



Chapter 7 – Recommended Supports and Services for Babies and Their Families from **For Our Babies: Ending the Invisible Neglect of America's Infants**

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Recommended Supports and Services for Babies and Their Families



Each of us must come to care about everyone else's children. We must recognize that the welfare of our children is intimately linked to the welfare of all other people's children. After all, when one of our children needs life-saving surgery, someone else's child will perform it. If one of our children is harmed by violence, someone else's child will be responsible for the violent act. The good life for our own children can be secured only if a good life is secured for all other people's children.

—Lilian Katz

Building on the discussions in the other chapters in Part II, this chapter presents 20 recommendations for the direct and indirect supports that families need to help with the care of their babies. It is written with the healthy, unimpeded development of babies in mind. The United States is one of the most forward-looking, powerful nations in the world; thus, we should have policies and practices in place that prioritize the care and protection of babies. The following recommendations are organized according to the topics in Chapters 3–6 and include references to appendices that provide further, more detailed information.

PRECONCEPTION

Today, the greatest opportunities for further improvement in pregnancy outcomes—in improving the health of women and their children—lie in prevention strategies that must be implemented prior to conception to be effective. . . . The time has come to move forward to the next maternal and child health frontier of “prevention” by acting on the recommendations of professional organizations and implementing scientifically proven interventions to further improve pregnancy outcomes.

—Hani K. Atrash et al., *Preconception Care for Improving Perinatal Outcomes*

Recommendation 1: A multimedia public education campaign should be conducted to provide all women of childbearing age with information on how their preconception health and behaviors can influence the development of a fetus.

- To be effective, the campaign should use communication tools that reach women in varying age, literacy, health literacy, cultural, and linguistic demographics.
- This public health and education campaign should include a component directed to health professionals.
- To decrease dissemination costs, the campaign may be incorporated into other campaigns directed at these populations.

Recommendation 2: All obstetricians, gynecologists, general practitioners, and public health nurses serving women of childbearing age should receive in-service training on taking future fetal development into account during yearly check-ups and when screening, assessment, and counseling are conducted.

- Such trainings should earn participants continuing-education credits.
- Professional credentialing organizations should make such training obligatory in order for participants to receive a credential.
- Such training should constitute an appropriate billable health cost.

Recommendation 3: Preconception counseling and services should be included in health-care coverage for all women of childbearing age, regardless of their socioeconomic status.

Recommendation 4: As part of health-insurance coverage, intervention services should be provided for women with identified risks.

- Initial focus should be on high-priority interventions.
- The proportion of women who receive follow-up interventions related to preconception screenings should be increased by 50%.

PREGNANCY

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Almost 4 million American women give birth every year and nearly one third of them will have some kind of pregnancy-related complication. Those who don't get adequate prenatal care run the risk that such complications will go undetected or won't be dealt with soon enough. That, in turn, can lead to potentially serious consequences for both the mother and her baby.

—National Development and Research Institutes

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Recommendation 5: Free or affordable health care should be provided to pregnant women during their pregnancy. The Centers for Disease Control and Prevention have established the following recommendations for the provision of high-quality pregnancy care:

- regular check-ups
- counseling
- evaluation
- prevention
- risk assessment
- screening and early interventions

Appendix C contains a chart of more specific health-care recommendations from the U.S. Department of Health and Human Services (2011c).

Recommendation 6: Paid leave and job protection should be provided for pregnant women during the last month of pregnancy, to ensure the health and safety of both the mother and the fetus.

Recommendation 7: A national information campaign addressing issues that support a healthy pregnancy should be conducted.

- This campaign may be integrated with the preconception campaign.
- The campaign should target the general public, not just pregnant women.

THE FIRST 9 MONTHS

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Policy initiatives that promote supportive relationships and rich learning opportunities for young children create a strong foundation for high school achievement followed by greater productivity in the workplace and solid citizenship in the community.

—National Scientific Council on the Developing Child

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Recommendation 8: All families' access to affordable health coverage for babies should be guaranteed, regardless of family income.

- Coverage should include necessary inoculations, developmental screening to identify physical and behavioral needs, and intervention services (if required).
- A provision currently exists to include coverage for these recommended services under the Patient Protection and Affordable Care Act (PPAC), scheduled to be implemented in 2014.

Recommendation 9: Provide affordable or free intervention services for children with identified special needs and for families in crisis.

Recommendation 10: Paid parental leave, shareable between parents, should be provided for the first 9 months after a baby's birth. Given the impact of bonding on the baby's brain development during this time period, the following terms should apply:

- Full compensation should be provided for 6 months of leave or 80% compensation for 9 months of leave.
- Financing of the program should be a combination of employer/employee contributions, similar to disability tax, and a specific federal tax for this purpose.
- Variable leave time should be made available to primary and secondary parenting figures, with the primary caregiver granted the entire time period and the secondary caregiver eligible for 1 month of leave time.
- Eligibility for leave should depend on the parent having accumulated 1,000 work hours for the employer during the previous year, or at least an average of 1 day a week for 3 or more continuous years.
- Leave-program participation should not be limited according to the size of a participating business.

See Appendix D for a sampling of national paid-leave policies in other countries.

Recommendation 11: For the first 2 years of life, affordable, in-home well-baby care should be provided.

- The following should be included:
 - » Guidance by trained professionals in parenting and healthy development
 - » Counseling on early emotional, social, language, intellectual, and perceptual/motor development
- The screenings and other services referred to in Recommendation 8 could be performed as part of these visits.
- The numbers of visits and types of services should vary based on case-specific circumstances, but the typical well-baby care visit schedule for the first 9 months is as follows:

- » 5 to 7 days from hospital discharge
- » 2 weeks
- » 1 month
- » 2 months
- » 3 months
- » 4 months
- » 6 months
- » 9 months

See Appendix E for information about well-baby care services in other countries.

FROM 7 TO 18 MONTHS

The essence of quality in early childhood services is embodied in the expertise and skills of the staff and their capacity to build positive relationships with young children. The striking shortage of well-trained personnel in the field today indicates that substantial investments in training, recruiting, compensating, and retaining a high-quality workforce must be a top priority.

—National Scientific Council on the Developing Child

Recommendation 12: Assistance in transitioning babies into child care should be provided to parents.

- Crucial topics to be addressed include the following:
 - » Identifying and ensuring quality care
 - » Regular communications with caregivers
 - » How to handle drop-offs during the first month
- If well-baby care visits are in place, integrate this information as part of those visits.
- This recommendation should apply even if children move into child care before 7 months.

Recommendation 13: Affordable, high-quality infant/toddler care should be made accessible to all. Federal, state, and/or workplace subsidies should be awarded to care providers to ensure that high-quality care is affordable.

Recommendation 14: Infant/toddler care regulations that ensure safe, engaging, and intimate settings should be enforced. See Appendix B for Program for Infant/Toddler Care (PITC) guidelines for quality infant/toddler care.

Recommendation 15: Steps should be taken to ensure that infant/toddler care providers receive compensation and health benefits on par with those of K–12 schoolteachers.

Recommendation 16: Certification, credentialing, and training should be required for all infant/toddler care providers. See Appendix F for National Association of Child Care Resource and Referral Agencies (NACCRRRA) recommendations for certification and credentialing and Program for Infant/Toddler Care (PITC) recommendations for the training for infant/toddler care providers.

Recommendation 17: Infant/toddler care providers should be provided with access to consulting professionals in the areas of early childhood mental health, special education, and child development to help with early identification of and interventions for developmental issues.

FROM 15 TO 36 MONTHS

National research underscores that quality child care is contingent upon the special training that caregivers receive in the profession of early childhood development. Both formal education levels and recent, specialized training in child development have been found quite consistently to be associated with high-quality interactions and children's development. Teachers with a Child Development Associate (CDA) provide higher quality early learning experiences than those with only a high school diploma. And teachers with college degrees provide superior early learning experiences.

—ZERO TO THREE

Recommendation 18: Well-baby care should continue as in the previous age group, until the 24th month. At that point, care should be transitioned into the family's ongoing health services.

Recommendation 19: All of the recommendations pertaining to child care regulations and infant/toddler caregivers for the previous age group continue to be necessary for this age group.

Recommendation 20: Special training beyond that recommended in Recommendation 16 should be provided for all infant/toddler caregivers serving children from 15 to 36 months of age.

- Caregivers should be trained to understand their crucial role in a child's development of sense of self and how they can best facilitate that development.
- Caregivers should be trained on how to facilitate the development of intentional control and executive function skills.

For information on the importance of these training topics, see the sources listed in Appendix G from Harvard University's Center on the Developing Child.

SUPPORTING BABIES' HEALTHY DEVELOPMENT

I understand that acting on these recommendations would require significant new services compared to what already exists in this country, but the difference between the proposed services and services already being provided in other countries is less dramatic. These services are needed and necessary. Without them, babies' developmental trajectories are put in jeopardy.