

Just in Time Parenting



- Is a **research and evidence-based** program
- With the potential to reach every family in America.



In a NUTSHELL

- *Capitalizes on the “teachable moment”*
- Small amounts of info
- Written at 4-6th grade level
- Keyed to the birthdate of child
- Delivered *just in time*

Just in Time Parenting



<http://www.parentinginfo.org/>

- [Great Beginnings](#)
(Delaware)
- [Baby Bouncer](#)
[1-2-3 Grow!](#)
(Georgia)
- [Zero to One](#)
(Iowa)
- [Parent Express](#)
(Kentucky)
- [The Growing Years](#)
(Maine)
- [Baby's First Wish](#)
(New Mexico)
- [Healthy Children Ready to Learn](#)
(Tennessee)
- [Parenting the First Year & Parenting the Second and Third Years](#)
(Wisconsin)
- [Cradle Crier](#)
[Toddler Tales](#)
(New Hampshire)

Just in Time Parenting



What's It Like To Be 2 Months Old?



How I Grow

- I still wobble my head a little when I am propped up.
- I hold my head up for a few minutes when I'm on my back.
- I hold onto things for a little while.
- I move my arms and legs and "bicycle" with my feet when I get excited.
- I may awake for as long as 30 hours a day.
- I may now sleep for as long as 7 hours a night. Be patient with me if I still wake up during the night—probably soon I'll be able to sleep longer!



How I Talk

- I coo, laugh, and smile when I'm happy.
- I like to try out crying sounds.
- I cry to let you know when I want something.

How I Respond

- I blink at shadows made by my own hands.
- I follow you with my eyes when you move around.
- I like to stare at people and things.
- I smile at others besides my mother.
- I quiet down when I see my fingers, a bottle, or a pacifier.
- I prefer just to get your attention.

How I Understand

- I recognize different voices and people.
- I recognize a few objects, such as my bottle.

How I Feel

- I feel happy, scared, or uncomfortable at times.



A Crying Baby

What To Do

- There are a number of reasons why your baby may cry. Here are a few of them.
- He may be dressed too warmly, or not warmly enough. Adjust his clothing to make him more comfortable.
 - He may have an air bubble in his stomach, which makes him uncomfortable. Gentle burping may help. Air bubbles keep your baby from feeding or much on his needs. You might try feeding again after burping.
 - He may have diaper rash. Change his diaper as often as you can. Try powdering his bottom with a little corn starch (instead of baby powder). Free circulation of air helps skin to heal and most babies love the freedom of not wearing a diaper. If the weather is cold, wrap him loosely in a blanket.
 - He may want to be held close. Talk to him, rattle him, and rock him for a while.
- He may be bored. Try these.
- Turn him over on his bed to give a different view.
 - Place something over the bed that he can watch.
 - Play some soft music.

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Feeding Your Baby

Parents used to think that feeding solid foods at bedtime would help their babies sleep through the night. **Not true!** If your baby is hungry, give her breast milk or formula—it will help her sleep.



No Solids Yet

There are good reasons for waiting to feed solids. Your baby's digestive system is not ready yet to handle foods other than milk. Her tongue and swallowing movements won't develop enough for solid foods until she is about 4 months old.

Sleeping Through The Night

Babies will usually sleep through the middle-of-the-night feeding by the time they weigh about 11 pounds.

If your baby sleeps through the 10 p.m. feeding or the last feeding of the day, you may want to wake her up at 11 p.m. for a feeding. She will then probably sleep through the night until 5 or 6 the next morning. But some 2-month olds will wake up every 4 hours to be fed, day or night.

Questions

Q. "My baby likes to sleep on her back or side. Is this position bad for her? Should I try to change this habit?"

A. Some parents worry that babies sleeping on their back or side may choke on spit-up during sleep. There is no evidence that sleeping on the back causes choking.

Your baby may not like sleeping on her back or side, but it may help protect her from Sudden Infant Death Syndrome.

Make sure your baby is sleeping on a firm surface. Don't use fluffy blankets or comforters under the baby. Don't let the baby sleep on a waterbed, sheepskin, or other soft materials. When your baby is very young, don't place soft stuffed toys or pillows in the crib with her. While these toys and other things are cute, some babies have been smothered with these soft materials in their cribs.

For more information about infant sleep position, talk to your doctor, or call 1-800-505-CRIB.

Remember:

Your baby is the best judge of how much she needs at each feeding. Be careful not to force her to feed longer than she wants. She will change her feeding pattern when she is ready.



Games Babies Play

Learning-To Look: An Eyes-And-Ears Game

Playing with your baby gives her a chance to explore the world and satisfy her growing curiosity. She will enjoy your loving attention, and benefit from it.

Purpose Of Game

- Trains your baby's eyes to follow an object and to pay attention.

How To Play

- Put your baby on her back. Stand behind her and put your hand gently on her stomach. Try to keep her from seeing your face. You want your baby to watch the object and not you. (Remove your hand from her stomach if it bothers her).
- Hold a noisemaking object, like a ring of keys, about a foot above her face.
- Shake the object gently until she looks at it.
- Watch your baby's eyes to see how she follows the object.
- Move the object slowly in a circle in the air, around her head.
- Change the direction of the circle. If your baby can't follow the object in a circle, make only part of a circle.



Other Eyes-And-Ears Games

- Put mobiles over your baby's crib so that she can watch them as they move.
- Move objects back and forth in a straight line in front of your baby.

Watch Out!

Don't leave your baby alone on a table or chair. You will be surprised at how fast a baby can turn and roll off! That quiet baby can wiggle.

Remember:

Check with your doctor, nurse, or clinic about the immunizations that your baby needs.



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Keeping Baby healthy

Check with your doctor, nurse, or clinic about the immunizations your baby needs.

Immunizations help to prevent diseases that could change the life of your baby and family.

Keep up the well-baby visits.

The doctor will check to see that everything is



developing well. Many problems can be corrected if they are caught early.

Don't be afraid to call your baby's doctor and ask for advice.

There will come a time when your baby will have a cold, fever, or just won't act up to par. The doctor expects you to call when you have a question or when there is a problem.

If you are very concerned about your baby, tell your doctor.

Tell the doctor that you would feel better if you could bring the baby to the office to be checked. Your doctor will listen to you. Remember, you know your baby better than anyone else.

When you go to the doctor, take along a pad and pencil.

Write down questions you have for the doctor so you won't forget to ask them.

When you talk with the doctor, have the following information written down in front of you:

Baby's temperature

To learn how to take the baby's temperature, look in a baby care book or ask a friend or the nurse or doctor.

It is important for the doctor to know if the baby has a fever and whether it is a low fever (100 degrees) or a high fever.

Pain

Screaming ___ Head rolling ___ Pulling up legs ___
A different kind of cry ___
Cries when touched ___

Appetite

None ___ Very little ___
Vomiting ___

Breathing

Difficult ___ Fast ___
Slow ___
Coughing ___
Wheezing ___

Eyes/Ears

Discharge ___
Pulling or rubbing ___

Skin:

Flushed or sweaty ___
Pale ___
Rash ___

Bowels

Watery ___ Slimy ___
Hard or dry ___

Mood

Too quiet ___ Fussy ___

Changes in eating or sleeping habits

Listen carefully to the instructions the doctor gives you. Write them down.

- Don't be embarrassed if you need the doctor to repeat or explain something.
- Read the instructions you have written back to the doctor to make sure you understood them. The instructions need to be followed carefully.
- Look at the instructions later, to see that you are following them.





Pulls together core knowledge for children to thrive

- Developmental milestones; promoting optimum growth
- Reinforcing positive parenting behaviors
- Affirming healthy interpersonal and family relationships



Evaluations

- Annual mail-in surveys
- Multi-state surveys with pre- and post-tests
 - 16 state study
 - 5 state study with Head Start families
- Wisconsin study
- Nevada evaluation



Evaluations

- Parents say the newsletters make them feel more **confident** and **competent**.
- In CA, DE and WI, those who report changing behaviors and attitudes most are **youngest**, **poorest** and **least educated**.



Parents rate

- as highly useful more often than any other source of information, including
 - Physicians
 - Nurses
 - Relatives
 - Other printed materials

Parents receiving



- A year -- compared to control group --
 - had beliefs significantly less like those of child-abusing parents.
 - also reported spanking or slapping their babies significantly fewer times.
- Two years -- high risk Nev. parents -- had no substantiated reports of child maltreatment.



Parents receiving for a year

- compared to control group,
 - provided a **significantly more intellectually stimulating home environment** for their infants and toddlers.
 - reported **reading to their babies more often.**



In addition...

- Hispanic mothers in Oregon home visiting program
 - rated more useful than any other parenting info
 - reported positive changes in six parenting practices
- Home visitors use as **teaching tool**



Evaluation summary

- Helps parents have realistic expectations
- Provides reassurance
- Accentuates the positive
- Can be read by all the adults in a family



Evaluation summary

- Helps parents **identify problems** early
- Links parents to a broad range of human services
- Reaches “hard to reach” families
- Cuts through social isolation of abusive families



Evaluation summary

- Can reach vast audiences
 - very time- efficiently and
 - cost-effectively.
- Can be combined with face-to-face interventions to reinforce key concepts and provide ongoing “contact.”



Vision

- starting before birth and continuing through adolescence.
- available nationwide in every county.
- regularly updated by a multi-state, multi-disciplinary team.

Emerging Developments



- **eXtension Pioneer Community of Practice**



An eXtension grant is helping US

- **Develop core national JITP resources on an interactive web site:**
 - *Ask the Expert* sections
 - FAQs
 - State and county level contacts
- **Recruit sustainable partners**
 - Community of Practice and a Community of Interest



Our goals include

- Developing and implementing marketing strategies
- Developing a flawless distribution system

The eXtension grant is helping to



- Develop template evaluations
 - Our goal: Focus on cost effectiveness of various formats and delivery systems



Who is making this happen?

- **eXtension *Just in Time* Leadership**
 - Aaron Ebata, PI, Univ.of Illinois
 - Diana DelCampo, NM State Univ.
 - Sally Martin, Univ of NV, Reno
 - Lesia Oesterreich, IA State Univ.
 - Susan Walker, Univ. of MD
- **eXtension JITP Advisory Team**
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 - Dave Riley, Univ. WI
 - Lenna Ontai-Grzebik, UC Davis
- **Esteemed advisors**
 - Anna Mae Kobbe
 - Caroline Crocoll
- **Special assistance** from Allison Tarkow, Univ. of MD doctoral candidate
- **eXtension *JITP* Support Team**
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 - Denise Brandon, Univ of TN
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 - Jodi Dworkin, Univ. of MN
 - Sara Gable, Univ. of MO
 - Kim Leon, Univ. of MO
 - Debbie McClelland, Univ of IL
 - Gerri Peeples, Univ of IL
 - Harriet Shaklee, Univ of ID



Seems custom-made for the challenges at hand...

- Provides developmentally specific information at the teachable moment.
- Has the potential to reach all parents with key information
- Can be teamed with other Extension efforts to increase the impact.



Help us connect the dots...

- **How can we have the greatest impact with these resources?**
- **How can we live up to Extension's potential to**
 - **dramatically reduce the incidence of childhood obesity**
 - **help every child grow up healthy in every way**

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Please contact me – Pat
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