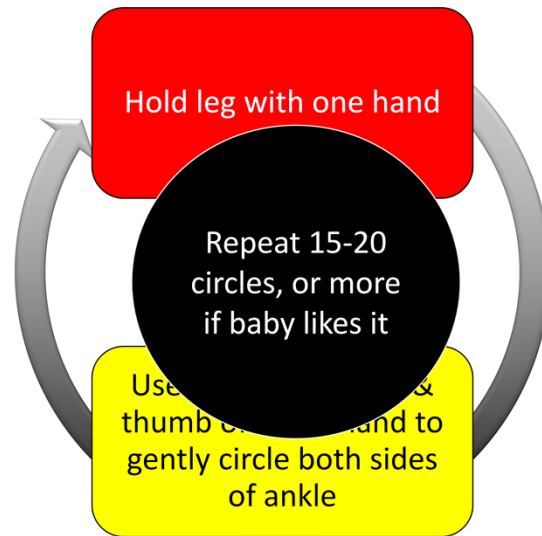
To begin massaging the trunk, have Mom place her left hand on her baby's lower stomach and her right hand on her baby's upper chest. Next, have Mom use her right hand to stroke down from her baby's chest to his stomach. Once Mom's right hand reaches her baby's stomach, have Mom move her left hand to the top of her baby's chest. Have Mom use her left hand to stroke down from her baby's chest to his stomach. Once her left hand reaches the baby's stomach, have Mom move her right hand up to his chest. Encourage Mom to talk with her baby and repeat the stroke, alternating hands in a paddling motion, 15 to 20 times. Then proceed to the legs.

Massage Legs in Supine

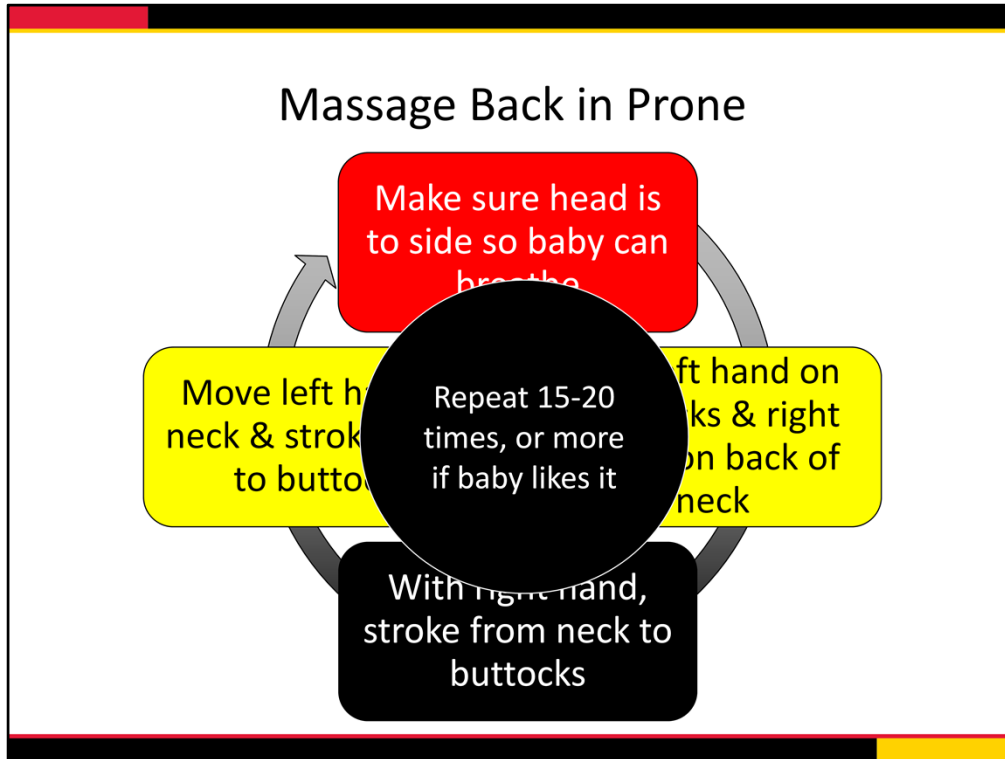


To begin massaging the leg, have Mom support her baby's right leg by holding her baby's right ankle with her left hand. Next, have Mom place her right hand on her baby's upper thigh. Once both hands are in position, have Mom use her right hand to stroke her baby's outer leg from the upper thigh to the ankle. Once Mom's right hand reaches her baby's ankle, have Mom move her left hand to the top of her baby's inner leg. Have Mom use her left hand to stroke her baby's inner leg down to the ankle. Once the left hand reaches the baby's ankle, have Mom move her right hand back to her baby's upper thigh. Encourage Mom to talk with her baby and repeat the stroke, alternating hands in a milking motion, 15 to 20 times. Massage the right ankle before massaging the left leg.

Massage Ankles in Supine



To begin massaging the ankle, have Mom hold her baby's right calf with her left hand. Next, have Mom use her right index finger and thumb to gently circle both sides of her baby's right ankle. Encourage Mom to talk with her baby and repeat the circles 15 to 20 times. After massaging the baby's right ankle, have Mom massage his left leg and left ankle before massaging the back.



Before massaging the back, have Mom turn her baby over so that he is lying on his stomach in the prone position; making sure that his head is to the side so that he can breathe. Have Mom place her left hand on her baby's buttocks and her right hand on the back of her baby's neck. Next, have Mom use her right hand to stroke down from her baby's neck to his buttocks. Once Mom's right hand reaches her baby's buttocks, have Mom move her left hand to the back of her baby's neck. Have Mom use her left hand to stroke down from her baby's neck to his buttocks. Once her left hand reaches the baby's buttocks, have Mom move her right hand up to the back of his neck. Encourage Mom to talk with her baby and repeat the stroke, alternating hands in a paddling motion, 15 to 20 times. Have Mom end the massage session by massaging the baby's face again; this way the session begins and ends with beautiful eye contact.

...What to Expect, When to Expect It & How to Foster It

ANTICIPATORY GUIDANCE

The fourth and final objective of this presentation is to discuss providing anticipatory guidance for upcoming skills. Anticipatory guidance involves helping parents learn what to expect, when to expect it and how to foster it. Anticipatory guidance can be particularly useful for parents of infants born prematurely as your guidance can help parents better understand development for their baby's adjusted age and can help parents foster upcoming skills to assure the baby "catches up" to his chronological age by the adjusted age of 12 months. The anticipatory guidance process can also help identify when an assessment or additional services may be warranted.

Development... Your Area of Expertise!

Use Healthy
Beginnings, PPOD or
other tool of choice

- www.marylandhealthybeginnings.org
- www.mypod.com

Use Bright Futures as a
professional reference

- http://brightfutures.aap.org/pdfs/BF3%20pocket%20guide_final.pdf

Development is your area of expertise. As early interventionists it's important that we look at the whole child and not just our area of specialization. For some this is easy, for others it may be more difficult. For instance, if you are a speech and language pathologist, you may be more comfortable with the development of expressive and receptive language skills than gross motor development. Take the time to become familiar with milestone attainment across domains and resources available for parents. Use "Healthy Beginnings," "PPOD" or another tool of choice to help you and parents learn about upcoming milestones across all domains and to get ideas on how to foster upcoming skills. You may also want to use the American Academy of Pediatrics "Bright Futures" as a professional reference for yourself.

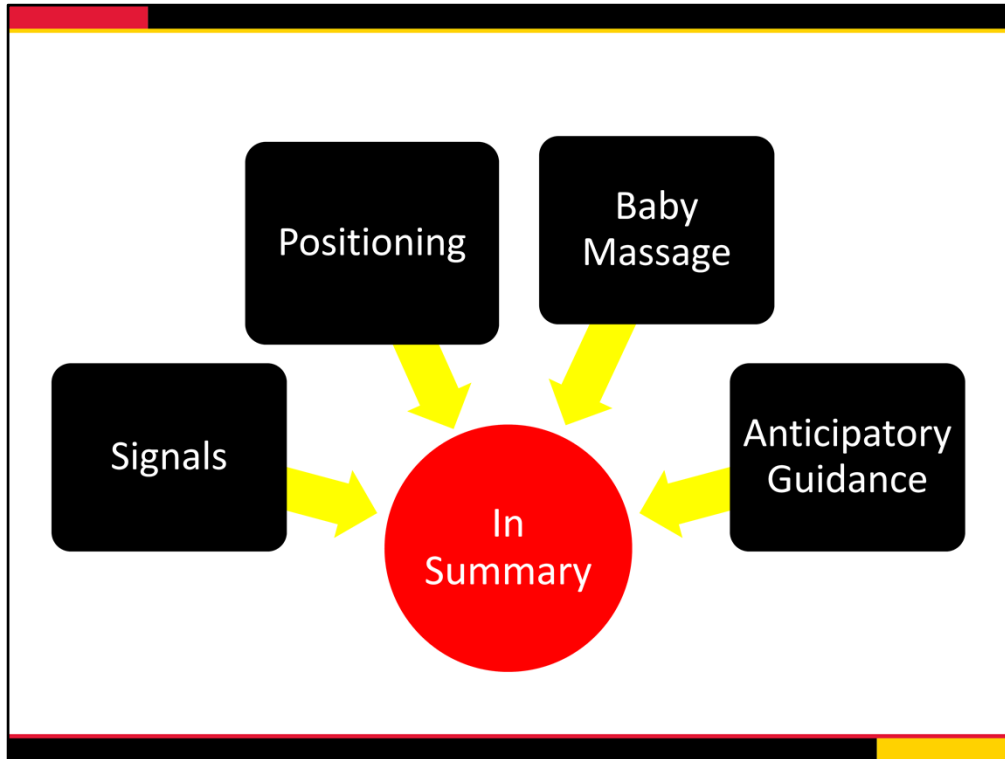


Healthy Beginnings

“Healthy Beginnings” was developed through a collaborative effort between the Maryland State Department of Education and Johns Hopkins Center for Technology in Education. “Healthy Beginnings” has several components. One component is the “Healthy Beginnings” Activity Planner. This is a web-based application that can be used to help find activities to promote early learning. Parents can select the child’s age from the menu. Then, select the location where they would like to complete the activity. The Planner provides parents with simple ideas for things they can do with their child to help build skills and have fun together. Another component is “Healthy Beginnings: Supporting Development and Learning from Birth through Three Years of Age.” This is a downloadable resource intended for use by anyone who lives or works with infants or young children. You can use the guidelines, with parents, as a reference guide, or as a resource for planning daily or weekly activities. Use the guidelines by first locating the child’s age in months and then choosing one of the following areas of development: personal and social, language, cognitive, and physical. A third component is the Developmental Domain Charts that can also be downloaded and used as a resource when providing anticipatory guidance. There is a chart for each of the four areas of development: personal and social, language, cognitive, and physical. All of these resources are available from the website: marylandhealthybeginnings.org.



PPOD is an interactive web-based tool with columns representing well-child visit ages from newborn through 36 months of age, rows representing developmental strands, and cells representing milestones sequenced by age and strand. There are 11 developmental strands: Cognitive, Dressing, Eating and Drinking, Expressive Language, Fine Motor, Gross Motor, Receptive Language, Sleeping, Social-Emotional, Toileting, and Growth. The Eating and Drinking strand also covers Healthy Eating, Picky Eaters, and Mealtime Behavior. Parents can select a developmental strand to learn more about that area of development and get links to other websites and resources. Parents can select a milestone to read an introduction about the skill or to get activities and suggestions for fostering the skill within daily routines such as bathing, cuddling, dressing, playing, and eating. If the parent sees a highlighted word, they can click to receive additional relevant information. To learn more about PPOD or to register for a free subscription, go to www.mypod.com.



In summary, the main objective of this module was to inform you of ways to help parents foster the development of their premature infant following discharge from the NICU. You can do this by:

- teaching parents how to read and respond to their baby's approach, coping, and avoidance signals;
- educating parents about tummy time and back to sleep;
- showing parents how to massage their baby to facilitate relaxation; and
- providing anticipatory guidance for upcoming skills.