



The journey to parenthood

Solihull Approach Leaflet Pack

For midwives and others working in antenatal and newborn services



Brain development through childhood

The brain is a very complex organ and with advances in medical science and equipment such as brain scans (MRIs) we now know much more about how the brain develops. In this leaflet we have put together some important information about the brain that we hope will help you think about the ways in which you can understand and respond to the baby, child or teenager in your family.

Before the baby is born

When a baby is in the womb important brain development is happening. For example, by the 18th week of pregnancy the baby will have developed between one and two billion basic brain cells. Only a small amount of these cells are connected to each other before birth. The connections that are formed before birth include the baby's hearing and some automatic responses such as the desire to search for food. This can be seen in a newborn baby when they recognise the mother's voice and search with their mouth for the breast or bottle when they are hungry.

When the baby is born

One of the most commonly asked questions about baby brain development is '*What has the most impact on a baby's brain development – nature (genes) or nurture (how a baby is looked after physically and emotionally)?*' The answer is that genes (nature) and nurture (the way a baby is looked after physically and emotionally) work together in developing the baby's brain. Genes provide the building blocks or foundations and nurture (the interactions between a baby and its main carer) determines the way the baby develops. You can think of genes as the foundation for a house and nurture as determining the way the house is built.

The brain's task in the first three years of a child's life is to create connections between the different cells to enable a child to manage in the emotional environment they are living in. Different parts of the brain develop at different times but there is an order to how this happens. For example, when a baby is born they will already be able to recognise rhythms of speech particularly their mother's speech and then immediately after birth the baby's vision begins to develop very quickly.

Babies also recognise facial characteristics and expressions, usually of their mother or the person who is their main carer. Together the development of hearing and vision allows the newborn baby to quickly match the voice and the face of the main person caring for them. These early experiences of communication give the baby an experience of language and enable them to use and understand words in the right way later when they learn to speak.

Brain development through childhood

In the first year of life the baby's brain will be very much affected by the emotional experiences they have with those caring for them. A baby's brain is receiving information all the time from how they are being cared for and what they hear, see, smell, feel and taste. Inside the brain lots of connections are being made so these messages and learning can be stored for the future. Just like any new learning this can take time.

To make the best connections from the experiences it receives the baby's brain needs to shut off the stimulation from the outside world so that it can concentrate on this important task. When a baby is doing this they may look as though they are turning away, closing their eyes or even yawning. Once the baby's brain has made the connections they will once again return to what is happening around them.

Many people may have seen a baby do this but may not have realised just how important the baby's actions are to their brain development. For example when an adult is talking to a baby, the baby might be smiling and cooing with the adult and then the baby may turn their head away or close their eyes for a few seconds. Adults often think that the baby is bored with the interaction but if they were to wait for a few seconds they might find that the baby turns back to look at the adult again for more stimulation.

Because babies' brains are receiving lots of messages and are just beginning to make these kinds of emotional connections babies will need to look away often to let their brain make the most of what they are experiencing. As the baby grows into a child, young person and adult their brain will continue to need this 'look away' time as they learn, so that the brain can make the best connections possible.

Once the brain is sure that it has made the connections that it needs to survive in the physical and emotional environment that the baby is living in it will then hardwire some of the connections into the brain so that they can be kept. The brain cannot keep all the connections that it makes as there would be too many, so it will discard any connections that have not been used or are thought to be unhelpful to the brain by an action in the brain called 'pruning'.

Parents and people caring for young babies can do lots of things to help a baby's brain grow. Young babies love to communicate and enjoy interacting most through eye contact, smiling, babbling and touching. Adults have an important part to play by watching and responding to the baby's cues and the messages they are giving out. Simple games of smiling and 'chatting' help the baby to start to be part of a two way conversation where they can take turns and learn to watch and wait for the other person to speak.

Brain development through childhood

Adults also have a very important role in recognising how vital the 'look away' phase is to a baby's development and respond sensitively to the baby by watching for signs when the baby is ready to re-engage

Childhood

By the age of two years a child will have as many brain connections as an adult. The brain will continue to make and prune connections through childhood. But the majority of the connections that form the foundation blocks on which later connections rely will have been made in the first three years of life.

In the years between three and about ten years the brain is storing information and reorganising the emotional and learning experiences of early childhood. The brain is growing at a steadier and slower pace than the first few years of life.

The brain will continue to need the 'look away' phase so that it can make connections from what a child has learnt. But a child may not need to look away as often as a baby and may develop other ways to cope with the information they are receiving. They may appear to be distracted for a moment, look at the floor or a wall or simply stop what they are doing for a minute.

How many connections a child ends up with as an adult can be affected by the emotional and physical experiences they have as a small child. The positive emotional and physical learning they experience in the early years can increase their brain connections by 25%.

Teenagers

As a child enters puberty the brain and body undergo many changes and for a time this can have a noticeable effect on a young person, both physically and emotionally. The teenager's brain is experiencing a second period of rapid growth. The first growth spurt in their brain occurred in the first three years of life and then during middle childhood the brain settled into a slower pattern of growth.

One of the main changes that adults notice about teenagers is that their emotions can sometimes be reactive, extreme or challenging. The teenager's brain is not only growing quickly but it also experiences a period of chaos while it tries to reorganise itself more effectively. Some parts of the brain are still not fully developed such as the frontal part of the brain that controls reasoning. This might explain why some teenagers find decision making difficult or the decisions they make might not be the most advisable.

Brain development through childhood

The speech area of the brain is also undergoing more development and for a time it is controlled by a part of the brain that can be very reactive to 'gut reactions', fear or danger. It is not until the later teenage years that the control switches to the part of the brain that can reason more. This pattern of control is also the same for the way the teenager reads the meaning of facial expressions. These changes may explain why teenagers can be spontaneous, speaking without appearing to think and misinterpret facial expressions especially those that might be linked to negative emotion.

Teenagers' body chemistry changes when they enter puberty and this affects the amount of sleep they need and the time the body tells them to sleep. Their body clock changes so that they go to sleep later, usually after 11pm and can easily sleep for 12 hours. During this time their body is releasing a hormone needed to grow. Up to 80% of growth hormone is released during sleep. When the teenager wakes up they are usually very hungry. This is very similar to a young baby who having slept for a long period overnight can be very hungry when they wake.

Most of the advice about teenagers' sleeping habits suggests a reasonable bedtime that takes into consideration the changes in their body clock. A bedtime routine can be very useful especially during the week when they need to get up for school or college. This should avoid activities or drinks that stimulate the body such as the use of computer games or drinks that contain caffeine such as coffee or fizzy drinks. It can also be helpful to agree a regular time to get up both in the week and at the weekend that again is not too early or late.

This pattern of sleep changes again in the late teens as the teenager's growth pattern begins to slow. Once again the teenager's hormones reprogramme their internal clock so that they begin to need less sleep and they find it easier to go to sleep and get up earlier. If a young child has had good enough emotional experiences in their early years the challenges of brain development in the teenage years will have a good foundation. However, for some babies and children their early experiences may mean that their brain development has already had to cope with difficult circumstances. When the teenage growth spurt occurs they are likely to need extra support from sensitive adults, so that their brain is able to calm down the parts that have the potential to be very reactive and mature other parts of the brain that help reasoning and decision making.

Your feelings during pregnancy

The thought of becoming a parent can produce very mixed feelings. People can feel a whole range of emotions from joy and excitement to fear and panic. Making a decision to have a baby may be an individual choice or could involve other people.

Many people look forward to the birth of their baby while at the same time finding it difficult to adjust to the idea of their new role as a parent. Becoming a mother feels like a very natural experience for some people – some women feel a true sense of identity for the first time when they become a mother. For other people, the thought of having another person totally dependent on them for all their needs may be a frightening and difficult prospect. These mixed emotions may also be experienced by fathers.

Feelings can also change at different times during your pregnancy. You might sometimes feel close to your baby and at other times you may be preoccupied with how having a baby will affect you.

How parents feel about their baby is different for everyone. Here are some of the feelings that parents have had.



It may be helpful to think about who will be able to offer you emotional support and practical support – during the pregnancy and after your baby is born. There are many people who can help you think about your feelings about becoming a parent and any experiences of pregnancy or birth you have already had. These might include your family and friends, your GP, your midwife or your health visitor.

Your feelings during pregnancy

4.1 Getting to know your baby can begin when you are pregnant or even from before your baby is conceived. As with all relationships, your relationship with your baby needs to be nurtured

As your baby grows inside you, you may feel you are gradually able to get to know him or her. You will be able to recognise when your baby is very active or asleep. You may notice a rhythm to their waking and resting. You may begin to recognise different parts of your baby's body and how they move at different times. While you are pregnant your baby will also hear your voice – babies can recognise their mother's voice and other voices that they hear frequently before and after they are born. So talking to your baby while you are pregnant is not silly but an important part of developing a relationship with him or her.

Fathers getting involved and staying involved

Becoming a dad can feel like one of the best things to happen in your whole life. But it can also feel quite daunting and a big responsibility.

A father's role is a complicated one – your responsibilities increase, your relationship with your partner changes from being an exclusive couple to a new three-way relationship, in which you may feel temporarily excluded. As well as being a proud new father, feelings of resentment and jealousy can sometimes arise in the most unexpected ways. When you meet your new baby, you may also feel a bit vulnerable yourself and this can be difficult to understand and manage.

This leaflet will explain why you are such an important person in your child's life.

Remember your baby needs you!

During the pregnancy

During the pregnancy, your partner may be feeling tired and uncomfortable as well as excited and anxious about the forthcoming new arrival. You may feel a bit left out of all the attention at this time, but your role as a supportive partner is essential. If you can attend antenatal scans and classes you can plan and be as prepared as possible together.

Even though you might not be getting much attention, your feelings as a father-to-be are very important. Try to talk about how you feel about the pregnancy and becoming a parent if you can and with your partner, friends or family.

The birth

Not all births are straightforward and some women feel quite traumatised by their experience. So do some men. Seeing your partner give birth can be pretty scary in lots of ways, whether there is medical intervention or not. It is quite normal to find yourself reliving the experience afterwards. If this happens you might find it helpful to talk it over with someone, just tell them the story from start to finish, but make sure you let someone know that that's what you need to do – they are not likely to ask about the birth in detail unless you tell them.

The first few weeks

In the first few weeks, and even months, after your baby's birth, your partner's mind is likely to be especially preoccupied with the needs of your baby, sometimes to the exclusion of all other people, housework and even herself. The more involved you can be in even the most basic of ways will be greatly appreciated, for example, helping with the housework, shopping,

Fathers getting involved and staying involved

changing nappies, feeding your baby, boosting your partner's self-esteem and ensuring that she has some time to herself now and again. The more involved you are the more benefit there will be not only to your relationship as a couple, but in helping you and your baby to build your own close and secure relationship.

Some women experience the 'baby blues' in the first week or so after the birth when they feel very tearful and anxious. It is important for fathers to be aware of this and to make sure they are especially supportive and positive towards their partner. The baby blues doesn't usually last more than a few days. If it goes on for longer, it is important for the mother's midwife or health visitor to know.

Introducing solid food to your baby

If your partner has been breastfeeding your baby, introducing solid food to the baby can sometimes be a time of mixed emotions. It may feel like a relief to her in that she has more time to herself, or a time of loss and grief for the special closeness that the two of them shared together in this way. Some mums feel guilty about the decision to introduce solids, especially if their baby is reluctant to do so. If your baby shows that he or she wants to begin the process of taking solid foods first, as some babies do, your partner may perceive this as a rejection, feeling that she is no longer as needed. As well as becoming more involved with feeding, you may need to help your partner and your baby to manage some of the more difficult feelings they might be experiencing about this change. The loss of this particular kind of closeness however, can then allow for you and other children if you have them to feel more involved in caring for the baby.

Building a relationship

Try to build a relationship from the start with your baby, don't isolate yourself even if you feel a bit left out at first. Being an equal partner in your child's upbringing will be rewarding and beneficial to you and your family as a whole.

Mums have a head start with getting to know the baby during pregnancy. It can sometimes take time for dads to catch up to feeling as close to their baby.

You and your partner

You can help your partner, and therefore your baby, by listening to her worries and feelings and helping her think them through. There is nothing like children (and lack of sleep!) to make everything feel overwhelming and when this happens you become your partner's most valuable resource – being a listening ear will be invaluable to her at these times.

Fathers getting involved and staying involved

Having said that, having a baby is bound to change your relationship with your partner in some way, and it will probably take time to adjust to each other in your new roles as Mum and Dad. Communication is important.

Keep talking to each other!

Also give it time. There may be times when you can only think of each other as your child's other parent. But after a while it will become easier to see each other again as partners or husband and wife. It is important for your children that you look after your own relationship, so see if you can find ways to spend time together. Think about who you would trust to babysit or be creative about having a 'night out' at home!

Play – valuing the big kid in you!

Many dads are naturally good at playing with their children, so muck in and have fun. You will get to know your child and it will strengthen the bond between you. In fact research has shown that fathers who play with their children as often as they can help their children to learn e.g. turn-taking, problem-solving and building relationships. Playing with their fathers also helps children explore their own strengths and develop skills that will help them at school.

Being a role model

Children learn from their fathers about men in general. With your guidance, and without you necessarily realising it, your child will pick up ideas about what it means to be a man, such as how a man might handle emotions, deal with relationships, manage conflict etc. This may well be different from the way women, initially mums, tend to handle things. This is another reason why you are such an important person in your child's life. So think about setting a positive example. For example, if you don't want your child to swear, don't swear. If you don't want them to be aggressive, give them an alternative by modelling a non-aggressive behaviour yourself when you are frustrated.

Understanding and thinking about your own upbringing may help you to decide how you want to be as a parent yourself. You may want to consider how your past experience as a child affects the way you are as a parent. Think about what parts of your own experience you would like to pass on to your child? What parts would you prefer not to pass on?

Children need boundaries (or rules) in order to feel that someone is in control and the world is therefore safe. Sometimes fathers will take a more active role in providing the discipline. Remember discipline does not have to be harsh, in fact the calmer you are the more effective you will be. If you feel too sorry for your child you may be tempted to give in, and if this happens often things will

Fathers getting involved and staying involved

be harder for you (and your child) later on. Reflecting on your own experiences as a child may help you to find a good balance between your 'head' and your 'heart' in matters of discipline.

You are likely to feel frustrated with your baby or young child from time to time. Children can sometimes push us to the end of our tether, particularly if we are feeling tired and overwhelmed. At these times avoid screaming at them, and never shake or hit them. It might be a good idea to think ahead of positive things you can do to when you feel this frustrated, such as doing some exercise, offering to go to the shops (gets you out of the house!), letting your partner know you need some time out, spending time doing 'normal' stuff with a mate, counting to ten even, or simply talking about how you feel.

For more information visit www.inourplace.co.uk

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Your birth experience

Every parent's experience of birth is unique. After giving birth, many women feel elated and full of joy and hope for their baby. But many other women have a sense of disappointment, anger, or fear. This may have happened to you. Despite your best efforts, the experience of the birth may not have turned out the way you or your partner had planned. You may have been frightened. You may be angry. You may think about your birth experience a lot. Fortunately, if you have had a troubling experience, there are some positive steps you can take to identify your feelings, learn from the past, and accept the outcome.

What makes a birth experience difficult?

When you are trying to understand your reactions to your birth experience, the objective facts of what happened during the birth are less important than how you feel about those facts. Some births seem very difficult to other people, and yet the mother feels positively about her experience. Other parents are deeply troubled after the birth of their baby even though the facts of the birth seem normal to other people. What makes the difference?

Here are three characteristics of a range of traumatic birth experiences that can cause parents stress.

Sudden: Did things happen quickly? Did things change from 'fine' to dangerous in a short time? Did anyone explain what was happening to you?

Overwhelming: Did you feel swept away by the hospital procedures? Were you physically restrained? Did you feel disconnected from what was happening? Did you have a general anaesthetic?

Dangerous: Was your delivery a medical emergency? Did you develop a life-threatening complication? Was your baby in danger? Did you believe you or your baby might die?

These three characteristics may be present for either vaginal or Caesarean deliveries.

Relationships

Not surprisingly, your birth experience can have an impact on your relationships with others. You might be angry or disappointed that people who were there to support you weren't able to protect you, particularly your baby's father. Like you, your partner may have felt powerless and swept away by the experience. He might feel guilty because he couldn't protect you, and react to his bad feelings by being angry with you. If he had heard stories of births that went more smoothly, he might worry that you did something 'wrong'. Or he may not be upset about the birth and wonder why it's bothering you.

Your birth experience

When you try to talk about your experience, other people may not respond as you expect. Kelly describes the reaction of her friends and family when she continued to be troubled about her birth:

‘Once you are past a certain amount of months after the birth, people don't want to talk about it any more. It's like you have an ego problem or something. But I need to talk about it. It's been too important an experience for me not to talk about it. It's changed my life.’

Not being able to talk about the birth can compound your negative feelings. In research on psychological trauma this is known as ‘sanctuary trauma’. Sanctuary trauma occurs when a person has experienced a traumatic event and turns to those who he or she usually counts on for support. Instead of offering the support that the person is expecting, these people either ignore or dismiss the issue, further contributing to a person's sense of isolation and trauma.

Talk about it

Just talking about your feelings with a family member, good friend, midwife, health visitor or GP can often help you sort things out and calm any fears or anxieties. Talk to other people who were present either during or after your birth. They may provide information about what happened that helps you understand it better. They may just empathise and assure you that they also felt afraid or overwhelmed by the situation. Even if they were not frightened, their perspective may still help you sort out your feelings.

Your baby's other parent may or may not want to talk about your experiences. It's important to be honest with each other about your feelings and let each other know what you want from the other.

Another option is to write about or draw your experience. Some people find writing in a diary or journal very therapeutic. Others write letters to the people involved, even though they may not plan on actually sending them. Writing or drawing gives you a chance to express your feelings without worrying about what people think.

Learn about it

As well as talking with your midwife, health visitor or GP, it can also be helpful to read books that might put your birth experience in a broader perspective and help you understand it better. You may still be angry or upset, or you may get angry or upset for the first time as you learn more, but eventually the birth experience will not dominate your thoughts.

Your birth experience

Keeping it in perspective

Birth is only the beginning of a lifelong relationship with your baby. Parenthood is a role you gradually grow into. A difficult beginning does not have to be the blueprint for the rest of your parenting career. A mother who has been emotionally traumatised by a difficult birth may struggle to make herself emotionally available to her baby or try to make up for it by striving to be a perfect mother – to everyone's detriment. It is important to realise that a negative birth experience can affect your relationship with your baby, but it does not have to. This is why it is vital for you to get the support you need as soon as possible.

It's okay to be happy about your healthy baby but sad about your birth. Unresolved birth memories have a way of gnawing at your insides, affecting your sense of who you are. What happened at your baby's birth can influence your feelings about yourself during the postpartum period and for the rest of your life. Unpleasant memories from past births often resurface to infect subsequent births. It's healthy to confront the fact that you failed to have the birth you wanted rather than pretending it doesn't matter, so you can deal openly with the feelings of loss. 9

Sears and Sears, 1994

Remember that most mothers tell the story of their births over and over to whoever will listen, no matter how they feel about the circumstances. This is a part of new motherhood and helps a mother make sense of how her baby fits into her new life as a parent.

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Labour

When it is nearly time for your baby to be born, your body will get ready for labour. Your baby will move down, pressing on your pelvis, so the upward pressure on your ribs will ease. Mood swings are common and you may feel a surge of energy.

Labour is different for every woman and every birth. The first signs may happen within a few hours of each other, or they may be more spread out.

For many women, labour lasts a long time. If it is your first pregnancy, labour may last between 12 and 24 hours. However, if you have had a baby before, it will probably be shorter, around seven hours.

Symptoms

Signs of labour

The signs of labour can include:

- strong, regular contractions
- a 'show' (when the plug of mucus sealing your cervix comes away)
- your waters breaking.

If your labour starts very slowly, the signs can be more difficult to recognise, particularly if it is your first pregnancy. However, when the time comes, you are unlikely to miss them, but always ask your midwife or hospital maternity care staff for advice if you are not sure.

Contractions – true or false?

You may have been feeling 'false' contractions throughout your pregnancy, when your stomach muscles tighten then relax. These are called Braxton Hicks contractions, and they are not the start of labour. Although they can be painful, they are not usually regular and rarely last for more than one minute. You may notice them more in the later stages of your pregnancy.

True labour contractions are regular, and they usually get longer, stronger, and more frequent. When the muscles in your womb contract, the pain increases. If you put your hand on your stomach, you can feel it getting harder. When the muscles relax, the pain fades and your hand will feel the hardness ease. The contractions are pushing your baby down and opening your cervix ready for the baby to go through later in your labour.

To start with, you may think you only have backache, but when you put your hand on your stomach, you may feel your muscles tightening at the same time. Early contractions can feel like period pains, or cramps. They can be short, lasting about 30–40 seconds, and as much as 30 minutes apart.

Labour

Your midwife will probably advise you to stay at home until your contractions become more frequent. Take the opportunity to rest and relax.

If your contractions last between 30 and 60 seconds, and come every 3 to 5 minutes, call your midwife for advice. Or, if you are planning to have your baby in hospital, phone the hospital.

What is a 'show'?

While you are pregnant, a plug of mucus seals your cervix. Just before labour starts, or in early labour, the plug comes away and out of your vagina. This is called a 'show'. It is also known as the operculum. It is a sign that the cervix is getting ready for your baby to be born. The show may come away in one blob, or in several pieces. It is sticky, jelly-like, and pink in colour because it is blood-stained, but you do not lose a lot of blood.

A show is normal and nothing to worry about. It is another sign that things are getting going. Labour may start quite quickly after the show, or it may take a few days. Some women do not notice the show come away, and this is normal too.

A show is only a small amount of blood mixed with mucus. If you are losing more blood, it may be a sign that something is wrong, so call your midwife or hospital straightaway.

When will my waters break?

Most women's waters break during labour, but it can also happen before labour starts.

Your unborn baby develops and grows inside a bag of fluid called the amniotic sac. When it is time for your baby to be born, the sac breaks and the amniotic fluid drains out through your vagina. This is your waters breaking.

You may feel a slow trickle, or a sudden gush of water that you cannot control. If it is slow, it can be hard to tell whether:

- your waters have broken
- you are leaking a small amount of urine because the baby is pressing down (stress incontinence).

Amniotic fluid is clear and a pale straw colour. When it comes out, it may be a little blood-stained to start with. Ask your midwife or the hospital for advice if you are not sure.

If your waters break before labour starts, you should phone your midwife or the hospital for advice. Without amniotic fluid, your baby is no longer

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protected and there is a risk of infection. If you plan to give birth in hospital or in a midwife unit you will probably be advised to go in.

Tell your midwife at once if the waters are smelly or coloured, or if you are losing blood, because this could mean that your baby needs attention quickly.

Other signs

Other signs that you are going into labour can include:

- backache
- vomiting or nausea
- diarrhoea
- an urge to go to the toilet (caused by your baby's head pressing on your bowel).

Treatment

During your pregnancy, your midwife will give you information to help you prepare for your baby's birth. This will include information about labour and how you can recognise the signs. If you have an understanding of how labour works, and what may be involved, it may help you to feel more in control when the time comes.

Every woman has her own way of dealing with the pain that comes with labour. Your midwife will explain what pain relief options are available.

Some methods of pain relief help your body to use its own ways of coping, such as:

- breathing
- relaxation
- TENS machines (transcutaneous electrical nerve stimulation).

Other methods use medicines to help reduce the pain, for example:

- gas and air
- pethidine
- a type of local anaesthetic called an epidural.

Lying in warm water can also help you to relax, and can ease your muscles during labour.

You should include your preferred choice of pain relief in your birth plan, but remember you may need to be flexible. Labour is a natural process and it does

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not always go to plan. For example, during your labour, you may change your mind and decide you want more pain relief than you had originally planned for. Or your midwife may advise that you have more pain relief in order to help deliver your baby safely.

Complications

Going into labour early

Sometimes labour can start a long time before your baby is due, even as early as 24 weeks. If you have any signs of labour, call your midwife or hospital straightaway.

Depending on the cause, your midwife or doctor may be able to stop your contractions temporarily by using medicines. You are also likely to be advised to have injections of steroids, to help your baby's lungs mature, so that it can breathe more easily after it is born.

About 8% of births are early (premature or preterm). Early babies are those born before the 37th week of pregnancy, regardless of their birth weight.

Late babies

Most women go into labour within a week before or after their due date. If you do not go into labour, your midwife will keep a careful check on you and your baby. If there are any signs that your baby is not doing well, or you are overdue by a week or two, your midwife or doctor will suggest that your labour is started artificially (induced).

Extra help in labour

Contractions can sometimes slow down, even if they got going well to start with. This can be very tiring for you and it may mean that your baby needs help. Your midwife will monitor both of you closely. If your contractions do not pick up again, you may need extra help (an intervention) to deliver your baby safely.

Other complications, such as a very long pushing stage or your waters not breaking, may also mean that you need extra help.

Depending on why you need it, the extra help could take the form of:

- a drip in your arm or hand containing a hormone to encourage contractions
- using a suction pad (ventouse) or forceps to help ease your baby out of your vagina safely

Labour

- breaking your waters (this is called artificial rupture of membranes)
- an episiotomy, which is a cut made to the perineum (the skin between the vagina and the anus) in order to widen the opening and allow the baby to pass through .

If there is a risk to your own or your baby's health:

- labour may be induced, by starting contractions with a pessary or gel inserted into the vagina, or by a hormone drip in your arm, or
- your baby may be delivered by Caesarean section.

Your midwife or doctor will discuss the need for any extra help with you, so that you are fully informed.

Postpartum haemorrhage

Postpartum haemorrhage (PPH) is a complication that can happen during the third stage of labour, after a baby is born. PPH is extremely rare in developed countries, such as the UK.

Losing some blood during childbirth is considered normal. PPH is excessive bleeding from the vagina at any time after the baby's birth, until six weeks afterwards.

There are two types of PPH, depending on when the bleeding takes place:

- primary or immediate – bleeding that occurs within 24 hours of the baby's birth
- secondary or delayed – bleeding that occurs after the first 24 hours, up to six weeks after the birth.

Depending on the type of PPH, the causes can include:

- contractions stopping after the baby is born (uterine atony)
- part of the placenta, or membranes, left in the womb, which is known as 'retained placenta', or retained products of conception (RPOC)
- infections, such as inflammation of the membrane lining the womb (endometritis).

To help prevent PPH, just as your baby is being born, you can choose to be given an oxytocic medicine that stimulates contractions and helps to push the placenta out. This is known as active management of the third stage of labour.

If untreated, PPH is a serious and potentially life-threatening condition. If you have continuous slow bleeding, or sudden bleeding, and you are not already in the care of healthcare professionals, you should seek emergency medical attention.

Getting ready for labour

Here are a few ways that you can help yourself be prepared for labour.

- As you get close to the date that your baby is due, you may like to put a plastic sheet on your bed (under the top sheet) just in case your waters break. You may also like to keep sanitary towels handy but do not use tampons. If your waters gush when they break, an old towel may be more practical.
- When your contractions have started, it is a good idea to keep a note of the time they happen and how long they last. This will help to keep track of your progress.
- If you are planning to give birth in hospital, work out beforehand how you are going to get there. Labour could start at any time of the day or night. Pack your hospital bag well in advance.
- If you are giving birth at home, your midwife will give you a list of things to have ready.
- Keep the phone number for your midwife or hospital with you all the time. It is also useful to have your hospital reference number handy as well.
- Always speak to your midwife or GP if you are concerned about any aspect of your health when you are pregnant. You can also call NHS Direct on 111.

With thanks to NHS Choices at www.nhs.uk/Pages/HomePage.aspx

Having fun with your baby is really important

Babies are individuals

All babies are different; some are calm, some are active. At first, it can be confusing to know what your baby needs and how to respond. This leaflet has been designed to help you tune in to your baby. This will promote a good strong bond between you. We also hope you'll find the activities fun.

Building strong relationships

Some parents may feel 'bonded' with their baby even before the birth. For others this bonding does not happen 'automatically'. Once your baby is born, there are lots of things that can influence the way your relationship develops. These include:

- the kind of temperament your baby has
- how you look at, speak to and handle your baby
- how you are feeling
- how much support you are getting with your new baby.

Your positive, calm interactions with your baby help him or her to be calm too. And using different ways to interact not only helps to build a strong bond between you, but also stimulates your baby's brain development.

Developing healthy baby brains

Your baby's brain development speeds up after birth so your interactions in these early months are crucial. From day one, babies are learning about you, your feelings, your words and your touches. All these experiences stimulate healthy brain growth, setting up strong connections for their future learning. Young babies who have had good interaction experiences with their carers are more able to learn about how to communicate with others. These children are more likely to do better in school, make friends more easily and display fewer behavioural difficulties later on in childhood.

Babies love to communicate with you

Watch closely and you will see that your baby is sending out signals from the day they are born. This is their way of saying '*Hey! Over here! Come and interact with me!*' They often let you know they're ready to interact by looking for your face or turning round until you have eye contact. They often follow this by increasing face and body movements and making more noises. Imagine this like a dance – by following your baby's lead you can join in the steps at a level your baby feels comfortable with. Babies will probably tell you when they've had enough by turning or looking away, yawning, or putting their hands to their face.

Having fun with your baby is really important

Most important of all – relax!

Parents often naturally provide all the right kinds of interactions with babies so the most important thing for you to do is slow down, relax and spend time with your baby. There are hundreds of interactions between you and your baby occurring everyday during normal activities like feeding, nappy changing and bathing.

Here are a few parent-and-baby activities that we know are really helpful for baby brain development and developing healthy relationships.

Before starting these activities, why not have a go at watching your baby closely and trying to work out what are the different ways he or she is trying to tell you something?

1 Taking turns to talk to each other

After spending nine months in the womb, babies can recognise their mother's voice as early as a few minutes after birth. Babies are biologically wired up to tune into the sound of your voice and will often show a noticeable response when they hear you.

Talking gently or singing to your baby stimulates brain development and helps your baby learn about communication and also that you are a safe, dependable carer. This helps build trust.

Try to spend a few minutes, several times a day, holding your baby, preferably face to face, copying their noises and expressions, or singing nursery rhymes.

Babies also have ways of 'talking' to you using body movements and sounds. Lots of wriggly arm and leg movements with excited noises is your baby's way of saying he or she likes what's happening. Turning away, arching his back or putting his hand to his face are your baby's way of saying '*I've had enough of that for now thanks*'. Watch your baby closely and you will start to notice these baby ways of 'talking'.

2 Trying out ways to calm your baby

Babies use crying as one way of communicating. It's specifically designed to distress us so that we'll respond as soon as possible! Sometimes they're saying '*I'm hungry*', '*I'm too hot*' or '*I've got a wet nappy*'. But just like adults, all babies have times when they feel tired, irritable, bored, frightened or just need to have a little cry to feel better again. This is when they need you to help them become calm again and manage these tricky feelings.

You could try:

- swaying
- singing gently

Having fun with your baby is really important

- rocking
- cuddling
- gentle bouncing
- stroking
- dimming the lights
- baby massage
- using a toy to distract them.

Babies often use objects to calm themselves, like blankets, soft toys or sucking their own fingers. These activities are important parts of your baby's emotional world so try not to prevent them.

Avoid scratch mittens – they can stop a baby using their hands to explore their own face and mouth and also touching you – an important part of their emotional development. Only use mittens when your baby's hands might get cold outside.

3 Faces are fun!

Babies are especially interested in human faces. Looking at responsive faces helps stimulate social and emotional centres in their brain. Playing face-to-face activities with you and others also helps them learn where sounds come from and how people use different facial expressions to communicate feelings.

You could try:

- peekaboo
- lap games like 'Row, row, row the boat'
- nursery rhymes
- blowing bubbles.

There are also some practical ways to increase your face-to-face time with your baby, for example, choosing a pram, buggy or baby sling which lets your baby look directly at your face.

4 Copying each other

Babies love to copy you, and they really love you to copy them! When you watch closely you will see your baby trying to copy your mouth and face movements. They often need 10 or 15 seconds to copy you, so be sure to wait for a while to give them chance. You can also copy their actions and their sounds, which helps them to watch you closely, building concentration and promoting the beginnings of turn-taking.

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Having fun with your baby is really important

5 Become a sports commentator!

Babies are listening from day one. At first they have no idea what your words mean, but this will come in time. Babies learn a great deal from the tone, pitch and quality of your voice so keep talking to them! Chatting along is just fine.

Babies also listen to you as a way of understanding how to interpret their own feelings and sensations. You can help by giving them a running commentary like a sports announcer. It might feel a bit silly but your baby will love it! You could say *'Hey, you're looking at daddy to see what he's doing!'* *'You're getting very excited looking at that toy!'* It's a bit like imagining you are doing the voices to the film *Look Who's Talking* – this is a way of putting your baby's experience into words as if he or she could talk.

6 Learning about feelings

Babies have very strong emotional experiences and can seem to be full of sadness, rage or despair at times. From day one, they need you to help them learn about feelings and how to cope with them.

One of the first steps is for you to give words to your baby's feelings.

This can be trickier than it sounds! It's difficult to know exactly how a baby is feeling, but using phrases like *'that's a happy face!'* or *'you look like that's upset you a bit'* do help even the tiniest baby to learn that you are trying your best to understand and help.

7 Looking at books together

Babies like looking at books from a really early age. This is a great parent and baby activity for many reasons – it stimulates brain development in areas related to visual understanding, learning sounds, and facial expressions.

Try to find a way to look at books where you can see each other's faces.

8 Rhymes, rhythms and repetition

Simple rhythms and tunes will really help your baby to learn about sounds and words – that's why we naturally raise our voices and use a sing song tone when we speak to a young child! Babies need to hear rhymes and songs over and over again because it stimulates their brain pathways to strengthen and grow.

Older babies start to get clingy

Interacting with your baby in these ways will help you form a healthy, strong relationship and will stimulate the baby's brain in all the right places. At around 8 to 10 months or so, babies have a tendency to become more clingy for a while. They may seem nervous of strangers and cry more if you leave

Having fun with your baby is really important

the room. They may refuse to sleep on their own or cry more for a certain adult. Parents often say their baby tries to follow them around more at this stage.

This is a key time for your baby to learn about trust; he or she needs very short separations from you in order to learn that you do always come back!

Try to gently encourage your baby's first steps into independence by helping him or her cope with the strong feelings that arise when you are apart. For example, let your baby know you'll be right back after he or she has had a nap or a short stay with Nanna. Sometimes babies like to keep a special toy or one of your belongings with them while you're away. It will take several times of being apart before your baby starts to learn that they can cope with their feelings while you are apart. Once this happens their confidence will blossom.

This is often a difficult time for parents too, getting used to their own feelings of separation from their new baby. So make sure you ask others to support you while you and your baby are learning to cope with separation.

Let's play!

This leaflet is designed to help you understand why play is so important for children and includes suggestions for fun activities, which we hope you and your children will enjoy doing together.

All children need to play

All children are different, but every child is born with a natural desire to play and explore. Play is like a child's job – it is how they learn about and understand the world around them.

Play is an ideal opportunity for children to learn to focus their attention, imitate actions and sounds, take turns, anticipate what comes next, recognise when something is hidden that it still exists, understand new words, say new words and pretend.

Children need to believe that their efforts are worthwhile and considered important enough to be taken seriously and to be given the time to be understood and listened to. Play really is serious business.

What is play?

Babies start playing and communicating from the minute they are born. When a baby watches an adult's face or listens to an adult's voice, he or she is starting to learn about taking turns, having fun and being playful with another person. This develops into exchanging smiles and giggles, looking at things together and exploring toys and objects.

Young children don't need lots of expensive toys – the packaging of the toys often make the most interesting playthings: a cardboard box can become a car, a spaceship and all manner of interesting things. The most important factors in play are your time and your joint imaginations. As a parent, you can help by watching your child play, waiting to see what catches his or her attention, and helping him or her to explore those things in their own unique way.

Children can lead the way!

When children play, they like to lead the way.

The first step for you is to recognise what your child is interested in and to follow their lead. Following your child's lead, however, is not a passive process of just watching, but depends on your ability to follow and encourage your child's way of expressing themselves. It is important to try and pick up on your child's cues of wanting you to join in, wanting to change their focus of attention or wanting to stop playing a particular game. This isn't always easy and it can be a case of trial and error – your child will soon let you know whether you are wanted as an active play partner, or watcher, at any particular time.

Let's play!

Children's play can tell us a lot about how they are thinking and feeling. For children who are too young to 'talk' in words, their play will be like their part of a conversation. Early on in your relationship with your baby, your attention and sensitivity to what they are trying to communicate is very important. Even if you are not sure what they are trying to say, trying to understand will show your baby that you are interested in them and trying to make a connection. Children tend to be very generous in their efforts to help us to understand them and so don't worry if you feel confused at first, you will get lots more chances.

Mirroring your baby's facial expressions, and imitation, can seem like just a bit of fun but at the same time this is helping your baby to learn about himself and his feelings. The more secure your child feels, the more he'll be able to explore and experiment with new things in a creative way.

Stimulation is important for your child and there are so many fascinating toys around for children to play with. Even though your child will be able to learn certain things from playing with toys, if you join in too that will make playtime a much more meaningful experience and will also encourage much needed social skills for when they go to nursery or playgroup.

Children learn best when they lead the way

All parents want to teach their children new skills like counting, learning shapes, colours and words. The best way to do this is to for you to point out the things your child is already interested in and playing with, and then say the words for them. For example '*That's the blue square you've put in*', '*You've got 1, 2, 3 little ducks*' or '*There goes the big ball*'. It is well known that the skills used in play are the basics for a child learning to communicate through language, so playing with your child is also teaching him language skills.

It can be surprisingly difficult to let your child take the lead in play. You might want to play too, or make suggestions, or ask questions so that your child learns things. Actually, your child enjoys play best when you describe what they are already doing, rather than asking too many questions or making suggestions.

Sometimes your child will do things that aren't quite correct, like putting a water cup on their head, painting a face in green, or playing a board game upside down. You might be concerned that this could lead them into bad habits or stop them from learning about how to do things right. But don't worry, what might seem to you to be an incorrect use of a particular toy might actually be a clever and creative idea from your child exploring their imagination. Even better, your child will have great fun if you join in being silly.

Let's play!

The best kinds of play are sometimes the messiest!

It can be really hard to let children make a mess, but what might look to you like a huge mess may actually be a child's most creative moment! There are a number of reasons why messy play is so helpful for children's development. They get to experiment and explore in exciting ways, helping them to learn lots of new things about the world. Messy play also helps children to understand that mess can be sorted out and made 'OK' again with a little bit of help from other people. This is the start of your child learning about coping skills. Children who have been allowed to explore messy play and have been helped to learn how to tidy up start to understand that they are able to cope with messy feelings too. As they get older, when they come across difficult situations, they are able to tolerate these difficulties and think about ways to sort it out. So try not to get cross if your child makes a mess, and try to have fun with them helping you clear up afterwards.

Young children explore objects by putting them in their mouths and this is an important part of their learning. Young children see food as a great play opportunity because squishing, mashing and mixing their food is such a great way to learn about textures, colours and touch. If you are worried about the mess, get a plastic sheet or mat to put underneath their chair during mealtimes. They will grow out of it eventually!

Play helps children learn about emotions

Children who have experienced positive play experiences with their parents and carers, in which they have been able to take the lead, tend to develop more self-confidence and are more able to trust other people. This is because play helps children learn that they can have a positive impact on their surroundings and that adults will not intrude upon or control their imagination.

Parents are important partners in a child's world of play

Sometimes children don't want to play with their parents, and this can make the parent feel hurt or rejected. If this happens, it can be tempting to start avoiding play times with your child, but this will often just make matters worse. You might try just sitting near your child watching him or her play, without making too many comments at first. Remember, your child values your positive attention and words more than your suggestions or directions at this stage. If your child asks you to join in, try to follow their instructions about what to do – your child will love this sense of being in charge for once!

Let's play!

Some parents find it hard to play

It is not unusual for parents to find playing with their children a bit hard at times. This might be because they get bored at their child's need for constant repetition, or might feel it is their responsibility to come up with all the ideas during play. Sometimes parents feel silly, or don't know what to do. There are times when parents might worry about allowing their child to be silly or to play 'incorrectly' with things. But with a few simple toys or objects and a bit of attention from you, most children will get to work imagining and pretending and having fun.

Sometimes playing with your child may bring back memories from your own childhood, positive and negative. Occasionally these memories can get in the way of you and your child enjoying your play together. If this happens, you might find it helpful to talk it over with someone you feel comfortable with, for example your midwife, GP or health visitor, or a friend or family member.

Play tips

Here are some ideas for play with your baby in the first year.

Birth to six months

During these early months, your baby is learning about him or herself, about other people, and how the world sounds, looks, feels and smells. He or she is still new to the world and needs you and one or two favourite adults to help make sense of what's happening.

During the first six months, babies enjoy:

- ▣ You! You are your baby's favourite plaything – your face to look at and touch, your eyes, your voice, your singing.
- ▣ Brightly coloured, noisy objects like mobiles or rattles.
- ▣ Playing on the floor looking at and reaching for toys – this will help them learn to reach, roll over, kick their legs and move their arms.
- ▣ A wide variety of objects that feel different – hard, soft, squashy, silky.

Being a teenage parent

National Teenage Pregnancy Midwifery Network
www.bestbeginnings.org.uk/ntpmn

Teenage parents: who cares? A guide to commissioning and delivering maternity services for young parents (2nd Edn, 2008)

The Department of Health, Teenage Pregnancy Unit and the Royal College of Midwives produced this guide to help commissioners and local Teenage Pregnancy Strategies plan and deliver maternity services that young people trust and use. This revised edition includes sections on the poorer outcomes and access to services for teenagers and their babies; how improving maternity services can help PCTs and Local Authorities meet a range of targets and policy goals; the importance of multi-agency working in commissioning and delivering services for this group; and a toolkit of useful resources.

Available: <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00414-2008>

Getting maternity services right for pregnant teenagers and young fathers. A practical guide for midwives, doctors, maternity support workers and receptionists (2008)

For all involved in the maternity care of pregnant teenagers and young fathers: including practitioners working in mainstream services or areas where there are no dedicated services for teenagers and all who want to improve the service they offer to young people. It sets out reasons why it is important to improve the maternity services offered to young parents, and offers practical guidance on working with pregnant teenagers and young fathers.

Available: <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00673-2009>

Pregnant teenagers and diet – a guide for professionals

A guide for professionals who work with pregnant teenagers but don't have specialist training in nutrition. It covers why pregnant teenagers are at particular risk of poor diet how to talk effectively to pregnant teenagers about changing their diet, how to help a pregnant teenage problem solve, and the key positive and negative messages about a healthy pregnancy diet.

Available: www.tommys.org

Being a teenage parent

The young woman's guide to pregnancy – a healthy pregnancy (2009)

This comprehensive guide has been written and designed especially to appeal to young women aged 16–19 with text, pictures and real life stories all featuring young pregnant women. It covers topics such as what to do when you find out you're pregnant, emotions, diet, exercise, smoking and alcohol, antenatal care, how the baby develops and preparing for birth.

Available: www.tommys.org

Multi-agency working to support pregnant teenagers: a midwifery guide to working with Connexions and other agencies (2007)

The Teenage Pregnancy Unit, Department of Health, and Royal College of Midwives produced this guide in 2007 to support midwives in providing optimum care for teenagers. It explains why routine information sharing with other agencies (with the mother's consent) is critically important to meet their needs and to help them achieve better outcomes for themselves, their partners and their children. It suggests some straightforward mechanisms for the sharing of information between maternity services and other agencies, and also provides examples of care pathways specifically for pregnant teenagers.

Available: <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-0107-2007>

Supporting teenagers who are pregnant or parents – Sure Start Plus National Evaluation (2005)

The findings of the national evaluation of the Sure Start Plus pilot programme carried out by the Social Science Research Unit at the Institute of Education, University of London, were published in 2005.

Available: www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0066273/teenage-pregnancy-research

Reaching out to pregnant teenagers and teenage parents: innovative practice from Sure Start Plus pilot programmes (2005)

Examples of practice considered effective by staff and/or teenagers, which provides a snapshot of the range and diversity of services for supporting teenagers developed through the Sure Start Plus pilot programme.

Available: www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0066273/teenage-pregnancy-research

Experiences of pregnancy and parenthood among young people in and leaving local authority care: implications for policy and practice (2006)

Available: www.ncb.org.uk

Being a teenage parent

There are lots of good things about being a young parent but there can also be extra stresses and problems. There are times when you might still feel you would like to have someone to take care of you. There will be other times when you want to be free to do what you like without the responsibility of a child.

It will make a difference if you are on your own with your child or if you have a partner. It will make a difference if you have the support of your family or feel unsupported by family and friends. These things can make it much easier or much harder to be a teenage parent. Being a parent is one of the most difficult things you can do, but it is one of the most important – and it can be fun.

Looking after your child

- Children need love and affection. Give your children lots of cuddles and tell them you love them many times a day.
- Children are eager to learn and need lots of things to do. When they are very young their parents are their best playmates. They like:
 - to be talked to
 - to be read to
 - to be sung to
 - to be danced with
 - to be taken for walks
 - you to play with them and their toys
 - you to lie on the floor and let them crawl over you.
- Children need your time – they want you to be around them and to take notice of them. This might mean giving up things you want to do and it might mean making out you are interested in what they are doing, even when you don't feel like it. Your time and attention helps your child to feel loved.
- Young children need to be closely watched, especially near water (even nappy buckets).
- Children can get into all sorts of things when you are busy. It is important to make your house and outdoor area as safe as possible. Washing up detergents, laundry powders and medicines need to be kept in a high locked cupboard.

Being a teenage parent

- The best toys for young children are often ones you don't have to buy. Children love:
 - saucepans and saucepan lids
 - pegs or lids to put into containers
 - walks in the park and picnics
 - home-made play dough
 - jugs and water to pour
 - cushions on the floor to crawl over
 - cardboard boxes of different sizes to crawl through and into, and to make into houses.
- Change the toys occasionally to give variety. Keep a special toy for a treat.
- Join a library (and toy library) to borrow books and toys at no cost.
- Take children to a playground or join a playgroup.

Looking after yourself

Children need you to look after them but you can't do this well if you don't look after yourself.

- One of the things you may find hard as a young parent is the loss of your friends who don't have children. Sometimes you feel that you don't have anything to talk about any more. By joining a young parents' group you will make new friends who have similar lives to yours. Here you can have fun, your children can play with other children and you can talk over any problems you share with other young parents.
- It's OK to need your own space. Arrange someone reliable to care for your child so you can have a night out, go shopping or do something special. All parents need a break.
- All parents have times when they get really busy and times when they get upset. If this happens, take a break, ring a friend or someone you trust and talk about it. Always make sure your child is safe first. Often being outside can make you feel less stressed so taking your baby for a walk around the block in the pram, or your toddler to the local playground can help.
- Even though you are a young parent it is important to still plan for the future. Some areas have college programmes designed for young parents and they may have a creche on site.

Being a teenage parent

Getting help

- Most parents want to be seen as being able to cope well. They want others to think that they know how to be a good parent. Sometimes they worry that if they ask for advice people will think they are not good parents. This is wrong. A good parent asks for advice if they need it.
- Young parents often believe they can do everything themselves and don't want older adults interfering. No matter how old parents are, they need information, support and advice from others and everyone needs to feel that it is safe to say we don't know sometimes, without feeling ashamed.
- Ask other young parents where they have found support.
- Sometimes young parents feel that they are being judged when they go to an agency, a doctor or a clinic for help. It is important to look around until you find someone you feel comfortable with.
- If you have problems with professionals not understanding what you want:
 - think about what you want from them
 - write it down
 - practise saying what you need and why, without getting angry
 - ask if there is a worker at the agency who works with young parents
 - take a friend with you.
- Be willing to listen to family members when they give advice. The more ideas you get, the more ideas you have to choose from. It doesn't mean you have to follow the advice. Choose what feels right for you.
- Ask workers you trust for information, advice and/or a referral to people they know who will be able to help you. Or contact:
 - www.direct.gov.uk/en/Parents/index.htm
 - www.tommys.org
 - www.fatherhoodinstitute.org/
 - www.youngminds.org.uk

Being a teenage parent

Remember

- Your child loves you more than anyone.
- Be wise enough to learn from others.
- Be smart enough to say 'I don't know'.
- Get lots of information so you have plenty of ideas to make good choices.
- Everyone is allowed to make mistakes – mistakes are to learn from.
- Use the 'survival instinct' strengths that you develop as a young parent.
- Find support for yourself and use it. Don't be ashamed to ask for help.

This leaflet has been adapted from a leaflet produced by
South Australia Children, Youth and Women's Health Service.
www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=122&id=1831

Understanding loss and grief

Loss and grief are normal aspects of life. Grieving is viewed as a universal process rather than something to 'get over'. A lifetime is an accumulation of losses and so any given loss needs to be seen within a context and not as an isolated event. Losses that are ignored, not validated or left unresolved are often found to be at the root of later mental health problems.

Grief has been viewed as a passive process, yet researchers suggest that grief after a perinatal loss can lead to posttraumatic growth (Alvarez-Calle and Chaves, 2023). On the other hand, researchers also emphasise the intensity of grief.

❝ *Considering that up to 60% of parents experience PTSD following perinatal loss, it is critical to understand the traumatic nature of miscarriage, stillbirth, and neonatal death to effectively address parents' complex biopsychosocial needs following perinatal loss.* ❞

Donegan et al., 2023

Worden (1991) describes mourning as necessary and identifies four tasks (or phases) of grief:

- 1 To accept the reality of the loss
- 2 To feel the pain of grief
- 3 To adjust to a new environment
- 4 To emotionally relocate the deceased and move on with life.

Today the phases of emotions and behaviours are not viewed in a linear progression but more as part of a larger and more cyclical process. Each individual has a unique and unpredictable response to their loss. Therefore it can be argued that models can be unhelpful if parents have a framework of 'normal' grieving imposed upon them. Instead the dual process of grief (Stroebe and Schut, 1999; Stroebe and Schut, 2010) suggests that, rather than moving through phases, bereaved people often move backwards and forwards, sometimes confronting their loss and emotions, and at other times putting grieving feelings aside and dealing with the demands of living.

Traditional models assume generally that a bereaved person, after a period of time, is able to 'let go' of their emotional relationship with the deceased. However, it is increasingly acknowledged that many bereaved parents continue to feel a bond with their dead babies and find solace in this.

Pregnancy loss brings unique issues along with it. For many parents it may be their first experience of loss and bereavement. These losses have been called 'lonely' as the mother often feels she is left to grieve alone. Theories state the

Understanding loss and grief

greater part of the attachment process is completed before birth. Therefore, a woman will grieve irrespective of the gestation of the pregnancy loss.

Parents may be saying goodbye before they have said hello. The father may not have bonded with the child during pregnancy and what is being grieved is often a dream. A longed for baby may have represented hope, a replacement for a former loss, an expectation to save a relationship or to give meaning and purpose in life. There will be no stories or memories to share about this child and there may not be many photos.

Suggestions for professionals working with parents who have experienced the loss of a baby

- 1 Use appropriate language e.g. 'dead' rather than 'lost', to reinforce the reality of the situation.
- 2 Allow the birth to be real rather than being hurried over like a dream.
- 3 Be honest and aware of your own fears. What you say matters less than the care you say it with. Just being there quietly can help.
- 4 Explain what you can. The more parents see and understand the more this will help to reduce exaggerated and damaging fantasies.
- 5 Show your genuine feelings when appropriate but stay supporting the parents. Remain calm when they express strong feelings.
- 6 Share your feelings with a colleague.
- 7 Encourage memory building but respect the parents' wishes if they decline.
- 8 Encourage parents to show their grief with their children rather than hide their feelings.
- 9 Arrange for ongoing support from the community staff if the parents wish and provide information about local support groups and counselling services.
- 10 Be aware of mourning rituals in different cultures but remember that beliefs and rituals have individual meanings for each of us. Avoid making assumptions.

Postnatal depression

Having a baby is a life-changing experience. Pregnancy and the first year after the birth are periods that many parents find quite stressful. The birth of a baby is an emotional experience and, for many new mothers, feeling tearful and depressed is also common. However, sometimes longer periods of depression, known as postnatal depression (PND), can occur during the first few weeks and months of the baby's life.

PND can have a variety of physical and emotional symptoms, and many women are unaware that they have the condition. It is therefore important for partners, family, friends and healthcare professionals to recognise the signs of PND as early as possible so that the appropriate treatment can be given. Following childbirth, there are three different types of depression, which are outlined next.

Baby blues

'Baby blues' is a common cause of feeling low, and it is the least severe type of PND. It does not usually last very long, starting from around the third day after birth and lasting until around the tenth day. During this time, you may feel tearful and irritable, but no medical treatment is needed.

Postnatal depression

Postnatal depression (PND) affects about one in ten mothers in the UK, and usually develops in the first four to six weeks after childbirth. However, in some cases it may take several months to develop. If you feel depressed for most of the time, and the feelings do not go away, you may have PND. Your GP will be able to determine whether you have the condition and, if you do, suggest an appropriate course of treatment.

Postnatal psychosis

Postnatal psychosis is a rare, but severe, form of depression. It develops in about one or two in 1000 mothers. Symptoms can include irrational behaviour, confusion, and suicidal thoughts. Women with postnatal psychosis often need specialist psychiatric treatment.

Although postnatal depression is more common in women, men can be affected too. As the birth of a new baby can be a stressful time for both parents, some fathers feel unable to cope, or feel that they are not giving their partner all the support she needs. They can also find it difficult to adjust to the big changes and the demands made by a new baby.

Postnatal depression can put a strain on a relationship. This can cause the break up of some relationships, which is why it is important to recognise the symptoms of PND at an early stage and take steps to get treatment.

Postnatal depression

Myths about PND

PND is often misunderstood and many myths surround the condition. These include:

- PND is less severe than other types of depression – in fact, PND is as serious as other types of depression
- PND is entirely caused by hormonal changes – PND is actually caused by many different factors
- PND will go away by itself - unlike the 'baby blues', PND can only be resolved with treatment.

PND can be lonely, distressing, and frightening, but you should be reassured that it is always treatable. It is very important to understand that having PND does not mean that you do not love, or care for, your baby.

Symptoms

Postnatal depression can affect different women in different ways. The symptoms can begin soon after the birth and last for months (or in severe cases, for over a year).

The symptoms of PND usually include one or more of the following:

- low mood for prolonged periods of time (a week or more)
- feeling irritable for a lot of the time
- tearfulness
- panic attacks or feeling trapped in your life
- difficulty concentrating
- lack of motivation
- lack of interest in yourself and your new baby
- feeling lonely
- feeling guilty, rejected or inadequate
- feeling overwhelmed
- feeling unable to cope
- difficulty sleeping
- physical signs of tension, such as headaches, stomach pains or blurred vision.

Postnatal depression

You may also feel constantly tired, have a lack of appetite, and a reduced sex drive. However, these symptoms normally affect most people for a while after childbirth and, on their own, may not mean that you are depressed.

PND can interfere with your day-to-day life. Some women feel unable to look after their baby, and others feel too anxious to leave the house or to keep in touch with friends. Many mothers do not recognise that they have PND, and do not talk to family and friends about how they are really feeling. So it is important for partners, family members, and friends to recognise the signs of PND at an early stage, and to seek professional health advice as soon as possible.

Some women who have PND have thoughts about harming their baby. This is quite common, affecting about half of all women with the condition. You may also have thoughts about harming or killing yourself. Thoughts like these do not mean that you are a bad or unfit mother, and it is very rare for either mother or baby to be harmed. However, it is vital that you see your GP if you have these or any other symptoms of PND. Treatment will benefit both your health and the healthy development of your baby, as well as your relationship with your partner, family and friends.

Causes

The cause of postnatal depression (PND) is not completely clear. The condition can affect any mother (or father). PND does not usually have a single cause but is the result of a combination of factors. Depression is often caused by emotional and stressful events, such as moving house, the break up of a relationship, the death of a relative or having a baby.

In terms of PND, stressful events around the birth can increase your risk of getting the condition. This may include factors such as:

- depression during the pregnancy
- worry and anxiety about the responsibility of having a new baby
- a difficult delivery
- lack of support at home
- relationship worries
- money problems
- having no close family or friends around you
- mental health problems in the past, such as depression, or previous postnatal depression
- physical health problems following the birth, such as anaemia, urinary incontinence.

Postnatal depression

Aside from other factors, having a baby is a life-changing event in itself. It can often be extremely exhausting and a very stressful experience.

Genetics and hormones

As depression tends to run in families, genetics are thought to play a part in the PND, but the exact nature of the link between the condition and genetics is not fully understood. The huge changes in hormone levels that occur during and after pregnancy were once thought to cause PND. However, there is no evidence to suggest that this is the case. It is much more likely that the condition is related to the combination of life changes that occur after childbirth.

Diagnosis

Your GP should be able to diagnose postnatal depression by asking you two questions:

'During the past month, have you often been bothered by feeling down, depressed, or hopeless?' and

'During the past month, have you often been bothered by taking little, or no, pleasure in doing things that normally make you happy?'

If the answer to both of these questions is yes, then it is likely you have PND.

Some mothers, especially mothers who do not have a close support network of a partner or relatives to help with the care of their baby, are often reluctant to provide honest answers to these questions. This is because some worry that a diagnosis of PND will mean they are seen as a bad mother and that there is a chance that their baby will be taken into care.

It should be stressed that this will only happen in the most exceptional of circumstances, as one of the prime goals of treatment of PND is to help you care for, and bond with, your baby. Even if the symptoms of your PND are so severe that you require treatment at a mental health clinic, specialist 'Mother and Baby' clinics are available.

Sometimes, your GP may do a blood test to make sure that there is not a physical reason for your symptoms, such as an underactive thyroid gland or anaemia. These conditions often occur after having a baby.

Types of depression

If your GP suspects that you have PND, they will want to know about associated symptoms, which will allow them to assess the severity of your PND and decide on the best course of treatment.

Postnatal depression

They will wish to know whether you have:

- been having disturbed sleep
- had problems concentrating or making decisions
- low self-confidence
- a loss of appetite or alternatively an increased appetite (comfort eating is often a symptom of depression)
- been feeling anxious
- been feeling tired, listless and reluctant to undertake any physical activity
- been feeling guilty or self-critical
- experienced suicidal thoughts.

If you have three of these symptoms it is likely you have mild depression. People with mild depression are generally able to carry out normal activities.

If you have five or six of these symptoms it is likely you have moderate depression. People with moderate depression have great difficulties carrying out normal activities.

If you have all of these symptoms it is likely you have severe depression. People with severe depression are unable to function at all, and need help from a dedicated mental health team.

Treatment

If you think you have postnatal depression, you should see your GP, midwife or health visitor as soon as possible so that a diagnosis can be made, and an appropriate course of treatment undertaken. If you do have PND, it is important for you and your family to remember that it can sometimes take a long time to fully recover from the condition.

Common treatment methods for PND are explained next.

Support and advice

The most important step in treating PND is recognising the problem and then taking steps to deal with it. The support and understanding of your partner, family, and friends can play a big part in your recovery. However, to benefit from this, it is important for you to talk to those who are close to you and explain how you feel, rather than keeping everything pent-up inside. This can cause tension, particularly with your partner, who may feel that they are being shut out.

Postnatal depression

Support and advice from social workers or counsellors can also be very helpful if you have PND. Ask your health visitor about what services are available in your area. Self-help groups can also provide you with good advice about how to cope with the effects of PND, and you may find it reassuring to meet other women who feel the same as you.

Medication

Medication is sometimes used to treat PND. Antidepressants are often prescribed to treat moderate or severe cases. They work by balancing the mood-altering chemicals in your brain. Antidepressants can help ease symptoms such as low mood, irritability, lack of concentration, and sleeplessness, allowing you to function normally, and giving you the ability to cope better with your new baby.

A course of antidepressant medicines usually lasts for between four and six months. However, if your symptoms improve, the dose may be steadily reduced by your doctor. Antidepressants take two to four weeks to start working, so it is important to keep taking them even if you do not notice an improvement straight away. It is also important to continue taking your medicine for the full length of time recommended by your doctor because if you stop taking it too early, your depression may return.

You should talk to your GP about the type of medicine that is most suitable for you, and any possible side-effects. If you do experience any side-effects from the medicine that you are prescribed, you should tell your GP so that they can alter your dose or change your medicine.

In severe cases of PND, such as postnatal psychosis, where symptoms can include irrational behaviour, hallucinations and suicidal thoughts, tranquillisers may be prescribed as a possible treatment option. However, they are usually only recommended for short-term use.

Between 50% and 70% of women who have moderate to severe PND improve within a few weeks of starting treatment with antidepressants. However, they are not an effective method for everyone.

Antidepressants and breastfeeding

Not enough is known about the possible long-term risks to babies of antidepressants taken by breastfeeding mothers. This is because the normal method of assessing these risks – running large scale clinical trials involving people who have given their consent – would be unethical for children.

Postnatal depression

We know that antidepressants can pass into breast milk. Therefore, women who are taking antidepressants may wish to discuss feeding options with their GP so that they can make an informed choice.

Many mothers are keen to continue breastfeeding because they feel that it helps them to bond with their child, and boosts their self-esteem and confidence in their maternal abilities. These are important factors in combating the symptoms of PND.

Your GP will be able to provide advice about the benefits and risks of the different feeding methods, but the final decision will be yours to make.

The limited evidence available suggests that the class of antidepressant known as tricyclic antidepressants (TCA) are probably the safest to take while breastfeeding.

TCAs are not suitable for some people including:

- people with a history of heart disease
- people with epilepsy
- people with severe depression who have frequent suicidal thoughts (this is because an overdose of TCAs can be fatal).

In these circumstances, another type of antidepressant may be prescribed known as a selective serotonin reuptake inhibitor (SSRI). The preferred SSRIs are paroxetine or sertraline because tests have shown that the amount of these medicines that is found in breast milk is so small that it is unlikely to be harmful.

Counselling

Counselling or talking treatments can be useful in treating PND. If your GP feels it may help you, you will be referred to a psychologist or other mental health specialist. There are various different types of counselling, but their availability on the NHS may vary depending where you live. Types of counselling are discussed next.

Cognitive therapy

Cognitive therapy (CT) is based on the idea that certain thoughts can 'trigger' mental health problems, such as depression. The therapist will help you to understand how your thoughts can be unhelpful or harmful to your state of mind. Sessions are usually conducted on a weekly basis over several months, and the aim is to help you to change your thought patterns in a way that is more helpful and balanced.

Postnatal depression

Cognitive behavioural therapy

Cognitive behavioural therapy (CBT) combines cognitive therapy and behaviour therapy. Behaviour therapy is about changing any behaviour that is harmful or unhelpful. The aim of CBT is to help you change the way that you think, feel, and behave for the better.

Other talking therapies

Other talking therapies include interpersonal therapy and problem solving therapy. Also, trained health visitors sometimes give short counselling sessions over several weeks, and these have been shown to help ease PND.

For someone who has moderate PND, talking treatments, such as CT and CBT, have about the same success rate as antidepressants (50–70%). However, talking treatments may not be as effective for people with severe depression because they require a certain level of motivation, and people with severe depression often find it difficult to motivate themselves.

Some research has suggested that a combination of antidepressants and counselling is better than either treatment alone.

Treating severe PND

You may be referred to a mental health team if your PND is severe or it does not respond to treatment. These teams are usually made up of psychologists, psychiatrists, specialist nurses, and occupational therapists. They often provide intensive specialist talking treatments, such as cognitive therapy, or psychotherapy.

If it is felt that your PND is so severe that you are at risk of harming yourself or your baby, you may be admitted to hospital, or referred to a mental health clinic.

If you have support available from your partner or family, it may be recommended that they care for your baby until you are well enough to return home.

If you do not have support available to help you care for your baby, or your mental health team feel that separation from your baby would adversely affect your recovery, it may be recommended that you are transferred to a specialised 'mother and baby' mental health clinic.

St John's wort

St John's wort is a herbal supplement that some people take for depression. Although there is some evidence that it may be of benefit in treating mild or

Postnatal depression

moderate depression, its use is not recommended. This is because it is not tested as rigorously as a medicine. Also, the quantity of its active ingredients vary among individual brands and batches, so you cannot be certain what effect it will have.

Taking St John's wort with some other medications such as anticonvulsants, anticoagulants, antidepressants and the contraceptive pill, can cause serious problems.

You should not use St John's wort if you are breastfeeding as there is not enough evidence that it is safe in this case.

Complications

In rare cases, a severe form of depression, called postnatal psychosis, can develop after childbirth. As well as the symptoms of severe depression, mothers with postnatal psychosis may also have delusions (believing things that are untrue), hallucinations (seeing things that are not there or hearing voices), as well as irrational, or suicidal thoughts.

As with postnatal depression, women who have postnatal psychosis often do not realise that they are ill. However, it is a serious mental illness thought to be triggered by chemical and hormonal changes in the body that occur after birth, and it is vital that someone with the condition sees their GP as soon as possible because their health, and the health of their baby, may be at risk.

Prevention

In order to try to prevent developing postnatal depression (PND), you should inform your GP about any previous periods of depression that you have had, or if you have felt very low or anxious during your pregnancy. This will ensure that your GP is aware of the potential risk of postnatal depression after your baby is born.

You should also speak to your GP if you have had PND in the past and are pregnant or you are considering having another baby, as there is a risk of you having another episode of PND.

It is difficult to estimate the exact risk as so many factors are involved, such as previous medical history, individual social and psychological circumstances, current interpersonal relationships and any possible complications arising during labour.

It should be stressed that whatever the risk of you having another episode of PND, it is not inevitable. Getting support from your GP, midwife, and other healthcare professionals, will help reduce that risk.

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Postnatal depression

The following self-help measures can also be useful:

- get as much rest and relaxation as possible
- take some gentle exercise and follow a healthy diet
- do not go for long periods without food because low blood sugar levels can make you feel much worse
- do not drink too much alcohol because heavy drinking can make you feel worse
- eat a healthy, balanced diet
- do not try to do everything at once, instead make a list of things to do and set realistic goals
- talk about your worries with your partner, close family, and friends
- contact local support groups, or national help lines for advice and support
- do not despair – PND can affect anyone, and you are not to blame. Remember that most people who have depression make a full recovery.

With thanks to NHS Choices www.nhs.uk

If your baby is different

This is a general guide. Everyone is different.

You may find you are very sensitive to people you meet when you are out and about with your baby. You may not be sure whether other people realise your baby is different and has a condition. You can choose whether or not to mention it.

Many new parents go through a grief process as they would if their baby had died. The dream baby you imagined for nine months or more, the baby without this condition, is not there. But you still have a baby needing your love and care. So in addition to the grief for the loss of your dream baby, you develop feelings of love and joy for the actual baby.

Grief is a healthy reaction to loss. The strength of your reaction depends on how big the loss seems to you. Grief is hard work and it hurts. It can be delayed (maybe your baby is very sick and their actual condition seems unimportant) but it cannot be avoided.

Throughout your child's life there are likely to be times when you revisit these feelings of grief and sadness but most parents say the pain of the early days is the hardest. Our experiences show that there are many different feelings associated with the grieving process.

Denial is a common first reaction, you hear the news and think *'This isn't really happening'* or *'This only happens to other people'*. It cushions the blow and protects you for a while until your body is better able to cope with the news.

Anger may be generalised rage at the world or a more personal *'Why me?'*, *'How dare this happen to me?'* You may be able to channel your anger into doing something to help your child.

Bargaining is that feeling of *'If I do this I can make it better'*, a time where guilt and responsibility may be strongly felt. It may lead to a change in priorities in your life.

Depression is an intense and overwhelming feeling of helplessness and sadness, *'My world is falling apart'*.

Acceptance creeps in as you start to think, *'So my baby has Down's syndrome, I can live with that'*. Most people don't work through these feelings in order. They may experience them all at once and revisit them time and time again. Your partner may well react differently to you.

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If your baby is different

Looking after yourselves

Your own health is vitally important. Any birth brings with it a complicated mixture of physical and emotional reactions. In addition to experiencing all of these, you are also coming to terms with your new baby with a special condition.

Expect good days and bad days and let yourself cry if you need to.

Rest. You need rest like all new parents who have just had a baby.

Spoil yourself. Enjoy your favourite treats.

Get information. Fear of the unknown may make things harder, ask questions, BUT only read information that helps you, don't get overwhelmed.

Allow yourself time to heal. Your feelings will change, things will get easier.

Get to know your baby. Cuddle your baby, breastfeed, take photos. Take time out. Visit somewhere peaceful or just forget about the condition your baby has for a while.

Talk to another parent. Try to find out about your local parent support group for your baby's condition. Picking up the phone that first time can be very hard, but it really helps to talk to someone else who's been through it.

Ignore unhelpful comments. Even if they're from people close to you!

Write a diary. Or express your feelings in art or music.

Telling others

Brothers and sisters

As a parent, you are best placed to decide how much information is appropriate to give your children. Much depends on their age, their level of understanding and their curiosity. Don't be afraid to involve your children as soon as possible. It's OK to show them you hurt – they may well realise that already. Tell them in an honest and open way. They may not understand or remember all the information, so follow their lead, keep listening and answer their questions. Follow your children's lead in deciding what else to tell them.

You may want to cover things like:

- It's not your fault the baby has this syndrome, it just happened by chance.
- Babies with certain syndromes find it hard to learn new things. They will want to join in and do the things you like doing but they might take longer learning how to do it and they may not be good at it.
- The baby will always have this condition/syndrome.

If your baby is different

- You can't catch it.
- Brothers and sisters are very important to a baby.
- We love you very much and we love the baby too.

Your children will follow your lead. If you treat the condition as just one aspect of your baby's life, your children will too.

Other people

Telling family and friends can be very hard. Only you know when and how it is best to tell other people. Sometimes you need to tell close friends or family so you have someone to cry with.

Sometimes it is easier to tell one of your friends and ask them to pass the information around so that people know before they talk to you.

Sometimes it is best to wait until you have come to terms with the news yourself and are able to cope with the other person's reaction. Only you can decide how much of your baby's story to tell someone and which words to use.

Sometimes family, friends and people you meet say very insensitive and hurtful things. Try to ignore these comments. They are often based on misunderstandings. People will follow your lead. If you are open, honest and positive about the condition, they will be too.

Adapted from Down's syndrome – a new parents guide, Stuart Mills, Down's Syndrome Association, 2007, www.downs-syndrome.org.uk

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If your baby is different

ABOUT US
NEWS AND EVENTS
PARENT RESOURCES
IN GOVERNMENT
SELF-ADVOCATES
MEMBERSHIP

Welcome

TO HOLLAND

by Emily Perl Kingsley
Print Version

I am often asked to describe the experience of raising a child with a disability - to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this...

When you're going to have a baby, it's like planning a fabulous vacation trip - to Italy. You buy a bunch of guide books and make your wonderful plans. The coliseum. The Michelangelo David. The gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, "Welcome To Holland".

"Holland?!" you say, "What do you mean "Holland"??? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy"

But there's been a change in the flight plan. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go and buy new guide books. And you must learn a whole new language. And you will meet a whole new group of people you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around...and you begin to notice that Holland has windmills...Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy...and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say "Yes that's where I was supposed to go. That's what I had planned".

And the pain of that will never, ever, ever, ever go away...because the loss of that dream is a very significant loss.

But...if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things...about Holland.

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PARENT RESOURCES

- GENERAL INFO & NEW PARENT PACKAGE
- IN-DEPTH RESOURCES
- PRESENTATION CENTER
- HELPFUL LINKS

Understanding Childhood

Understanding Childhood is a series of leaflets written by experienced child psychotherapists to give insight into children's feelings and view of the world and help parents, and those who work with children, to understand their behaviour.

Sponsored by
outlookfostering

This leaflet was originally published by the Child Psychotherapy Trust.

Leaflets available from:
www.understandingchildhood.net

email:
info@understandingchildhood.net
tel: 01303 261000

bereavement

helping parents and children cope when someone close to them dies

How best can you help your child when someone close to them dies? What if you are grieving too? Do children grieve in the same way as adults? What about very young children? What is 'normal' grieving in a child and what do you need to worry about? This leaflet suggests ways that adults can help children to come to terms with grief and bereavement.

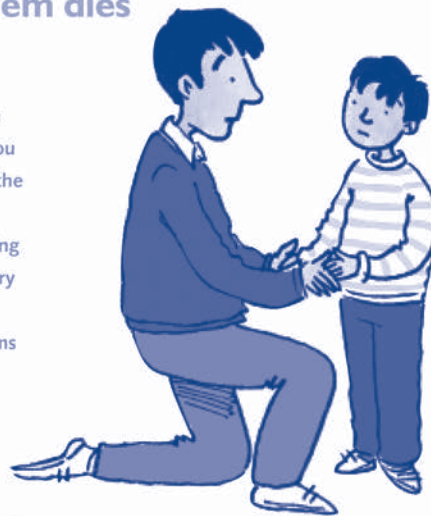
Children's thoughts about death

Children will have many experiences of loss and separation as part of their normal development. Even when they have not experienced a bereavement, children will have lots of thoughts about death. This is part of their healthy curiosity about life – like thoughts about their body, sex, or birth.

Adults may find it difficult to talk about death because of anxieties about their own mortality or for fear of upsetting other people, but children may be ready and willing to talk about their anxieties. It is important for a child to feel that there are adults who are strong enough to bear whatever they want to talk about and to answer their questions. Indeed, being prepared to listen to their child's thoughts, beliefs and fears can be the most useful way in which parents and other important adults in their lives – such as teachers, carers and GPs – can help children.

Breaking the news

It can be very difficult to tell a child about the death of a parent, brother or sister, close relative, or friend. You may want to protect the child or feel that it is better if they do not know the truth. But children are quick to pick up when their own observations about important things are denied. A conspiracy of silence will not spare them from



pain – it will bewilder and frighten them. They need to be told about the death in simple terms that are appropriate for their age, so that they can begin to grapple with the implications and will continue to trust you as someone they can turn to.

It is harder for everyone when the death is sudden. If there have been weeks or months in which to prepare the child for the death, they will find it easier to accept. But that does not take away the pain. Death is always a shock.

Religion

Religious beliefs often include a concept of life after death. This may be comforting for the child if you really believe it. However, it does not erase the loss of the loved person now – in this life – nor does it answer questions about why God took them away, especially if the person who died was young.

Children's responses to death

Children have different responses to death and dying depending on their age and experiences. There are no clear-cut stages, no correct order, no set time for grief to last, so try not to think



about it in terms of a 'right way' to grieve.

The age of the child affects the ways in which they are likely to express their feelings and the kind of support they need from the adults around them. It is important for children not to feel under pressure to display more conventional signs of grief and for them to be allowed to grieve in their own way and in their own time.

Parents need to be prepared for young children to slip in and out of grief in a way that can be shocking and upsetting to a grieving adult.

- They may switch between tears and misery and demands for food and treats, which is very hard for adults to sympathise with or respond to.

- They may make requests that appear extraordinarily heartless to an adult – 'As granny is dead, can I have her blue necklace?' 'Can I sleep in John's room now that he's died?'

It may help to know about some fairly typical reactions that you may notice.

Very young children and babies

If a significant death occurs in the life of a child aged under two years, they will not have much language to express their loss. However, even very young children and babies are aware that people they were attached to have gone, and experience the dawning realisation that they are never coming back and that death is permanent.

For very young children, who are unable to speak, death might be described as an unnameable fear or dread. You know how

inconsolably a baby or young child can cry if they feel unsafe, or if a parent goes out of the room or leaves them for longer than they can bear. If the loved one does not return, young children can be left with fears for their own survival.

Adults can usually comfort children if they are not too upset themselves. Even very young babies will be affected by their parents' emotional state and a death in the family will affect other family members. This may disrupt their care, so some scar may well be left. Try to minimise other disruptions and changes. In time, within the setting of a steady and loving environment, the loss can be repaired to some extent.

It is important for the child, and those caring for them, to keep the memories of the dead person alive. As the child grows up, there will be opportunities to understand better what they suffered before there was shared speech.

Young children

Children aged between two and five years are beginning to grasp that death is final, and that the dead person is not coming back. This is difficult for them to acknowledge fully as it threatens the security of their safe familiar world. Deep down, any too-long separation leaves them feeling frightened for their own survival.

During these years they will form several very important attachments to adults and children. If their development has gone well, they will have a reasonably secure picture of their loved ones

inside them – a sort of 'mummy or daddy inside their mind' – that provides solace during separations.

If the loss is not of a very close relative, they may be curious and affected by the event, but will probably absorb it in their play and everyday activities. If, tragically, it is the death of someone very important, they will go through a similar grief process to adults.

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Children in this age range begin to develop a more mature understanding of death and life, and are becoming aware that everyone dies one day, including themselves. They want to know more about the actual cause of death – 'Why cancer?' 'Why suicide?'

They may retreat into denial, unable to express feeling. If they appear stuck and cannot grieve, they may need professional help – someone who can bear their withdrawal – especially if the important adults in their life are grieving too.

At this age, children like to feel that the world is an ordered place, with routine and structure playing a significant part. They are beginning to move away from the family to make important relationships with other children and with school. The death of someone close can easily throw them back to feeling unsafe, and to being more dependent. They may feel less calm emotionally, and more like a younger pre-school child, who is up and down in their feelings.

Adolescents

Adolescents are often full of thoughts about life and death issues, or the 'meaning of life'. On the other hand, they can be so busy living life to the full that they rarely stop to reflect deeply. They may be unaware of their feelings, burying them until they surface much later at a vulnerable time in their lives.

A significant death can make a teenager feel particularly thrown because it may go against their strong belief in their own future and that of others. They can feel insecure just when they are starting to separate more from the family. You may notice that they do any of the following:

- withdraw into a very private existence
- go back to behaving like a younger child
- appear to be very matter-of-fact and detached
- worried about emotions overwhelming them

- become angry and protesting.

As these tendencies are often a part of normal adolescent development, it may be difficult for you to know when to persist in your offers of help.

If the young person is managing school and social life, as well as eating and sleeping reasonably normally, you can probably wait for the normal grieving process to run its bumpy course. The support of their friends may be particularly important for them.

More than ever, they need the love that you have tried to provide all along. They also have even more need of the limits that you have set.

They may like to talk to someone outside the family who is not in danger of being too upset by hearing about what they are feeling, but it is best not to assume that this is automatically wanted or needed.

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Children who have witnessed one or more dramatic deaths, or been involved in a disaster, accident, or other trauma – including terrorist attacks – may need specialised treatment. This may also be the case if a loved one has died in a sudden, dramatic or violent way.

If there has been a tragedy at school, or the school has been exposed to violence, parents need to be prepared for the 'ripple effect' of a trauma, even when the child has not been directly involved. Parents, schools and other groups in the community may also need help. These experiences are often too shocking and disruptive to be absorbed and may need to be worked through over time.

Children who watch appalling events on television may shift unpredictably between anxiety, excitement, indifference, obsessive interest and unreality.

If you are in any doubt about the matter, in general it is better to seek help than not to do so.

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- **Shock** This may include disturbed sleep, being unable to go to sleep, fear of the dark and nightmares. Again, they need lots of comfort and patient attention.
- **Denial** They may well deny that the death has happened. Denial is a necessary anaesthetic. In time the reality will come through their self-protection. There's no need to repeatedly 'put them straight'.
- **Regression** Under the stress of their loss, children of all ages may regress to earlier stages of development (just as adults do) and need extra care and comfort. Although you may worry about this behaviour, it is important to try and see it as expressing a need to be looked after and to be held. It is an opportunity for you to help children rebuild the security they've lost.
- **Anger and appeals** They may protest with anger or appeals – older children and adolescents may say something like 'How could he have left me?' or 'Why didn't the doctors make her better?' Try to acknowledge their anger. It is a very human response to be angry and to feel abandoned. This may be very hard for you when you may feel exhausted and may be angry and desperate yourself. If you agree with any of what they say, let them know that you feel the same way. It is helpful for them to know that they are not alone with their feelings. Give them permission to cry.
- **Change of habits** Children may be restless and unable to settle to anything. Some children will eat a great deal, and even store food, to fill up the emptiness they feel inside. Others may lose interest in eating. Some children start to bite their nails, to pick at themselves, twiddle with their hair and so on.
- **Despair** They may feel despair. Again, it is hard to help a child who is despairing if you are full of despair too, but it does them no harm to see you cry and to know that you are also struggling.
- **Guilt** They may feel that they contributed to the death. You can reassure the child that nothing they did or said or felt caused the



death. Tell them that lots of people feel guilty when someone they love dies, or wonder if they did something wrong.

- **Imaginary sightings** They may search for the person who has died, expecting them to come back and even feeling they've seen them in the street. This is a normal universal response. It is a necessary process before children realise that the person who has died is not ever coming back. You may be able to gently help them believe in the finality of the death, but it can take much longer than anyone realises.
- **Acceptance** They will eventually understand that the person has died. Even though they probably feel very low, and perhaps lonely and rejected, it is necessary to truly believe that the person has died before anyone can begin to let them go, while holding on to precious memories.
- **Life goes on** Eventually they will realise that life goes on and that the loved person who has died is alive in their minds – a helpful part of their imagination for ever. Some 'recovery' may begin to take place after a few months, but where the death was particularly sudden and close it takes much longer, perhaps years.

These suggestions may be helpful

- There is no easy way of taking away the pain, although of course we wish we could. Pain is the price we pay for having loved someone.
- Use straightforward words like dead and dying. With young children, try to link it with a known loss, such as the death of a pet (which may also cause more grief for the child than the parents expect).
- Children under the age of about four often think that sleeping and death are the same. Older children sometimes think this too. The difference needs to be explained – for instance ‘When you are asleep your body works very well’.
- Avoid phrases like ‘He’s gone to sleep’, or ‘She’s gone away’, or ‘We lost Gran’. These phrases can be confused with everyday occurrences, and may lead to fears about going to sleep, being abandoned or getting lost.
- Make it clear to younger children that this means that the body of the person who has died is no longer working, and that they don’t feel any pain. Your child needs help to realise the body has not gone anywhere, other than perhaps to the cemetery or crematorium. Go through this carefully as children may need to be clear about what happens to the body. In some cultures or families children may see the body after death. Indeed, it may be helpful to do so.
- Going to the funeral and the cemetery may be very helpful. Many children will choose to go to the funeral if they understand that it’s a special time to say goodbye, remember the person and celebrate their life. Try to explain what they will see, in simple terms in advance. For example, ‘The body is in a box that gets buried in a hole in the ground’ or ‘It goes into a fire and the ashes of the body are sprinkled on the ground’.
- Religious rituals and cultural beliefs may be helpful and comforting if they are part of your family’s life.
- Be prepared to tell the story, and to answer the same questions, over and over again. It is important for your child to understand and have the story straight in their mind, but be prepared for them to be really confused at times.
- Children can be anxious about expressing their own grief for fear of upsetting you further, especially if they think there is no one else to look after you. You may find that involving another adult to comfort the child helps to share the load.
- Your own grief can be shared with the child, but try not to offload it onto them. This could give them the feeling that there is no space for their own grief. Parents need to avoid robbing children of their own experiences – for instance, by saying ‘I know how you feel’. No one can know how another person really feels.
- It is important for the child to continue to have opportunities to share their feelings about the person they have lost. You can help by collecting photos, for instance, or making a story. There is never a time that a dead person is ‘forgotten’. They stay in our minds, sometimes in the background, as long as we ourselves live.

Getting help

Even though the grieving process is normal, at times you may feel the need to discuss your anxieties. You may wish to approach a teacher, health visitor, GP, or child psychotherapist for support or guidance for you or your child during

this difficult time. However, it is important not to assume that your child needs to see someone.

This may be so, but it may also be helpful for you to find the support to think about your own concerns and perhaps strengthen your ability to help the child yourself.

Further help

In every area there are organisations that provide support and services for children and families. Your GP or health visitor will be able to offer you advice and, if needed, refer you to specialist services. To find out more about local supporting agencies, visit your library, your town or county hall, or contact your local council for voluntary service.

Contacts

Cruse Bereavement Care
Day by Day helpline: 0844 477 9400
Web www.crusebereavementcare.org.uk

Winston's Wish
Guidance and information for families of bereaved children
Helpline: 0845 203 0405
Web www.winstonswish.org.uk

YoungMinds Parents' Information Service

Information and advice for anyone concerned about the mental health of a child or young person
Free parents helpline 0808 802 5544
Web www.youngminds.org.uk

Parentline Plus

Help and advice for anyone looking after a child
Free parentline 0808 800 2222 (24 hr)
Web www.parentlineplus.org.uk

Contact a Family

Help for parents and families who care for children with any disability or special need
Freephone 0808 808 3555
Web www.cafamily.org.uk

Written by child psychotherapist
Dr Dorothy Judd
© Understanding Childhood Ltd
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Enquiries to:
The Administrator
Understanding Childhood
PO Box 235
Hythe
Kent CT21 4WX
t 01303 261000
e info@understandingchildhood.net
w www.understandingchildhood.net

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bereavement

helping parents and children cope when someone close to them dies

How best can you help your child when someone close to them dies? What if you are grieving too? Do children grieve in the same way as adults? What about very young children? What is 'normal' grieving in a child and what do you need to worry about? This leaflet suggests ways that adults can help children to come to terms with grief and bereavement.

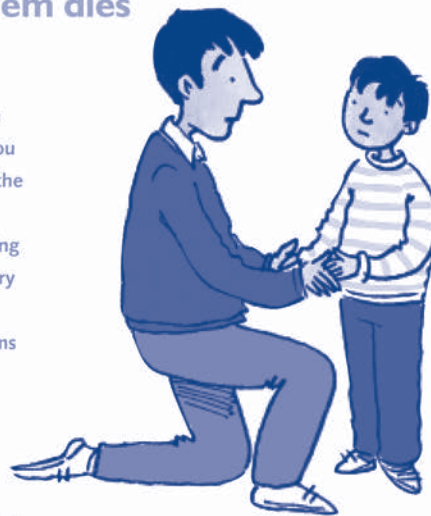
Children's thoughts about death

Children will have many experiences of loss and separation as part of their normal development. Even when they have not experienced a bereavement, children will have lots of thoughts about death. This is part of their healthy curiosity about life – like thoughts about their body, sex, or birth.

Adults may find it difficult to talk about death because of anxieties about their own mortality or for fear of upsetting other people, but children may be ready and willing to talk about their anxieties. It is important for a child to feel that there are adults who are strong enough to bear whatever they want to talk about and to answer their questions. Indeed, being prepared to listen to their child's thoughts, beliefs and fears can be the most useful way in which parents and other important adults in their lives – such as teachers, carers and GPs – can help children.

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separations and changes in the early years

understanding the anxieties of parents and children from birth to four years

When babies are born they leave the warm and comfortable world of the womb and enter an unknown world. It is their first experience of separation and the beginning of a lifelong series of steps and challenges. Each stage of the process – going to the childminder, starting school, leaving home – is marked by a separation. Our early experiences colour the ways that we respond to all the other experiences of separation during our lifetime.

The strong emotions that babies feel from birth, including joy, sadness, anxiety and rage, are partly a response to the separation from their mother. This is normal. And it is not only the baby who can feel this – mothers also have to adjust to letting go of the baby inside and facing the demands and needs of a separate human being.

It is a highly charged time emotionally for everybody, and one that represents an enormous change for the whole family.

Forming attachments

In the first year of life, children need to experience secure attachment to a caring adult. Babies often experience secure attachments with more than one adult, but for most babies the first bond with their mother is the most important. The experience of a secure attachment may also come from a carer, the extended family or another mother or father figure. Children who are able to form secure attachments are likely to be more resilient and to be able to manage stressful events better later in life.

Useful Understanding Childhood leaflets
Your new baby, your family and you



Letting go

The process of separating from your baby is a gradual one.

In the early weeks babies develop emotionally and physically from having all their needs closely met. Security comes from not having to wait too long to be fed or cuddled. Giving comfort and reassurance, and responding quickly to the baby's needs, does not 'spoil' them at this stage.

Babies gradually have to learn to tolerate being part of a wider community where the needs of other children, and mother herself, also have to be met. Both you and the baby have to learn to separate yourselves from one another – to let go of that 'all-in-oneness' you might have had at an earlier stage.

For some mothers it can be a relief to let go of the very dependent baby stage. The baby may be equally ready to move on and, some time during the first year, the mother can really enjoy seeing her baby become more independent in playing and settling down. But for other mothers and their babies, this transition presents more of a hurdle. These mothers sometimes say 'My baby won't let me put her down'.

Changing your baby's routine

Mothers and babies are all individuals with different temperaments, strengths and weaknesses, so for

Coping with the child's feelings about childcare

Some babies and young children are fine about being separated from their mother or carer but many of them feel some anxiety. It is very important to take particular care to address the emotional needs of your baby or young child when they are going to be separated from you while you go to work. Take time over introducing the baby to their new carer and be alert to the atmosphere of your baby's surroundings.

It is important to plan and prepare for parting and for coming back together, as these transition times are difficult for the baby and for you. For instance, you can ease the parting by leaving your child with a loved object – a favourite teddy or piece of blanket – or something familiar of your own that smells of you and feels like part of you.

No matter what kind of childcare is arranged, babies and young children can experience separation anxiety. This means that when the mother (or another adult to whom the baby is attached – their father or a 'mother-figure') leaves, the baby may show signs of panic, distress or rage. Crying and clinging are normal reactions. The baby may feel they are 'falling apart' without the comfort of the person who is most familiar to them.

It is not unusual for the baby to be cold and withdrawn when their mother comes back, giving mother the experience of feeling rejected.

It will take a little time for you to see whether your child has settled. The tears and tantrums when you leave, and clinging or rejection when you come back, are not necessarily a sign that your child has not settled, but may be an expression of how they feel about the separation. This is to be expected when a baby moves into the wider world and has to adjust to the changes. It does not necessarily mean that you have made the wrong choice of childcare, or that you should give up work.

Starting at a pre-school or nursery school

Starting pre-school or nursery school is an important stage in the separation process and the feelings aroused or battles waged at an earlier stage often re-emerge at this point. Many children embrace this change without a backward glance. It is sometimes the mother in this situation who feels sad and disappointed at having to let go and move on.

Some children feel very ready for the stimulus of other children, toys, educational challenges and all that the new world of pre-school or nursery school has to offer. But many young children who are developing normally nevertheless find this

particular stage of life very difficult.

They may express their feelings through crying and clinging. They may also return to baby habits and behaviour, such as thumb-sucking, bedwetting or accidents at school, tantrums and baby language. It is as if they are giving their parents the message that they want to go backwards to a more comfortable time rather than forwards to the next stage. It is common for parents to see enormous swings between moods of great dependence and independence – a little baby one minute and an assertive and exploratory three-year-old the next.

At this stage, some children may be very withdrawn and shy within groups, while others may show aggression and rivalry with others. Parents can be reassured that these extremes of mood and behaviour are normal and are not signs that their child is disturbed.

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Sibling rivalry

Attending to difficult behaviour



Helping your child to settle

Parents can help their children to settle by showing them that they understand their feelings, while also encouraging them to move forward confidently. Games involving fantasy and role-playing are fun and are also an important way for children to sort out, with their peers and with their new carers, what they feel about all the changes and new experiences.

Some helpful suggestions

- Any separation can provoke a sense of loss and be emotionally unsettling for both children and parents. Take it a step at a time – it needs to be a gradual process.
- Some changes of routine are experienced as a separation – moving on from breast or bottle-feeds, when the baby moves out of their parents' bedroom, if the family moves house.
- Prepare children for any change that is coming and try not to spring it on them. It helps to talk about it and rehearse for it – by acting it out as a game, for instance.
- Don't slip out without saying goodbye. Your child will trust you and be more confident if you say goodbye and acknowledge their feelings directly.
- A firm and confident goodbye at pre-school or nursery school tells your distressed child that you know they'll be able to cope. It's better not to hover and appear anxious.
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A child of this age who had the attention they needed at an earlier stage, is likely to have the invaluable tools of play and language to take their development a step further. Children who can talk about their feelings as mummy leaves, or who find a way of enacting what they are going through, can gradually make sense of their feelings and increase their capacity to tolerate these experiences. They can then move on to exploring the whole range of opportunities that new environments have to offer.

In a good pre-school or nursery setting, young children have the opportunity to learn a range of new skills and to sort out complicated feelings about themselves and others. Through playing and learning, they find out more themselves and the world around them.

They have a chance to prepare themselves for the next step, when they will enter the more formal world of primary school.



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Written by child psychotherapist

Rachel Pick

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Enquiries to:

The Administrator

Understanding Childhood

PO Box 235

Hythe

Kent CT21 4WX

t 01303 261000

e info@understandingchildhood.net

w www.understandingchildhood.net

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crying and sleeping in the first months of life



Crying and sleeping problems are two of the most common difficulties for parents of babies under one. Nearly all parents will experience difficulties with their baby's crying or interrupted sleep in the early months.

Try to imagine the world from your baby's point of view. In the womb they were in a world of their own, made especially for them. In being born they have already made the most dangerous journey of their life, and now they have to become used to a world full of new feelings and people. It will take time. It will also take time for you, as a parent, to get to know your baby and – along with the excitement – to recover from the shock and tiredness of the birth and to adjust to the changes in your life from becoming responsible for a new baby.

Useful Understanding Childhood leaflets
Your new baby, your family and you

What babies need

All babies need food, sleep, warmth and loving attention, but all babies are different. Some are very tranquil and seem to fit easily into family life, but most babies have some difficulty settling into their new world. When they are full, cuddled and loved they may feel peaceful. But when they feel wet, hungry, alone – or just miserable – all they can do is cry and thrash about.

Babies don't ask for more than they need. If their demands seem overwhelming, it's not because they are 'trying it on' or are getting spoiled. A baby can't understand anyone else's point of view or consider anyone else's feelings; even a toddler is only just beginning to get some idea about these things.

A baby who comes through their first year feeling loved and understood is more likely to develop into a toddler who feels confident that a parent will come if they really need them. A child who has this confidence is less likely to fret if that attention isn't instantly available. This provides the best basis for learning about waiting and sharing.

Helping your baby to sleep

If your baby still doesn't seem able to relax and let go of you at night, it's worth thinking about their day. Has it been too stimulating? Has it been so busy or stressful that they haven't had enough peaceful time with you?

Some babies are very self-contained and independent during the day and only seem to realise that they need you at night. It's worth trying to encourage babies like this to enjoy more of your company during the day rather than taking advantage of their independence to get on with other things.

These practical tips might be helpful:

- Try to make sleep-time very peaceful with a familiar pattern to it.
- Allow time for your baby to settle themselves even if they are whimpering, but don't leave a distressed baby to scream if they can't settle or if they have been asleep and have woken up again.
- Talk to the baby very quietly and try to keep a quiet, sleepy atmosphere at night so they learn that this is different from daytime.
- Try to get as much rest as possible whenever the baby is asleep.
- Make the most of any opportunities to enjoy them when they're happy. Memories of those moments will see you through the bad times!

Helping you to cope

Babies sense your feelings. The best thing for you and your baby is to concentrate on getting to know one another. Giving too much attention to trying to find answers to each problem may be a real barrier to getting to know your baby.

You may try to establish a routine to help you get through the day, but any routine needs to be flexible and realistic and to change as your baby grows. Having routines won't transform your baby's temperament or enable you to have all the answers.

If you or the family are going through a worrying or unhappy time, it may well unsettle your baby so that just when you need

a bit more peace they become miserable and wakeful. It's difficult to protect a baby from family worries but perhaps the problems are ones you could seek help with.

Some people feel low after having a baby. All sorts of feelings and demands which they might ordinarily have managed can overwhelm them. So if your baby seems really inconsolable, perhaps they are sensing your unhappiness.

Many people feel lonely with a new baby and it can be particularly stressful if you are a single parent. Try to make the effort to meet other parents regularly.

During bad patches, you can easily feel that everyone – including your own baby – is criticising you. Sometimes a baby is born following a period of particular sadness, such as the death of a parent, a previous miscarriage, stillbirth or cot death. In these circumstances it may be very difficult for parents to cope with their baby's distress about being put down for the night.

Useful Understanding Childhood leaflets
Postnatal depression

Asking for help

Most parents worry because they aren't always as loving and patient as they would like to be. It can be a shock for any parent to discover how resentful they sometimes feel towards their own babies.

Parents sometimes say 'I get so tired and on edge that I worry I may harm my baby'. If you feel that caring for your baby is so overwhelming that you are frequently angry, you may need help.

Accept as much help as you can get. You have no need to think that people will interfere and criticise you for asking for help.

Help might consist of practical assistance and support. It may be a matter of helping parents to think about their children for themselves by trying to understand the worries and unhappiness that can get in the way.

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Written by Judy Shuttleworth
© Understanding Childhood Ltd
ISBN 1 900870 00 2
Illustrated by Jan Lewis
Design by Susan Clarke for Expression, IP23 8HH

Enquiries to:
The Administrator
Understanding Childhood
PO Box 235
Hythe
Kent CT21 4WX

e info@understandingchildhood.net
w www.understandingchildhood.net

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separations and changes in the early years

understanding the anxieties of parents and children from birth to four years

When babies are born they leave the warm and comfortable world of the womb and enter an unknown world. It is their first experience of separation and the beginning of a lifelong series of steps and challenges. Each stage of the process – going to the childminder, starting school, leaving home – is marked by a separation. Our early experiences colour the ways that we respond to all the other experiences of separation during our lifetime.

The strong emotions that babies feel from birth, including joy, sadness, anxiety and rage, are partly a response to the separation from their mother. This is normal. And it is not only the baby who can feel this – mothers also have to adjust to letting go of the baby inside and facing the demands and needs of a separate human being.

It is a highly charged time emotionally for everybody, and one that represents an enormous change for the whole family.

Forming attachments

In the first year of life, children need to experience secure attachment to a caring adult. Babies often experience secure attachments with more than one adult, but for most babies the first bond with their mother is the most important. The experience of a secure attachment may also come from a carer, the extended family or another mother or father figure. Children who are able to form secure attachments are likely to be more resilient and to be able to manage stressful events better later in life.

Useful Understanding Childhood leaflets
Your new baby, your family and you



Letting go

The process of separating from your baby is a gradual one.

In the early weeks babies develop emotionally and physically from having all their needs closely met. Security comes from not having to wait too long to be fed or cuddled. Giving comfort and reassurance, and responding quickly to the baby's needs, does not 'spoil' them at this stage.

Babies gradually have to learn to tolerate being part of a wider community where the needs of other children, and mother herself, also have to be met. Both you and the baby have to learn to separate yourselves from one another – to let go of that 'all-in-oneness' you might have had at an earlier stage.

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Changing your baby's routine

Mothers and babies are all individuals with different temperaments, strengths and weaknesses, so for

Coping with the child's feelings about childcare

Some babies and young children are fine about being separated from their mother or carer but many of them feel some anxiety. It is very important to take particular care to address the emotional needs of your baby or young child when they are going to be separated from you while you go to work. Take time over introducing the baby to their new carer and be alert to the atmosphere of your baby's surroundings.

It is important to plan and prepare for parting and for coming back together, as these transition times are difficult for the baby and for you. For instance, you can ease the parting by leaving your child with a loved object – a favourite teddy or piece of blanket – or something familiar of your own that smells of you and feels like part of you.

No matter what kind of childcare is arranged, babies and young children can experience separation anxiety. This means that when the mother (or another adult to whom the baby is attached – their father or a 'mother-figure') leaves, the baby may show signs of panic, distress or rage. Crying and clinging are normal reactions. The baby may feel they are 'falling apart' without the comfort of the person who is most familiar to them.

It is not unusual for the baby to be cold and withdrawn when their mother comes back, giving mother the experience of feeling rejected.

It will take a little time for you to see whether your child has settled. The tears and tantrums when you leave, and clinging or rejection when you come back, are not necessarily a sign that your child has not settled, but may be an expression of how they feel about the separation. This is to be expected when a baby moves into the wider world and has to adjust to the changes. It does not necessarily mean that you have made the wrong choice of childcare, or that you should give up work.

Starting at a pre-school or nursery school

Starting pre-school or nursery school is an important stage in the separation process and the feelings aroused or battles waged at an earlier stage often re-emerge at this point. Many children embrace this change without a backward glance. It is sometimes the mother in this situation who feels sad and disappointed at having to let go and move on.

Some children feel very ready for the stimulus of other children, toys, educational challenges and all that the new world of pre-school or nursery school has to offer. But many young children who are developing normally nevertheless find this

particular stage of life very difficult.

They may express their feelings through crying and clinging. They may also return to baby habits and behaviour, such as thumb-sucking, bedwetting or accidents at school, tantrums and baby language. It is as if they are giving their parents the message that they want to go backwards to a more comfortable time rather than forwards to the next stage. It is common for parents to see enormous swings between moods of great dependence and independence – a little baby one minute and an assertive and exploratory three-year-old the next.

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Some helpful suggestions

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crying and sleeping

in the first months of life



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Illustrated by Jan Lewis
Design by Susan Clarke for Expression, IP23 8HH

Enquiries to:
The Administrator
Understanding Childhood
PO Box 235
Hythe
Kent CT21 4WX

e info@understandingchildhood.net
w www.understandingchildhood.net

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An order form to buy printed copies is available from the site.

Domestic violence – what to do about it

If you are thinking about leaving an abusive relationship and are worried about your safety or the safety of your children, you do not have to suffer alone. There are people who can help, and you can take steps to stay safe.

Domestic violence does not just mean that your partner is hitting you. The abuse can be physical, emotional, sexual or verbal.

Domestic violence can also include many things, such as the constant breaking of trust, psychological games, harassment and financial control.

It can have an impact on adults in all types of relationships and can also involve violence between parents and children.

If you are in an abusive relationship, there are three important steps you must take:

- **recognise** that it is happening to you
- **accept** that you are not to blame
- **get** help and support.

Getting help

This is perhaps the most important thing that you can do.

In an emergency, call 999. Domestic violence is treated very seriously by the police, and they will take action to protect you.

If it is not an emergency, you could contact your local police station and discuss your situation with them. You can also contact independent organisations such as Victim Support to ask for help and advice. Go to www.victimsupport.org.uk or phone 0845 30 30 900.

Police and social workers will use tact and care in order to protect you, and to make sure that you get the help you need. They can put you in touch with volunteer organisations who provide refuge accommodation where you'll be safe.

Advice and support

There are many people and organisations you can turn to if you are suffering from domestic violence. Your GP can direct you to groups that work with victims of abuse. They can point you to local support groups and charities that help victims and their children escape the cycle of violence.

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Domestic violence – what to do about it

If you don't want to discuss it with your GP, you can call one of these helplines.

- England domestic violence helpline: 0808 2000 247
- Northern Ireland Women's Aid 24-hour domestic violence helpline: 0800 917 1414
- Scotland domestic abuse helpline: 0800 027 1234
- Wales domestic abuse helpline: 0808 80 10 800
- Men's advice and enquiry line: 0808 801 0327

They can make sure you find safe emergency refuge accommodation and connect you with people who can ensure that you're protected. You do not have to tell them your name.

Rights of domestic abuse victims

Children and your rights

Your abuser may threaten that if you leave or tell anyone about what's happening, your child will be taken away from you. It's important that you know that Social Services will not take your child away for this reason.

If you fear your partner will abduct your children, get advice as soon as possible. Advice groups include:

- a local Women's Aid group
- refuge
- a local Law Centre
- a local Citizens Advice Bureau
- a solicitor.

They can all advise you on how to protect your child. They will explain how contact between your child and a violent partner can be restricted.

These groups will explain that, under the Family Law Act 1996, you can apply for an order that will protect you from threats or violence (this is called a 'non-molestation order').

Your home and your rights

You can apply for an order that will protect your right to live safely in your family home (this is called an 'occupation order'). If granted, it would order your abuser to move out of the house, and forbid him even to enter it.

Domestic violence – what to do about it

If you are in this situation please contact one of the advice groups listed above or one of the organisations below.

Useful organisations

Women's Aid

Women's Aid is the national charity working to end domestic violence against women and children.

Head Office
PO BOX 391
Bristol BS99 7WS

Free 24 hour National Domestic Violence Helpline 0808 2000 247

www.womensaid.org.uk

Law Centres Federation (LCF)

Law Centres are not-for-profit legal practices providing free legal advice and representation to disadvantaged people.

64 Great Eastern Street
London EC2A 3QR

020 7749 9120

Community Legal Advice 0845 345 4 345

www.lawcentres.org.uk

Citizens Advice Bureau (CAB)

National organisation and local branches help people resolve their legal, money and other problems by providing free, independent and confidential advice.

www.adviceguide.org.uk

www.citizensadvice.org.uk

Refuge

National organisation provides advice and places of safety.

Head Office
4th Floor
International House
1 St Katharine's Way
London E1W 1UN

Free 24 hour National Domestic Violence Helpline 0808 2000 247

www.refuge.org.uk

Domestic violence – what to do about it

Men's Advice Line

National helpline for men who are experiencing violence and abuse from their partners and also for men who are concerned about their own violence.

Freephone helpline 0808 801 0327

www.mensadviceline.org.uk

Adapted from www.direct.gov.uk/en/CrimeJusticeAndTheLaw/VictimsOfCrime/DG_4003136#standard

Using a dummy

The aim of this leaflet is to help you think about what a dummy might mean to you and your baby and explain why dummies might be helpful for young babies but can become increasingly problematic for parents and older babies and children.

There are many names given to dummies such as pacifiers, comforters, artificial teats and soothers. They have been in existence for hundreds of years and have been made from a variety of materials including clay, silver, pearl and coral.

The subject of dummies can provoke strong feelings for many parents and the decision whether to use a dummy or not can be difficult. For many parents it can sometimes feel like using a dummy can mean the difference between a crying baby and a contented baby. Other parents have strong feelings about not using a dummy. This may be as a result of having experienced difficulties when using a dummy with another child, seeing older children using dummies continually or wanting to soothe their babies themselves.

Dummies can be useful to pacify and comfort young babies who have few alternative ways of experiencing comfort. It is widely recognised that young babies gain greatest comfort from being held by a familiar, loving adult. However there may be times when this can feel difficult. For example, parents can feel tired, worried, and unsure how their baby is feeling or what they need. Babies can feel anxious and overwhelmed by strong feelings and in the early months of life they may have few means of calming themselves.

Dummies can play a part in helping in two ways. Firstly dummies can help soothe a baby and it can do this by the baby sucking hard and 'holding on' to the dummy. Secondly, they will focus their energy on the sucking and this allows the baby to feel like his anxiety is being 'held' by the dummy. Once the baby is calmed you may then be able to start to use other ways of comforting your baby such as cuddling, touching or talking to your baby.

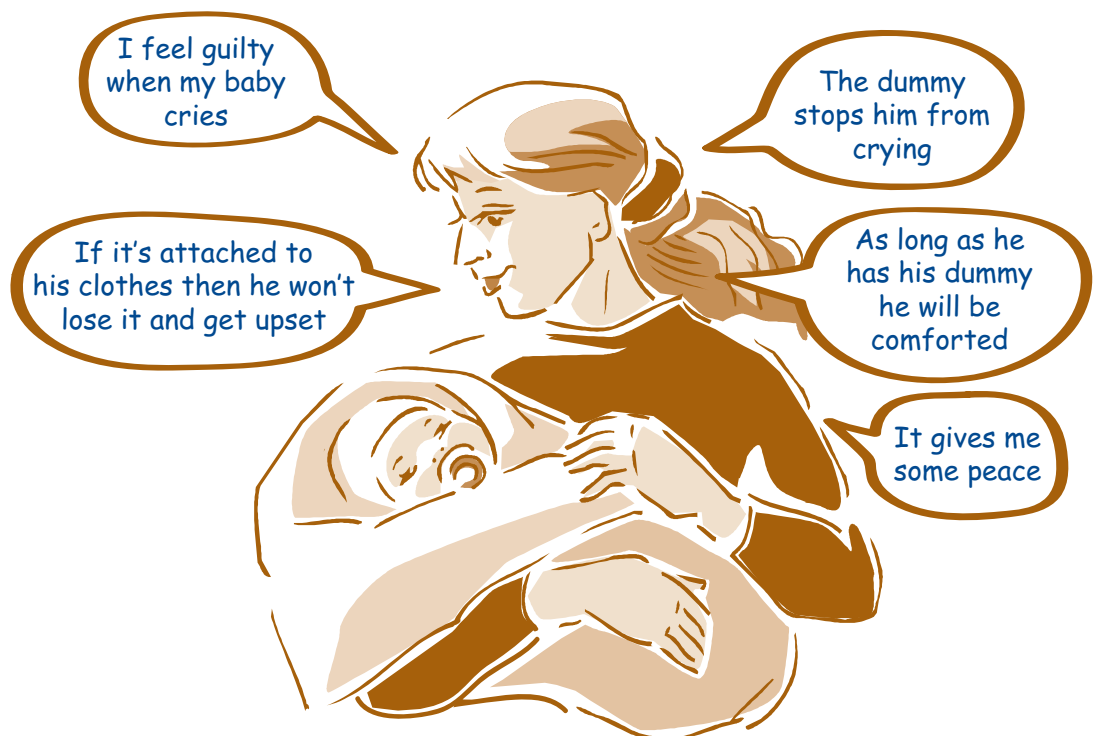
The dummy may mean different things to different parents. Parents and babies will also have different views about the dummy.

Using a dummy

Your baby's view of her dummy



Parents' view of a dummy



Using a dummy

If a baby has a dummy constantly available to suck then he may only be comforted when his dummy is in his mouth. This means he does not have the opportunity to learn other ways of gaining comfort, which will be more helpful as he gets older. Gradually learning what it's like to feel separate from mum and being able to comfort himself is a healthy and really important stage in a baby's development. The best way for a baby to learn how to soothe himself is to learn from his parents. The dummy can get in the way of a baby learning how to manage the times when mum is not available as it soothes him into feeling he is still connected to her. Prolonged use of the dummy can make separation from mum harder and harder to deal with.

Prolonged use of the dummy can also lead to other developmental delays in the baby's communication skills, thought processes and play, all of which develop out of a sense of being separate. A teddy bear or comfort blanket are much more helpful to a baby and young child and should take the place of a dummy as the infant matures. This is because they 'symbolise' mummy, for example, they take the place of mummy when she is not available, whereas the dummy as we described earlier in the leaflet makes the baby feel that mummy is always available.

Surprisingly, because prolonged use of a dummy can delay psychological development and this can make the baby feel more clingy, and therefore more angry and anxious. Dummies are also thought to play a part in sleep problems as babies often wake when the dummy falls out.

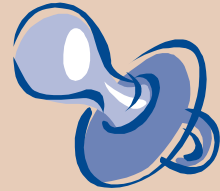
Keeping dummy time to a minimum means:

- The use of the dummy will be more effective – using the dummy to calm your baby so that you can then use other more long-lasting soothing methods, will help your baby to gradually learn to manage their feelings and tolerate separation.
- Less dribble – putting hands, feet, toys and other objects into the mouth for short periods will naturally stimulate the production of saliva. Having a dummy in the mouth for a long time will over stimulate the saliva duct causing excess dribble to make the skin sore and wet the clothes.
- Better muscle development for eating, swallowing and talking – dummies can affect the way the muscles develop possibly leading to delay.
- Allow the correct contact to be made between the tongue and the rest of the mouth for speech sound development.
- More opportunity to practice talking.
- Teeth growing as they should and less likelihood of developing a lisp.

Using a dummy

Tips for preventing dummy dependency

- Before using a dummy take some time to think about the many ways you might be able to comfort your baby
- Use the dummy as a way of initially calming your baby so that you can then develop other ways to soothe him
- Gradually reduce the use of the dummy as you become more confident in calming your baby preferably before six months of age
- Once your baby is asleep take the dummy out of his mouth
- Don't encourage the dummy to become a habit, only give it as a way of calming your baby when he is tired or upset
- Never let your baby babble or child talk with a dummy in his mouth
- Don't leave dummies where your child can see or reach them himself, put it away when it is not needed.



If you are breastfeeding it is recommended not to use a dummy until breastfeeding is well established, usually when your baby is about one month old. The risk of cot death reduces after six months of age so stop giving the dummy when your baby is between six and 12 months.

Breastfeeding: off to the best start

This information is based on information on the NHS choices website

Breastmilk gives babies all the nutrients they need for the first six months of life and helps protect them from infection and diseases. It also reduces mothers' chances of getting certain diseases later in life. Breastfeeding also allows you and your baby to get closer physically and emotionally. So while your child is feeding, the bond between you can grow stronger. Bottle feeding does not give your baby the same ingredients as breastmilk, which is designed to be easy for your baby to absorb and is perfect to help him grow and develop. Also, bottle feeding doesn't provide protection against infection and diseases.

Breastfeeding helps protect your baby against:

- ear infections
- gastro-intestinal infections
- chest infections
- urine infections
- childhood diabetes
- eczema
- obesity
- asthma.

Breastfeeding helps protect mothers against:

- ovarian cancer
- breast cancer
- weak bones later in life.

Women who breastfeed return to their pre-pregnancy figure faster.

What position should you use?

There are lots of different positions for breastfeeding. You just need to check the following:

Are your baby's head and body in a straight line?

If not, your baby might not be able to swallow comfortably.

Are you holding your baby close to you?

Try to support his back, shoulders and neck. He should be able to tilt his head back easily. And he shouldn't have to reach out to feed.

Breastfeeding: off to the best start

Is your baby's nose opposite your nipple?

Your baby needs to get a big mouthful of breast from underneath the nipple. Placing your baby with his nose level with your nipple will allow him to reach up and attach to the breast well.

Are you comfortable?

It's OK to change your position slightly once your baby is attached to your breast.

How should you attach your baby to your breast?



- Hold your baby close to you, with his nose level with the nipple.



- Wait until your baby opens his mouth really wide with the tongue down. You can encourage him to do this by gently stroking his top lip.
- Quickly bring your baby even closer to your breast.



- Your baby will tilt his head back and come to your breast chin first. He should take a large mouthful of breast. Your nipple should go towards the roof of his mouth.

Breastfeeding: off to the best start

Signs that your baby is feeding well

- Your baby has a large mouthful of breast.
- Your baby's chin is touching your breast.
- It doesn't hurt you to feed (after the first few sucks).
- If you can see the dark skin around your nipple, you should see more dark skin above your baby's top lip than below their bottom lip.
- Your baby's cheeks stay rounded during sucking.
- Your baby rhythmically takes long sucks and swallows. It is normal for him to pause sometimes.
- Your baby finishes the feed and comes off the breast on his own.

How do you know that your baby is getting enough milk?



- Your baby will appear content and satisfied after most feeds.
- He should be healthy and gaining weight after the first two weeks.
- Your breasts and nipples should not be sore.
- After the first few days, your baby should have at least six wet nappies a day.
- He should also pass at least two yellow stools every day.

Breastfeeding: off to the best start

Tips for successful breastfeeding

Make sure your baby is properly attached to the breast

- You will have a good supply of milk and your baby will get a good feed.
- It will help stop your breasts getting sore.



Try not to give your baby other food or drink

- The more you feed your baby, the more milk you will produce. Giving other food or drink will reduce your milk supply.
- You might increase the chance of your baby getting an infection.

Try not to give your baby a dummy

- It can make it more difficult for your baby to attach to your breast.
- Your baby will be less likely to feed when they need to.

[See leaflet 'Using a dummy']

Don't be scared to ask for help

- It can take a while before you feel confident breastfeeding. Your midwife or health visitor can support you. Or you can contact one of the helplines and organisations that can advise you about breastfeeding.

If you stop breastfeeding, it can be difficult to start again.

Dads and breastfeeding

It is not unusual for dads to have mixed feelings about breastfeeding. You may feel happy and be looking forward to your baby being breast-fed but you may also feel a little anxious and unprepared.

People's perception of what 'female breasts' are for can vary and for some males and females alike they can be seen purely as body parts related to sexuality and attractiveness.

The fact that nature intended breasts to be used for feeding a baby may never have been realised or talked about.

Dads may believe that breastfeeding doesn't really have anything to do with them and may even worry about being left out of the whole feeding experience of their new baby.

Dads may be totally unaware of the vital role they play in the success of their baby being breastfed and there is research to show that dads are very important in many aspects of the breastfeeding experience which includes

- The initial decision by a couple to breastfeed their baby.
- The support offered to the mother, particularly during the early weeks following the birth
- The ongoing support which encourages continuation of breastfeeding beyond the early weeks of a baby's life

Being a parent is about teamwork and sharing in a relationship of bringing up a child. There are lots of things that need to be done for a baby and everything a parent does, even the smallest of things play a vital role in your baby's brain development and emotional wellbeing.

One of the first decisions you can make to help give your baby the best start in life is for your baby to be breastfed as breast milk has many benefits.

Breast milk contains lots of healthy goodness which is 100% natural and will benefit both baby and mum. For example it can protect your baby from ear, chest and gastro-intestinal infections. And for mum it can lower her risk of developing some cancers.

What can dads do to help a mum and baby breastfeed?

- Help mum find a comfortable position and stay close by in case she needs anything. It can feel supportive to mum if you sit together for a while and enjoy the feeding experience together as a family.
- Offer words and gestures of encouragement as mum may be feeling unsure of how well she is doing.

Dads and breastfeeding

- Mum and baby will need rest and time for breastfeeding to become established so dads can help by doing shopping, cooking, caring for any other children in the family and ensuring that visitors are not calling too frequently.

Dad's time with baby

- Your baby will love having time with you so get involved with bath time and nappy changing. Try not to see these as chores or jobs to be done, instead see them as special times when you can interact and have fun with your baby.
- Singing and talking with your baby will encourage their physical and brain development and bonding with you
- Take your baby out for a walk either in pram or baby carrier. Your baby will learn to enjoy the outdoors which is good for future exercise and activities. This will also give mum a short break too.
- Once breastfeeding is established mum may wish to try and express breast milk which will give you an opportunity to feed your baby as well.

Be proud that you have given your baby the best start

Coping with other people's opinions

For some dads they may be the first male in the family to have a partner who is breastfeeding their baby and this can create some issues. Some dads have been surprised by how supportive other males have been whilst others have received comments and jokes that have caused embarrassment and annoyance.

Being prepared for such reactions can help to manage a situation. You may simply respond by saying something like: *'We decided as parents that we wanted to give our baby the best start in life and breastfeeding will do that and we're really pleased with our choice.'*

In general negative comments can soon become boring to listen to and generally stop; however if they persist keep calm and have a quiet word requesting the person to stop. Sometimes people don't realise that they are causing offence.

Dads and breastfeeding

Your relationship with your partner

Couples are often concerned if breastfeeding will affect their relationship and sex life. In the early days after childbirth both partners may be feeling overwhelmed and tired whilst they adapt to their new baby. Also mum may have some physical issues to recover from such as stitches, back pain and breast tenderness.

Talking to each other about how you are feeling is really important. It is not uncommon for you both to feel hesitant in resuming sexual contact and you both may feel unsure about how to become intimate again.

Some couples may misunderstand how the other feels, for example a woman may feel sensitive about her changing body and may have anxieties that their partner has lost interest in her.

Initially sexual intercourse may be uncomfortable and it is not unusual for breast milk to seep out from the breasts at this time so have a small cloth near by. Just remember to go at a pace that suits you both. A cuddle and some time lying together may be a good way of becoming close and intimate again.

If you would like any further information please speak to your midwife, health visitor or GP.

For more information for parents visit www.inourplace.co.uk

Partners and breastfeeding

It is not unusual for partners to have mixed feelings about breastfeeding. You may feel happy and be looking forward to your baby being breast-fed but you may also feel a little anxious and unprepared.

People's perception of what 'female breasts' are for can vary and for some males and females alike they can be seen purely as body parts related to sexuality and attractiveness.

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Partners may believe that breastfeeding doesn't really have anything to do with them and may even worry about being left out of the whole feeding experience of their new baby.

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