

Partners in Care:

*Supporting Fussy Babies
in Child Care*

*Fussy Baby
Network*



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Partners in Care

Partners in Care, an extension of the Erikson Institute Fussy Baby Network, was funded by the Prince Charitable Trusts in 2005 to help infant teachers respond to the special challenge of caring for babies who are hard to settle. This two-year project provided child development consultation services to centers in the Chicago area as well as trainings to both child care and family child care home providers.

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Partners in Care: Supporting Fussy Babies in Child Care

Infant child care teachers play a unique and vital role for families. Child care teachers may be the first person other than family whom parents trust to care for their infant. Infant teachers may also be the parents' primary support during the baby's first year, especially during the stressful transition time of returning to work and bringing their infant to care.

Parents who have had a rough start with their new baby bring a heightened need for the support, sensitivity, and competence of the infant teacher and the infant classroom. Parents of fussy babies—babies who cry easily or a lot and are hard to settle—are among those families who may need extra support from their infant child care center.

We have learned from our work with parents of fussy babies that they often experience great emotional stress, physical exhaustion, and a loss of confidence in themselves as good parents. Because they have struggled to take care of their baby, they worry that other caregivers will also struggle, lose patience, or not like their baby. As parents get ready to return to work, they may also be grieving over having to leave their young infant in care, as well as be worried that their baby will come to love the teacher more than them.

These parents need you—their baby's teacher and the caregiving team—to help them through the transition from home to group care. At the same time, infant teachers know that when a fussy

baby comes into childcare, teachers will also need extra support. Infant program directors play an important role in seeing that everybody's needs are met.

Partners in Care: Supporting Fussy Babies in Child Care was developed to support infant child care teachers and infant program directors in their special role with fussy babies and their families. The quotes that you will see were taken from focus groups with infant teachers and parents who shared their experiences about life with a fussy baby.

Fussy babies present a unique challenge in group care. Some have frantic cries that can't be soothed. Others are always on the edge of crying and want to be constantly held. Also, because they are hard to settle, fussy babies often have difficulties around sleeping, feeding, and daily routines

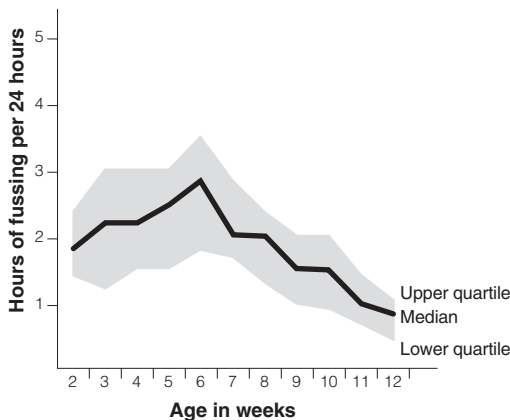
This resource contains important information on crying, sleep and routines that will help you settle infants into child care. On the back pages you will find tools that you can use with parents to begin communicating about their baby and their expectations for his or her care. Throughout this resource, you will find ways to strengthen your partnership with parents in this most important job of becoming partners in care for their baby.

Important things to know about babies and crying

All babies cry, but some cry more than others.

It is natural for babies to cry. Crying is what babies do. In the first three months of life, typically developing babies can cry from 30 minutes a day to more than three hours a day, even after they are fed, changed and well cared for. Every baby is different, and the amount of crying varies a lot.

Infant crying peaks around six weeks



Reprinted with permission. Brazelton, T.B. (1990). Crying and Colic. *Infant Mental Health Association Journal*, 11(4), 349-356

Development of infant crying

Studies have shown a pattern to infant crying. For the majority of infants, the amount of crying is highest at about six weeks of age. After that, crying gradually eases off. This is true in cultures all over the world—even in cultures where babies are carried and put on the breast frequently. Because crying has a predictable pattern in many different cultures, it probably reflects

developing changes in the baby rather than how babies are cared for.

Unfortunately, the peak of crying may occur just as mothers are returning to work. This can add to parental stress and can produce tension for child care teachers who are just getting to know a new baby. Knowing about the crying curve can help to reassure parents and teachers that increased crying in the first six to eight weeks is typical and not anybody's fault.

Colic and excessive crying

By three weeks of age, one out of five infants begins to cry more than most infants—and may be diagnosed with “colic.” Babies with colic cry for more than three hours a day, more than three days a week, and the crying is often inconsolable no matter what anyone does. Most colic ends by four months, but it can feel endless. Here are descriptions of other behaviors that often go along with colic crying:

- Crying is a higher pitch and hard to listen to.
- Crying starts suddenly and seems to burst out of nowhere.
- Crying has a frantic quality, with some periods of breath holding.
- Baby's body is rigid or stiff.
- Baby's fists are clenched.
- Baby has a red face.
- Baby's legs are bent close to the body and tummy is hard.

Lester, B. & Grace, C.O. (2005). *Why Is My Baby Crying?: The Parent's Survival Guide for Coping with Crying Problems and Colic*. New York: Harper Collins.



Babies with colic often look and sound like they are angry at the world or in pain. But there is no agreement on what really causes all that crying! We do know, however, that:

- Colic starts and stops on its own.
- Colic is not a sign of bad parenting or caregiving.
- Good parents and good caregivers can have colicky babies.
- There is no proof that colic is caused by bottle feeding or breast feeding, birth order, how poor or rich a family is, or any one single thing.
- Colicky babies can grow up to be easygoing or challenging children.

Gas and reflux

Babies with colic are often described as “gassy” or having gastric pain. Doctors sometimes recommend formula changes for bottle-fed babies or change of diet for nursing moms. Herbal teas or “gas drops” are a common remedy used by many different parents. There is no real evidence that “gas drops” really work. Herbal teas should not replace breast milk or formula. Some child care centers may request a doctor’s note before they can use this type of remedy.

Some intense crying in infants is associated with gastrointestinal reflux (GER). Reflux happens when stomach juices back up. Some babies, however, react strongly to reflux. Because the stomach contains acid, reflux can be painful (like adult heartburn).

Common signs of distress around reflux are: crying, arching, pulling away from the nipple (breast or bottle), and only taking small amounts of milk. Some babies with reflux may spit up frequently, or you may not see any spit up. In severe cases, babies are slow to gain weight. If a baby in your care shows a lot of distress around feeding, and/or is not gaining weight, you should discuss it with his parents and encourage them to talk with their baby’s healthcare provider. Getting help with reflux sometimes helps with crying.

Colic increases stress

Colic increases family stress

One of the most important things to know about colic is that it often causes a lot of parent distress that can interfere with the growing parent/infant relationship.

Parents of babies with infant colic told us that they:

- Feel emotional stress and physical exhaustion. *“No one said that it would be this hard.”*
- Feel isolated and criticized by others. *“I’ve never seen a baby like this. If you had been like this, you would be an only child.”*
- Are constantly looking for answers. *“I tried everything and I am still trying.”*
- Lack self-confidence as parents. *“I’m worried that I’m doing something wrong and that is why she’s crying.”*
- Feel guilt over being overwhelmed and angry, or relieved to be getting away from all the crying. *“I should be enjoying this time with my baby. It’s supposed to be bliss, but I just want it to be over.”*

Listening helps

Parents who have babies with colic symptoms say that they appreciate having someone who will listen to them and support them. *“Anyone who listened helped.”* Lots of unsolicited advice or suggestions do not feel like help, they feel like criticism. In contrast, responsive teachers who listen and empathize can be a helpful respite and support for parents.

Colic increases infant teacher stress

Not surprisingly, veteran infant teachers told us that when they have an infant with colic in the classroom, they feel some of the same stresses that families describe.

Teachers told us that they:

- Feel stress. *“One baby’s crying can set off a chain reaction.” “She just goes into this screamfest and it continues off and on during the day.”*
- Feel criticized by other teachers or directors. *“Oh, my God, What are you doing with those babies? Why are they crying?”*
- Experience competing demands for time. *“With a child care center..., it’s not possible that you are holding one child all the time, because the ratio is one to four.”*
- Question their own competence. *“You’ve tried this, and you’ve tried that, you’ve held him, you’ve sang to him, you’ve read stories, you’ve offered bottles, you’ve changed diapers”* but nothing works!

Just like parents, infant teachers don’t need a lot of suggestions or advice. What they need is support. When teachers feel listened to and supported by the caregiving team, they are better able to support parents and babies.

Responding to crying

Crying is a very powerful signal for attention. It is the main way that young infants communicate distress. Whether a baby cries a lot or a little, it is important that his cries are responded to quickly and consistently. Even if you don't know why a baby is crying, your consistent, genuine response is part of building a relationship with him that will help him to grow and develop.

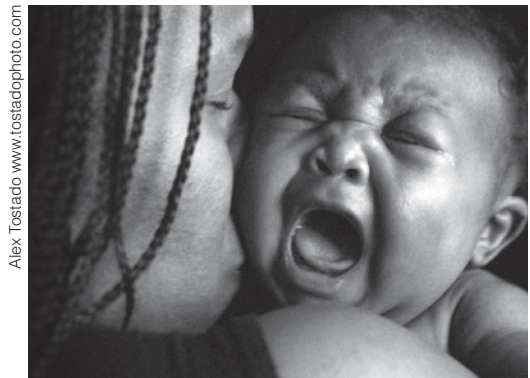
One teacher told us that it helps to accept that you might not figure out why a baby is crying. She said that the most important thing is to feel that you are doing your best, putting the baby's interest first and working with the family. *"Just hug and kiss that baby, and remind her that we're going to figure this out."*

Shaken Baby Syndrome

Infant crying can be so stressful that it is the number one trigger for Shaken Baby Syndrome. Infant child care programs are encouraged to have a plan in place so that teachers know that when nothing works, they should put the baby down in a safe place and take a break or ask another teacher to watch the baby.

Shaking a baby to stop them from crying can cause irreversible brain damage or death.

Never Shake a Baby!
www.dontshake.com



Many parents and teachers worry that responding immediately to an infant's cries will result in a demanding toddler who will be "spoiled." It may help to know that babies who have been consistently responded to in a positive way are typically more cooperative with adults when they become toddlers. They are also more independent in playing and exploring. These toddlers have learned that the adults around them can be trusted to help them when they are in distress.

Teachers and parents also worry that babies get used to being picked up all the time and then they can't be soothed any other way. It might also help to know that there are many ways to respond to a crying baby. You can feed her, talk to her, sing to her, change her position, show her a toy, or pick her up. You can also let a baby cry for a little while to see if she can soothe herself. When babies learn

how to soothe themselves around crying, it helps them be able to settle better for sleep, attention and learning.

Helping baby learn to self-soothe

While it is very important for babies to learn how to soothe themselves, it is not always easy, especially for fussy babies. One way to help a baby learn to self-soothe is to watch and wait for a few minutes when she begins to fuss or cry. Some ways that babies soothe themselves are:

- Sucking on fingers or hand
- Bringing hands together
- Stopping crying briefly to look at something
- Touching something (hair, blanket, lovey)

Teachers can talk with parents about what self-soothing behaviors they observe, and wonder if parents see the same behaviors at home. Families have different feelings about allowing their baby to fuss for a while before they intervene. It is helpful for teachers to know what a baby is used to, especially when a baby is difficult to settle.

Developmental screenings

Babies who continue to cry or fuss a lot after six months of age may be at risk for developmental or behavioral problems such as learning challenges or difficulties coping with the environment.

The American Academy of Pediatrics and the National Association for the Education of Young Children both view developmental screening of young children as important. Screening usually involves a short questionnaire about what a baby can do and which skills they have not yet demonstrated.

If a screening reveals concerns, parents may want to discuss them with their baby's health-care provider. Parents also can request a free developmental evaluation through their state's Early Intervention (Part C) program. You can find contact information for your state at: www.nectac.org/contact/ptccoord.asp

When to call the doctor

Child care centers should have a policy in place that conforms to licensing standards for dealing with medical issues such as fevers, vomiting, diarrhea, and rashes. Crying that is excessive or unusual for a baby can also be a sign that a baby needs further medical attention, especially if the baby shows other changes in behavior. When in doubt, follow your center's policy to inform parents and encourage them to call their baby's health care provider.

Important things to know about babies and sleep

Helping infants to establish good sleep patterns is an important part of helping them grow and develop. Fussy babies often have difficulty with sleep because they can't settle themselves. Sometimes babies are fussy because they don't get enough sleep. It can be a vicious circle, but teachers can help.

Developing sleep habits

Infant sleep changes a lot in the first six months of age. It takes babies' brains up to six months to develop the ability to get most of their sleep at night and nap regularly during the day. The development of sleep is partly determined by changes in the baby's brain, and partly by caregiving practices.

One powerful way to help infants learn to sleep longer at night, and to nap at the same time every day is to provide a consistent routine and place for sleep. Consistent routines are important because they help babies develop sleep habits. For example, if a baby is always put into her crib for a nap after morning story time, a feeding and a song, she begins to associate sleep with these activities. Eventually she will start to feel sleepy when this routine is repeated, especially if it happens at the same time every day. Consistent routines help a baby move toward sleep.

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Just like with crying, the amount of sleep that babies get during the day varies widely. At one month, infants sleep between 14 and 20 hours a day. Some infants sleep less than 12 hours. The average hours of sleep that babies need changes as they grow.

Differences between home and child care

Sleep routines can be a special challenge for infant teachers because:

- The way parents do things at home is often different than the way things are done in child care. *“A lot of kids sleep in their parents’ bed...When they’re making the transition to day care, we’re putting them in the crib (for the first time) and they’re used to somebody being right with them.”*

Recommendations for Safe Sleep Environments

Always

Put infants to sleep on their backs, at nighttime and during naps

Use only cribs that conform to safety standards of the Consumer Products Safety Commission

Avoid

Soft, fluffy bedding or pillows
Using blankets that can cover a baby's face

Overheating baby with too much clothing

Never

Place infants to sleep on soft surfaces (like boppies or pillows)

Place infants to sleep in locations where they can become stuck (sofas, beds against the wall, water beds)

Adapted from the American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome (2005). *Pediatrics* 116,1245-55.

- Babies' sleep patterns may be disrupted at night when they start childcare, which makes them more tired and fussy during the day.
- Child care settings are often busy places, especially when there are several active babies or toddlers.
- Often, more than one baby is tired and ready for sleep at the same time, but a single caregiver may be caring for up to four infants and cannot sooth each one to sleep at the same time.

Culture and caregiving

Every culture and family has their own beliefs about caring for babies. When babies enter your program, it is important for teachers and parents to talk about their beliefs because there will be differences that need to be discussed and a plan agreed on.

What teachers can do about sleep

Compare what sleep is like at home and in child care.

Teachers and parents should talk about sleep so that sleep habits are as similar as possible at home and in care. When similar routines are not possible, talk with parents about how to make the transition to group care easier for their baby. Perhaps a baby who sleeps next to his mother at night could nap in his crib on weekends to get used to a new habit.

Many parents bring their babies into their bed either because it is part of their culture or because they are exhausted and it is the only way they can get some sleep. The new baby in your care may never have slept in a crib!

Adapt sleep routines to make a bridge between home and child care.

In child care, teachers might use a snuggly or sling before nap time to help give baby a sense of closeness



If you use a blanket, place the baby with feet at the end of the crib. The blanket should reach no higher than the baby's chest. Tuck the ends of the blanket under the crib mattress to ensure safety.

while having their hands free to attend to other babies. In the first weeks, an infant may need to have one teacher stay close by the crib so he can be patted or have a hand placed on him for comfort. Babies who are fighting sleep may need some extra attention at first to settle. It is not always easy to learn to sleep in a new and busy place. This is a time when directors may be able to give an extra hand.

Look at sleep over the whole 24 hour day.

Evening hours are precious for working parents because they have the opportunity to spend time with their baby. It is also often a hectic time as dinner and other chores need to get done. Often, babies' bedtimes are pushed later, and this can contribute to day time fussiness. Teachers can help parents think about if their baby is getting enough sleep at night. If a baby comes to child care tired, an early morning nap may be helpful.

Use baby's signals that he is tired (yawning, rubbing eyes) to help baby begin to establish nap times.

Ask parents about what sleep signals they have noticed. It is easier to get a baby to fall asleep when he is drowsy than by the clock. With time and consistency, you can help a baby to adapt to the rhythm of the classroom and sleep when the other babies are quiet.

When possible, put baby in the crib drowsy, but awake.

Every baby has periods of light sleep or partial waking during sleep. Babies who learn to fall asleep by themselves will be better able to go back to sleep during these periods and they may take longer naps.

Back to sleep, tummy to play

According to the American Academy of Pediatrics, babies are safest when sleeping on their backs at every sleep (night time and nap time). The incidence of SIDS has gone down more than 50% since caregivers began putting babies to sleep on their backs! Some caregivers worry that infants who sleep on their backs will spit up or choke more, but SIDS is not caused by spitting up or choking.

Back sleeping can be a challenge for hard-to-settle infants because they often sleep more soundly on their tummies, but this position compromises their safety and is never advised. Babies should only be placed on their tummies to play when they are awake and watched.

Be consistent: Back to sleep all of the time, every time.

Start sleep routines before baby is really tired.

Baby's need for sleep is like an ocean wave. If you get a baby ready for sleep when the wave is just starting, she can gently float on the wave to sleep. If you wait until the wave is big, there is too much energy and turmoil to sleep. When babies are exhausted, it is more difficult for them to go to sleep and stay asleep. This seems backwards, but being exhausted makes sleeping more difficult.

Reduce stimulation. Some babies are more sensitive to stimulation than others. They may sleep better in a space that has less noise and light than other parts of the room. Even music can be distracting if it's played too loudly.

Provide opportunities for baby to practice moving around on the floor and using his muscles during the day.

Tummy time is baby's "work." It can help her sleep better because she is exercising her muscles in an organized way. Tummy time helps babies to develop strength and coordination, too.

Remember, it takes several weeks to establish new habits, so don't give up!

Important things to know about sensory needs

Fussy babies are often very sensitive to stimulation, and they may react intensely or seem extra alert. You can see this in several ways.

Some babies may:

- Notice and react to small amounts of stimulation. For example, a baby may notice a slight breeze on her face when she goes outdoors and begin to cry.
- Only tolerate one thing at a time and become easily overwhelmed. For example, a baby may not tolerate his teacher talking to him and looking at him while he is drinking his bottle. He may respond by looking away or fussing.
- Be very visually alert, and not be able to stop looking at things. For example, a baby may intently watch everything that is going on in a room, and not be able to “take her eyes off” when she begins to tire. This makes it difficult to drift off to sleep.
- Completely “shut down” when they are overwhelmed. For example, a baby may immediately fall asleep in the middle of a busy place. When the baby wakes up, he may be more fussy than before.



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This baby is clearly overwhelmed and shut down. He needs a break.

Sensory needs and soothing

Babies who are very sensitive or very alert have a difficult time learning to self-soothe because they can't filter things out or adjust their responses. They seem to go from zero to sixty without warning.

Following are soothing strategies that keep the unique needs of each individual baby in mind. We have combined the wisdom of experienced caregivers from different cultures with information about differences in babies' sensory systems. In general, slow, rhythmic, predictable patterns of movement and stimulation are calming while more vigorous, changing patterns are alerting.

1. Sucking. Most babies are calmed by the rhythm of sucking. Some babies find their thumb or fingers. Pacifiers can be helpful. Babies who are sensitive around their mouth and face may only be calmed by one special pacifier.

2. Swaddling. The ancient practice of wrapping an infant snugly in a light blanket can provide a sense of containment and security. Swaddling infants under two months of age helps to contain sudden arm movements that can startle them awake. Infant teachers rate swaddling as one of the most helpful soothing strategies for young infants.

Note: Before swaddling, child care providers should check with licensing authorities. Some licensing standards require babies to

be placed on their backs with blankets tucked under the mattress to prevent the face from being covered. Tucking blankets can also provide a sense of security for babies. See photo on page 11.

3. Touch. In general, firm, rhythmic touch is soothing while light, quick touch (like tickling) is stimulating. All babies need to be touched and held. Many babies will begin to quiet if they are held upright, chest-to-chest. Putting a hand on baby's back or gently stroking his head can also be soothing.

Babies who are very sensitive to touch may become upset if they are stroked, especially on the face or arms, or have their clothing removed for changing. For these babies, it is important that they can see when you are going to touch them, and that you notice what kind of touch they respond to best.

4. Movement. In general, slow, rhythmic movement is calming while fast, jerky movement is stimulating. Rocking a baby back and forth, bouncing up and down, or riding in a stroller can be very soothing. Most parents and caregivers know how to "dance" with their babies to settle them down.

Babies who are sensitive to movement may become upset if they are moved too fast or without warning. They may cry when they are changed from one position to another.

5. Sound. In general, soft, repetitive and melodic sounds (like chanting or lullabies) are soothing while unfamiliar, loud or unexpected sounds are stimulating. White noise, or nature recordings (ocean waves or gentle rain), are also calming because they block out changes in outside sounds. Soft classical or "light" jazz music is highly recommended by veteran child caregivers.

Babies who are sensitive to sound will startle easily or notice any new sounds. You may need to limit the amount of talking you do with a baby who is hard to settle. Close your eyes and listen to the level of noise in your room. Is it calming or overwhelming?

6. Visual stimulation. In general, natural lighting and soft colors are calming while bright and intense colors are alerting. A caregiver's face and things that move in a slow pattern (like mobiles) can be calming. Some babies will stop crying they are shown something interesting to look at.

Babies notice things that are moving, so busy rooms can be visually over-stimulating. Visually sensitive babies may turn away when you look at them. Slow down and wait for them to look back at you. They can be easily overwhelmed and may need some time in a less busy area.

7. Temperature. In general, consistent, neutral temperature is calming while changing temperatures or temperature extremes are alerting. Babies who are sensitive to touch may also be sensitive to temperature changes. Check air conditioning units for cold spots or temperature fluctuation, which may be upsetting. If the room is warm, a baby should only wear as many clothes as the caregiver.

8. Body position. When babies are awake, giving them opportunities to move their body by themselves can be calming. Babies need to learn how to change position and use their arms and hands in order to soothe themselves.

It is stressful for babies to spend too much time in any one position or place. Limit time in a swing or bouncer even if a baby is quiet. Tummy time is a good activity for all babies because it helps them strengthen their muscles and become more coordinated. One of the keys to making tummy time work is to stay with the baby on the floor while he is on his tummy, as this will encourage him to stick with it. Bringing several babies together on a mat for their tummy time may help as babies enjoy looking at each other.

9. Fresh air. Getting outside may be relaxing for baby and adults as well. Taking babies out in a stroller or spreading a blanket out on the grass and reading stories can be enjoyable and

calming. Remember, when outdoors, it is very important to protect baby's skin. Shade is best, as baby's skin is very sensitive to sun damage.

10. Singing and language. Veteran teachers say that singing is one of the best soothing strategies because the familiar melodies can get the attention of several babies at once. Talking to a baby in a calm, soothing voice lets her know that you are there and trying to meet her needs. Even if a baby does not calm down immediately, your tone of voice sends the message that you are concerned about her distress and are trying to help.

11. Feeding. Feeding is often the first thing that caregivers try when babies are fussy, and most babies calm for a while. But feeding can be distressing when a baby is not hungry, is used to a different feeding routine, or is having problems with digestion. Parents will be your best source of information on the cues that their baby uses to let them know when they are hungry or have had enough. Sometimes these cues are very subtle and hard to figure out. Sensitive or very alert babies may not drink as much milk at one time, or they may only drink with one certain nipple in one certain position. If feeding is stressful, keeping a record of feeding can help you talk with parents.

Important things to know about routines

Routines matter for sleep and soothing! Here's why.

Babies are natural pattern-seekers—they thrive on predictable daily routines. In the first several months of life, establishing routines can be a challenge because baby's internal system is not yet regulated. Some babies fall into a predictable rhythm during the first month. But parents and infant teachers may notice that other babies do not sleep, eat, or need diaper changes at regular times. These babies need more adult support to establish daily routines that are in harmony with the adults around them.

Remember...

To give calm, you must first possess it.

It is hard not to feel stressed when a baby is crying. But the best gift you can offer a baby is to keep your cool when she might not have hers.

When a baby is crying frantically, it is natural for caregivers to speed up their movements and change baby from one position to another to try and make the crying stop. This is not helpful. Take a breath. As one teacher said, "*It's hard because no matter how bad it gets you have to remember to breathe, just breathe.*" Slow down. Talk in a quiet, rhythmic voice. Try to let your calm settle the baby rather than letting the baby's distress unsettle you!

Routines also:

- Help babies develop a sense of security in the world by making life just a little bit more predictable. Consistent patterns of behavior let baby know what is about to happen and what is expected of him.
- Support responsive caregiving. When you know a baby's routines, you may be able to make a more educated response when a baby is fussy. For example, if a baby usually naps at 10:00 a.m., you can be pretty sure that when she fusses at 9:30, it means that it is time to get ready for sleep.

Communication between teachers and parents

According to infant teachers, communication from the beginning is the best way to help parents learn to trust teachers and work through their strong feelings about child care.

Daily information exchange

Daily information exchange is important and can set the tone for the day. What is going on at home can impact a baby's mood at child care, and a difficult day in child care can impact baby's mood at home. A visiting grandma or family stress can affect how a baby behaves at home and in care.

One teacher told us that if she hears that a baby didn't sleep well the night before, she tries to get him to nap right away so that he can cope better for the rest of the day. Another teacher said that if parents don't let them know what happened the night before, they have a harder time figuring out what the infant is going through if they are fussy. *"It's like you just opened a book but you didn't read any of the words."*

Establishing daily communication routines can be difficult because parents are often in a hurry in the morning, and teachers are setting up for the day. When there are no formal routines for transitions, teachers often need to get their information "on the run." *"In the morning when parents are bringing their infant, I try to find out everything that went on within a couple of seconds because they're on the run to school or work."*

Teachers offered several strategies for daily communication:

- Welcome parents and let them know how happy you are to see them. As one teacher said, *"I think that makes the mom feel good and comfortable, and often the baby smiles right there on the spot."*
- Encourage parents to stay and observe or volunteer. *"I think what's really helpful is when the parents volunteer and really see what's going on in the room. So they know each kid is getting their individual attention."*
- Use a notebook to write information down, so that teachers and parents can keep a record of daily events and questions.
- Respect parents and earn their trust. *"Be honest and be natural. If the baby was crying, tell the parent she was uncomfortable and no matter what we did, she was fussy. So then the parent trusts you more and you've earned that relationship. It's really rewarding!"*

Transition to care tools

To help you establish positive communication from the very beginning, *Partners in Care* has developed two tools that you can use with families. You will find these beginning on page 19. You can download and print extra forms from our website www.fussybabynetwork.org.

Partners in Care: Tips for Transition. Every family experiences the transition to child care in their own way. They often don't know what to expect, which can add to stress. *Tips for Transition* gives parents concrete suggestions about how to prepare for child care and lets them know that you are thinking about them. Bringing a fussy baby to child care can undo even the most experienced parent, so having concrete suggestions can be especially helpful. We recommend if possible giving *Tips for Transition* to parents at your first meeting. Parents may find it helpful for you to read and talk about the information together.

Partners in Care: Baby's Care at Home is a tool we developed for infant programs to use with parents as they begin the transition to care with their baby. *Baby's Care at Home* offers questions for parents that can help them to tell you what they know about their baby's crying, sleep, feeding, and routines. We suggest that you set a time to read and talk about these questions together with parents

before they take them home. You may find that parents are particularly worried about one thing, and appreciate the chance to talk. The time it takes will be well worth it.

"We're all raising this baby together."

Teachers have a very special role to play in the healthy development of fussy babies. They can provide support for parents at a time when parents are feeling very fragile and overwhelmed. Teachers can help to provide calm, consistent and responsive care when babies are having difficulty soothing and settling. And they can help parents to get other services if there are bumps in the developmental road. Establishing a trusting relationship between parents and teachers is key because, as one teacher said, "*we're all raising this baby together.*"

Resources for classroom teachers

Books

- Baker, A. Manfredi/Petitt, L. (2004).
Relationships, the Heart of Quality Care: Creating Community among Adults in Early Care Settings. Washington, D.C.: NAEYC.
- Carey, W. B. & McDevitt, S. C. (1995). *Coping with Children's Temperament: A Guide for Professionals*. New York: Basic Books.
- Foure, M. & Richardson, A. (1992) *Baby Sense*. New York. Citadel Press
- Honig, A. S. (2002). *Secure Relationships: Nurturing Infant/Toddler Attachment in Early Care Settings*. Washington, D.C.: NAEYC.
- Kristal, J. (2005). *The Temperament Perspective: Working with Children's Behavioral Styles*. Baltimore, MD: Paul H. Brookes Publishing Company.
- Lally, R.J. (2003). *Caring for infants & toddlers in groups: Developmentally appropriate practice*. Arlington, VA: Zero to Three National Center.
- Shick, L. (1998). *Understanding Temperament: Strategies for Creating Family Harmony*. Seattle, WA: Parenting Press.

Websites

- Fussy Baby Network
www.fussybabynetwork.org
- American Academy of Pediatrics
www.aap.org
- National Center on Shaken Baby Syndrome
www.dontshake.com
- Program for Infant Toddler Caregivers
www.pitc.org
- Zero to Three
www.zerotothree.org

Partners in Care: Tips for Transition

Welcome to child care. The following tips can help us work together to make sure that the child care experience is as wonderful for your baby as it can possibly be.

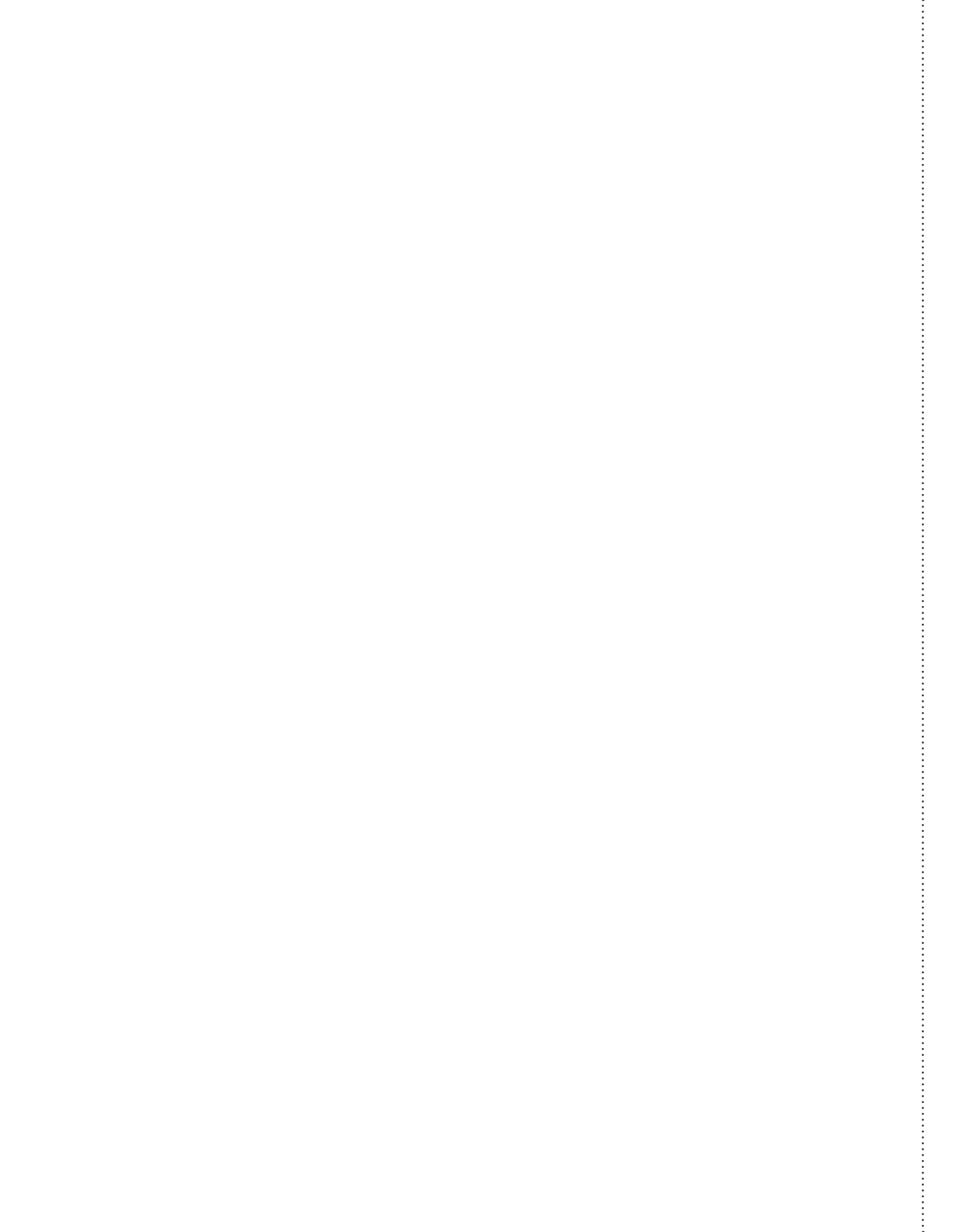
1. Plan for the transition to care. Introduce new routines gradually before bringing your baby to care. For example, if you are breast feeding, be sure your baby has mastered taking milk from a bottle before his first day.

2. Communicate from the very beginning. Good relationships between you and your baby's teachers begin by talking about what you've found works best for your baby. Let your baby's teacher know any particular feeding, calming or sleeping techniques that you have found work well with your baby. That way she doesn't have to guess what to do at a time when your baby is unhappy.

3. Share what's going on in your baby's life. If your baby's schedule was disrupted by a visiting grandma or he/she didn't sleep well during the night, let your baby's teacher know. The more information teachers have about what is happening in your baby's life, the more responsive they can be in working with you to care for your little one.

4. Understand that in group care, each teacher will have several other babies to care for. Talk with your baby's teacher about your expectations. Allow some time for your baby and his/her teacher to get to know each other so that she can discover how to balance the needs of your fussy baby with the babies of other parents.

5. Take time for transitions. If possible, don't drop your baby off in a rush. The calmer that you are in this transition at the beginning of the day, the more helpful it is to your baby and you. This is especially true for Mondays. Many infant teachers say that Mondays are their least favorite day of the week because babies have to readjust to the routine of being back in care. Throughout the week, taking time to talk with your baby's teacher about how your baby is doing each morning will help her with your baby's care.



Partners in Care: Baby's Care at Home

Part I: Calming

1. What is the most effective way you've found to help your baby to calm when he/she is fussy or crying?

2. How easy or difficult is it to calm your baby?

3. Do you think your baby is sensitive to stimulation? For example, does he/she startle easily to loud noises?

4. Describe any specific things you use for calming (for example: a pacifier, blanket, baby carrier, songs) that we can use in child care?

5. What does not work to calm your baby?

6. Does your baby have specific times of day when he or she is likely to be fussy?

7. Have you seen your baby do anything to settle her/himself? (For example, sucking thumb, holding a blanket, twirling hair.)

8. How long have you waited while your baby tries to settle him/herself? How long is it OK for us to wait in childcare?

9. Is there anything else about calming your baby that you would like us to know? Do you have any concerns about calming your baby?

Part II: Sleep

1. How does your baby show that he/she is sleepy?

2. Where does your baby usually sleep?

3. Has your baby slept in a crib or bassinette?
 Yes No Occasionally
4. Has your baby developed consistent bed or nap times? If so, what time does your baby go to sleep at night? What time are her/his naps?

5. How many times does your baby wake up during the night, and do you need to help him/her go back to sleep?

6. Does your baby wake him/herself within 15–20 minutes after being put in the crib?

7. How do you put your baby to sleep? (For example: rocked to sleep, after feeding, goes to sleep by him/herself).

8. Describe your baby's bedtime routine.

9. How do you think your baby will sleep in childcare?

10. Is there anything else about your baby's sleep that you would like us to know? Do you have concerns about your baby's sleep?

Part III. Feeding

1. What is your baby's feeding schedule, how much does he/she take at each feeding and how long does he/she take to finish?

2. How do you know when your baby is hungry?

3. How do you know when your baby is full?

4. Does your baby usually settle down after eating?

5. Have you changed formula or ways of feeding your baby? (from breast milk to formula or from one formula to another). If so, how has this gone?

6. If your baby is breastfed, has your baby had the experience of drinking from a bottle or cup? If so, for how long and has this gone well?

7. Has your baby been diagnosed with reflux or GER? If so, what were the recommendations for treatment and have you seen a difference?

8. How do you think your baby will eat in childcare?

9. Is there anything else about your baby's feeding that you would like us to know? Do you have any concerns about your baby's feeding?

Part IV: Caring and routines

1. Describe your baby's day at home.
 - a. What happens in the morning?

 - b. What happens in the afternoon?

 - c. What happens in the evening?

 - d. What happens at night?

2. Where does your baby spend most of his/her time during the day? (Crib, swing, carrier, bouncer, carried)

3. Are members of your family or friends involved in caring for your baby? Are there ways that they care for your baby that may be different from how you care for your baby?

4. Is your baby used to being around a lot of people?

5. Is there anything else about your baby's care or routine that you would like us to know?

6. Do you have any other concerns about your baby's care that you would like us to know?

For Directors and Administrators:

Your important role in supporting infant teachers

Actively supporting staff, parents and babies produces happy parents who will recommend your program to other parents and happy staff who are more likely to stay with you, so:

Provide Staff Support. Teachers who are looking after very fussy babies are in need of TLC themselves. Teachers tell us it is not helpful to get lots of advice (i.e., this is what you should be doing) when they are trying their best with several babies at one time. On the other hand, lending a hand when one baby is having a hard day may be helpful. Sometimes it may be necessary for the director to assist communication between the teacher and the family.

Consistent and appropriate staffing. Babies who experience a stable relationship with the same teacher(s) are better able to focus their energy on calming themselves and exploring. Their teachers get to know each baby, read their cues, and be responsive.

Reflective supervision. Teachers who are able to meet regularly with a caring supervisor to reflect on their experiences and feelings can maintain a healthier perspective and do a better job. When teachers feel listened to and supported in their work, they are more available to be responsive to the babies and young children in their care.

Specialized education and training to support working with infants. Education and training with a focus on infant-toddler development significantly enhances teachers' ability to support and foster infants' learning. Teachers who understand babies are able to respond more appropriately to the rapid developmental changes that take place in the first year of life.

Arrange Formal Communication. Many programs include questions on their application concerning baby care and the essential information that parents can share to help make sure their baby's teacher knows as much as possible about what works for this baby. Home visits can be very valuable for both teacher and parent. Also important are daily records that can serve to communicate important happenings from home and center for those days when there is no time to talk.

Conduct Developmental Screenings. The National Association for the Education of Young Children has identified developmental screening as an "emerging practices criteria" that early childhood programs are encouraged to implement. While the screening may be intimidating to some parents, it can also be seen as a sign of a good early childhood program. Let parents know that you do developmental screening to make sure that children get the best start possible, and assure them that if the screening reveals potential issues, you will work together with them to do further assessment.

Community resource collaboration. Knowledge of community support services is key to helping families provide for their children. Families need to be able to access resources and services, such as early intervention or nutrition programs, to fully support their physical and emotional health.

Embrace the platinum rule. Childcare directors should treat staff as they want staff to treat the young children and families in their care. The support that directors give to teachers directly affects the care that teachers give to children and families.

Erikson Institute

Erikson Institute is one of the nation's leading graduate schools in child development, dedicated to the education of child development professionals. Erikson Institute is an independent institute of higher education that prepares child development professionals for leadership. Through its academic programs, applied research, and community service and engagement, Erikson advances the ability of practitioners, researchers, and decision makers to improve life for children and their families. The Institute is a catalyst for discovery and change, continually bringing the newest scientific knowledge and theories of children's development and learning into its classrooms and out to the community so that professionals serving children and families are informed, inspired, and responsive.

Fussy Baby Network

Fussy Baby Network was launched in 2003 as Chicago's first initiative to help families who are struggling with the stresses of infant crying, sleep and feeding concerns during their baby's first year. Funded by the Doris Duke Charitable Foundation with support from the Irving Harris Foundation, the program offers Warmline telephone support, home visiting, parent groups and a Fussy Baby Clinic at

the University of Chicago. Training and community consultation is provided widely to professionals working with infants in a range of settings in the Chicagoland area. Fussy Baby Network is developing a national network of affiliated programs to expand the availability of support to families.

To contact us,
Fussy Baby Network
1-888-431-BABY (2229)
www.fussybabynetwork.org
Or e-mail us at:
fussybaby@erikson.edu

Partners in Care

Partners in Care, an extension of the Erikson Institute Fussy Baby Network, was funded by the Prince Charitable Trusts in 2005 to help infant teachers respond to the special challenge of caring for babies who are hard to settle. This two-year project provided child development consultation services to centers in the Chicago area as well as trainings to both child care and family child care home providers.