

# Meeting the Needs of the Youngest Infants in Child Care

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*Amanda's story: I was fresh out of college, with a shiny new bachelor's degree in psychology, when I accepted a job in the infant-toddler classroom of a reputable child care center serving low-income families. Armed with a little volunteer experience and a broad liberal arts education, I worked largely on instinct. I thrived on building relationships with those infants, toddlers, and families. At night, I went home feeling satisfied, fulfilled. I was where I was supposed to be.*

*Although my classroom welcomed children as young as 6 weeks old, that center, like many others at the time, rarely served a newborn. I didn't know it then, but that suited me fine. I had never held a newborn before I met Adam, who turned 6 weeks old the day his mother, Karina, returned to work, leaving him in our care. I was assigned as his primary caregiver, and at first I was entranced by the sheer vulnerability of this baby. I imagined that we would quickly fall in love and develop the bonds I had developed with the older children in the classroom.*

*But Adam cried from drop-off to pickup, only stopping to sleep, worn out from the effort of it all. I didn't have the skills to observe a newborn, to respond to his cries, or to develop ideas about what he was communicating. I didn't know how to engage with someone who, on the surface, seemed so unresponsive to my care. Careful of my pride, I didn't ask his mother, Karina, for help in interpreting his behavior. I didn't listen as she desperately tried to tell me how he also cried at home. And there was no support in my program to help me understand the needs of babies in the very first months of life.*

*Ultimately, I felt rejected by a child who didn't calm in my arms and didn't smile. Without information and strategies, I gave up trying to engage him, and, in so doing, rejected him right back. I mechanically fed and burped him, changed his diaper, and rocked him to sleep. I left him to cry at other moments or put him in a swing, frustrated and anxious to stop the noise. I busied myself with the other children in my care, reassured when they reached for me for comfort and quieted when I answered their needs. After a few weeks, Karina wisely removed Adam from my care. Now a mother myself, I can't imagine another choice for her.*

Few mothers are able to afford more than the standard 6 weeks of maternity leave. What does it mean to a vulnerable young infant to enter group care? How does the new mother manage her conflicting needs and responsibilities when she must return to work so quickly? How does a caregiver build a relationship with a newborn baby? How could caregivers be better prepared and supported to work with very young infants and their families? What program policies and procedures support the unique needs of these young infants, their families, and

the caregivers who serve them? In this article, we explore these questions; discuss what is unique about this developmental period for the infant, the family, and the caregiver; and offer recommendations for how the infant-family field might better support infants less than 4 months old participating in group child care.

## The Newborn Baby

ALTHOUGH NEWBORN BABIES are often grouped with other infants, there are marked differences in babies in the first 3 to 4 months of life. During this early period, often referred to as "the fourth trimester," babies must negotiate the transition from the womb to the outside world

and the fundamental challenges of life after birth. Newborn babies are sensory beings no longer protected by the general hum and physical containment of the womb. They must learn to get their needs met through relationships with others. Self-regulation, the ability to manage and negotiate one's own states, emotions, behaviors, and attention in the face of sensory stimulation, is not automatic for newborns. It is learned over time, through relationships with familiar and responsive adults.

Adam's needs were fundamental and urgent as he used these first months to develop skills in self-regulation. His cues and cries demanded response from an attuned caregiver who could help to identify the need and answer it. In a new setting, with a new caregiver, Adam was bombarded by new smells, new noises, and a new rhythm just as he had begun to adjust to his mother's care. Furthermore, even his basic life skills were still in development. At 6 weeks, Adam may have mastered sucking on a nipple only when a parent or caregiver recognized

## Abstract

**Children may enter group care at very young ages. Developmentally, newborns (from birth to 4 months old) offer unique opportunities and challenges for child care providers. Are child care programs ready? This article explores the challenges of serving a newborn in child care from three perspectives: that of the infant, that of the parents, and that of the caregiver. Particular attention is given to fussy babies. Recommendations are offered for child care administrators, family support practitioners, child care trainers, and policy-makers.**



**Newborns need primary caregivers who understand their cues.**

his hunger and could position him to suck. He relied on the calm guidance of an adult to help him make a smooth transition from waking to sleeping and back again. He did not yet smile. He began with little more than his vulnerability and intense need to engage the adults who cared for him.

Adding to the vulnerability of this period, particularly in the context of children's relationships with caregivers, children's crying behaviors typically peak between 6 to 8 weeks old. For babies with colic or fussy babies like Adam, intense episodes of crying, lasting 3 hours or more 3 or more days a week, can continue through 4 months of age (National Research Council & Institute of Medicine, 2000). By definition, these cries cannot be explained or calmed away. In a study of 40 infants, researchers found that, even during daytime hours when crying jags are less likely, affected babies demonstrated behavioral differences: They cried more and with greater intensity and slept less than unaffected babies (White, Gunnar, Larson, Donzella, & Barr, 2000).

## The Newborn's Parents

**R**ETURNING TO WORK and entrusting the care of a child to others can be stressful no matter the age of the child. Parents who return to work within the first few months after childbirth, however, face some particular challenges that can have an impact on how early care and education programs support new families. At 6 weeks postpartum, women are still recovering physically from pregnancy and birth and

adjusting emotionally to caring for a new baby. Whether returning to work is a choice or a necessity, parents often feel guilty and worried. There is limited information available to help parents think about what to look for and how best to support meeting the needs of a newborn in nonparental care. Finding high-quality, affordable care is a major challenge in many communities.

## Adjusting to Parenthood While Returning to Work

It would be difficult to overstate the physical and emotional transitions a woman experiences in the several months after giving birth. Karina was just beginning to get to know her son. He slept for as much as 18 hours in any day, but never in an established pattern. She often held or watched him while he napped, overwhelmed by feelings of love and tenderness. She could not imagine having the energy to fulfill her responsibilities at home and at work. Karina's relationship with her husband, Luis, was also changing as they took on new roles as parents. The entire family was in a period of growth and vulnerability. A review of studies exploring how women decide when to return to work shows that in the United States maternity leave is largely dictated by employer policies. Women choose to stay home with their child for as long as their job is protected or they have paid leave time (Berger, Hill, & Waldfogel, 2005). The Family and Medical Leave Act (FMLA) ensures 12 weeks of job-protected leave but applies to only about 60% of American workers. No state or federal law ensures any paid time during that leave, and low-income workers are less likely to qualify for the FMLA than higher paid employees (Phillips, 2004).

In one national longitudinal study, researchers looked at data on outcome variables related to child health and development from the children of 1,907 women participating in the National Longitudinal Study of Youth (NLSY) who returned to work within 12 weeks after childbirth. These women were found to be less likely to keep up with well-baby checkups or maintain the immunization schedule than women who returned to work later or not at all. They are less likely to breast-feed or, if they do, they breast-feed for only a few weeks. In addition, the children are more likely to have behavior problems at the age of 4 years (Berger et al., 2005).

Many women are fatigued from pregnancy and childbirth, and that fatigue is exacerbated by sleep deprivation as the mother awakens every few hours to feed her newborn. At 6 weeks, mothers and infants may be gaining competence at the mechanics of breast-feeding, but many mothers are still establishing their milk supply. A return to work at this time often coincides with a predictable

growth spurt during which the baby breast-feeds more frequently, helping the mother build up her supply. The fatigue and stress of returning to work may compromise the mother's ability to produce enough milk. Women who do not have the information and support to continue breast-feeding once they go back to work may choose to bottle-feed formula from the beginning, forgoing the benefits of breast-feeding for both babies and mothers.

## Thinking About Child Care for a Very Young Infant

Parents and newborns are still getting to know each other during the first few months of life. Just as Adam's parents were trying to feel competent in their new relationship with him, they began to share their newborn with another caregiver. Leaving a newborn to be cared for by someone else can cause parents significant concern and anxiety. For Karina and Luis, these troubling questions arose: Will Amanda have enough time for Adam? Will she understand him? Will she care for him as well as we do? Will he grow to prefer her to us?

Parenting articles counsel women returning to work from maternity leave to be organized, have a plan for the morning, and get enough rest. They suggest lining up child care before it is needed and giving the baby a few days to get used to it before the mother returns to work. For many families, like Adam's, these suggestions ignore the realities of life on a tight budget under considerable stress. Furthermore, advice on choosing child care, although sound, tends to address indicators of quality as if the same indicators applied to all infants, with no particular information about the unique needs of infants less than 4 months old.

Parents like Karina and Luis may not have a choice about whether to put an infant in child care at such a young age, or which child care program to use. Finding high-quality, affordable care for young infants is a challenge in itself. Licensed home family providers are significantly limited in the number of children they can serve and some do not serve any infants under 1 year old. Financially, these providers recoup the higher cost of newborn care through higher charges to families. Center-based programs are likely to serve the largest group size and highest ratios allowed by their state licensing agency, again for financial reasons. It can be very difficult to find programs that can serve infants less than 4 months old with the kind of attention and protection they need.

## The Newborn's Caregiver

**Y**EARS LATER, THE image of Adam crying in the swing stays with Amanda. She reads the vignette at the beginning of this article and wonders at the word "rejected." Did she really reject a newborn baby? Then it

strikes her. She still carries him. At the time she distanced herself from Adam, but psychologically he has remained close to her throughout her career. She's forgotten many faces from that room, but vividly remembers his, eyes shut tight, mouth open wide. When she thinks of him now, she recalls the knot of inadequacy that curled in her belly when Adam cried, lurking under her apparent disinterest. In her developing expertise, she is keenly aware of the ways she failed Adam and Karina. In child care, the relationship between the caregiver and the infant is pivotal, and there is an undeniable element of mutuality about it. Imagine how different her experience—and Adam's—would have been if she had understood more about newborn development.

### ***The Caregiver's Role in Self-Regulation***

Amanda, new to work with newborns, developed expectations for her relationship with Adam on the basis of the give-and-take of her relationships with other children in the room. But babies in the fourth trimester require a different way of being with an infant, characterized by an adult's active leadership. As a skilled caregiver answers a newborn's undifferentiated cry, she checks his temperature, his position, his diaper. She considers whether the baby might be hungry or sleepy. The caregiver mediates the world for the baby, responding quickly to his cries, working with the baby to understand his cues, and, through her response, sharing with the baby what she has learned. The consistency and immediacy of this caregiver's response informs the baby's ability to self-regulate. Over time, this baby will more readily stop crying and more easily calm. Amanda had no idea.

A young infant's need for an immediate response from a caregiver raises important relationship—and classroom management—issues for caregivers. Amanda was fortunate that the other babies in her care were older and could tolerate a longer wait while she responded to Adam's needs. She was grateful to coworkers, who quickly stepped in to help when she felt overloaded. But the questions of classroom management, particularly with a newborn, require advance attention and discussion among team members. The dynamic and immediate needs of a 6-week-old baby require flexibility in a classroom that is also driven by routine. How do caregivers set priorities and balance time? How do they ensure a sense of security for all the children in the classroom? How do they make the classroom predictable yet flexible?

### ***Caregiver Preparation***

Infant-toddler caregivers bring a range of experiences, expectations, and education to their relationships with newborns. In part, the tragedy here was that Amanda did not

know what she did not know. When LaDelle, the center director, interviewed Amanda for the position, she asked Amanda to describe the differences between a 3-month-old and a 3-year-old. To answer, Amanda recalled her single undergraduate course in developmental psychology, which may have included one 90-minute class on the span of infant development. LaDelle was impressed with Amanda's recitation of the developmental theories of Erikson and Piaget. If LaDelle had asked, Amanda would have told her that babies might not smile until they were 8 weeks old. But experientially, she was not prepared for Adam. She did not predict how basic milestones would impact her unique relationship with him, nor how they would affect the important moment-to-moment interactions that comprise newborn care.

Training and information, in isolation, are not enough. At a time when a baby needs consistent, empathic response, his caregiver needs time and support to reflect on her own largely visceral responses. Amanda needed reminders of what she knew and support for how she felt. Although Amanda worked with two other experienced caregivers, the team had no formal time to reflect, learn from one another, and problem-solve. LaDelle visited the room daily and offered encouragement but did not offer her observations or regular reflective support. As Amanda struggled with frustration—and then ambivalence—in her relationship with Adam, she was left alone to wonder at her own incompetence.

### **Recommendations for the Field**

**T**HE STORY OF Adam, Karina, Luis, Amanda, and LaDelle is not unusual. In an informal telephone survey of 10 child care programs, all the center directors reported serving each infant and toddler with an individualized plan. However, they described the care and curriculum for infants from 6 weeks to 4 months old as being essentially the same as for older infants—or they laughed and said, “Well, they sleep most of the time.” Directors felt comfortable with state licensing ratios as high as 5 infants to 1 caregiver, and none talked about primary caregiving.

There is surprisingly little information and support for infants, families, caregivers, and programs involved in group care during the fourth trimester. This critical period of development is rarely addressed in caregiver training, in advice on child care for parents, or in program licensing, standards, or policies. A review of resources that normally inform parents, child care staff and administrators, and policymakers provided almost no information directed at serving infants between 6 weeks and 4 months old in group care. The authors reviewed *Caring for Our Children: National*



PHOTO: MARILYN NORT

**Infants learn self-regulation through relationships with familiar and responsive adults.**

*Health and Performance Safety Standards: Guidelines for Out-of-Home Child Care Programs* (American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education, 2002), the American Academy of Pediatrics Policy Statement on Quality early education and child care from birth to kindergarten (2005), the *Child Development Associate Assessment System and Competency Standards for Infant/Toddler Caregivers in Center-Based Programs* (Council for Professional Recognition, 2006), and the Web sites of Healthy Child Care America ([www.healthychildcare.org](http://www.healthychildcare.org)), the National Child Care Information and Technical Assistance Center (<http://nccic.org>), and Child Care Aware ([www.childcareaware.org/en/](http://www.childcareaware.org/en/)). An additional review of infant-toddler preservice training curricula revealed that specific content on the newborn weeks is often limited to an academic listing of milestones. Although the principles of responsive caregiving to young infants in general apply to newborns (e.g., observe and reflect, consider cues, involve families, individualize, support integrated development), they do little to describe the particular challenges or important outcomes of these beginning weeks.

The following recommendations for child care administrators, family support practitioners, child care trainers, and policymakers bring much needed attention to the important work of nurturing and supporting newborns in child care.

### ***Child Care Administrators:***

- *Combine low teacher-child ratios and primary caregiving:* A young infant is learning how to communicate her



### Adjusting to a new care setting is difficult for newborns.

needs. The adult partner needs consistent exposure to the infant's signals to provide effective responses.

- *Provide an environment and materials that support very young children in their drive for attachment and self-regulation:* Classrooms should include quiet places for young infants to sleep and enjoy routines and close moments with parents and caregivers. Newborns need safe places to play and watch



**Caregivers should learn from parents about their babies' preferences and routines.**

other children. Mothers, in particular, may need private space to pump milk or breast-feed. Slings or other carriers should be made available to teachers who, with parents' permission, may choose to use them for parts of the day.

- *Offer parents an open-door policy:* Parents with newborns should have opportunities to observe in classrooms before and after their children are enrolled. Staff should be available to respond to parents' questions. Furthermore, in developing relationships with families, staff should have the information that they need to be a true resource to the families they serve. Caregivers and program administrators are well-positioned to offer families research-based information on raising a newborn and on community resources available to support families with very young children.
- *Make use of formal and informal opportunities to learn from parents about their babies and how they care for them:* Culturally, different families care for very young babies differently, and individual newborns have different preferences, care routines, and needs. The Fussy Baby Network of the Erikson Institute (2008) provides a useful tool for sharing information about newborns, fussy or not (see Learn More). Because newborns develop skills quickly, staff should make time to check in with families frequently to share information.
- *Plan care for young babies as a team:* As newborns enroll, child care staff should consider each baby's individualized care, who will serve as each

baby's primary caregiver, and how that might change other classroom roles and responsibilities.

- *As new caregivers are hired, assess their understanding of and experience and comfort with newborns:* Caregivers need to know how to support the unique developmental needs of infants who are less than 4 months old. Because this is rarely a focus of preservice training, programs should ensure that caregivers have program-based training in the needs of these infants and their families.
- *Provide caregivers with ongoing support:* Very young infants can evoke strong feelings in adults. Amanda might have been more successful if she had been mentored by a more experienced teacher or received reflective supervision from her director.

### Family Support Practitioners:

- *Learn about how your community child care programs serve newborns and their families:* Families with limited time, resources, or information need responsive care for their newborns but may not know where or how to look for it. Serve as a resource to them and advocate for newborn babies and their families in your work with community providers.
- *Help families consider these questions:* As parents like Karina and Luis struggle with the decision to leave their babies with relative strangers, family support

### Learn More

#### Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice (Second Edition; Caring: DAP-II)

ZERO TO THREE 2007  
Washington, DC

Describes the elements of quality care that support optimal development for very young children. Includes insights about the unique challenges infant-toddler caregivers face and notes the importance of both caregiver-child and caregiver-parent relationships.

*The Fussy Baby Network*  
[www.fussybabynetwork.org](http://www.fussybabynetwork.org)

*Partners in Care: Supporting Fussy Babies in Child Care* (2008) is available for download. This resource offers information and strategies related to newborn care, and particularly the care of a fussy baby. In its emphasis on the triad of relationships between child, family, and caregiver, it offers reassurance, practical strategies, and tools for sharing information between parents and caregivers.

programs can help them consider these guiding questions:

- Does the primary caregiver have experience with newborns?
- Will she have the time and knowledge to help the baby learn to communicate his needs?
- Does the teacher understand how responsive caregiving supports regulation of the baby's reactions?
- Will the teacher have time to quietly feed the infant? To sit near him while he has tummy time on the floor?
- Will the infant have a quiet place to nap, undisturbed by other babies waking and playing?
- Where will the infant be when he is awake? He needs a safe space, protected from older babies and from overstimulation.

### Child Care Trainers:

- Train teachers on the specifics of newborn development: Teacher training should include information about newborn development and the unique challenges to building relationships with

very young children and their families, as well as opportunities for reflection and discussion on how these challenges might impact their work.

### Policymakers:

- Consider the distinct needs of babies in the fourth trimester and their families: Policies related to employment, health, and family support have direct implications on when children enter care and how that care is provided. Licensing regulations across the country stipulate a beginning age of 6 weeks but have no special requirements for providing services to children this young. Policies could support services to this vulnerable age group by requiring specific training, lower staff-child ratios, and primary caregiving.

Every newborn represents a new opportunity. In setting up classrooms; in establishing program policies, protocols, and support mechanisms for classroom staff; in developing training for infant caregivers, and in writ-

ing policies and regulations guiding child care programs; early childhood professionals have rich opportunities to protect and nurture the very youngest babies. Remember Adam. How will he inform your work? §

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