



Postpartum Angel Volunteer Handbook

Connect with us:

174 River Street, Montpelier

(802) 595-7953

www.goodbeginningscentralvt.org

info@goodbeginningscentralvt.org

Table of Contents

About Good Beginnings	6
Our Mission	6
Our Vision	6
Our Story	6
About Our Programs	7
Postpartum Angel Family Support Program	10
Summary	10
Primary Goals	10
Volunteering with Good Beginnings	11
Postpartum Angel: Volunteer Role and Responsibilities	11
Support for Volunteers	12
Stages of Postpartum Angel Visiting	12
Good Ideas to Keep in Mind During Your Visits	13
Qualities to Role-Model for Parents during Visits	13
Option to Bring Bread	16
The First Visit	16
Ongoing Visits	18
Ways to Log Your Visits	19
Wrapping up Visits	20
Quiz!	21
Techniques and Strategies for Mentoring New Parents	23
Focus on Helping New Parents Learn to be Nurturing	23
Focus on Supporting Healthy Growth and Development.	24
Focus on Keeping Children Safe.	24
Listen to the Birth Story	25
Offer Mentorship for Positive Relationships	26
Model Reading to Babies and Young Children	28
Suggestions for Reading Aloud to Children	29
Practice Cultural Humility	30
Working with LGBTQIA Parents	31
Postpartum Emotional Changes	33
Baby Blues	34
Perinatal Mood and Anxiety Disorders (PMADs)	34
Who is Affected?	35

What Causes PMADs?	35
Perinatal Mood and Anxiety Disorders (PMADs)	35
Spectrum of Illnesses	35
Who is at Risk for Postpartum Mood Reactions?	36
Signs of Stress to Look for After Birth	37
Postpartum Support International Resources and Warmline	38
Central Vermont PSI Warmline & Help Me Grow	38
Quiz!	38
Caring for Baby and Family	39
To Encourage Parents in Raising Connected Kids, Volunteers Can Say...	39
Attachment and Bonding	40
First Months at Home	42
Baby Care is Very Hard Work	42
Parents Have Needs, too	43
5 S's- Techniques for Sleeping and Soothing Your Baby	47
Soothing a Crying Infant	48
Sibling Rivalry	50
Feeding	51
Feeding a 0–3-Month-Old	51
Professional Breastfeeding Support & Resources	54
Breastfeeding: Nursing Families Have Rights	55
Local Breastfeeding Resources	55
Tips for Supporting a Breastfeeding Parent	56
Developmental Milestones	57
Baby's Milestones by the End of 3 Months	57
Baby's Milestones by the End of 7 Months	59
Children's Integrated Services	61
Early Intervention at The Family Center of Washington County	62
Safety for Volunteers and Families	62
Infection Control	62
Clean Hands Are Safer Hands	63
Postpartum Angel Safety Guidelines	65
Stepping into the Role of a Mandated Reporter:	Recognizing Child Abuse and Neglect67
Child Abuse and Neglect Reporting	68
Reduce the Risk of Sudden Infant Death Syndrome	70

Home Safety Tips for Families with Babies	72
One Minute Safety Car Seat Safety Check-up	73
Quiz!	75
Getting Out and About	76
The Good Beginnings Nest	76
Baby Circle	77
La Leche League	77
Babywearers of Central Vermont	77
The Children’s Room	77
Summer/Winter Fun with Your Little One	77
Playgroup and Meet-up Opportunities	78
Kellogg-Hubbard Library’s Home Delivery Program	78
Parenting Resources	78
Help Me Grow	78
Local Parent Child Centers	79
Child Care Resource / Referral at The Family Center of Washington County	80
WIC Nutrition Program	81
Local Used Clothing and Furniture Resources	81
Volunteer Policies & Guidelines	82
GBCV Postpartum Angels & In Loving Arms Program	84
Good Beginnings Volunteer Quick Reference Guide	86

“No one is more cherished in this world than someone who lightens the burden of another.”
-Anonymous

WE

OUR
VOLUNTEERS

Dear Postpartum Angel Volunteer,

Your community is lucky to have you in it! Support during the newborn phase of parenting is vital to the wellbeing of new families, and how well we support new parents is so important to the vibrancy of our community as a whole. Thank you from the bottom of my heart for taking this generous step of becoming a Postpartum Angel and helping to build a community of support for all newborn families. Welcome to the team!

New parents need adequate postpartum support and to feel welcomed and valued in their community. Ideally this support is readily provided by their immediate and extended family, friends, neighbors and/or professionals (whose service is covered by their health insurance). By and large though, the current social landscape on the national scale falls dismally short of this ideal and many families cannot cover the cost of paid help to fill gaps in support. For families in Central Vermont though, an amazing option exists caring support from GBCV Postpartum Angel volunteers. The proverb, “it takes a village to raise a child,” is unattainable in Central Vermont because of the passion and commitment of volunteers like you.

This is why I am so proud of our Postpartum Angel program. Regardless of income or circumstance, Central Vermont families have the option to receive supplemental postpartum support from a caring community member. Our volunteers remain connected with families over a period of weeks or months, giving practical help, companionship, a connection to key resources and the greater parenting community. This builds meaningful connections in the local communities we serve.

I am also proud of Good Beginnings’ culture of inclusion. When working with families, we strive to practice non-judgement and fully honor each individual's parenting journey, lifestyle, and parenting choices. New parents need to know that they are the experts on their lives and feel valued in their communities. The reactions of others to one's choices can affirm or disaffirm this knowing. Whether they birth at home or at the hospital, or on a trampoline, whether they breastfeed or formula feed, whether they cosleep or not, these are their choices. Good Beginnings does not judge, or evaluate those personal choices. Instead, we are able to share information, resources, support, and encouragement. Let’s bring community to new families and their babies, together!



Warmly,
Hayley Fitzgerald

About Good Beginnings

Our Mission

To bring community to families and their babies.

Our Vision

We envision a society where communities come together to ensure all infants and their parents thrive.

Our Story

Good Beginnings was founded in 1991 by three mothers in Northfield, VT who recognized a growing need for support for new parents due to the combined effects of shorter postpartum hospital stays and a diminished role for extended family and other traditional sources of support. Since that time, our volunteer Postpartum Angels have provided families throughout Washington County, as well as in neighboring regions of Orange, Lamoille, and Chittenden Counties, with respite, companionship, and connections to community, as well as help accessing resources for breastfeeding and parenting support, perinatal mood and anxiety disorders, and basic needs. All Good Beginnings services are free and open to all families with infants.



Our current network of 60+ volunteers are supported by three dedicated, part-time staff members, an active volunteer Board of Directors, and our long-standing partnerships with community agencies. Good Beginnings attracts volunteers with diverse backgrounds, ranging from retired educators, social workers, and health professionals, to doulas and therapists, to parents who have participated in our program and want to give back. All volunteers attend a 2-hour orientation and have access to continuing education on topics relevant to supporting parents through the challenging transitions of the immediate postpartum period, such as breastfeeding, early attachment, shaken baby syndrome, soothing an infant, birth healing, etc. Our volunteers are also trained to recognize the signs and symptoms of postpartum mood disorders and can connect families early with the proper support and resources.

Our grassroots model connects families with community supports; our mission and programs are inspired and implemented by the communities we serve.

About Our Programs

Good Beginnings programs are free of charge for families during the perinatal period and for caregivers of infants. As a Good Beginnings volunteer you can help carry out our mission in your everyday life by understanding what we do and sharing it with others. Please familiarize yourself with our menu of services and help represent our organization to families or potential volunteers in your town. This outline of our services is designed to help you inform newborn families you are connected with about all the services available to them through Good Beginnings.

SOCIAL SUPPORT SERVICES

Postpartum Angel Family Support Program: Our trained community volunteers visit families weekly during the first three months after birth or adoption of a baby and provide social support, respite, community connections, and hands-on help during the postpartum period. Any new parent in Central Vermont is eligible, regardless of income or circumstance. A limited number of prenatal visits are also available upon request. During a typical visit, a Postpartum Angel volunteer may prepare a meal for the family, fold clean laundry, put clean dishes away, hold the baby if the primary caregiver needs a break, give attention to older siblings, offer babywearing or infant soothing support, accompany parent to an appointment or on errands, or support the family with accessing other resources and services.



The Nest Parent Drop-In Space: Postpartum angels are encouraged to invite families they visit with to The Nest, our cozy community space. Many volunteers visit the Nest with families they are visiting with to help bridge the path from home into the community. This is an important way to facilitate community peer connections and build the family's social support system.

- **The Nest is open Wednesdays through Fridays** between 9:00 AM and 3:00 PM (1:00 PM in the summer months). Families can drop in to nurse a baby or give older toddlers a break from running errands while enjoying hot tea/coffee, age-appropriate toys and books, and a lending library of parenting resources.
- **Weekly and monthly peer-led Baby Circles** meet at the Nest (and in two downtown spaces in Barre City) and offer social support for new parents.
- **Local La Leche League and Babywearers of Central Vermont** volunteers are available monthly for breastfeeding and babywearing support.

- The Nest is also available for parent-organized meet-ups, book groups, peer support groups, and other community events.
- Families with young children can utilize the extensive collection of resource information in our lending library and on our website and sign up to receive regular e-newsletters with content curated for families with babies and young children living in Central Vermont.

In Loving Arms Visiting: Specially-trained Postpartum Angel volunteers are available to provide cuddling and “in-arms care” babies boarding at Central Vermont Medical Center due to health issues.

BABYWEARING SERVICES

The mental health and practical benefits of babywearing have been well documented and we want to make babywearing accessible to all families in our community. Please ask your newborn families if they are interested in babywearing and help them connect with our babywearing services. It’s okay if you aren’t an experienced babywearer. Please feel welcome to ask the Program Director if you’d like to learn - this is a great skill to demonstrate while visiting families in the newborn months.

Babywearing Clinic & Consultations: Our hands-on Babywearing Clinics and one on one consultations offer an introduction to the benefits of wearing baby and helps new and expectant parents learn the basics of safe babywearing. Parents will also learn practical and effective tips for getting started successfully. Babywearing Clinics are offered in small groups on an as needed basis and can be offered at family support organizations, family-serving program, or child care center location. Our Good Beginnings Program Director also offers individualized Babywearing Clinics and fitting sessions by appointment at the Nest. Volunteers and families are welcome to come learn together!



Sliding Scale or Free Infant Carriers: Parents are welcome to stop by the Nest (appointment recommended) to see our selection of carriers available for purchase. We offer three styles of carrier: soft structured, ring sling, and wrap. If you are matched with a Good Beginnings family that is eligible for WIC, they may be eligible for our Free Carrier Program! Contact the Program Director or call us at 802-595-7953 to learn more.

PRENATAL SERVICES

Prenatal Early Parenting Workshop: Free workshops for parents-to-be, held both in person and via Zoom. Parents learn how to create a realistic new baby plan with the guidance and support. Parents learn what they can do to build their support system and enhance the early months' home with a new baby. Also, this workshop discusses what is normal/abnormal for a newborn, what new babies need from their caregivers, and



practical ways to effectively meet these needs while also caring for oneself. Parents learn about some essential community resources and local connections for anyone caring for a baby.

Childbirth Education Scholarship: Our scholarship program offers a limited number of scholarships to help pay for childbirth education classes (up to a maximum of \$125) for expectant parents in the Good Beginnings service area who demonstrate a financial need. These scholarships are available on a first-come, first-served basis until funds are exhausted. Volunteers who connect with families prenatally might help an eligible family access Childbirth Education by highlighting this resource during a prenatal visit.

FINANCIAL ASSISTANCE

Assistance with Basic Needs: Each year, we provide direct financial assistance to families in crisis through our **Financial Assistance Fund**. This fund is for basic needs and also for specific personal care needs that may qualify (such as night time respite, or house cleaning services). Postpartum Angels can help families access this fund by coordinating with the Program Director who will assist the family in accessing the application. Postpartum Angels are asked to assess the financial need and assist in the application review process. These \$300 grants are available each fiscal year until the fund is exhausted.



Postpartum Angel Family Support Program

Summary

As a Postpartum Angel, you should expect to visit your Good Beginnings family matches for 2-3 hours weekly or biweekly for up to 3 months. In a typical month, Good Beginnings Postpartum Angel volunteers are visiting between 15 and 20 families, and families may be interested in anywhere from a single informational visit to the full 3 months of weekly visits. Volunteer home visitors need strong communication skills and knowledge of available local resources to assist families with newborn babies. Volunteers provide a link to community resources, offer education and support with emphasis on maternal/infant bonding, infant care, breastfeeding, fatherhood, nutrition, and literacy.

- **On their initial visit to a family, Postpartum Angels bring the Good Beginnings Welcome Bag. This care package designed especially for central Vermont families includes key health and safety information, as well as useful items for each new family.**

The volunteer's Welcome Bag delivery and presentation is a very important piece of our service, helps new families connect to the community, and increases their awareness of resources available to them.

Primary Goals

1. Provide respite and ease the burdens of new parenthood through practical and emotional support
2. Promote and support parental self-care
3. Promote and support secure attachment bonding practices such as emotional attunement, mental health resources and education, and babywearing
4. Promote and facilitate awareness and connection to community services
5. Promote community building
6. Reduce parental isolation
7. Promote parents' self-confidence



Volunteering with Good Beginnings

VOLUNTEER

Postpartum Angel: Volunteer Role and Responsibilities

Postpartum Angels are the core of our programs, and are treasured in the community as essential support to new families of Washington County and beyond. A volunteer's commitment level is unique to their individual schedule. Good Beginnings is happy to accommodate different levels of commitment.

Volunteers are encouraged to connect with the Program Director whenever they have questions or need support. We love hearing from our volunteers and welcome you to stop by the office, email, or call to check in. We all need support in our role as Postpartum Angels from time to time!

- Postpartum Angels are matched with a family in their community who is expecting or has just welcomed a new baby.
- **Volunteers commit to visiting families each week or every other week to provide support for a maximum of 12 weeks per family.** Some volunteers work with 4-8 families per year and some volunteers only work with one family per year. What's most important to the success of the program is not the number of families a volunteer is matched with per year, but rather the quality of the support the volunteer offers for individual family.
- **Volunteer training begins by carefully reading the volunteer handbook and attending an informative orientation.** Questions are answered and new volunteers are given the resources to help the family thrive and follow their heart and gut while visiting families. Orientations include an overview of all GBCV services, an in depth look at the Postpartum Angel program process (including how to present the welcome bag), scope of practice, postpartum health, safety for volunteers, and how to soothe an infant.
- **Postpartum Angels must complete the DCF Mandated Reporter Training webinar to be prepared for their role as mandated reporters of child abuse and neglect in their volunteer work.**

Support for Volunteers

- **Volunteer Coffee Hour** “Purple Coffee Hour” is an opportunity to connect with other volunteers, learn about local resources, and explore individual volunteer circumstances in a confidential, supportive environment with other volunteers and the Good Beginnings Program Director.
- **Volunteer Newsletters** including community & online trainings opportunities, articles, and organizational updates. Each newsletter contains educational materials and resources to learn and grow in expertise year-round.
- **Key links and information for volunteers are available 24/7 on [our Volunteer Resources page](#).** You'll find these helpful items:
 - [Postpartum Angel Visit Form](#)
 - Links to key info from the American Association of Pediatrics, and Tele Language (interpretation service)
 - Digital Postpartum Angel Volunteer Manual
 - Link to Purple Coffee Hour information
 - GBCV Webinar Training Library
- **Email, Phone, and in person support are available from Good Beginnings' Program Director** by appointment or as needed. Good Beginnings staff always welcomes volunteer questions, concerns, and feedback. Please don't hesitate to reach out to us!



Stages of Postpartum Angel Visiting

Volunteer communication with staff throughout your assignment is very important. We greatly value the time and heart our volunteers give. Please help us by remembering to report your visits with families to our visit log regularly throughout each match. This regular communication with the office lets us know visits to the family are happening.

Good Ideas to Keep in Mind During Your Visits

- **Focus on the family's needs rather than your own** – while you may gain personal satisfaction, feel frustrated, or gain new skills and insights: these should be outcomes of working on behalf of the client, not sought by you. Focusing on the client can be difficult. The client may ask you to meet with them during a time that is inconvenient for you. Talk with the Program Director about such issues. Timing may be a crucial element in joining with the family. You will have to decide whether to agree to the client's request or remain firm on a meeting time.
- **Families have a right to self-determination** – your role is to encourage and support the family to make their own decisions. This increases the family's sense of competence, self-esteem, and control over their lives. The family will learn by their own experience even if they make some mistakes. Remember the client is an individual and you are not responsible for their actions.
- **Foster family independence** – there may be some initial or occasional dependence of the family on the home visitor. Keep in mind that **doing for the client does not increase their own competence**. The ultimate goal of the relationship should be for the client to have no dependence upon the home visitor. In trying to determine what is acceptable dependent behavior ask yourself: whose needs are being met in the situation?
- **Communicate regularly with Good Beginnings staff** - Submit Postpartum Angel Visit forms via the Good Beginnings Website's Volunteer Resource Page regularly (every few weeks at least) to keep the office up to date on your activities. This important communication lets GB staff know services are being delivered and gives you an opportunity to ask questions as they come up.

Qualities to Role-Model for Parents during Visits

OPTIMISIM

As much as possible, model a positive attitude when coping with life's difficult situations. Without minimizing their struggles, acknowledge their experience while trying to help them look on the bright side, especially in difficult



situations. Reassure the parent or caregiver that their job is the most vital and far reaching of any in our society.

JOY

Bring a positive attitude to your visits. Point out the rewarding aspects of parenting: watching your child grow and learn, loving this new creation. One can find amusement in chores, cooking, and child-rearing. A sense of humor helps. Emphasize gratitude for the positive things to the parents and other children. If a parent has a hard time feeling joy, or contentment, let them express themselves openly and honestly. Overwhelm is common and it is possible to have many different emotions at once about new parenthood. If mental health is a concern, contact Good Beginnings staff for support with resources.

GOOD LISTENING

First, listen very carefully to the words of the mother and or father. Without judgment, decide where you might be able to help and offer it. Don't take it personally if your first offer is declined, and when the timing is right, offer another alternative. Always show empathy, not sympathy, and this will help establish a rapport between you and the family. Even if it is outside of your personality, try to let the parents talk more than yourself.

Part of being a good listener is understanding that a parent might not be ready to let you hold their baby. Many families need to get acquainted with us and establish a rapport before they feel comfortable allowing us to hold and care for their babies.

RESPECT FOR THE BONDING PROCESS

Pro Tip: On your initial visit, don't just hand over the Welcome Bag, and ask to hold the baby right off when you first meet a family.

Our role as Postpartum Angels is to support the primary caregiver's wellness, not to serve our own desire to hold babies.

Consider instead, going through the Welcome Bag together, sharing about yourself, your availability, why you volunteer with GB, and how you can support them going forward. If *they ask you* to hold their baby, that is a show of their comfort with you, well done! This may take some time - which is very natural.



We are there to care for the whole family, specifically the needs of the primary caregiver. Listen carefully to their needs. Are they needing a listening ear, meal prep, folding, putting away some clean dishes, or entertaining older siblings for 45 minutes so parents and baby can bond or rest? If so, those are the ways to best support the family for the time being and very much within the scope of the Postpartum Angel role. **Holding babies is part of what we do, but it shouldn't be the singular purpose of our visit. The primary caregiver should be the central focus of our attention, not the baby.**

AFFIRMATION OF PARENTING CAPABILITIES

Reinforce the healthy aspects that you observe in a family: good nutrition, calm attitude toward children, discipline, caring, etc. For example, when we observe a new parent speaking soothingly and responding sensitively to their baby's needs, we should praise them to high heaven! Being specific about the positive parenting behaviors we observe builds up the new parent's confidence in their ability to be successful in this new role. Ask applicable questions of the parents. For example, "I noticed that you're using cloth diapers. How do you launder them?" If you are asked, share stories of your own parenting experiences. Bring books, videos or handouts with information on an inquired topic. The Good Beginnings Nest houses a wide selection of parenting books and videos that are available to lend to volunteers and families. Please feel free to utilize this great resource!

FAITH IN COMMUNITY AND LOCAL RESOURCES

- Encourage parents to develop relationships with neighbors and friends. If needed and appropriate, accompany parents on visits to playgroups or other community events where they might make valuable community connections.
- Recommend outside resources that families may be eligible for. Many families may not realize they are eligible for WIC or other economic benefits. Often family income is reduced when a baby arrives due to a parent leaving the workforce and/or taking unpaid leave. This can cause tremendous financial pressure and stress during a time when parents need support bonding with their new baby. It's very hard to focus on bonding and supporting one's partner when preoccupied with where money for the next grocery haul will come from for example. Offer to help them make the phone calls, complete an application, or arrange transportation to an appointment. Be clear that utilizing these resources is not shameful and can help make the family stronger.
- Remind parents that it does in fact "take a village" to raise a child and not just one or even two people. If a family seems to be socially isolated and struggling to make peer and community connections, take note - this could be a way you support them. Consider joining them for a GB Caregiver Circle or playgroup as a buddy and to help bridge that gap to

community. If a family expresses overwhelming anxiety about social situations, also take note and seek support from GB staff: this could indicate a mental health concern or the need for a more nuanced approach to supporting community connections and building a broader support system.

- For many families, social connections made in the first few years of parenthood become lifelong, cherished friendships. This is an important opportunity for parents to build their social support system.

CARE OF SELF

Encourage parents, especially the primary caregiver, to take time to do something for themselves at each visit. Remind the family that they need not ever play hostess for you when you visit. No need to pick up, dress up, or prepare refreshments for you. Inquire about any hobbies or interests. Ask about the six-week postpartum checkup and whether they are recovering well from birth. Ask how night time is going for the primary caregiver. (Avoid the question “*is your baby sleeping through the night?*” Rather ask, “*How did you sleep last night?*”) If parents’ express exhaustion, offer to prepare a meal or care for the baby so they can rest. Check on good hygiene in the household. Suggest a walk or fresh air if the weather is agreeable. Your visit is a great opportunity for the parent to rest, shower, have a relaxed meal or hot drink, journal, stretch, etc.

Option to Bring Bread

The Manghi’s Bread Bakery of Montpelier kindly donates a free small loaf to every Good Beginnings family. Volunteers can use the voucher in the welcome bag and use at the bakery to pick up this complimentary loaf and bring it to the family at any point during their time with the family. This is a lovely treat to bring to your final visit, or at any time during your volunteer commitment. *The voucher can also be left in the welcome bag for the family to use.*



The First Visit

1. After being matched with a newborn family, the volunteer reaches out via phone, text, and/or email to establish a visit time. Please let us know if you have any trouble coordinating with the family you’ve been assigned to.

2. The volunteer then picks up a Welcome Bag from GBCV. Arrange pick up of the bag with the GB office prior to visiting. This can be done during office hours or arranged for outside office hours. For volunteers who live outside the Barre-Montpelier area, bag pick-up at a pre-arranged public location may also be possible.

3. Present the Good Beginnings Welcome Bag and go through its contents together with the family. Keep the first visit brief, focused, and relaxed, about 30 to 60 minutes. At this first visit, wash your hands first, and become acquainted with the family – exchange simple conversation about everyday things. This allows the family to get to know you as the person you are. Share your enthusiasm for the program. **Please resist the urge to request to hold the baby at the first meeting unless the family offers.**

4. Review the purpose of the program. Talk about anticipated activities and goals of the program. Ask the family about their needs.

5. Explain your role as a Postpartum Angel. Discuss your responsibilities and limitations in general and as it relates to their specific needs. This will probably need to be repeated throughout the relationship.



6. Clarify the role of the family. Stress the family as a partner of a mutual relationship to which both the family and the home visitor will make contributions. Let the family know you expect them to be available for scheduled visits.

7. Clarify the family's expectations. Find out what the client expects of the program and clear up any misconceptions they might have.

8. Joining with the family and beginning to establish rapport. This is an ongoing process, with many ways to approach it. Show a sincere interest in understanding the family's needs and a willingness to help where appropriate. Don't probe too deeply into a family's personal life early on. A client may regret telling you things so freely. Volunteers bring a small gift (the welcome bag) to their first visit as a way of welcoming the family to the program. Some volunteers choose to also bring a meal (such as a quiche or stew) but this is not an expectation.

Ongoing Visits

Ongoing visits (2-12) are at least 2 hours, at most 3.

Here are some ways Good Beginnings Postpartum Angel volunteers may be asked to help at ongoing visits:

CARING FOR BABY AND PARENTS:

- Changing a baby's diaper, holding and soothing baby,
- Assisting with errands,
- Providing support using a baby carrier,
- Watching baby while parent sleeps, bathes, has personal time, or does other household chores,
- Providing parent companionship and positive social interaction
- Sharing community and parenting resource information
- Going for a walk
- Accompanying family to babywearing, LLL, playgroup, story time, or other support group, or to a medical or health-related appointment.



*** Please note, Postpartum Angels may not provide babysitting.** Clients must remain on the premises, though it is absolutely fine for them to be in a separate space therein.

CARING FOR OLDER CHILDREN (30-60 Minute Maximum):

- Read to children (favorite of many visitors)
- Bake cookies
- Do arts & crafts
- Play board games
- Play outside
- Help with homework
- Invite child to help with simple chores to support their family

*** Again, please note, babysitting is outside the scope of a Good Beginnings volunteer.**

RESOURCE CONNECTION:

Call 2-1-1 for a community resource directory.

HOUSEHOLD HELP:

- Move clean laundry to dryer
- Fold clean laundry
- Organize baby's clothing/diapering area
- Prepare a meal
- Wipe down a countertop or table
- Move clean dishes to the shelves

When it comes to household help, be clear about boundaries from the beginning. Some families do not want any help with household chores, and some may want too much (like asking you to clean a toilet, mop, or scrub an oven). Most families are somewhere in the middle, which is ideal as we want to provide a variety of help (household, baby, parents, siblings) throughout each visit.



If a family asks too much, set the precedent right away that the request is outside the scope of a Good Beginnings volunteer. Usually what you agree to do in the first few visits are what the family will come to expect later. Remember, you can say something like “I can’t do that because it is not in the scope of service for a GB volunteer, but here is what I can do to help (list).”

Ways to Log Your Visits

1. **ONLINE:** Volunteers can bookmark our [Postpartum Angel Visit Log form](#) to their web browser for easy access to that form link when needed.
2. **CALL OR EMAIL:** Volunteers also have the option to call or email Good Beginnings to report their visits.

Please let us know **who** you visited, **how long** you were there, and a few words about **how you helped** out. This is a great opportunity to ask questions or seek additional resources for the family while the experience is fresh.

Wrapping up Visits

Two weeks prior to the last visit, please make a deliberate effort to remind your GB family that you will be wrapping up visits soon to help them prepare emotionally and logistically for visits ending. It's hard, but important to also have this conversation with any young children you have connected with during your volunteering.

CELEBRATE GRADUATION!

This family has gone through the fourth trimester! You have been an important part of this special time and that is a reason to celebrate. Take a picture together, bake a cake, meet up at a Baby Circle, or drop in at the Nest, go out for a special event together, make a little scrapbook, or come up with your own creative way to celebrate your relationship. It's up to you whether or not to stay in touch after the Postpartum Angel visits are complete.



Navigating the Closure Process

- Do we see measurable increases in baby care skills, confidence, and energy? The closure of service is a great opportunity to recognize the client and the family's growth! For example, is the primary caregiver beginning to be more involved in the outside world, I.E., reconnecting with their friends, activities or community support? If not, this is the time to propose visits to parent groups, playgroups, and story times. For a comprehensive calendar of events, check out <http://www.goodbeginningscentralvt.org/events/>.
- Remember, the birth experience may reactivate old pain, memories regarding their childhood, previous loss, responsibility or abandonment. These issues and emotions may come up when the visitor is present. Anticipating that these latent issues may resurface after your closure, your last visit(s) may also be an appropriate time to check in about how they are doing emotionally and offer to connect the family with professional, clinical, or community support if they are interested. Dial 211 to find specific resources and check in with the Program Director for support in navigating the process of making referrals.
- Complete the Postpartum Angel Visit Log, indicating that visits have wrapped up and communicating any needs or concerns you have for the family to the Program Director.

Options for Making the Closure Process Less Abrupt

- You can gradually reduce visits from once a week to every 2 to 3 weeks.
- Make the last visit special in some way; go on an outing to a Good Beginnings Caregiver Circle, meet at a cafe, take a picture, or bake something yummy together
- Consider saying, “I would love to hear from you, let me know how you are doing.” This conveys a message of caring beyond the job description, and is optional only if it feels appropriate and comfortable for you. *Again, this is optional and may or may not feel desirable depending on the unique relationship you develop with the family.*
- Send cards on Mother's Day, Father's Day, holidays, etc.
- When ending with a family with older siblings, you'll need to have closure with the children also. Perhaps planning a special activity, outing or leaving them with a token of your time together. This also may be an opportunity to encourage a new step – would the parent consider a preschool for the child, student help, or a cooperative play group?
- Be honest about your feelings and acknowledge that the closure is difficult for you as well. Thanking the family for allowing you to participate in this monumental life transition is a nice touch as well.

Quiz!

1. Which is the correct procedure for getting started after being matched with a Good Beginnings family?

- Send an email to the family, visit the family, ask to hold the baby when you arrive so you can check if the baby is meeting their developmental milestones
- Call family to schedule first visit within 48 hours of the match being made, arrange to pick up the Welcome Bag, visit the family, wash hands, get acquainted with the family, present welcome bag bringing attention to key resources for families, hold the baby when family requests
- Wait 2 weeks before sending the family a text after being matched, visit the family, babysit 4-year-old for 3 hours so mom and baby can rest
- Call family to schedule first visit, when family doesn't return your call after a few days, follow up with a text message and email, when family doesn't respond a week after



initial outreach, contact Good Beginnings Program Director to report communication challenges.

- e. B & D
- f. B & A

2. Which combination of activities are within the scope of a Good Beginnings Postpartum Angel volunteer?

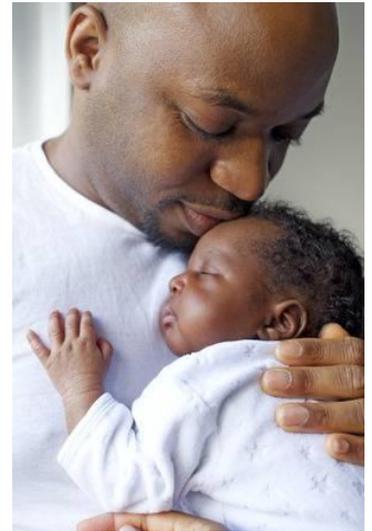
- a. Holding babies, vacuuming, talking with family about the most recent episode of The Bachelor
- b. Answering questions about baby's health, walking the family dog, caring for the children while parents go out for a date.
- c. Cooking a meal for the family, playing with the older sibling in the backyard while the parent takes a nap, folding clean laundry while making pleasant conversation with the parent, asking the parent how they are doing emotionally
- d. Holding the baby while the parent spends time with the older sibling, wiping down the kitchen table, taking note of the family's needs and referring to the Welcome Bag for the appropriate community resource or entertaining sibling while parent calls 211 to get resource information
- e. Teaching parent how to breastfeed, cleaning the bathrooms, driving family to their doctor's appointment
- f. C & D

3. Good Beginnings offers which services to perinatal and adoptive families?

- a. In home support visits from Postpartum Angel Volunteers
- b. Financial assistance in times of need for families enrolled in the Postpartum Angel program
- c. Peer support circles for families with babies and toddlers
- d. Babywearing instruction and reduced price or free carriers
- e. Educational workshops for expectant parents and scholarships to Childbirth Education classes
- f. Free coffee, tea, and a community playroom, social support groups, and public meeting space
- g. All of the above

4. Postpartum Angels should remember to

- a. Arrange to pick up the Welcome Bag to bring to the family before their first visit.
- b. Call, email, or use the Postpartum Angel Visit Form to communicate their visits to the office throughout their match with a family.
- c. Notice what a new parent is doing well in their parenting and praise, praise, praise those strengths!
- d. Remind parents that breastfeeding is the best way to nourish their baby if a family is using formula.
- e. Offer appropriate resources when a family shares a need or encourage them to call 211 for information if the volunteer is unsure
- f. A, B, C, & E



Techniques and Strategies for Mentoring New Parents

Focus on Helping New Parents Learn to be Nurturing

A healthy, nurturing relationship with one's child is built through countless interactions over time. It requires a lot of energy and work, but the rewards are well worth it. There are few absolutes (one, of course, being that every child needs to be loved) and there is no one 'right way.' Different parenting techniques work for different children under different circumstances. Volunteers can gently offer these tips and provide suggestions as new parents discover what works best in their family. Do not expect parents to be perfect: parenting is a difficult job. Consider sharing the following with your Good Beginnings families.

All parents can take small, consistent steps to strengthen their relationships with their children, including:

- **Making sure a child knows they're loved**, even when they do something wrong
- **Encouraging their child(ren)** to persevere in the face of life's challenges
- **Recognizing** the skills their child(ren) are developing
- **Spending time** with their child(ren). Choosing activities that the family can enjoy together.
- **Listening** to children. Model how to listen by giving them eye contact, putting down devices, not interrupting, and responding appropriately. More is caught than taught!

- **Learning how to use nonphysical options for discipline.** Many alternatives exist. Depending on a child's age and level of development, these may include simply redirecting the child's attention, offering choices, or using "time out."
- **Showing physical affection** such as pats on the back, hugs, and holding hands

Focus on Supporting Healthy Growth and Development.

- **Eat nutritious foods.** Try to make mealtime a fun, learning experience. Regular mealtimes help you to be sure your children are getting the right nutrition at the right time. Be prepared for messy meal times when children begin feeding themselves.
- **Receive good medical care.** Care begins before babies are born. After birth, regular medical visits allow your children's doctor to monitor their development, immunize them against various diseases, and address any questions, concerns, or frustration you have about your children's health or behavior.
- **Develop good sleep habits.** Healthy, happy children need regular sleep. Most infants sleep a lot. As babies grow older, they sleep less during the day. Soon, their routine includes regular time awake combined with naps; eventually, they no longer even need naps. Children feel best if they have a regular bedtime. Having a bedtime routine helps children settle down and prepare for sleep. Most children under the age of 12 need 10 to 12 hours of sleep to feel their best.



Focus on Keeping Children Safe.

- Infants should never be out of a parent or caretaker's sight unless they are in a crib or another equally safe place.
- As soon as children begin to crawl, it is important to childproof your home. Toddlers need supervision and frequent reminders about behaviors that are dangerous. Children this age will usually listen when you say "no" but may quickly forget what you said and may also be testing the limits of what they can do.
- Choose child-caregivers carefully to be sure your children are safe, even when you can't be with them.

Listen to the Birth Story

By Sara Keeley, Certified Doula

The experience a person has during childbirth will no doubt influence other aspects of their life, perhaps in obvious and easily explained ways, perhaps in subtle ways that are more difficult to identify. Giving birth and becoming a parent is a rite of passage and an experience that requires emotional adjustment and processing. Each birth is unique and has a profound effect on the individual. When they see their birth as positive, their self-esteem increases, their mothering is uplifted...the benefits are plentiful. A negative or traumatic birth experience can bring about lasting pain or a longing for a change in future pregnancies and births. A traumatic birth experience may make bonding more difficult. In its own way this too, can be very empowering if the birther is supported and honored as they take on the work of healing from the experience.



Guidelines for Working with New Parents/Families Regarding the Sharing of the Birth Story:

Take the time to simply ask “so what was the birth like?” The birther needs a safe space to tell their birth story. There are many emotional factors which come into focus for folks going through the experience of childbirth. By telling their stories they validate these feelings and gain perspective. For many, the story sharing will simply be a time of sharing the overwhelming joy and excitement of the birth day. For many others, it will be a key to unlock a door towards healing if the birth did not go as planned or if the new parent feels as if they were mistreated.

Many who have experienced a traumatic birth hear this: “Oh but you have a healthy baby and that is all that matters!” **You have a special role which allows you to break free from this reaction. Listen to them. Hear the story without interrupting or invalidating it.** Often times the new parent will simply need to express their emotions (sadness, anger, fear, etc.) without having someone distract them from these feelings. What a release they are allowed, simply by having the opportunity to state their experience. If more support is needed, above and beyond what you can offer, your role may shift to one of helping them find the support they need.

Try to detach from your ideas of what a “good birth” may be. Everyone is unique and everyone's level of sensitivity is different. For some, the simple act of not having their baby brought to their chest right after birth may have lasting negative feelings. For others, it would take something much

more traumatic to dampen the special day. Be sensitive to this variance among parents. It is safe to say that most modern birth stories include some aspects which can negatively affect the birther (routine testing, inability to be mobile, bright lights, unnecessary interventions, separation from her baby, etc.) Listen for key language that would suggest a mother felt disrespected or that her authority as a new mom was challenged. Validate her feelings and support her in this place.

As much as you can, remove your own birth experiences from the picture while you are in the role of “birth story listener”. Often times it is easy to compare other stories to our own. This may be helpful later on in your relationship with the parent, but this time of sharing her story should be just for them.

Be very mindful that the childbirth experience itself will affect the level of confidence a parent has in themselves and their ability to be a good caregiver to their child. This is a documented fact. Some folks will have had an empowering experience which will put them in completely confident “momma bear” mode, while others will be left feeling as though they do not have what it takes to parent their child. This is especially the case in instances where there was mother – baby separation, particularly if the separation was not medically necessary. Be on the lookout for this and help the parent come into their own as a parent. Avoid the temptation to just do it for them when it comes to diapers/feeding/etc. This will only make the situation more trying. The new parent needs to see that they have that instinct and ability to do it on their own... with support and praise from loved ones and you of course!

Offer Mentorship for Positive Relationships

A strong, supportive relationship is built from a couple’s words and actions. With work, children and other responsibilities, sometimes it is easy to take one’s partner for granted or forget to do the things that strengthen the partnership. Here are some little things a Postpartum Angel can recommend to couples that can have a big payoff for a relationship.

Keep these in mind when visiting couples in the beginning chapter of parenthood, when partnerships are put to the test.



1. **Complimenting your partner.** Better yet, encourage parents brag about their partner to others when your partner is in earshot. It will boost self-confidence, and their partner will want to continue making you happy and proud.
2. **Finding something to laugh about.** Laughter helps us cope with stress and the pressures of our busy lives. A sense of humor helps marriages survive problems, large and small.
3. **Having a shared activity both of them enjoy.** It can be anything from going out to dinner, dancing, or gardening. They may need to make time to do things together, but this is a great way of keeping intimacy alive and well.
4. **Treating their partner the way they want to be treated.** Be respectful as a way to encourage the spouse to be respected. This approach helps establish the fact that both parties have a responsibility in the marriage.
5. **Taking time to touch.** The value of human touch is amazing. 8 to 10 meaningful touches a day helps maintain physical and emotional health.
6. **Being willing to compromise.** Give up some wants for the sake of what a spouse wants. Identify the situation as a compromise to avoid having unresolved anger or resentment later.
7. **Giving a smile.** An easy but powerful way to value a spouse is to smile and share feelings.
8. **Discussing the things that bother each other** Letting things build up day after day without discussing or resolving them leads to anger and resentment that hurt the relationship. The more quickly something can be addressed and taken care of, the more time you will have for the enjoyable and healthy parts of your relationship.
9. **Communication is key.** Without communication, any team is in trouble. It is important to communicate their thoughts, plans, ideas, and opinions to each other on a consistent basis. Equally important is communicating their feelings – the joys, sorrows, and frustrations we all experience.
10. **Charting the course.** Charting a course establishes a shared vision for this important relationship. It also can be used to establish some markers to ensure they are moving towards their goal.

For more information about strengthening marriages and families, visit the website of the Coalition for Marriage, Family and Couples Education (www.smartmarriages.com) or the Oklahoma Marriage Initiative (www.okmarriage.org).



Model Reading to Babies and Young Children

Children love to hear stories. For many adults, some of their most cherished memories are of when they were young and an adult read to them. **Research indicates that the most important thing an adult can do to help prepare children for success in school and reading is to read aloud with them.**

While listening to a book read aloud, children build listening skills, language skills, vocabulary, and memory. When you read to children it helps them to develop an imagination, a longer attention-span, positive behavior patterns, and positive attitudes towards themselves and others. **Reading aloud to children and babies during your visits is a wonderful way to model how parents can use this tool to build a strong and positive relationship with them.**

WHAT KINDS OF BOOKS SHOULD A VOLUNTEER CHOOSE?

Feel free to experiment with various types of books. Notice the kinds of books the child seems to really like. When in doubt, trust your instincts. You probably know the kind of book the child will enjoy. To start, here are some ideas for choosing books to read aloud:

AGES 0-3: It is never too early to start reading to children. For the youngest children, choose books with simple pictures and text. Children at this age are listeners, and they respond well to books with simple texts and good rhymes. These children enjoy relating to familiar topics, animal books, and predictable and repeating storylines. Some books do not have any text, and you can tell the story in our own words based on the picture. The Good Beginnings Nest has a library of appropriate books which you are welcome to borrow or gift to families. A book is also included in every family's Welcome Gift bag.



AGES 4-6: Young children enjoy books with bright pictures and interesting storylines. You might want to select books about animals, problem solving, or books that challenge a child's imagination. Predictable and rhyming books are also popular. Mother Goose and other books describing familiar objects and experiences are enjoyable.

AGES 7-10: You can choose a book that will interest a child or that might address a subject, experience or emotion that you think is important. Children of this age often like chapter books or books in a popular series.

Suggestions for Reading Aloud to Children

ANYONE CAN 'READ' A BOOK: If you are not a strong reader you can still read to children! There is no rule that says you have to read every word in a book. Read what you can, or simply make up a story based on the pictures. It's the experience of sharing a story together that matters most.

PREPARE: When possible, read the book to yourself first and think about how you will make it sound. Notice patterns/rhythms of language and picture that you can use for your expressiveness or to help child make predictions as to what will happen. Think about ways to relate story, characters, or place to child's life.

GET CLOSE: Sit close to the child and make sure they can touch and see the book and its pictures. Let the child participate by turning pages if she/he wishes.

CHANGE YOUR VOICE: Your voice is a powerful way to hold your child's interest and attention. Use plenty of expression when reading. Vary the tone of your voice to fit the dialogue and action. Growl like a lion, or yawn when a character is tired!

SLOW DOWN: Many people make the mistake of reading too quickly. Take your time. This gives the child the opportunity to listen to the words and build mental pictures of what is happening in the story. Allow time to enjoy and comment on the illustrations (their colors, facial expressions, picture clues as to story).

ASK QUESTIONS OR MAKE A COMMENT: Involve the child in the story and art (without quizzing). "Remember when we found a baby bird?" "What do you think is going to happen next?" Save time after the story to talk about it with the child. "What was your favorite part?" Children love to be part of the narration. Ask them to join in with animal noises or the refrains.

HAVE FUN: Above all, relax and enjoy! Your enthusiasm will be contagious and it's more likely the child will enjoy the experience, too. Remember that children do not always listen quietly like adults. If they want to move around or if they love one part or story over and over, it's OK. As a great role model, you are showing the child that reading is fun.

Practice Cultural Humility

So how can you practice cultural humility in your work with families?

BE OPEN AND INQUISITIVE. Learn from the family about what's important to them and what must be avoided, so you can honor their requests at the end of life. Go in with an open heart and mind to provide companionship and support that aligns with their preferences whenever possible.

BE SELF-AWARE. Explore your own cultural identity. What cultural influences are at play in your own experience? Do you judge people who want something different than what you believe is "best" for them? Our biases, values, and assumptions are often unconscious-things we don't even recognize until we look closely at our thoughts, actions, and unique cultural perspective.

BE AWARE OF OTHERS. Cultural humility is a two-way street; a partnership. While we need to do our part, we also need to realize that the family may be influenced by deeply held beliefs or biases. Historical trauma, societal pressures, disenfranchisement, and personal experiences can be barriers to an effective volunteer-family partnership. For example, one volunteer learned that the mother they were visiting chose not to breastfeed because of trauma from sexual abuse that occurred many years earlier. This mother was better able to bond with her baby feeding with a bottle, where breastfeeding would have been re-traumatizing for her.

EXPECT AND WELCOME DIVERSITY OF THOUGHT AND EXPRESSION. Recognize that conflict is a natural part of life, especially when people are going through significant life transitions or loss. Be aware of your personal feelings and reactions in different situations. Identify your "triggers" so you can avoid becoming defensive or asserting yourself inappropriately when you feel threatened. Instead, exude humility and genuine curiosity. Be acutely aware of both verbal and nonverbal communication. Be aware of power imbalances. Level the playing field and give the family voice and control.



SELF-REFLECT. Critically evaluate your interactions with your family. What went well? What could have been improved? You will make mistakes, so learn from them and find ways to improve moving forward.

EMBRACE LIFELONG LEARNING. It's far better to ask families than to assume you know all the answers. Be up-front about your desire to know what *they* want, need, and value. Allow *them* to teach you. Show them that you value their expertise, and use what you've learned in visiting with them.

Adapted from: https://www.nursingcenter.com/journalarticle?Article_ID=3640961&Journal_ID=54016&Issue_ID=364095

Working with LGBTQIA Parents

by Abby Bordner

There's a large and growing body of peer-reviewed research that examines outcomes for children raised by gay parents. This research consistently concludes that being raised by gay or lesbian parents has no adverse effects on children, and that kids of gay parents are just as healthy and well-adjusted as other children. Also, nearly every credible authority on child health and social services (including the American Academy of Pediatrics and the Child Welfare League of America) has determined that a person's orientation has nothing to do with the ability to be a good parent.

Many LGBTQ people become parents through adoption, insemination, pregnancy, stepchildren and/or fostering children. Be aware of your language around parents; "Mom" or "Dad" may not always apply. Be sensitive when referring to partners and/or support people, and ask for clarification if you want to know the terminology they feel comfortable with.

GENDER TERMINOLOGY TO BE AWARE OF:

Gender identity: A person's internal, deeply held sense of their gender. For transgender people, their own internal gender identity does not match the genitals they were born with.



Non-binary identity: This term is used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman. They may define their gender as fluid, or they may define it as wholly different from these terms.



Sexual orientation: Describes a person’s enduring physical, romantic, and/or emotional attraction to another person or people. Gender identity and sexual orientation are not the same.

Gender expression: External manifestations of gender, expressed through a person’s name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics. Society identifies these cues as masculine and feminine, although what is considered masculine or feminine changes over time and varies by culture.

Gendered language: As educators, we must understand how our everyday language can make inaccurate assumptions about gender, gender stereotypes, and roles people play within their families. Be aware that birth and parenting education is full of gendered language. For example: Mom, Dad, pregnant woman, breastfeeding woman, always using “she” when describing caregivers, and “he” for the non-pregnant parent. This language may be inaccurate when teaching to transgender and/or gay people.

It is appropriate to ask a person, “*Which pronouns do you use?*” This lets a person know you aren’t making assumptions about them and that you’re considering what makes them most comfortable.

Effective conversations about LGBTQ issues frame those issues in authentic, emotionally compelling ways that resonate with people’s values. When conversations about equality are rooted in the common ground we share, it’s difficult to cast LGBTQ people as being “other,” “different” or “not like me.”

WHEN TALKING ABOUT EQUALITY FOR LGBTQ PEOPLE:

- Use the language of common values, beliefs, hopes and dreams.
- Make it about people and their stories, not policies.

- Remind people that LGBTQ people are everyday Americans who live ordinary lives. Gay and transgender people are neighbors, coworkers and friends who also walk the dog, mow the lawn, shop for groceries, and are raising children.
- Never assume relationships. Create space for people to share who they are to one another, but don't force them to.
- Get to know each client's pronouns and preferences regarding language. Don't make assumptions of strength and weakness based on identities presented to you.
- Do not automatically refer to the carrying partner as "mom". Ask families how they want to be identified.
- Notice when your curiosity may be taking over and you're asking questions that are private, intrusive, and inappropriate. Allow for openness and people to volunteer information that may be helpful to you.

Also, commit to educating yourself more on these topics. There are great articles, classes, and lectures to help people understand the issues of LGBTQ communities.

RESOURCES:

1. **Birth for Every Body** – Affirming Trans and Gender-Queer/Fluid/Non-Binary Positive Birth Language – www.birthforeverybody.org
2. **GLAAD** – Alliance Against the Defamation of LGBTQ+ in Media – <https://www.glaad.org/reference/transgender>
3. **Elephant Circle** – A Birth Justice Organization – www.elephantcircle.net

Postpartum Emotional Changes

After giving birth or adopting, emotions will fluctuate, partly from extreme changes in hormone levels and partly from fatigue, inexperience or uncertainty with baby care, loneliness or isolation, changes to normal routines, and babies round the clock demands. Mood swings may also be caused by a disappointing or difficult birth, an unexpected illness or condition in your baby, a personally stressful situation (social, financial, or physical), or a personal or family history of mood disorders.

For most folks, these emotional fluctuations are mild and decrease within a few weeks. For others, the mood swings are overwhelming, long-lasting, and may require treatment.

Baby Blues

About 80% of new parent's experience *baby blues* (or "the blues"), usually within the first week after the birth. Symptoms of baby blues include the following:

- Crying easily
- Feeling overwhelmed or out of control
- Feeling exhausted, anxious, or sad
- Lacking confidence as a parent



Baby blues are normal and rarely last longer than two weeks. Folks can diminish the condition by getting more rest, reducing any pain they're experiencing, and surrounding themselves with supportive family and friends. If someone is feeling sad or upset, getting support immediately is key. A few encouraging words and rest may be all they need to feel better. Without support, new parents may have a tougher time shaking the baby blues.

Perinatal Mood and Anxiety Disorders (PMADs)

If the baby blues lasts more than two weeks and the parent is having bothersome symptoms, it's not the baby blues anymore and should be taken very seriously. About 20 percent of new mothers develop PMADs. These mental health complications can emerge prenatally and anytime in the baby's first year.

PMADs include the emotional conditions that can develop before or after birth or adoption, such as anxiety and panic disorder, obsessive-compulsive disorder, postpartum depression, bipolar disorder, and post-traumatic stress disorder. PMADs are more serious than "baby blues" and can complicate the postpartum period significantly. They can be emotionally paralyzing and cause feelings of hopelessness and isolation. In addition, our culture finds PMADs shameful, which may lead affected new mothers to hide their symptoms and not seek the help they need and deserve (Simkin, P. Whalley, J., & Keppler, A. *Pregnancy, Childbirth, and the Newborn*. 2016; 346-359).



Who is Affected?

Anyone who is pregnant, has had a baby in the past year, miscarried, or recently weaned a child from breastfeeding may be at risk. Men and adoptive parents can experience mood disorders in the early parenting journey as well. PMADs can occur regardless of how many previous non-complicated pregnancies and/or postpartum adjustments one has had. Most who suffer have never experienced anything like a PMAD in their lives prior to their first experience with the symptoms and many have overwhelming shame and guilt about how they are feeling. Shame and guilt are the top reasons why parents do not seek help. You can make a difference by asking how they are doing emotionally at every visit and giving them a safe space to share openly and honestly. Then we can work together to offer resources for treatment if concerns arise.



What Causes PMADs?

Research suggests that the rapid changes of hormone levels such as estrogen, progesterone and thyroid have a strong effect on women's moods. Nutritional deficits can also be at play which is why anyone suffering should have a full physical exam first to check on what nutritional needs might be helped by diet. Hormonal changes, lack of social support, relationship, lifestyle, and identity, along with the dramatic changes that women experience in their daily living, such as lack of sleep and isolation from the world they once knew greatly contribute to PMADs.

Perinatal Mood and Anxiety Disorders (PMADs)

Spectrum of Illnesses

“Every year, more than 400,000 infants are born to mothers who are depressed, which makes perinatal depression the most under diagnosed obstetric complication in America. Postpartum Depression leads to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction and adversely affects early brain development.” (Earls, M. Pediatrics 2010;126;1032-1039)

Perinatal mood and anxiety disorders can occur before and/or after the birth of any child, not just the first. These illnesses often disrupt a person's ability to function, which is the key sign that medical

and clinical mental health attention is necessary. Along with adequate social support, therapy, and possibly also medications there is much hope for recovery. Left untreated, symptoms may worsen and linger for as long as a year. Women with PMAD symptoms should seek help. These are diagnosable and treatable conditions. A combination of social support, therapy, and medication for treatment early is recommended for a strong recovery.

PMADs are a spectrum of disorders and include:

- Depression
- Anxiety
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Perinatal Bipolar Disorders
- Psychosis

Who is at Risk for Postpartum Mood Reactions?

EVERYONE IS! Most new parents experience some degree of stress with this transition from pregnancy to parenthood. The risk factors below may predispose a person to more serious postpartum concerns. Not every person with these risk factors will experience postpartum mood disorder, just as some women with no risk factors will experience some form of postpartum illness.



Remember that this transition is stressful for everyone. One key to lowering any of these risk factors is for folks to know their own coping mechanism for stress and then build up their social support systems (this includes getting visits from a Postpartum Angel and regularly attending Caregiver Circles at the Good Beginnings Nest).

RISK FACTORS INCLUDE:

- Personal or family history of mental health issues
- Previous postpartum depression or psychosis
- Unplanned pregnancy (approx. 50% of pregnancies in America are unplanned)
- History of sexual abuse
- History of substance abuse
- History of premenstrual syndrome or depression

- ⦿ Previous birth loss, including miscarriage and abortion
- ⦿ Recent stressful life events such as a new job, moving, death in family
- ⦿ Not feeling loved by partner, or lack of partner support
- ⦿ Lack of emotional support through pregnancy, labor, and postpartum
- ⦿ Social isolation
- ⦿ Strong ambivalence during pregnancy
- ⦿ Traumatic birth experience or unexpected birth outcome
- ⦿ Unrealistic expectations about parenthood
- ⦿ Sudden weaning from breastfeeding
- ⦿ Poor self-esteem

Signs of Stress to Look for After Birth

- ⦿ Frequent crying for no apparent reason
- ⦿ Ongoing feelings of being sad, hopeless, worthless, depressed
- ⦿ Loss of interest or pleasure in activities once enjoyed
- ⦿ Irritability, agitation, worrying or self-blame
- ⦿ Loss of sense of humor
- ⦿ Inability to concentrate, remember things, or make decisions
- ⦿ Overly concerned about the baby or having no feelings for baby
- ⦿ Thoughts of harming yourself or your baby
- ⦿ Feeling distant from people to whom you usually feel close
- ⦿ Inability to cope or feeling overwhelmed
- ⦿ Frightening feelings, not feeling safe, feeling scared or feeling like you cannot trust anyone
- ⦿ Feeling disconnected from yourself (e.g., “I know something isn’t right.”; “What’s happening to me?”)
- ⦿ Exaggerated emotional highs or lows
- ⦿ Racing thoughts
- ⦿ A compulsive need to talk
- ⦿ Inability to fall asleep or sleeping more than usual
- ⦿ Severe weight loss or gain
- ⦿ Racing heart or chest tightness



If you are concerned about one of more of the symptoms listed above, please consult with a healthcare professional that is knowledgeable in postpartum care.

Postpartum Support International Resources and Warmline

The PSI Warmline is a toll-free telephone number anyone can call to get basic information, support, and resources. Dial extension 1 for Spanish and extension 2 for English. The Warmline messages are returned every day of the week. You are welcome to leave a confidential voicemail message any time, and one of the warmline volunteers will return your call as soon as possible. If you are not able to talk when the volunteer calls you, you can arrange another time to connect. The volunteer will give you information, encouragement, and names of resources near you. Call the PSI Warmline at 1-800-944-4773 (4PPD)



Central Vermont PSI Warmline & Help Me Grow

- In Central Vermont, families with a perinatal mental health concern can contact our local Warmline Coordinator for Central Vermont by calling or texting 802-276-0383 or emailing psivermonter@gmail.com. A trained Warmline Coordinator will return their call within 24 hours with support, encouragement, resources, and referrals to mental health treatment options.
- Families with a perinatal mental health concern can also contact Help Me Grow by dialing 211. A trained operator will provide contact information for mental health treatment resources.

Quiz!

1. The recommended treatment for Perinatal Mood and Anxiety disorders is a combination of

- Pharmaceutical medications and talk therapy with a licensed mental health professional
- Talk therapy and a clinical support group
- Social support, pharmaceutical medications, and Cognitive Behavioral Therapy (CBT)
- Talk therapy, regular exercise, and good nutrition
- There is no recommended treatment and the best treatment varies from individual to individual



2. Risk factors for Perinatal Mood and Anxiety Disorder include

- a. Personal or family history of psychological problems
- b. Lack of emotional support through pregnancy, labor, and postpartum
- c. Social isolation and lack of support at home
- d. Poor Self-Esteem
- e. All of the above

3. Which of the following statements is true about the Baby Blues?

- a. Not a disorder, but a rather common condition occurring in many new mothers in the days immediately following childbirth.
- b. May come on with the hormonal fluctuations associated with early breastfeeding (around day 4 postpartum)
- c. Symptoms may include crying for no apparent reason; impatience; irritability; restlessness; anxiety; feelings of loneliness, sadness, and low self-esteem; increased sensitivity; and heightened feeling of vulnerability.
- d. The “Baby Blues” may last only a few hours or as long as one to two weeks after delivery. The condition may disappear as quickly and as suddenly as it appeared, without medical treatment.
- e. All of the above

Caring for Baby and Family

To Encourage Parents in Raising Connected Kids, Volunteers Can Say...

“When you respond sensitively to your baby’s cry...

baby learns to trust their ability to communicate: When I speak, someone listens.”

“When you feed your baby on demand...

baby learns to trust that people are caring and responsive and that their hunger can be satisfied.”

“When you make eye contact with your baby...

baby learns that faces reveal feelings and information.”

“When you hold your baby in your arms...

baby learns comfort and is calmed by your touch. Physical contact provides security, stimulation and improves intellectual, emotional, and motor development.”



“When you sleep close to your baby...

baby learns that sleep is a safe, peaceful, and pleasant state in which to be.”

“When you reflect love and happiness to your baby...

baby learns that they bring happiness to the world and the seeds of contentment are planted.”

Postpartum Angel Volunteers are in a unique position to notice positive parenting behaviors that strengthen the parent-child attachment and compliment the new parent’s competency in their role. There is a great deal of judgement and criticism of new parents in the public sphere and volunteers can balance that out simply by pointing out what parents are doing well. This builds parent’s confidence in their new role and strengthens the relationship with the volunteer.

Inspired by Dr. William Sears and Martha Sears title “The Successful Child.” (2002) and the work of Attachment Parenting International.

Attachment and Bonding

Attachment is the deep and lasting connection established between a child and primary caregiver in the first few years of life. It profoundly affects your child’s development and ability to express emotions and develop relationships. A secure attachment bond sets the stage for emotional health throughout life, while an insecure attachment bond can lead to a lack of trust and self-worth, a fear of getting close to anyone, and anger and control issues.

As a parent, you naturally want the best for your child and when it comes to promoting secure attachment, there’s no such thing as a one-size-fits-all approach. Part of being a good parent is being flexible and creative, and learning to understand your child’s unique cues. Some things are universal. All children need affection, encouragement, consistency, and limits. These are the basic building blocks that promote bonding and allow you to tackle any parenting challenges you face.

WHY IS THE ATTACHMENT BOND SO IMPORTANT?

While attachment occurs naturally as you, the parent or caretaker, care for your baby’s needs, the quality of the attachment bond varies.



A secure attachment bond ensures that your infant will feel safe and be calm enough to experience optimal development of their nervous system. Your infant's brain organizes itself and provides your baby with the best foundation for life: eagerness to learn, healthy self-awareness, trust, and empathy. An insecure attachment bond fails to meet your infant's need for safety, understanding, and calm, preventing the infant's developing brain from organizing itself in the best ways. This can inhibit emotional, mental, and even physical development and lead to difficulties in learning and forming relationships in later life.

Ensuring that the attachment bond between you and your baby is a secure one, giving your child the best start in life, does not require being a perfect parent. In fact, a 2000 study found that the critical aspect of the child-primary caretaker relationship is NOT based on quality of care, educational input, or even the bond of love that develops between parent and infant. Rather, it is based on the strength of the nonverbal emotional exchange that occurs between an infant and that adult caregiver.

Nonverbal Cues and How They Can Be Used to Create a Secure Attachment Bond

EYE CONTACT– You look at baby adoringly and he or she picks up on the positive emotion conveyed by this nonverbal signal and feels safe, relaxed, and happy. Your eyes lock and you have a mutual “falling-in-love” experience that brings joy to both of you and creates a lasting foundation for future positive experiences. If you're depressed, stressed, or distracted, you may not look directly into baby's eyes at all, and eventually baby will stop making eye contact.

FACIAL EXPRESSION– If baby looks into a calm and attentive face, baby will feel secure. But if your face looks distressed, angry, worried, sad, fearful, or distracted, baby will pick up on these negative emotions and feel stressed, unsafe, and unsure.

TONE OF VOICE– Obviously, an infant doesn't understand the words that you use, but they can understand the difference between a tone that is harsh, indifferent, or preoccupied and a tone that conveys tenderness, interest, concern, and understanding.



MOVEMENTS– The way you lift, wash, carry, and set down your baby conveys your emotional state to the child—whether you're attentive, calm, tender, relaxed, or disinterested, upset, and unavailable. Some babies enjoy more vigorous movement while others prefer to be moved more gently and less often. Follow your baby's cues.

TOUCH– Some infants prefer a firmer touch while others prefer a lighter, softer touch. By being attentive, you can recognize your infant's preference and make them feel secure and understood.

PACING, TIMING, AND INTENSITY– The pacing, timing, and intensity of sounds, movements, and facial expressions you use with your infant can reflect your state of mind. If you maintain an adult pace, or are stressed or otherwise inattentive, your nonverbal actions will do little to calm, soothe, or reassure your infant. You need to be aware of your infant's preferences for pacing and intensity, which are often slower and less forceful than your own.

First Months at Home

The nursery is ready, the names are chosen and the classes are nearly completed. They've probably done a lot of thinking and planning about how to care for this new family member. But what new parents often discover after bringing the baby home is that many of the things, they spent so much time learning and worrying about (diapering, bathing, cord care) turned out to be a piece of cake, while a whole set of larger, tougher issues were more difficult than they expected.



We know from research that parents who anticipate the changes realistically fare much better than parents who don't. With that in mind, here's a list of common issues new parents face. Giving them some thought – and discussion ahead of time will make dealing with them easier when they arise. Consider sharing these if you have the opportunity to at a prenatal visit.

Baby Care is Very Hard Work

I know what you're thinking: how could a sweet little seven-pound baby be that tough to handle? The answer lies in the sheer amount of time infant care takes. If you are not

convinced, do the math: in a 24-hour period, newborns need to eat 8 to 12 times (with each feeding lasting 20 to 40 minutes); their diapers (and often they're cute outfits as well) need changing a dozen or more times; and they will need to be bathed, cuddled and comforted. An experienced parent can tell you that anything done with the baby takes five times longer than it should. Add to those the increased household responsibilities (think laundry) and you've got a significant amount to accomplish each and every day.

Each family has to negotiate these things in a way that seems fair to all involved. Resentment about inequality of work is one of the most common, and potentially one of the most destructive, issues couples face. Couples are advised to take time to talk prenatally about how they can fairly divide the increased work. The future of their relationship hinges on working as a team – and being partners in every sense of the word.

DMHC Women's Health Resource Center

Parents Have Needs, too

One of the biggest mistakes new parents make is trying to do too much too soon. New mothers, in particular, tend to take care of everyone but themselves. But it's essential that they figure out how to meet their needs as well as the needs of the baby.

All of us need balance in our lives. Time for ourselves is not time stolen from our families – in fact, it's necessary to replenish ourselves so that we have something left to give and it isn't self-indulgent to take a nap, sit with a cup of tea, exercise or spend time with a friend.

This is not to say that there won't be a major priority shift when the baby is born. Things that seem vital before the baby's birth may fall into the "who cares" category afterward. Talk about what's really important. Taking care of a baby is not "showy" work – parents can work themselves silly all day long and have nothing to show for it except a happy baby. Or they could work or day and still not have a happy baby! Having a partner who understands and values that is worth its weight in gold.

Recovering from childbirth takes longer than six weeks. The notion of a four – to six-week recovery period is unrealistic for the great majority of women. The truth is, the physical and emotional recovery should be thought of in months rather than weeks. At six weeks, most new parents have not even had one good night's sleep and are only beginning to think about the world outside the four walls of their home. Parents who don't push their recovery, but

rather allow themselves the time they need to adjust physically and emotionally, recover better than those who try to do too much too soon.

BIRTH IS NOT THE END OF THE PREGNANCY EXPERIENCE

Actually, some of the most important work a new parent does is to process the birth afterward – to work through it in their mind, to make sense of what happened and to match what they felt on the inside with what other people saw on the outside. The greater the discrepancy between what they expected and what they got, the tougher this task is.



It's very important that a new parent have supportive people around who will listen to the birth story nonjudgmentally – and as many times as the parent needs to tell it. By reviewing the experience with someone else, a new parent can better understand it themselves – and successfully move on to other issues of parenting.

THERE IS NO SUCH THING AS A PERFECT MOTHER OR FATHER

We all have a picture of the ideal mom or dad. But, no one is born that way! In truth, most parenting skills are learned. The first-time parents give their baby a bath it will probably take an hour and make a major mess. But a month later, they'll be ready to teach a baby care class. All of us have had to learn the ropes through lots of trial and error. So, encourage families you work with to give themselves a break! Encourage them to simply love and enjoy their baby, let baby love and enjoy them and don't forget a sense of humor. The craziest days make the best stories later.

SLEEP DEPREVATION IS A BIG DEAL

There's nothing like having a baby to change the value we place on sleep. Never again in our entire life will we take sleep for granted; it moves right up there with food and water as a life necessity.



How can we help make sure everyone in the family gets as much sleep as possible? Here are some suggestions:

- **We encourage families to make informed sleeping arrangement decisions based on safety and where and how everyone can get the best sleep.** Safe sleep recommendations from the American Association of Pediatrics are listed below. What works best is different for each family. Some parents bring the baby in bed with them (if they share with you that they do this, ask if they are aware of the AAP Safe Sleep recommendations and if they are but still choose to bed share please refer them to the [“Safe Sleep 7” tips for safer bed sharing](#)), while others want the baby in a bassinet right next to the bed. Some families sleep better with the baby in his own room. What works may change with baby's age.
- **Think about sleep on a 24-hour continuum**, with daytime sleep just as important as nighttime sleep. If they're not day sleepers, they may have to fool their body into thinking it's night by putting on pajamas and pulling down the shades. Ask the parents how much sleep they need in a night to feel rested, then encourage them to aim to sleep for that same number of hours over the course of each 24-hour cycle. 2 hours here and 2 hours there up to the amount they need, will help to lessen the severity of sleep deprivation.
- **Suggest they learn how to breastfeed lying down** so that they can rest as they feed. See if both parent and baby can take a nap after a long, peaceful feeding.
- **Suggest letting partners occasionally participate in a feeding** – even if baby is breastfeeding. How? Partners can bring the baby to the breastfeeding parent, change the diaper before switching to the second breast and then get the baby to sleep afterward. This way, the primary caregiver can have a more restful feeding with minimal wakefulness.

EVERYONE IS DIFFERENT

Several research studies in the last decade have shown that different styles of parenting bring valuable benefits to babies. Some folks tend to be more playful and physical, which encourages large muscle development and motor skills, whereas others tend to interact in quieter, more soothing ways that stimulate language and cognitive development. No matter what the family structure, the best thing for babies is to have all parents actively involved in daily care.



Sometimes people come into parenting with less baby-handling experiences and therefore stand back, worried about doing something wrong. If you notice this dynamic, remind parents that the only way to learn baby care is to just get in there and do it. Warts and all. Remind the new

parents and partners not to worry if they don't do it the same as the primary caregiver or professional baby handlers; as long as the result is more or less the same, they're ok! And a word to the wise for everyone involved; primary caregivers, partners, volunteers, etch: don't give too much unsolicited advice. Ask permission to make suggestions. Unless safety is an issue, bite your tongue and let each caregiver discover their own ingenious way of doing things.

WITH EVERY CHANGE, THERE IS LOSS

We're all aware of the indescribably wonderful joys that come with having a new baby. There's nothing quite like the feeling of having a sweet-smelling newborn nuzzled into your neck.

But the birth of a baby also brings some necessary losses – loss of your familiar lifestyle, loss of freedom, loss of income. The appropriate reaction to loss is grief, and the only way to get to the other side of grief is to move through it.

Our culture tends not to allow new parents to express their grief. We tell parents they should feel only joy and gratitude, but this doesn't make sense. Having a baby is no doubt the biggest life adjustment they will ever make; it's only natural that they will feel emotions from both ends of the spectrum. The best thing to do is give new parents the permission to be open and honest with you and with themselves and acknowledging the losses, ambivalence and moments of regret. It's part of the process of letting go of the old – and moving on into the next chapter of life.

GET BY WITH A LITTLE HELP FROM YOUR FRIENDS

Parenting was never meant to be done alone. We all need people around us who can show us the ropes, lend a helping hand and provide reassurance and encouragement. How well a new family copes with various postpartum adjustments is directly related to the quality and extent of their family and community support system. In this culture, extended families are often not close by to provide the guidance new mothers and fathers need.



For many new parents, their extended families contribute to their stress rather than provide the needed support. Many don't have strong friend connections with other new parents either. Today's parents need to be creative about arranging and asking for help. **In our community, Postpartum Angels are sought after as a vital resource for families to get the consistent and reliable support they need after welcoming their babies.**

THANK YOU FOR DOING THIS.

We appreciate you helping to create the “village” families in our community need to thrive!

5 S's- Techniques for Sleeping and Soothing Your Baby

#1. SWADDLE

It is recommended to swaddle your baby for sleep every time, whether it is a morning nap or going down for the night. Always lay your baby down to sleep on her back – never on her side or tummy. To avoid overheating, use a thin blanket and make sure the room isn't too warm. Swaddling is not hard to do, but you do need to learn the proper technique to make sure swaddling will be safe and effective. The idea is to wrap babies snugly so they won't try to wiggle out of the swaddle, but leave enough room at the bottom of the blanket for them to bend their legs up and out from their body (swaddling the legs straight can lead to hip problems.) You'll be an expert in no time!



#2. SIDE OR STOMACHE POSITION

Hold your fussing or crying baby in your arms in a side or tummy-down position in your arms, on your lap, or place him over your shoulder. Use this "S" only for soothing your infant. Never put him on his side or stomach when he is asleep. Once he falls asleep, put him on their back.

#3. SHOOSH

Apply the "shush" step by loudly saying "shhh" into your swaddled baby's ear as you hold them on their side or tummy. Put your lips right next to your baby's ear and "shhh" loudly. Shush as loudly as your baby is crying. As she calms down, lower the volume of your shushing to match. Sounds that are more low and "rumbly" (like the sounds in the womb) are recommended. You can experiment and see what helps your baby.

#4. SWING

You can do this while shushing your swaddled baby in a side or stomach position. Be sure to support your newborn's head and gently jiggle – do not shake – your baby. Other types of movement (being rocked in a rocking chair, swung in a baby swing, or carried in a sling, for example) are useful for calm babies.

#5. SUCK

Give your swaddled baby a pacifier or your thumbs if they are upset and seems to want to suck. In combination with being held on their side or tummy, being soothed with loud shushing and being gently jiggled, sucking may do the trick. A pacifier may also help.

Source: Karp, Harvey (2002) *The Happiest Baby on the Block*. New York, New York: Bantam Dell.

Soothing a Crying Infant

One of the most stressful experiences for new parents is dealing with a crying baby. Babies cry for all sorts of reasons, and it's sometimes difficult for parents and other caregivers to

figure out why a baby is crying and how to soothe their baby. It's important to remember that crying is one of the main ways that babies communicate, and they're crying can mean lots of different things. With a new baby, it may be difficult to distinguish different types of crying; as babies get older, parents may be able to tell "wet-diaper crying" from "I'm hungry" crying.

Here are some things to recommend parents check for in a crying baby in order of priority:

- Is the baby sick? Take the baby's temperature, and call a healthcare provider if there is a fever or if you're not sure about any other symptoms. If your baby cries for hours at a time, be sure to have him or her checked out by a pediatrician
- Is the baby hungry? Try feeding the baby. Newborns like to eat frequently. Even if the baby isn't hungry, he or she may respond to sucking on a pacifier
- Is the diaper wet or dirty? This is a common cause for crying
- Is the room too hot or cold, or is the baby overdressed or underdressed?
- Is the baby lonely or afraid? Try holding the baby and comforting him or her
- Is the baby overstimulated? Try turning down the lights and the noise level



CALMING THE BABY. Often, a caregiver has made sure that the problem is not hunger or sickness or wet diaper – but the baby is still crying! What are some other ways to calm a crying baby? Here are some good options to share with new parents.

- Utilize the 5 S's Method. Swaddle the baby in a soft blanket and hold the babe on their side, apply a loud "shush" or other loud white noise, very gently jiggle or lightly bounce the baby (never shake), and finally offer the breast or pacifier.
- Sing or hum to the baby
- Rock the baby in a chair swing, or gently sway your body while holding the baby close
- Take the baby for a ride in the baby carrier, stroller, or car. Motion often puts a baby to sleep
- Distract the baby by making faces or quiet noises
- Give the baby a warm bath to relax him or her
- Use some mechanical "white noise" such as running a vacuum cleaner or hairdryer to help lull the baby to sleep

CALMING YOURSELF. There are few things more stressful than a crying baby. It is normal for babies to cry – sometimes as much as 2 to 4 hours a day – and sometimes nothing parents try to soothe the baby will work. Coupled with the parents' own lack of sleep and the general

adjustment to having a new baby in the house, a crying baby can seem overwhelming. There are some things parents can do to maintain control over the situation, even when the baby continues to cry.

- **Take a break.** Parents can put the baby safely in a crib and go to take a break to calm themselves down in another room. Crying for a while won't cause serious damage to a baby and they might even calm on their own. Sometimes being cared for by a stressed adult causes babies have a hard time calming down.



- **Call a friend** or relative who will listen to the problem and be sympathetic
- **Get hands on help.** Enlist a trusted friend or neighbor to watch the baby while the parent takes a short break or a brief nap.
- **If a parent discloses to you that they feel as though they are losing control and might hurt a child, please encourage them to call a hotline, such as the 24-hour national child abuse hotline, (1-800-4-A-CHILD) offered by Childhelp USA.**

It's normal for babies to cry sometimes, and is certainly normal for parents and caregivers to feel frustrated by the crying. Different babies respond to different soothing techniques, and parents will eventually learn what works best with their baby. In the meantime, it's helpful for new parents to have some support in the form of friends, relatives, and neighbors like you who can lend a sympathetic ear or even some respite childcare help!

For more information about soothing infant crying, visit the national center on shaken baby syndrome website at www.dontshake.com.

Sibling Rivalry

The word "sibling" refers to brothers and sisters, and "sibling rivalry" means the competitive feelings and actions that often occur among children in the family. Here are things that families with new babies can do to try to reduce sibling rivalry.

- Keep older siblings' routines and daily rituals consistent as much as possible so they are reassured that their needs are still a priority and they know what to expect from their day

- Treat each child as an individual. Help children understand that they are treated differently by you and have different privileges and responsibilities because they are different individuals
- Respect each child's space, toys and time when he wants to be alone, away from his sibling
- Avoid labeling or comparing one child to another. This feeds into their competitiveness
- When a new child comes into the family, prepare the older sibling for her new important role. Make her feel like it's her baby, too
- Play detective. Watch and know when siblings aren't getting along (before dinner, in the car, before bed) and plan separate quiet activities for those times
- Watch how you treat each child to see if you are contributing to the rivalry. Make sure you are not playing favorites
- Have realistic expectations of how they should get along, cooperate, share, and like each other
- Positively reinforce them when they are getting along or when they saw their own conflicts
- Make each child feel special and important. Try to spend one-on-one time with each child every day
- Take time out for yourself to re-energize. Remember, sibling rivalry is a normal and expected part of family life.



Feeding

Feeding a 0–3-Month-Old

During a baby's first 3 months, breast milk or formula will provide all the nutrition needed. As the infant grows, feeding will change. Babies move toward consuming more milk during each feeding, so they won't need to feed as often and will sleep longer at night.

During the next year — and, especially, in the first 3 months — growth spurts will increase a baby's appetite. Parents should continue to feed on demand and increase the number of feedings as needed. An infant also will become more alert as the weeks go by, cooing and

starting to develop a social smile. So there probably will be more interaction between parents and baby during feedings.

The following are general guidelines, and individual babies may be hungrier more or less often than this. That's why it's important for parents to pay attention to their baby's signals of being hungry or full. A baby who is getting enough might slow down, stop, or turn away from the breast or bottle.

Breastfeeding: How Much and How Often?

After the first few weeks following birth, breastfed babies start to feed less often and sleep for longer periods at night. Parents can be reassured that their breastfed infant probably is eating enough if the baby:

- Seems alert, content, and active
- Is steadily gaining weight, growing, and developing
- Feeds six to eight times per day
- Is wetting and soiling diapers on a regular basis



A baby might not be eating enough if they don't appear satisfied, even after feeding, and cries constantly or is irritable. Encourage the parents to call their baby's doctor if they notice any of these signs. Remember that after about a month, breastfed babies tend to have fewer bowel movements than they did before. Starting around 2 months of age, a baby may not continue to have a bowel movement after each feeding, or even every day. If their infant still hasn't had a bowel movement after 3 days, recommend they call their doctor.

During periods of rapid growth, caregivers may notice that their little one wants to feed more often. This frequent nursing prompts the nursing body to increase its milk supply, and in a couple of days, supply and demand will get into balance. Exclusively breastfed infants should get vitamin D supplements within the first few days of life, but additional supplements, water, juice, and solid foods aren't usually necessary for newborns.

Formula Feeding: How Much and How Often?

Babies digest formula more slowly, so if a family is formula-feeding, their baby may have fewer feedings than a breastfed infant. As baby grows, they will be able to eat more and may go for longer stretches between feedings. Some parents may also notice that their baby starts to sleep longer at night.



During the second month, infants may take about 4 or 5 ounces at each feeding. By the end of 3 months, a baby will probably need an additional ounce at each feeding.

One note about formula feeding: It's easier to overfeed when using formula because it takes less effort to drink from a bottle than from a breast. So, parents need to make sure that the hole on the bottle's nipple is the right size. The liquid should drip slowly from the hole and not pour out. Also, caregivers should resist the urge to finish feeding the bottle when baby shows those signs of being full. Never prop a bottle. Propping a bottle might cause choking and it increases the chances of getting ear infections and tooth decay.

A Word About Spitting Up

Many infants "spit up" small amounts after eating or during burping. Over time, this will happen less often, and be nearly gone by about 10 months. Spitting up a small amount — less than 1 ounce (30 ml) — shouldn't be a concern as long as it happens within an hour of feeding and doesn't bother the baby.

Parents can reduce spitting up in these early months by:

- Feeding before baby gets very hungry and agitated
- Keeping the baby in a semi-upright position during the feeding and for an hour after (wearing them in a sling if desired!)
- Burping the baby regularly
- Avoiding overfeeding
- Not jostling or playing vigorously with the baby right after a feeding

If the baby seems to be spitting up large amounts, is spitting up forcefully, is irritable during or after feedings, or seems to be losing weight or is not gaining weight as expected, encourage parents to call their child's doctor. And if the child has a fever or shows any signs of dehydration (such as not wetting diapers), they should call the doctor right away.

Families should contact their doctor if they have any questions or concerns about feeding their infant. Volunteers can remind families that health-related questions are always better answered by the family's health care providers.

Reviewed by: Mary L. Gavin, MD Date reviewed: September 2014

Professional Breastfeeding Support & Resources

The Certified Lactation Consultants at the CVMC Center for Breastfeeding and Central Vermont Home Health and Hospice are great resources for breastfeeding families, regardless of where their baby was born!

Families can contact the Center for Breastfeeding at UVM CVMC at 802-371-4415 if they have any questions.



The Center's Board-Certified Lactation Consultants are available for consultations before and after your baby's birth and can help parents establish and enjoy the breastfeeding experience. Based at the Central

Vermont Medical Center Birthing Unit, the Center is available to all breastfeeding families in Central Vermont, regardless of where their baby was born. Limited free phone consultations are available. They will bill insurance for in-person consultations (under the Affordable Care Act, most insurance plans now cover lactation services.) **For hours and additional information call (802) 371-4415.**

Families can contact Central Vermont Home Health & Hospice for in-home lactation support services at 802-223-1878.

Lactation supports available seven days a week, including holidays, **in your home**. All insurances accepted. Our nurses can help with starting breastfeeding, addressing ongoing issues, feeding assessments, supporting the transition back to work and information about weaning.

Additional listings for local International Board-Certified Lactation Consultants can be found at ilca.org

Breastfeeding: Nursing Families Have Rights

The law provides protection for breastfeeding in public and nursing and/or pumping at the workplace. Specifically:

- Vermont Law (Act 117) ensures the civil right to breastfeed in ‘places of public accommodation’. This includes schools, restaurants, stores, and other facilities that serve the general public.)
- Vermont Labor Law requires employers to provide reasonable break time throughout the day for an employee to pump. Employers must also make a reasonable accommodation to provide an appropriate space for pumping (NOT a bathroom stall!).
- The Fair Labor Standards Act 7 [r] (as amended by the Affordable Care Act) states that employers must provide “reasonable break time for an employee to express breast milk for [the employee’s] nursing child for 1 year after the child’s birth each time such employee has need to express the milk.” Employers are also required to provide “a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.” (March 23, 2010)

The following resources are available if you have questions about these laws:

Vermont Human Rights Commission: 1-800-416-2010

La Leche League Referral Line: 1-802-879-3000

Vermont Department of Health: www.breastfeedvermont.info

US Department of Labor, Wage and Hour Division: www.dol.gov/whd/nursingmothers/

Local Breastfeeding Resources

Knowing legal rights is important -- but just as important (if not more so!) is finding a supportive community. Luckily, there are a number of great ways for families to connect with other breastfeeding families and breastfeeding resources right here in Central Vermont.

Postpartum Angels can facilitate these connections by offering to join their family for their first visit to these groups.

La Leche League- Monthly Morning Meetups: LLL of Central Vermont offers a regular meetup at **9:30 a.m. on the third Thursday of every month at Good Beginnings Nest**, 174 River Street, Montpelier. Families can come connect with nursing families, share stories and questions, find support, and help create a breastfeeding culture. Networking with other nursing families can help families



meet their breastfeeding goals. A La Leche League Leader will be on hand to answer questions or for a private conversation. All families are welcome; join us no matter what their feeding choices or what stage of nursing their baby is in.

Bosom Buddies- Breastfeeding is natural, but it isn't automatic. Join us **every 1st Monday of the month from 5:30-7:00pm** at UVM CVMC conference room (lower level) for an evening of learning and sharing in a relaxed, caring environment. Whatever the breastfeeding or parenting questions may be, they will be acknowledged and supported in a relaxed and caring environment, through peer and professional support. Babies and parents-to-be always welcome.



How to Breastfeed Prenatal Class- This comprehensive monthly free class provides two hours of education, tools and support for breastfeeding families. Offered monthly on the 4th Tuesday, prenatal families are welcome to join an IBCLC to prepare for breastfeeding success.

<https://www.cvmc.org/community-wellness/classes-and-events/how-breastfeed-prenatal-class>

Tips for Supporting a Breastfeeding Parent

- Nursing is normal, so treat it that way
- **Please do not offer to help the breastfeeding parent by giving baby a bottle feeding.** Many well-meaning people want to help in this particular way, but this kind of support actually has been shown in studies to reduce the success and duration and breastfeeding.
- Help instead by bringing snacks, drinks, pillows, and glasses of water
- Offer to do the diaper changing, fold laundry, cook a meal, entertain siblings, organize etc.
- Be patient and encourage the parent to keep trying
- Help the parent get some sleep
- Help them through the challenges
- Show you're supportive of breastfeeding
- Encourage them to feel comfortable- be a human shield if they need more covering in public



- Contact your local La Leche League
- Contact a Lactation Consultant at your local hospital

Developmental Milestones

Babies develop at their own pace, so it's important to track when a child learns a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if a baby's development is taking a slightly different course.

Good Beginnings provides "Help Me Grow" Milestone Moments booklets to each family we serve. These pocket-sized journals are tucked into our welcome bags. Volunteers can present them to families and show where parents can track their child's development up to age 5, learn simple straightforward techniques for supporting healthy development, and understand red flag behaviors that may indicate a child needs intervention. **"Help Me Grow" has a free helpline with Vermont 2-1-1 where families and their support systems (including you) can ask a specialist child development related questions and get appropriate resources. The helpline is open 8am-8pm. Just dial 2-1-1!**



Baby's Milestones by the End of 3 Months

SOCIAL AND EMOTIONAL

- Begins to develop a social smile
- Enjoys playing with other people and may cry when playing stops
- Becomes more expressive and communicates more with face and body
- Imitates some movements and facial expressions

MOVEMENT

- Raises head and chest when lying on stomach
- Supports upper body with arms when lying on stomach
- Stretches legs out and kicks when lying on stomach or back
- Opens and shuts hands
- Pushes down on legs when feet are placed on a firm surface
- Brings hand to mouth

- Takes swipes at dangling objects with hands
- Grasps and shakes hand toys

VISION

- Watches face intently
- Follows moving objects
- Recognizes familiar objects and people at a distance
- Starts using hand and eyes in coordination

HEARING AND SPEECH

- Smiles at the sound of your voice
- Begins to babble
- Begins to imitate some sounds
- Turns head towards direction of sound

DEVELOPMENTAL HEALTH WATCH

Encourage families to alert their child's doctor or nurse if their child displays any of the following signs of possible developmental delay for this age range.

- Does not seem to respond to loud noises
- Does not notice hands by 2 months
- Does not follow moving objects with eyes by 2 to 3 months
- Does not grasp and hold objects by 3 months
- Does not smile at people by 3 months
- Cannot support head well by 3 months
- Does not reach for and grasp toys by 3 to 4 months
- Does not babble by 3 to 4 months
- Does not bring objects to mouth by 4 months
- Begins babbling, but does not try to imitate any of your sounds by 4 months
- Does not push down with legs when feet are placed on a firm surface by 4 months
- Has trouble moving one or both eyes in all directions
- Crosses eyes most of the time (occasional crossing of the eyes is normal in these first months)
- Does not pay attention to new faces, or seems very frightened by new faces or surroundings



Baby's Milestones by the End of 7 Months

SOCIAL AND EMOTIONAL

- Enjoys social play
- Interested in mirror images
- Responds to other people's expressions of emotion and appears joyful often

MOVEMENT

- Rolls both ways (front to back, back to front)
- Sits with, and then without, support on hands
- Supports whole weight on legs
- Reaches with one hand
- Transfers objects from hand to hand
- Uses hand to rake objects

VISION

- Develops full color vision
- Distance vision matures
- Ability to track moving objects improves

LANGUAGE

- Responds to own name
- Begins to respond to "no"
- Can tell emotions by tone of voice
- Responds to sound by making sounds
- Uses voice to express joy and displeasure
- Babbles chains of sounds

COGNITIVE

- Finds partially hidden object
- Explores with hands and mouth
- Struggles to get objects that are out of reach

DEVELOPMENTAL HEALTH WATCH

Please encourage families to alert their child's doctor or nurse if their child displays any of the following signs of possible developmental delay for this age range.

- Seems very stiff, with tight muscles



- Seems very floppy, like a rag doll
- Head still flops back when body is pulled to a sitting position
- Reaches with one hand only
- Refuses to cuddle
- Shows no affection for the person who cares for him or her
- Doesn't seem to enjoy being around people
- One or both eyes consistently turn in or out
- Persistent tearing, eye drainage, or sensitivity to light
- Does not respond to sounds around him or her
- Has difficulty getting objects to mouth
- Does not turn head to locate sounds by 4 months
- Does not roll over in either direction (front to back or back to front) by 5 months
- Seems impossible to comfort at night after 5 months
- Does not smile on his or her own by 5 months
- Cannot sit with help by 6 months
- Does not laugh or make squealing sounds by 6 months
- Does not actively reach for objects by 6 to 7 months
- Does not follow objects with both eyes at near (1 foot) and far (6 feet) ranges by 7 months
- Does not bear weight on legs by 7 months
- Does not try to attract attention through actions by 7 months
- Does not babble by 8 months
- Shows no interest in games or peek-a-boo by 8 months



From CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5 by Steven Shelow, Robert E. Hannermann, ©b1991, 1993, 1998, 2004 by the American Academy of Pediatrics. Used by permission of Bantam Books, a division of Random House, Inc. 1-800-CDC-INFO www.cdc.gov/actearly

Encourage families to consult their child's primary care physician if milestones are not being met. Families can also refer themselves or request a referral from Good Beginnings to Children's Integrated Services or CIS.

Children's Integrated Services

CIS offers early intervention, family support, and prevention services that help ensure the healthy development and well-being of children, pre-birth to age 5. Services are available to any family at low or no cost to families.

CIS MAY BE ABLE TO HELP IF SOMEONE:

- Is pregnant and have a condition/risk that may impact their baby's health
- Has a child, from birth to age 3, with a disability or developmental delay
- Has a child up to age 5 who is experiencing behavioral challenges or social-emotional issues
- Has a child up to age 5 and their family is experiencing significant challenges
- Struggles with parenting or their child's behavior



AVAILABLE SERVICES

CIS services are family-centered, child-focused, and delivered through a network of providers throughout Vermont. CIS helps families decide what services are needed, and helps families access the services they need. Services could include:

- Parenting support
- Help during a pregnancy and after delivery (e.g., help finding medical care, breastfeeding support and nutrition counseling)
- Help finding services for your family and child
- An assessment of your child and family's situation
- Early intervention services (IDEA Part C)
- A nurse or home visitor visiting a location of your choice. (Partnering with the VT Department of Health - more information available on their website)
- Referrals to appropriate services and service coordination
- Speech, language and vision services

- All children who need early intervention services are eligible regardless of their family's income, in accordance with the federal Individuals with Disabilities Education Act (IDEA), Part C.

Early Intervention at The Family Center of Washington County

What is Early Intervention? Focused on helping babies and toddlers learn the basic and brand-new skills that typically develop during the first three years of life, such as: physical (reaching, rolling, crawling, and walking); cognitive (thinking, learning, solving problems); communication (talking, listening, understanding); social/emotional (playing, feeling secure and happy); and self-help (eating, dressing).

Anyone can request a consultation with Early Intervention. If you have any concern about how your baby is developing, you can contact the Family Center at the number below. An Early Intervention staff member will follow up with you by phone to discuss your concerns and help determine whether an assessment is needed. There are no income eligibility criteria for this service, and you do not need a referral by a medical provider. If you have questions, *just call!* **For more information, call The Family Center of Washington County at (802) 262-3292 and ask for the CIS Coordinator. For statewide CIS/Early Intervention resources dial 211 and select the Help Me Grow line.**



Safety for Volunteers and Families

Infection Control

These simple but important measures should be taken each time a visit is made. Wash your hands first at every visit.

1. Wash your hands first thing...

- When you arrive and before you leave
- Before and after diaper changing
- After you cough or sneeze into your hand(s)

2. Call ahead...

- If you have a cold, sore throat, etc. to make sure it is okay to visit

3. DO NOT VISIT IF YOU HAVE...

- Vomited or had diarrhea within the last 24 hours
- A contagious infection

Clean Hands Are Safer Hands

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

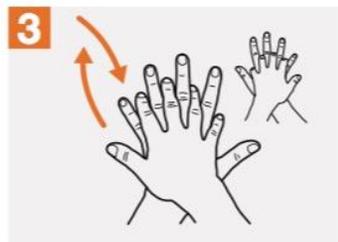
🕒 Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



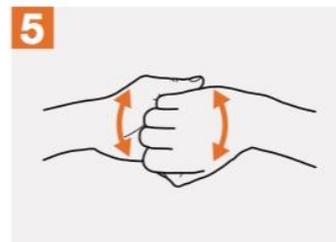
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

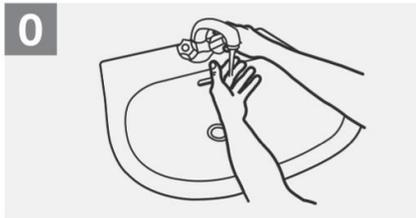
SAVE LIVES
Clean Your Hands

How to Handwash?

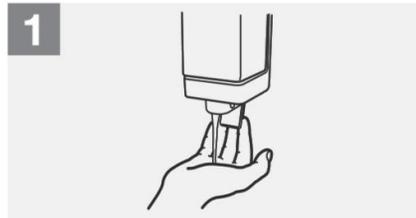
WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the handwash (steps 2-7): 15-20 seconds

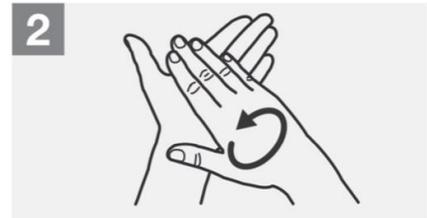
 Duration of the entire procedure: 40-60 seconds



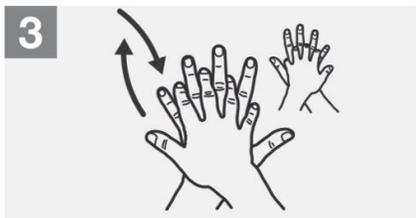
Wet hands with water;



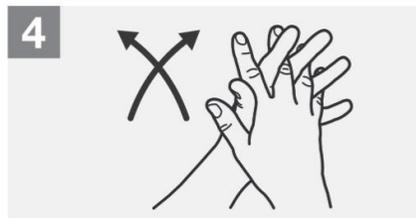
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



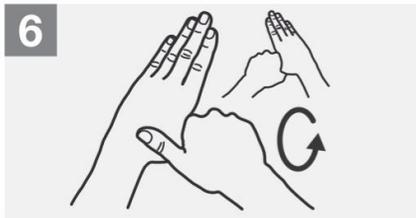
Right palm over left dorsum with interlaced fingers and vice versa;



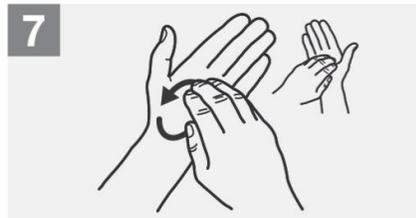
Palm to palm with fingers interlaced;



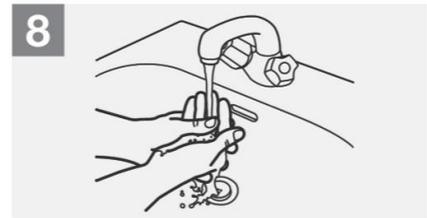
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



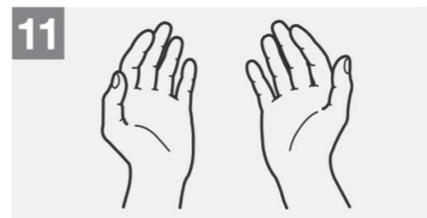
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

Postpartum Angel Safety Guidelines

We believe your safety is of the highest priority when volunteering with our organization. We take every precaution to avoid an unsafe situation for volunteers. Good Beginnings expects our families to abide by the law at all times and to provide a safe environment for their children.

The safety guidelines below are intended to address an abnormal circumstance in the unlikely event when a volunteer finds themselves in an unsafe situation. We believe in being prepared and aware and listening to your gut. If a situation doesn't feel safe, go with your intuition and remember the following guidelines.

EMERGENCY SAFETY

If you identify imminent danger to you or to anyone in the house:

- ⦿ **Leave immediately**
- ⦿ Call 911 or your local emergency number if anyone is in immediate danger - including children.
- ⦿ Call the DCF child protection line at 1-800-649-5285 as all Postpartum Angels are mandated reporters.
- ⦿ Call Good Beginnings to advise staff of the situation 802-595-7953
- ⦿ Write down what you observed during the visit.
- ⦿ Good Beginnings will contact the family as safety permits to ensure that everyone is safe.



GENERAL SAFETY

Immediately prior to visiting with a family:

- ⦿ It is always a good idea to call or text ahead before departing for a visit checking in about important details.
- ⦿ Ask again if there are animals there and if so, can they be placed in a bedroom or backyard during the visit.
- ⦿ Confirm that the participating parent and/or any other people are home for the visit prior to leaving for the visit.
- ⦿ If additional people are at the house or are visiting, determine if you'd rather reschedule the visit.

- Schedule to avoid visits after dark; avoid scheduling late afternoon visits on Fridays or before a holiday.
- If traveling to an area that is new to you, check out Google Earth, online maps, or drive by to note road conditions, safety, and cell service.
- Be aware of resources in the area where help could be obtained if an emergency occurs.
- Make sure someone knows when you are visiting and where (spouse, friend, neighbor, or GB staff).
- Keep vehicle well maintained with at least a half-tank of gas
- If carrying a cell phone, program the phone so that a call to 911 or other emergency services can be easily made
- Leave valuables at home or place in the trunk of your car before leaving for the visit. Do not attempt to place valuable items in the trunk while parked for a visit.
- Carry in your pocket your driver's license, phone, keys, a small amount of cash
- Wear comfortable clothing and shoes.
- When preparing to park and leave your vehicle, it is always wise to take stock of your surroundings.
- Observe the safety of the home/neighborhood before stopping at the residence. If there are questionable activities, continue driving, return home, and inform GB staff immediately.
- Be alert, do not become preoccupied. Turn off radio – look, listen and feel. Park in the open and near a light source that offers the safest walking route to the home. Park on the road/street rather than the driveway and in the direction in which you will leave.
- When possible, locate the family's building before exiting the car when the family lives in an apartment complex.
- Take only the items necessary for the home visit. Purses and/or wallets should be left in the car. Do not leave valuables visible in your car. Lock your car at all times.



Safety first! If it doesn't feel right, follow your gut.

Please talk to us about your concerns. We will support you without judgement.

Stepping into the Role of a Mandated Reporter: Recognizing Child Abuse and Neglect

Child abuse affects children of every age, race and income level. It often takes place in the home and comes from a person the child knows and trusts- a parent, relative, babysitter, or friend of the family. Often abusers are ordinary people caught in stressful situations: new parents unprepared for the responsibilities of raising a child; overwhelmed single parents with no support system; families placed under great stress by poverty, divorce, or sickness; parents with mental health disorders, alcohol, or drug problems.

A first step in helping or getting help for an abused or neglected child is to identify the signs and symptoms of abuse. There are four major types of child maltreatment: neglect, physical abuse, sexual abuse, and emotional abuse.

NEGLECT is failure to provide for a child's basic needs such as food, clothing, shelter, medical care, education, or proper supervision.

Possible symptoms:

- The child shows signs of malnutrition or begs, steals, or hoards food
- The child has poor hygiene: matted hair, dirty skin, or severe body odor
- The child has unattended physical or medical problems
- The child states that no one is home to provide care

PHYSICAL ABUSE is intentional injury inflicted upon a child. It may include severe shaking, beating, kicking, punching, or burning that results in minor marks, bruising, or even death.

Possible symptoms:

- The child has broken bones or unexplained bruises, burns, or welts in various stages of healing
- The child is unable to explain an injury, or explanations given by the child or caretaker are inconsistent with the injury
- The child is unusually frightened of a parent or caregiver, or is afraid to go home



- The child reports intentional injury by parent or caretaker.

SEXUAL ABUSE refers to any sexual act with a child by an adult or older child. It includes fondling or rubbing the child's genitals, penetration, incest, rape, sodomy, indecent exposure, and using the child for prostitution or the production of pornographic materials.

Possible symptoms:

- The child has pain or bleeding in anal or genital area with redness or swelling
- The child displays age-inappropriate play with toys, self, or others
- The child has inappropriate knowledge about sex
- The child reports sexual abuse.

Child Abuse and Neglect Reporting

As a Good Beginnings volunteer you hold the responsibility of being a legally recognized "mandated reporter." Good Beginnings staff is here to support you in this role. This status requires you to report suspected child abuse to DCF and our Program Director or Executive Director within 24 hours. Good Beginnings requires all new volunteers to complete a [DCF 2-hour web-based training](#) to prepare for this important role which can be accessed through our Volunteer Resources webpage.

Vermont's DCF reporting system has become synthesized and simplified into a powerful new feature called the Child Protection Line. With one call (anytime 24 hours a day), you are connected to an intake social worker who will walk you through every step of the reporting process in a responsive and reassuring way. Your reporting identity is confidential and you are granted civil and criminal immunity for your information, allaying any concerns about the possible repercussions of reporting. (Additionally, failure to report can result in a \$1,000 penalty.)

The hotline accepts information on the suspicion of all of the following:

- Physical abuse
- Sexual abuse
- Neglect
- Risk of harm
- Emotional maltreatment

The report of suspected abuse is like a pebble dropped in water. It initiates an investigation and perhaps a prosecution of a case. You are not responsible for every ripple effect, or element of the process. You hold the great responsibility



(and gift) of protecting a child. Once your report has been given, do your best to let go of some of the sense of holding that accompanies this work.

CHILD PROTECTION: How to report abuse and/or neglect

1. If the child is in immediate danger, call 911 to report the emergency. Then notify Good Beginnings staff that you need to make a report to DCF. They will be able to offer you support and guidance with the reporting process if needed.
2. Write down what you observed and when.
3. If at all possible, involve the parent in the reporting process from the beginning.
4. Call the Department of Children and Families Child Abuse and Neglect reporting hotline at **1-800-649-5285**,
 - a. Tell the receptionist, "I need to make a report of suspected child abuse."

BEFORE GIVING YOUR NAME, BE SURE TO STATE IMMEDIATELY WHETHER YOU WISH TO REMAIN ANONYMOUS. THIS IS YOUR RIGHT. BUT THE DCF WORKER MAY OR MAY NOT INFORM YOU.



- b. An intake social worker will take your call and ask a lot of questions about the situation.
- c. The information will be recorded and then a decision will be made as to whether or not future investigation is needed.
- d. In most cases, preliminary steps of an investigation will be initiated within 72 hours.
- e. In emergencies, they will send a protective service worker out to check on the child that same day.

Know the law as it pertains to reporting your rights and your responsibilities. DO NOT BE AFRAID TO ADVOCATE FOR CHILDREN.



Reduce the Risk of Sudden Infant Death Syndrome

Top 10 Safe Sleep guidelines all Postpartum Angels need to know when caring for babies in our community



1. *Always place baby on their back to sleep, for naps and at night. The back sleep position is the safest, and every sleep time counts.*
2. Place baby on a secure firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. **Never place babies to sleep on pillows, quilts, sheepskin, couches or other soft surfaces.**
3. Keep soft objects, toys and loose bedding out of baby's sleep area. Don't use pillows, blankets, quilts, sheepskin, and pillow-like crib bumpers in baby's sleep area, and keep any other items away from baby's face.
4. Do not allow smoking around baby. Don't smoke around baby, and don't let others smoke around baby.
5. Keep baby's sleep area close to, but separate from, where parents and others sleep. Baby should not sleep in a bed or on a couch or armchair with adults or other children, but baby can sleep in the same room as caregivers. If parents bring the baby into bed to breastfeed, the safest choice is to then put them back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside cosleeper (infant bed that attaches to an adult bed) when finished.

6. Think about using a clean, dry pacifier when placing the infant down to sleep, but don't force the baby to take it. (If baby is breastfed, wait until the child is used to breastfeeding before using a pacifier.)
7. Don't let baby overheat during sleep. Dress baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.
8. Avoid products that claim to reduce the risk of SIDS, because most have not been tested or effectiveness or safety.
9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions, talk to baby's health care provider.
10. To reduce the chance that flat spots will develop on baby's head: 1) provide "tummy time" when baby is awake and someone is watching; 2) change the direction that baby lies in the crib from one week to the next; and 3) avoid too much time in car seats, carriers, and bouncers.

The takeaway?

Babies sleep safest on their backs in an approved crib or bassinet with no blankets or pillows.

The easiest way to lower baby's risk of SIDS is to put them on the back to sleep, for naps and at night. Health care providers used to think that babies should sleep on their stomachs, but research now shows that babies are less likely to die of SIDS when they sleep on their backs. Placing baby on their back to sleep is the number one way to reduce the risk of SIDS.

But won't baby choke if he or she sleeps on their back?

No. Healthy babies automatically swallow or cough up fluids. There has been no increase in choking or other problems for babies who sleep on their backs.



Home Safety Tips for Families with Babies

From DHMC Women's Health

- *Don't use baby walkers.*
- *Stock kitchen cabinets with things baby might love to explore.*
- *Purchase a toilet lock to prevent accidental drowning.*
- *Place a soft wrap around the bathtub faucet.*
- *Lock all cabinets containing medicines, cleaning supplies, or sharp objects.*
- *Secure pens, scissors, staplers, paper clips, etc. in latched drawers.*
- *Install guards for stove knobs.*
- *Set water heater temperature to 120° F.*
- *Use a rubber bath mat or another slip-resistant surface in the bottom of the bathtub.*
- *Install latches on doors to prevent unsupervised entrances or exits.*
- *Use door stops to prevent doors slamming on baby.*
- *Use window and door locks.*
- *Test all painted surfaces for lead, especially in houses built before 1978.*
- *Keep blind and drapery cords out of baby's reach.*
- *Install smoke and carbon monoxide detectors on each floor of home.*
- *Place non-skid mats under slippery area rugs.*
- *Install gates at the top and bottom of staircases.*
- *Enclose open deck railings with wire mesh and fence in swimming pools at least four feet high.*
- *Cover sharp edges and corners of furniture with guards.*
- *Keep appliance cords well away from the edges of kitchen or bathroom counters.*
- *Place covers on all electrical outlets to prevent electrical shock.*
- *Cribs and playpens should have slats no more than 2 3/8 inches apart.*
- *Make sure crib mattresses are snug to prevent entrapment.*
- *Crib sheets must be snug so baby cannot pull them loose.*
- *High chairs must have waist and crotch safety straps.*
- *Toys with pieces small enough to fit into baby's mouth are a choking hazard.*



One Minute Safety Car Seat Safety Check-up



A. Infant-only seat

Using a car safety seat correctly makes a big difference. Even the “safest” seat may not protect your child in a crash unless it is used correctly. So take a minute to check to be sure...

▶ Does your car have a passenger air bag?

- An infant in a rear-facing seat should NEVER be placed in the front seat of a vehicle that has a passenger air bag.
- The safest place for all children to ride is in the back seat.
- If an older child must ride in the front seat, move the vehicle seat as far back as possible, buckle the child properly, and make sure he stays in the proper position at all times.

▶ Is your child facing the right way for weight, height, and age?

- Infants should ride facing the back of the car until they have reached at least 1 year of age **AND** weigh at least 20 pounds (A and B).
- A child who weighs 20 pounds or exceeds the height limit for the car safety seat before she reaches 1 year of age should continue to ride rear-facing in a car safety seat approved for use at higher weights and heights in the rear-facing position.
- A child who weighs more than 20 pounds **AND** is older than 1 year may face forward (C). It is safest for a child to ride rear-facing until she reaches the top weight or height allowed by the seat for use in the rear-facing position.
- Once your child faces forward, she should remain in a car safety seat with a full harness until she reaches the top weight or height allowed by the seat. When changing the convertible seat for use in the forward-facing position, you must make adjustments. Check your car safety seat instructions.



B. Rear-facing convertible seat

▶ Is the harness snug; does it stay on your child's shoulders?

- Harnesses should fit snugly against your child's body. Check the car safety seat instructions on how to adjust the straps.
- The chest clip should be placed at armpit level (C) to keep the harness straps on the shoulders.

▶ Has your child grown too tall or reached the top weight limit for the forward-facing seat?

- Children are best protected in a car safety seat with a full harness until they reach the top weight or height limit of the car safety seat.
- Once your child outgrows his car safety seat, use a belt-positioning booster seat to help protect him until he is big enough for the seat belt to fit properly. A belt-positioning booster seat is used with a lap and shoulder belt (D).
- Shield boosters: Although boosters with shields may meet current Federal Motor Vehicle Safety Standards for use by children who weigh 30 to 40 pounds, on the basis of current published peer-reviewed literature, the American Academy of Pediatrics (AAP) does not recommend their use.
- A seat belt fits properly when the shoulder belt crosses the chest, the lap belt is low and snug across the thighs, and the child is tall enough so that when he sits against the vehicle seat back, his legs bend at the knees and his feet hang down.



C. Convertible seat turned to face forward

▶ Does the car safety seat fit correctly in your vehicle?

- Not all car safety seats fit in all vehicles.
- When the car safety seat is installed, be sure it does not move side-to-side or toward the front of the car.
- Read the section on car safety seats in the owner's manual for your car.



**D. Belt-positioning
booster seat**

► **Is the seat belt in the right place and pulled tight?**

- Route the seat belt through the correct path (check your instructions to make sure), kneel in the seat to press it down, and pull the belt *tight*.
- A convertible seat has 2 different belt paths, 1 for use rear-facing and 1 for use forward-facing.
- Check the owner's manual for your car to see if you need to use a locking clip. Check the car safety seat instructions to see if you need a tether to keep the safety seat secure.

► **Can you use the LATCH system?**

- Lower Anchors and Tethers for Children (LATCH) is an anchor system that allows you to install a car safety seat without using a seat belt.
- Most new vehicles and all new car safety seats have these attachments to secure the car safety seat in the vehicle.
- Unless both the vehicle and the car safety seat have this system, seat belts are still needed to secure the car safety seat.

► **Do you have the instructions for the car safety seat?**

- Follow them and keep them with the car safety seat. You will need them as your child gets bigger.
- Be sure to send in the registration card that comes with the car safety seat. It will be important in case your car safety seat is recalled.

► **Has your child's car safety seat been recalled?**

- Call the Auto Safety Hotline or check the National Highway Traffic Safety Administration (NHTSA) Web site for a list of recalled seats. (See below.)
- Be sure to make any needed repairs to your car safety seat.

► **Has your child's car safety seat been in a crash?**

- If so, it may have been weakened and should not be used, even if it looks fine.
- If you must use a secondhand car safety seat, first check its full history. Do not use a car safety seat that has been in a crash, has been recalled, is too old (check with the manufacturer), has any cracks in its frame, or is missing parts. Make sure it has a label from the manufacturer and instructions.
- Call the car safety seat manufacturer if you have questions about the safety of your seat.

Questions?

Ask your pediatrician, a local safety group, or NHTSA. A certified Child Passenger Safety (CPS) Technician can help you use your child's car safety seat correctly. On the NHTSA Auto Safety Hotline or Web site, you may give your ZIP code to find the nearest CPS Technician.

The NHTSA Auto Safety Hotline
888/DASH-2-DOT (888/327-4236) (8:00 am to 10:00 pm ET, Monday through Friday) www.nhtsa.dot.gov/people/injury/childps/

The AAP offers more information in the brochure *Car Safety Seats: A Guide for Families*. Ask your pediatrician about this brochure or visit the AAP Web site at www.aap.org.

Although the American Academy of Pediatrics (AAP) is not a testing or standard-setting organization, this guide sets forth AAP recommendations based on the peer-reviewed literature available at the time of its publication and sets forth some of the factors that parents should consider before selecting and using a car safety seat.

Please note: Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this brochure. Phone numbers and Web site addresses are as current as possible, but may change at any time.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 57,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.
American Academy of Pediatrics
PO Box 747
Elk Grove Village, IL 60009-0747
Web site — <http://www.aap.org>

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Quiz!

1. You are visiting a family for the first time and you arrive to find a pile of beer cans outside the stoop and hear sounds inside the building of a growling barking dog. What do you do?



- a. Ring the bell and shout “Hello?!”, the parent calls to you from inside to come in. You let yourself in being sure to remove your shoes.
- b. Ring the bell and knock, when no one answers, you ring and knock again. This time the parent comes to the door and you discover there are two adults visiting and having alcoholic drinks and the smell of cannabis is evident. You do not enter the home; instead, you explain that you cannot stay, offer the welcome bag, and leave immediately. Once home, you contact Good Beginnings to report the event.
- c. Call DCF to make a report of abuse and neglect due to the evidence of alcohol consumption.
- d. Ring the bell. When the parent comes to the door, you ask for the dog to be put in a separate space. While standing outside the doorway you notice evidence of illegal drug use in the home, you quickly pick up the baby and bring them to safety, then call 911.
- e. Your sense is that the scene is not safe for you to visit, you leave the welcome bag outside the door, return to your car and leave. You call or text the family to let them know you were not able to visit and report the event to Good Beginnings.
- f. B or E

2. For their safety Postpartum Angel volunteers should always

- a. Visit during daylight hours and call ahead to confirm your visit with the family before leaving
- b. Let a family member, friend, or Good Beginnings staff member know when and where you are visiting
- c. Leave your wallet locked in your car, only bringing cellphone and car keys into the home
- d. Park along the street
- e. Keep at least half a tank of gas in their car
- f. All of the above

3. The recommended safest way for an infant to be put to sleep is

- a. On their back, with warm blankets, in a crib next to a window for fresh air
- b. On their stomach, in an approved crib, with minimal bedding
- c. On their back, in a bassinet, with a baby monitor, and crib bumper pads
- d. On their side, in a sleep sack pajama garment, in a mechanical swing
- e. On their back, in an approved crib/bassinet, with a tight-fitting sheet, with no blankets, wearing a sleep sack

Getting Out and About

Postpartum Angel Volunteers have an important role to play in helping families learn about and access community events where they can connect with the broader parenting community. Volunteers can point out these parent-child events (listed on the Good Beginnings website and in the Welcome Bag booklet given to all families) to make sure families are aware of them. Many volunteers accompany families on their first visit to these events for hands on help and social support. Stepping into a new group of people isn't easy for everyone and having a buddy there alongside you to turn to for conversation or a helping hand makes a big difference!

The Good Beginnings Nest

OUT AND ABOUT IN TOWN WITH THE KIDS?

The Good Beginnings Nest is a parent drop-in space open to all. Located at 174 River Street, Montpelier.

Open Wednesday-Friday 9 AM - 3 PM during the Winter/Spring/Fall and 9 AM - 1 PM during the Summer.

Drop in for playtime or a parent group meeting. Unwind between appointments or errands. Make sure to perk up with a complimentary coffee or tea. And don't forget to check out resources from our lending library, or try on an infant carrier. The Nest has a great play area for kids with some great children's books. The Nest is a welcoming space for families to connect with each other and share resources about parenting in a respectful, culturally sensitive, accessible, and comfortable manner.



Baby Circle Time

Join us for CONNECTION and DISCUSSION every week. Whether you are going through stress, adjustment to parenting, baby blues or pregnancy or postpartum depression/ anxiety this group is for you!

- Pregnant or postpartum parents and caregivers are welcome
- Ongoing weekly support group online
- Join from your smartphone, tablet or computer (or call in from a regular phone)
- Free of charge
- Come as you are: listen or share
- Learn about helpful tools and resources

Hosted by CVMC, Good Beginnings and The Children's Room. Pre-registration is required.

Please contact info@goodbeginningscentralvt.org to learn more.

La Leche League

La Leche League has switched to all virtual meetups. You can learn more on their website <https://www.lllmarivt.org/lll-of-central-vermont> or join their [Facebook group](#).

Babywearers of Central Vermont

The Babywearers support families in their effort to wear their children. Everyone has the capacity to learn how to wear their baby. Follow them on Facebook or email them at_babywearerscentralvt@gmail.com to learn about upcoming meetings.

The Children's Room

The Children's Room is an early education resource center in Waterbury. While their indoor space located at Brookside Primary School remains closed, they do offer regular outdoor meet-ups, walks, and free events for families with babies and toddlers. Follow them on Facebook or visit their website www.childrensroomonline.org for upcoming events.

Summer/Winter Fun with Your Little One

Good Beginnings wants to be sure families know about the free and low-cost activities and events that are happening in our community. Be sure to check out our community events calendar, and continuously updated Summer/Winter fun with your little one lists by visiting www.goodbeginningscentralvt.org.



Anyone can join our e-mail list to receive a monthly Family Newsletter with local news and events just for families. You can subscribe to our newsletter through our Facebook page, or by visiting our website.

Playgroup and Meet-up Opportunities

The Family Center and many local libraries continue to offer free events, activities, and meet-ups for Central Vermont families. Examples include outdoor storytimes, Story Walks, virtual play groups, and more. Follow their Facebook pages or websites or contact Dori Oatley at the Family Center or the children's librarian at your local librarian for more information.

Kellogg-Hubbard Library's Home Delivery Program

Home Delivery is being offered to residents in Montpelier and Worcester for those who are home bound or unable to visit the library for a period of 2 months or longer. Or, perhaps you know of someone who could benefit from this service. We hope to expand our program to all of our communities.



Home Delivery is simple: A library volunteer will contact the patron to find out what library materials s/he would like. The patron can request specific books, authors, and/or genres. Volunteers will also deliver magazines, audio tapes and CDs, and videos and DVDs. The volunteer will return the materials. Easy peasy.

Call or email and ask for a library home delivery (802) 223-3338 x 205
outreachkhl@kellogghubbard.org.

Parenting Resources

Help Me Grow

Help Me Grow is a system model for improving access to existing resources and services for expectant parents and families with young children through age eight. *Help Me Grow* promotes the healthy development of children by supporting families, providers and communities to link children and families to the services and supports they need.



Help Me Grow works to promote cross-sector collaboration to build efficient and effective early childhood systems that mitigate the impact of adversity and strengthen [protective factors](#) among families so that all children can grow, learn and thrive to their full potential.

This is achieved through the implementation of four interdependent core components:

1. **Family & Community Outreach** to bolster healthy child development through families and facilitate provider networking and collaboration.
2. **Child Health Provider Outreach** provides training to support early detection and intervention, use of the *Help Me Grow* contact center, and use of Vermont's Universal Developmental Screening Registry.
3. **Centralized Phone Access Point/Contact Center** serves as the hub to link children and their families to community-based services and answer caregivers' questions about their child's development and behavior. Dial **2-1-1 ext. 6**, text **HMGVT** to **898211**, or email at info@helpmegrowvt.org.
4. **Ongoing Data Collection & Analysis** for continuous system improvement, to identify systemic gaps and bolster advocacy efforts.

Visit HelpMeGrowVT.org to find resources for families and providers and [make a referral](#) on behalf of a child or family.

Local Parent Child Centers

Parent Child Centers are a network of non-profit organizations serving all of Vermont. There are 15 in total and the focus of each is to provide support and education to families with young children. The goal is to help all Vermont families get off to a healthy start, promote well-being and build on family strengths. Here's a list of Parent Child Centers in our area:



Orange County Parent Child Center

Email- info@orangecountypcc.org. Phone- (802) 685-2264.

Family Center of Washington County

Email- familycenter@fcwcvvt.org. Phone- (802) 262-3292.

Lamoille County Parent Child Center

Email- info@lamoillefamilycenter.org. Phone- (802) 888-5229.

Child Care Resource / Referral at The Family Center of Washington County

Locating quality child care can be challenging! Whether you're just beginning your search for child care, as a new parent, or you're attempting to locate a new provider, we can help families choose child care providers that are right for you. Our staff are trained to help you find a child care provider in your area, based on your child's needs and your preferences. Types of childcare available are registered family child care homes and licensed centers. The referral specialist will work with you through this process. Information and materials will also be provided.

Once you're ready to contact a child care provider, here are some questions to ask:

- Do you have a suitable space for my child?
- Where are you located?
- What do you charge for child care?
- What is your daily routine?
- Do you serve meals?
- How long have you been caring for children?
- Level of education?
- Do the children watch TV?



Visit the child care provider and ask more questions:

Adult to Child Ratio. Ask how many children there are for each adult. The fewer the children for each adult, the better for your child. You want your child to get plenty of attention. The younger your child, the more important this is. Babies need an adult to child ratio of no more than 1:4 (one adult for four infants), while four-year-olds can do well with a ratio of 1:10 (one adult for 10 children).

Group Size. Find out how many children are in the group. The smaller the group, the better. Imagine a group of 25 two-year olds with five adults, compared to a group of 10 with two adults. Both groups have the same adult to child ratio. Which would be calmer and safer? Which would be more like a family?

Caregiver Qualifications. Ask about the caregivers' training and education. Caregivers with degrees and/or special training in working with children will be better able to help your child learn. Are the caregivers involved in activities to improve their skills? Do they attend classes and workshops?

Turnover. Check how long caregivers have been at the center or providing care in their homes. It's best if children stay with the same caregiver for at least a year. Caregivers who come and go make it hard on your child. Getting used to new caregivers takes time and energy that could be spent learning new things.

Accreditation. Find out if the child care provider has been accredited by the state or a national organization.

For more information, email dorio@fcwcv.org or 802-262-3292 x122.

WIC Nutrition Program

If you are pregnant or if you are the parent/caregiver of a child under 5, and you qualify for Dr. Dinosaur or Medicaid, you qualify for WIC! Call them for more information on income eligibility guidelines to see if your family can receive WIC benefits. Access to free wholesome foods, nutritionists and peer counselors who help you be your best, referrals connecting you to the care you and your family need, to be healthy in every way.



Call today for an appointment: 802-479-4200 OR 888-253-8786.

Local Used Clothing and Furniture Resources

Hours of operation may be limited; we recommend that you call ahead!

BARRE

- **The Bene-Fit Shop**, 15 Cottage Street, Barre. 802-479-4309
- **ReSource**, 30 Granite Street, Barre. 802-477-7800 (household goods)
- **Salvation Army Thrift Store**, 545 N Main Street, Barre. 802-479-3458
- **Women and Children First**, 185 N Main St Barre. 802-476-4413

MONTPELIER

- **Heather's Nearly New**, 62 River Street, Montpelier. 802-229-4002
- **Trinity Community Thrift Store. Trinity United Methodist Church**, 137 Main St, Montpelier. 802-299-9155 for more info.

NORTHFIELD

- **CERV Clothing Shelf**, 31 Dog River Drive, Northfield. 802-485-4293. (CERV also runs a Food Shelf.)

WATERBURY

- **Bargain Boutique**, 34 S Main St, Waterbury. 802-244-8429

WILLISTON

- **Once Upon a Child**, 32 Taft Shopping Center, Williston Road. 802-878-5434

Volunteer Policies & Guidelines

1. Volunteer Requirements

The following requirements need to be completed by each Good Beginnings volunteer before home visiting can begin:

- A complete, signed application listing three personal references
- A two-part training program:
 - Orientation/training
 - Review of health and safety topics
- A signed confidentiality statement
- A release for criminal record screening
- DCF Mandated Reporter Training



2. Confidentiality

- Treat your parents'/recipients' lives as private and worthy of respect in that privacy
- Do not talk about your family matches with neighbors, family or friends. You can discuss your volunteer work, but avoid betraying confidences or gossip about an individual's problems or private life
- Discuss any issues or concerns with Good Beginnings staff, or at a volunteer meeting

3. Volunteer safety

- Never place involvement at a higher priority than your own safety and well-being. For example, end your visit immediately if you become aware of an unsafe situation including but not limited to:
 - Domestic violence crisis
 - Illegal drug or alcohol use

- Involvement in criminal behavior
- If appropriate, state that you are uncomfortable with what is going on, that you need to leave and hope that you can talk again later. Appropriate actions after leaving the home would be to call the police, DCF, and Good Beginnings staff.

4. Mandated Reporter Policy for Volunteers

In your role as Postpartum Angels working with infants and children, all Good Beginnings volunteers are Mandated Reporters to the Department of Children and Families when child abuse or neglect is suspected. Volunteers must complete DCF's online Mandated Reporter training before contact with Good Beginnings families in order to understand and feel comfortable in your role in the welfare of children as a Mandated Reporter and comply with Mandated Reporter responsibilities.

5. Loaning Money / Purchases

Do not loan money or otherwise get in the habit of personally supplementing family income. Good Beginnings has a substantial direct assistance fund available to assist families in need. The volunteer or family can access funds by contacting Good Beginnings staff and completing an application that is then reviewed by a committee of staff and board members.

- If there is an immediate emergency situation for which you feel the need to provide financial assistance (e.g. groceries, prescriptions), make sure the family is aware that you will be reimbursed through Good Beginnings funds. This allows for you to be responsive to the families' needs without undermining the relationship.

6. Boundaries

- Define short-term support at the beginning of your service
- Get to know the family before you consider blending your personal life and family with theirs
- Take care of yourself first and relax with volunteer/client boundaries gradually, if you choose to do so at all
- Selectively offer your home telephone number to families. Otherwise, ask them to convey messages to Good Beginnings if it is not appropriate for them to have your number. Another option is to set up a Google Voice account that links to your cell phone



and Google account so you can receive calls and texts for volunteering without disclosing personal phone numbers.

- Household tasks beyond, meal preparation, folding, putting away clean dishes, picking up a few items, and wiping down counters are outside the scope of a Good Beginnings volunteer. Be clear about this from the very beginning, saying “I can’t do that, but here’s what I can help with...” This clarifies your role early on to avoid later frustration.

7. Respite

- Avoid providing child care. Brief “respite care” while parents are on the premises is appropriate and highly valued by the parents we serve, but it should not become the sole focus of your visits.
- Remember, our goal is to enhance parental capacity by building a relationship with the parents through meaningful conversations, resource sharing, as well as hands on help.
- Each visit should include time (at least 15 minutes) to interact with parents positively, provide any needed basic information regarding well-child care, community resources, development and nutrition, and to assist with baby care and household functions.

GBCV Postpartum Angels & In Loving Arms Program

Volunteer Corrective Action Policy

INTRODUCTION

Our volunteers are the heart of our program and we deeply appreciate how wonderful and supportive this team is. Each volunteer represents the integrity of our organization. In the rare case when a volunteer’s actions are not in line with our organizational standards Good Beginnings may need to take steps to correct or dismiss a volunteer.

CORRECTIVE ACTION

Corrective action may be taken at the discretion of the Program Director if a volunteer is not able to fulfill the expectations of the volunteer position and may include:

1. Additional supervision
2. Reassignment
3. Retraining with possible suspension
4. Referral to another volunteer position
5. Dismissal from the GBCV Postpartum Angels & In Loving Arms programs



VOLUNTEER DISMISSAL

Volunteers who do not adhere to the policies and procedures of the program or who fail to satisfactorily perform their volunteer assignment are subject to dismissal. Dismissal is within the discretion of the program director.

Grounds for dismissal may include, but are not limited to:

- Failure to satisfactorily perform assigned duties including but not limited to:
 - Failure to accept assignments over a period of twelve months without excusable cause
 - Failure to respond to program director's correspondences for 6 months or more
- Falsification of application materials or misrepresentation of facts during the screening process
- Mistreatment or inappropriate conduct toward clients, families, co-workers or cooperating agency personnel
- Violation of program policies and procedures
 - Breach of confidentiality
- Gross misconduct or insubordination:
 - Being under the influence of alcohol or drugs while performing volunteer duties
 - Theft of property or misuse of program equipment or materials
 - Taking action that endangers the client(s) or is outside the role of the program
- Evidence of involvement in criminal activities or involvement in child abuse or neglect allegations

The Postpartum Angel volunteer shall be provided with a confidential memo identifying the reason(s) for the dismissal. If the period of visitation is still in session, the program director shall appoint a new Postpartum Angel or In Loving Arms volunteer as soon as possible, and clients will be notified in writing or by phone.

Good Beginnings Volunteer Quick Reference Guide

GBCV Program Director Support

Volunteers are encouraged to contact the Program Director with questions or concerns regarding Postpartum Angel volunteering as they arise. They can be reached at **802-595-7953** and via email at hayley@goodbeginningscentral.org.

Quick Reference and Resources

- **Initial Outreach to Families** is by phone, text, and email. If you do not hear back from families after 2 outreach attempts and a week and a half or time, please notify the GBCV program director as soon as possible.
- **The Welcome Bag** is an essential part of the first visit and can be picked up at the GBCV office anytime the office is open. Pick up outside office hours is available upon request.
- **Report All Visits** to Good Beginnings by phone, email, or online form. If you are not able to connect with a family, contact the program director immediately so that the family can be re-assigned.
- **In an Unsafe or Illegal Situation**, do not enter house, leave welcome bag at the door. If you are inside caring for a baby, hand infant to caregiver, or put down in safe crib or car seat, leave the premises quickly, and dial 9-1-1. Then contact Good Beginnings.
- **Baby Carriers** are available at reduced prices (for all) or free (for eligible families). Contact GB for an appointment.
- **Emergency Funds** are available for families experiencing financial or other crises. Families can fill out an online form application with the help of their Postpartum Angel to start the process.



Central VT PSI Warmline & Perinatal Mental Health

Families experiencing mental health concerns can call or text the **Central Vermont PSI Coordinator at 802-276-0383** or email psivermonter@gmail.com for confidential, virtual, social support, warm referrals to local treatment resources, and follow up. If the coordinator does not answer, phone calls, texts, and emails are always returned within 24 hours.



211 & Help Me Grow

The Vermont 2-1-1 database contains detailed descriptions of programs and services available to Vermonters that are provided by local community groups, social service and health-related agencies, government organizations, and others. Families can dial 2-1-1 for telephone support with local resources and child development inquiries. 211 operates a [database of local resources](#) that can be accessed from their website as well.



KEY SERVICES FOR FAMILIES WITH NEW BABIES

Central Vermont Home Health (Maternal Child Health)

802-223-1878

Service description: Provides nurses or other trained professionals who visit the homes of women during pregnancy and after childbirth to help the women improve their personal health and development during the prenatal period and learn to care for their infant. Services include at-home assessments for expectant mothers and infants, postpartum assessments, newborn evaluations, breastfeeding support, nutrition education, parenting information, family adjustment support, skilled nursing care if needed, and assistance with coordination of family services.

Eligibility: Perinatal Women

Payment methods: Medicaid; Health Insurance; Private



WIC (or Women, Infants, and Children)

888-253-878 or 802-479-4200



Service description: Supports families with young children through the provision of a food debit card system that allows for the purchase of healthy, supplemental food products. Supports children, in particular, through provision of educational nutrition activities and parental support programs that encourage children to eat well. With the WIC card, families get choices, convenience, and the flexibility to choose a variety of healthy foods at local grocery stores. WIC provides breastfeeding support and referrals to community resources for income-eligible pregnant women, new moms, and infants. Free service.

Eligibility: Income Guidelines Apply; Pregnant Women; Postpartum Women; Children Birth to Age 5; Applicants who receive SNAP/3SquaresVT, Reach Up, Medicaid/Dr. Dynasaur are automatically eligible. Fathers, grandparents and kin/foster parents may apply for benefits for children in their care.

Family Center of Washington County

802-262-3292 ext. 150 www.familycenter@fcwcvt.org

Services Include:

- Childcare and education
- Childcare referrals
- Childcare Financial Assistance Program
- Family Support Services
- Parent Education
- Family Center Playgroups

