Postpartum Doula Study Guide

Updated
April 2023

Welcome to the ICEA Postpartum Doula: First 1000 Days Certification Program (ICPD). Thank you for choosing to work with ICEA as we encourage the best health for families during the childbearing years using education and support.

Special thanks to Emily Mason, Michelle Hardy, Tamela Hatcher and Colleen Weeks for their work in developing the Postpartum Doula: First 1000 Days study guide in June 2019.

Thank you to Emily Mason for revising and updating the study guide April 2023.

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Introduction to the ICPD Program

How to Use This Study Guide:

This study guide was created to help you have a better understanding of the role of a Postpartum Doula and the first 1000 days, to help you understand the needs of the expectant mother and family, along with helping you prepare for the certification exam. The work that you will do is vital to the developing family. When looking at the study guide, you will notice that it is in an outline format with key features such as core competencies, recourses, objectives, the outline and other references. We have tried to lay this out in a manner that will make the learning and comprehension as fluid as possible. Each section has features of importance to note which are referenced below.

The Big Ideas—These are the competencies we would like you to have a full understanding of when you have completed that section.

Objectives—These are the skills we would like you to have mastered at the end of each section.

Outline—The overall information that you will follow for the ICPD: First 1000 Days certification program.

Other References—This section is not required, but we believe you will obtain further knowledge and growth by looking at these references.

ICEA

The ICEA overview is provided in this study guide in a block format. However, the concepts are spiraled throughout all parts of the study guide.

Forms and Support Resources

All forms and educational resources will be accessible within your ICEA confirmation email that you received upon certification enrollment. There are great resources on the ICEA webpage, such as position papers, teaching tip sheets and the ICEA Journal. Visit the ICEA website regularly and take time to familiarize yourself with all tabs to get the full benefit out of your membership.

Referenced Reading Statement

ICEA is an international organization. Evidenced-based books, resources and websites vary around the world and therefore, ICEA has internationally avoided the use of specific titles for worldwide required reading for certification. It is our intent to provide the “Big Ideas and Objectives” and it is the responsibility of the certification candidate to locate support resources in their first language that address these evidence-based ideas.

In each study guide part, we have provided some referenced resources. Page numbers are not provided as they are not valid (or the same) in all language of the same textbook edition. We have provided ICEA position papers, websites, PDF’s and other resources that can be translated in many countries through computer applications.

This Study Guide contains six ICPD Program Parts to be used as your guide to complete the program. Each part is introduced with Big Ideas and Objectives followed by a Content Outline. The program will also reference ICEA Position Papers, ICEA Teaching Papers, evidence-based websites and the occasional YouTube video.

Evidence-Based Research (EBR)

Depending on your background, you may need to learn more abut this topic to understand how to determine if articles are EBR. As a general definition, EBR involved the use of prior research in a systematic and transparent manner to inform a new study so that it is answering questions that matter in a valid, efficient and accessible medium. New studies should systematically examine and reference existing studies that are available. Pay attention to these four areas when determine in if an article is EBR.

1) The study’s need
2) The design

3) The Methods used
4) The Results

References for ICPD Program (always use the most current edition)

There are no specific questions from these suggested texts on the ICEA ICPD Exam.

If you need future assistance location the content outlined in any of the six parts, contact any ICEA Approved Trainer (IAT), the ICEA Mentor Program or an education committee member. We are here to help you succeed!

Part 1: ICEA

Big Ideas

1. ICEA has a rich history, dating back to 1960, of advocating for improved birth outcomes through collaboration and education.
2. ICEA frames birth as a normal life event that deserves a family-centered "circle of care" for the childbearing client and family.

Objectives

- Describe ICEA's rich history of advocating for improved birth outcomes through collaboration and education.
- Explain how ICEA frames birth as a normal life event that deserves a family-centered "circle of care" for the childbearing client and family.
- Recognize the 12 principles of the International Mother BabyChildbirth Organization.
- State 3 ways in which ICEA supports their membership and certified professionals.
- Communicate 3 ways that ICEA supports the childbearing family.

- Define the role and scope of the Postpartum Doula.
- Identify the steps of certification, specific to the Postpartum Doula Program.

Learning Resources

- ICEA Position Papers
  - Family-Centered Maternity Care
  - Social Media
  - Role and Scope of the Postpartum Doula
- ICEA Handouts, Tip Sheets and Journal (see member resources tab on the ICEA Website)
- About ICEA
- International MotherBaby Childbirth Organization

Outline

I. About the International Childbirth Education Association (ICEA)

a. **ICEA Vision—** A nurtured world through professionals trained in family-centered maternity and newborn care.

b. **ICEA Mission—**To educate, certify, and support the birth professional who believes in freedom to make decision based on knowledge of alternatives in family-centered maternity and newborn care.

c. **ICEA Core Values—**

1. Compassion—We believed approaching maternity care with compassion and nurturing spirit improves birth outcomes for all families.
2. Collaboration—We practice a culture of collaboration based on the knowledge that mindful engagement with diverse groups advances positive, family-centered maternity care.
3. Choice—We support freedom of choice by training professionals committed to empowering expectant families through informed decision making.

d. **ICEA Goals:**

1. Provide quality education emphasizing compassion, collaboration and choice.
2. Set the standards for the diversified birth professional.
3. Advanced ICEA as a leader I n the field of maternal child health.

4. Promote evidence-based options in maternal child health through collaboration and networking.
5. Improve birth outcomes for all families in the international community.

Each family is unique. Their customers, values and choices must be respected bye the Postpartum Doula.

e. **ICEA Philosophy—** In 1986 ICEA adopted the McMaster University definition of FCMC (see Family-Centered Maternity Care Position Paper)
    1. **Philosophy:** The birth of a baby also represents the birth of a family. The woman giving birth and the persons significant and close to her are forming a new relationship with new responsibilities to each other, to the baby, and to society as a whole. Family-centered reproductive care may be defined as care with recognized the importance of these new relationships and responsibilities, and which the goal is the best possible heath outcome for all members of the family, both as individuals and as a group.
    2. **Family-Centered Maternity Care:** Consists of an attitude rather than a protocol. Birth is a vital life event rather than a medical procedure. It appreciates the importance of that event to the woman and to the persons whoa re important to her. It respects the woman's individuality and her sense of autonomy. It realizes that the

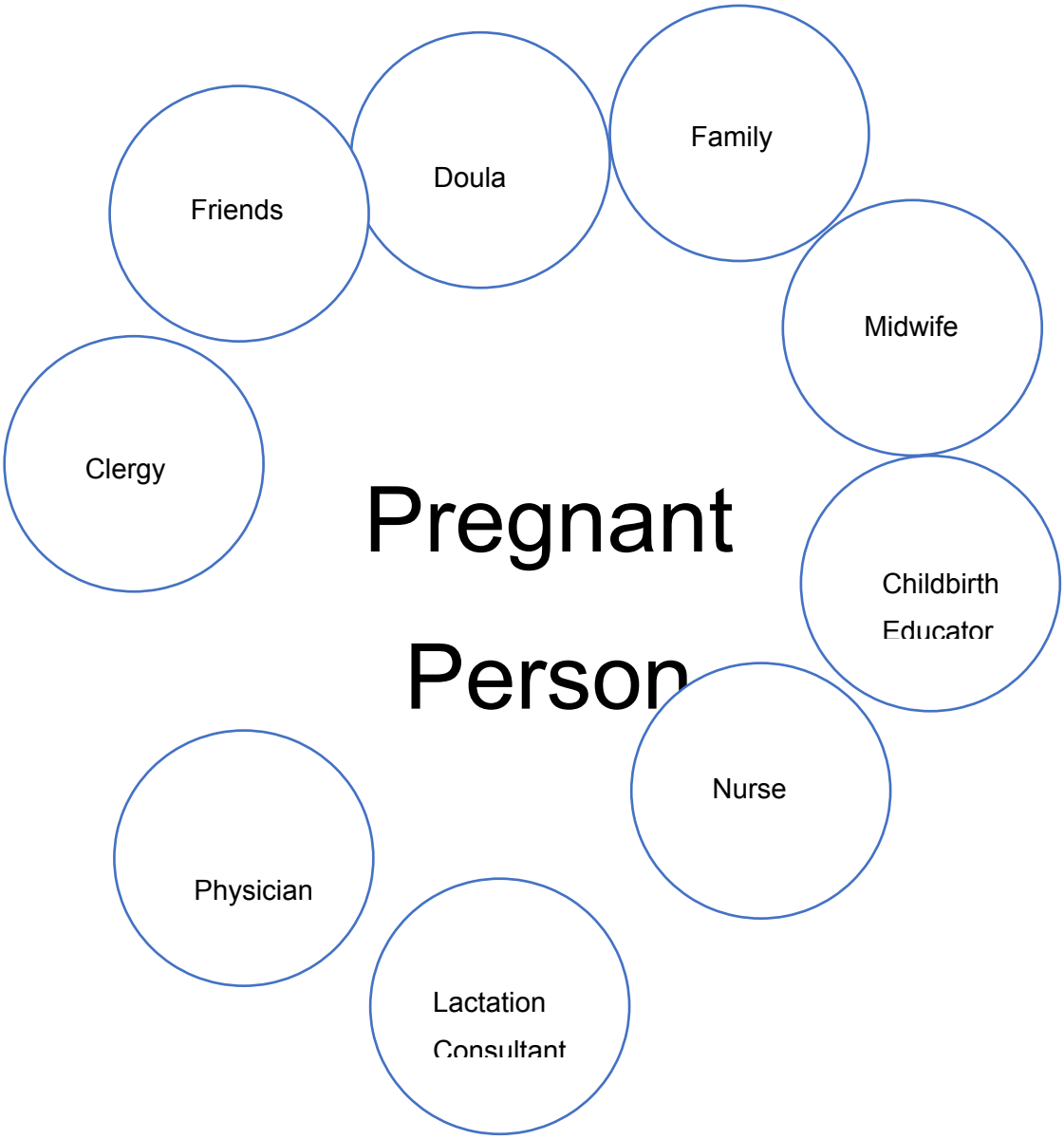
decisions she may make are based on many influences of which the expertise of the professional is only one. It requires that all relevant information be made available to the woman to help her achieve her own goals, and that she can be guided but not directed by professionals she has chosen to share the responsibility for her care. The family centered care approach atmosphere includes having access to a variety of support groups including those for breastfeeding, postpartum emotional health and support along with parenting. Family-Centered Maternity Care also strives to build confident in new parents.

3. **Practice:** Family-Centered Maternity Care is founded on this philosophy and encompasses birth practitioners, birth places and maternity-newborn care as determined by the needs and decisions of each woman and her family. According to *The Rights of Childbearing Women,* an individual has a right to health care **before, during** and **after** pregnancy and birth.

Women are free to make decision based on knowledge of alternatives, according to the ICEA philosophy.

f. **Circle of Care-** ICEA endorses the concept of the Circle of Care. The key person in the Circle of Care is the person seeking care. The individual is at the center of the circle and is responsible for selecting other members and soliciting information, advice, care and support from them. Members of the circle may consult with one another and offer advice and suggestions, but the ultimate choice for care resides with the individual. In the case of care for pregnancy and birth, that individual is the person who is pregnant.

Circle of Care Example


Pregnant Person
Family
Doula
Friends
Midwife
Clergy
Childbirth Educator
Nurse
Physician
Lactation Consultant

II. ICEA also endorse the International Childbirth Initiative (ICI)

a. Referenced sites
    1. International Childbirth Initiative (ICI)
    2. International MotherBaby Childbirth Organization

b. The 12 Steps of the MotherBaby ChildBirth Initiative are based on the results of best evidence about the safety and effectiveness of specific tests, treatments, and other interventions for mother and babies.
    1. “Safe” means that care is provided through evidence-based practices that minimize the risk of error and harm. It supports the normal physiology of labor and birth.
    2. “Effective” means that the care provided achieves expected benefits and is appropriate to the needs of the pregnant woman and her baby based on sound evidence.

c. Safe and effective care of the Mother and Baby proves the best possible health outcomes and benefits with the most appropriate and conservative use of resources and technology.

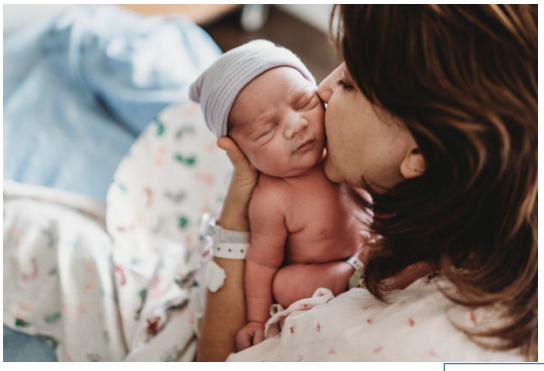
The 12 Steps of the MotherBaby Childbirth Initiative

1. Treat every woman and newborn with compassion, respect and dignity, without physical, verbal or emotional abuse. Provide culturally safe and sensitive care that respects the individual’s customs, values and rights to self-expression, informed choice and privacy.
2. Respect every woman’s right to access and receive nondiscriminatory and free or affordable care throughout the continuum of childbearing, with the understanding that under no circumstances can a woman or baby be refused care or detained after birth for lack of payment.

3. Routinely provide the MotherBaby-Family Maternity Care model, integrating the midwifery scope of practice and philosophy that can be practiced by all maternity care professionals in all settings and at all levels of care provision.
4. Acknowledge the mother's right to continuous support during labor and birth. Inform her of its benefits, and ensure that she receives such support from providers and companions of her choice.
5. Offer non-pharmacological comfort and pain relief measures during labor as safe first options. If pharmacological pain relief options are available and requested, explain the benefits and risks to the mother and support team.
6. Provides Evidence-Based Practices beneficial for the MotherBaby-Family throughout the entire childbearing continuum, including, but not limited to:
    a. Allowing labor to unfold at its own pace, while refraining from interventions based on fixed time limits to keep track of labor progress.
    b. Offering the mother unrestricted access to food and rink as she wishes during labor.
    c. Supporting her to walk and move about freely and assisting her to assume the positions of her choice, including squatting, sitting or hands-and-knees. Providing tools that are supportive of upright positions.
    d. Techniques for turning the baby in uteri and for vaginal breech delivery.
    e. Facilitating immediate and sustained skin-to-skin MotherBaby contact for warmth, attachment, breastfeeding initiation, and development situation. Helping to ensure that the Mother and Baby stay together.
    f. Allowing adequate time for the cord blood to transfer to the baby for the blood volume, oxygen and nutrients it provides.
    g. Ensuring the mother's full access to her ill or premature infant, including kangaroo care, and support in the mother to provide her own milk (or other human milk) to her baby when breastfeeding is not possible.
7. Avoid potentially harmful procedures

The two most important decisions a woman will make that will have the most impact on her birth outcome:

1. Her choice of birth place
2. Her choice of caregiver



ICEA believes that the Postpartum Doula positively impacts families and client satisfaction.

and practices that have insufficient evidence of benefit outweighing risk for routine or frequent use in normal pregnancy, labor, birth, postpartum and neonatal period. When considered for a specific situation, their use should be supported by best available evidence that the benefits are likely to outweigh the consent. This may include, but is not limited to:

a. Shaving
b. Enema
c. Sweeping of the membranes
d. Artificial rupture of membranes
e. Medical induction and/or augmentation of labor
f. Repetitive vaginal exams
g. Withholding food and water
h. Keeping the mother in bed
i. Intravenous fluids (IV)
j. Continuous electronic fetal monitoring
k. Insertion of a bladder catheter
l. Supine or litho to my (legs-in-stirrups) position
m. Caregiver-directed pushing
n. Fundal pressure (Kristeller)
o. Episiotomy
p. Forceps and Vacuum extraction
q. Manual exploration of the uterus
r. Primary and repeat caesarean section
s. Suctioning of the newborn
t. Immediate cord clamping
u. Separation of mother and baby

8. Implement measures that enhance wellness and prevent illness for the MotherBaby-Family, including, but not limited to:
    a. Provide education about foster access to good nutrition, clean water and a clean/safe environment.

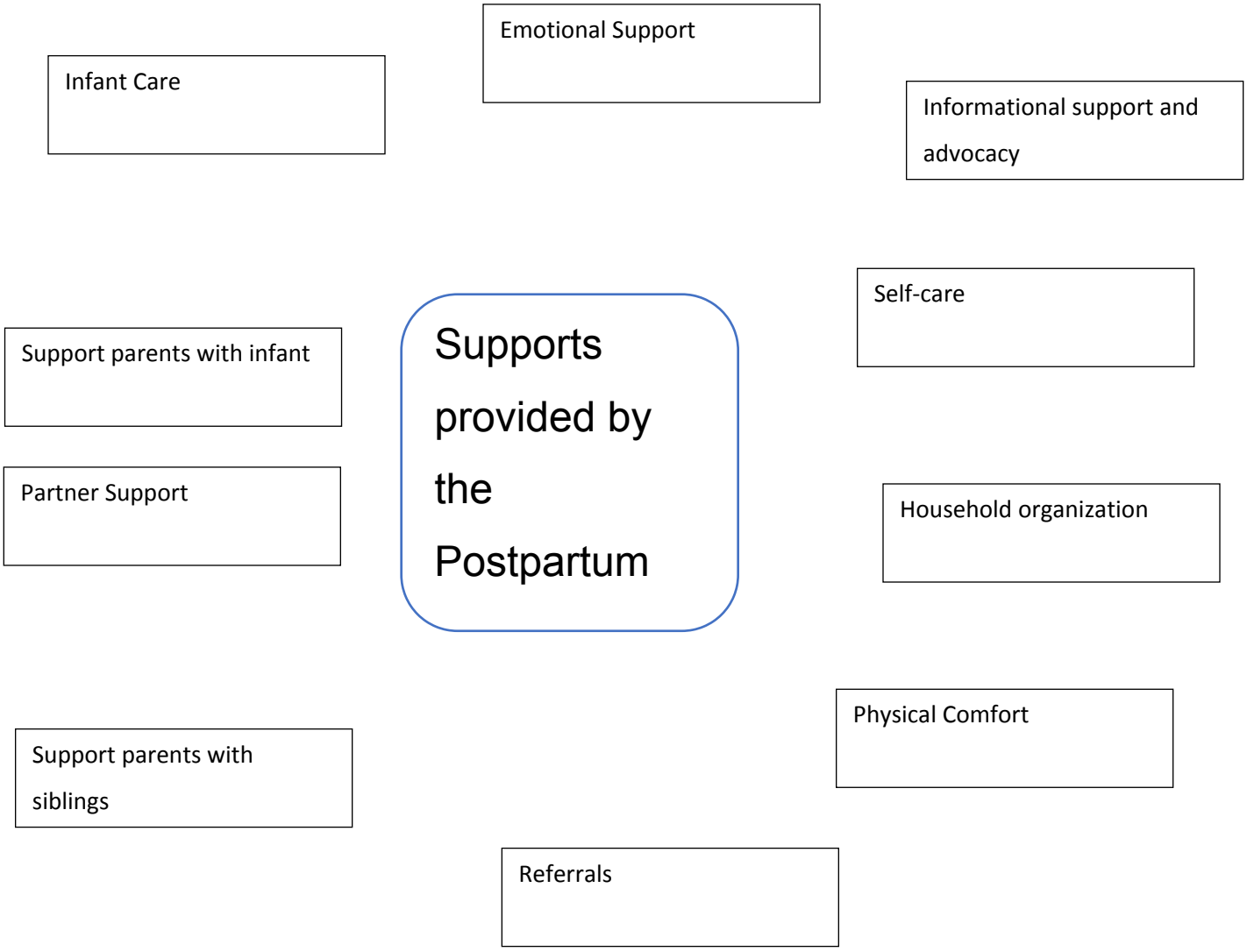
b. Provide education in and access to me[illegible]n, including malaria and HIV/AIDS prevention and treatment, and tetanus toxoid immunization.

c. Provide education in responsible sexuality, family planning, and a women's reproductive rights. Provide access to family planning options.
d. Provide supportive prenatal, intrapartum, postpartum, and newborn care that addresses the physical and emotional health of the MotherBaby within the context of family relationships and community environment.

9. Provide appropriate obstetric, neonatal, and emergency treatment when needed. Ensure the staff are trained in recognizing (potentially) dangerous conditions and complications and in providing effective treatment or stabilization, and have established links for consultation and a safe and effective referral system.
10. Have a supportive human resource policy in place for recruitment and retention of dedicated staff, and ensure that staff are safe, secure, respected, and enabled to provide good quality, collaborative, personalized care to women and newborns in a positive working environment.
11. Provide a continuum of collaborative maternal and newborn care with all relevant health care providers, institutions and organizations with established plans and logistics for communication, consultation and referral between all levels of care.
12. Strive to achieve the 10 Steps to Successful Breastfeeding as described in the WHO/UNICEF Baby-Friendly Hospital Initiative.

Early breastfeeding with extra support is an important consideration if a woman has a cesarean birth.

III. Role and Scope of Practice: ICEA Position Paper: Role and Scope of the ICPD



IV. Models of Childbirth Care—

a. Models of care reflect a person's or institutions philosophy of pregnancy and birth. The table below assigns characteristics to one model or the other to make them easier to discuss and compare.

b. ICEA encourages childbirth educators and others involved in the care of childbearing women to consider how these differing philosophies of care influence practice.

Biomedical Model (Medical Model of	Social Model (Midwifery Model of Care)

Care)	
Focuses on the physical	Focuses on the whole person
Controls and manages	Respects and empowers
Expertise/Objective	Relational/Subjective
Environmental outcomes are peripheral	Environmental outcomes are central
Anticipates pathology	Anticipates normality
Technology used as a partner	Technology used as a servant
Objective facts	Intuition
Safety	Self-actualization

V. Steps to becoming an ICEA Certified Postpartum Doula (ICPD)

a. **Traditional Certification Pathway**

1. This certification pathway is the right choice for you if:
    a. You have little to no experience as a Postpartum Doula
    b. You are a layperson who is committed to helping childbearing families
    c. You are a birth doula, nurse, or other birth professional who wants to expand your serves to include postpartum care.
2. Steps to Certification-The following steps must be completed within two years of enrolling in the program. **It is important to note that Steps 1 and 2 are interchangeable, meaning you can do them in either order.**
    a. Enroll in the certification program
    b. Attend an ICEA Postpartum Doula Workshop (additional fees required, paid directly to the Postpartum Doula Trainer)
    c. Review certification study guide and referenced readings. These are provided after enrollment.
    d. Confirm you have taken and are current on Infant/Baby/Adult CPR Certification.
    e. Complete 3 client evaluation of *at least* 6 hours each.
    f. Apply to take the certification exam

b. **Experienced Certification Pathway Candidates**

1. This certification pathway is the right choice for you if:
    a. You are currently certified with another recognized Postpartum Doula organization and have been actively practicing for a minimum of 2 years.
    b. You have been certified as a Postpartum Doula within the last two years through ICEA or another recognized Postpartum Doula organization and actively practiced for a minimum of 2 years while certified, but your certification has expired within the **last** 2 years.
2. Steps to Certification-The following steps must be completed within 2 years of enrolling in the program. Candidates must **FIRST** enroll in the certification program before completing the other steps.
    a. Enroll in the certification program.
    b. Review the certification study guide and the referenced readings that are provided after enrollment.
    c. Study specific ICEA position papers and pass post-test that are provided after enrollment.
    d. Confirm current Infant/Baby/Adult CPR
    e. Apply to take the certification examination
    f. Submit proof of current or prior certification (must not have expired within past 2 years) with another recognized postpartum doula organization along with the examination application form.

c. **Online Program**—This program is offered for those who do not have access to face-to-face workshops. ICEA widely expanded their online offers during the COVID-19 pandemic. Zoom options are available when the face-to-face offering is not in a city/town near you. You can choose the online Zoom option or the Online Self-Paced option when you enroll in the Traditional Pathway.

VI. Re-certification

a. To maintain your ICPD credential you must re-certify every 3 years. To re-certify you must:
    1. Obtain a minimum of 24 Continuing Education Credits
    2. Confirm current Infant/Baby/Adult CPR Certification
    3. Complete 3 client evaluations of at least 6 hours each
    4. Pay the re-certification fee

Recerfication is required every 3 years. ICEA Postpartum Doulas understand the importance of becoming life-long learners while obtaining continuing education hours.

VII. ICEA supports ICPD's in several ways:

a. The Board of Directors and Staff of ICEA can be easily reached via email for any questions, concerns or suggestions.
b. Your ICEA Approved Trainer (IAT) is happy to answer questions you may have.
c. ICEA offers a mentorship program for those who are beginning their journey in the postpartum doula field.
d. ICEA offers several different opportunities for Continuing Education (CE) hours, including conferences and online webinars.

ICEA offers other professional programs:

- ICEA Certified Childbirth Educator (ICCE)
- ICEA Certified Birth Doula (ICBD)

**Please reach out to your IAT or inquire on the website if you are interested in pursuing these others avenues as well.

Part 2: What is a Postpartum Doula?

Big Ideas

1. The role of the Postpartum Doula is changing from one where they only cared for families during the first 3-4 months to one that can extend well into toddlerhood or preschool by assisting families through the first 1000 days.
2. Proper communication is important to the work that the Postpartum Doula does. A proper foundation in communication assures that all parties needs are met.

Objectives

- Describe how the role of the Postpartum Doula is changing.
- Identify 3 roles a Traditional Postpartum Doula plays.
- List 3 roles a Modern Postpartum Doula plays.
- Describe 3 ways the Postpartum Doula helps to support the entire family during. immediate postpartum.
- List 5 types of families.
- Explain 3 ways to be culturally sensitive.
- Define Reflective Listening.
- List 5 items that may be in a Postpartum Doulas bag.
- Identify 3 ways to practice safety as a Postpartum Doula.
- Describe 5 ways to practice self-care as a doula.
- Outline the basic role of communication as a Postpartum Doula.

Outline

I. **Role and Scope of Practice for the Postpartum Doula**

A. Traditional Postpartum Care: Trained to work with families in the immediate postpartum period. Typically going no further out than 3-4 months with a family.

B. A Postpartum Doula is key in the postpartum period because they provide continuous physical and emotional support. Some of the things the postpartum doula would do include:

g the mother and family in the day to day transitions of bringing home a new baby.

2. Helping the mother to learn about her own postpartum care.
3. Providing opportunities for the mother to rest and meet their own needs while the doula cares for the baby.
4. Assisting with teaching new baby care.
5. Light housekeeping.
6. Making sure the mother and family have meals to eat.
7. Caring for older children.

C. Modern Postpartum Care: Works with families on a much longer scale. Instead of working for the first 3-4 months, Modern Postpartum Doulas are working with families through the first 1000 days. Some areas the Modern Postpartum Doula helps in are:

1. Assisting the family in the traditional way during the early postpartum period.
2. Working with the family to provide opportunists of mentoring and teaching. These areas can include:
    a. Expected developmental milestones that he baby/infant/toddler should be able to meet.
    b. Providing effective referrals when necessary.
    c. Educating the family on brain development and the important role the family plays.
    d. Demonstrating effective ways of play with newborn/infant/toddler.
    e. Sharing appropriate resources geared towards the developmental age of the child.
    f. Helping the family stay strong by evaluating their needs and helping them to meet those needs.
    g. Creating a plan for success.

II. The Postpartum Doula's role during the immediate postpartum period.

The role of the Postpartum Doula is to assist and work side by side with the family. The Postpartum Doula should not babysit for a family when they go back to work or go on a vacation.

A. Helping with the family transitions in the immediate postpartum period.

1. The Postpartum Doula will educate whenever applicable on postpartum healing, newborn care, and help to creat strategies to ease the transition for families.
2. The Postpartum Doula will provide guidance and demonstrate appropriate skills and techniques for the family.
3. The Postpartum Doula will facilitate learning in a creative manner in order to assist families with issues and concerns that arise on a daily basis.
4. The Postpartum doula will help the families with informed decision making.

They will help families examine the risks and benefits of situation as they arise. The Postpartum Doula will know where there are resources to find unbiased information for families.

5. The Postpartum Doula will demonstrate organizational skills and effective time management, allowing families to develop these skills as well.
6. The Postpartum Doula will know how to effectively communicate in a multitude of situations.

B. Helping to support the partner during the immediate postpartum period.

1. It is always a good idea for the Postpartum Doula to meet the partner prior to beginning to work with the family. It is advisable to meet while the family is still expecting so that the doula can learn what the role expectations are of themselves.
2. The Postpartum Doula should include the partner in the care whenever possible. The doula can also help to educate the partner on how to assist the partner with postpartum care and how to care for the baby.
3. The Postpartum Doula can help partners understand the important role that they play in the baby's life and assist with creating experiences for bonding and success.

C. Helping to support the siblings.

1. Whenever possible the Postpartum Doula should meet the sibling(s) prior to the baby being born and get to know them.

2. The Postpartum Doula should have a clear understanding from the parent(s) on what their role with older siblings will be prior to starting the work.
3. If the children will be present the Postpartum Doula should acknowledge the importance of the older child's daily routine and assist the parents with keeping routines. The doula should also know and follow the families' rules and values.
4. The Postpartum Doula should be able to include the older siblings in the care of the sibling whenever possible(if desired by the older sibling), but is important to remember to never leave a sibling along with the baby. Supervision is always essential.

D. The doula's role during the infant and toddler period.

1. Once the family has passed the immediate postpartum period the doula can continue the working relationship with the family by providing:
    a. Education on expected growth and development to help the families understand the milestones their child should be meeting.
    b. Teach families how to play with their infant, toddler, and preschooler to enhance cognitive and emotional growth.
    c. Provide referrals that meet the needs of the family:
        1) Support Groups
        2) Play Groups
        3) Story Time
        4) Healthcare Providers
        5) Childcare Settings
    d. The Postpartum Doula can help the family examine their current needs, stressors, etc. and help them create a plan that accommodates their changing needs to be compatible with where they are currently at in their lives.
    e. Provide resources (referrals, books, videos, etc.) when necessary to help educate the family.
    f. Educate the family on brain development and how they can foster it.
    g. Provide support when necessary (mentorship role).

h. Assist with the transition of the next sibling into the family if the they choose to have another child.

> The Modern Postpartum Doula can be thought of as a tour guide, helping families navigate parenthood and the stressors that come along with it.

E. Working with non- "traditional" families

1. Teen mothers often have different needs that will need to be addressed.
   a. The other parent and his/her family may or may not be involved.
   b. The relationship may be a good one or have a lot of tension. A doula can help by being that unbiased individual who can help facilitate conversations.

   c. The teen may need extra education when it comes to caring for self-and/or baby. Depending on the amount of experience she has and the age she may need to start from the basics and move to more specific topics of learning.
   d. Help her find ways to bond with her baby such as baby wearing or teaching her infant massage techniques.
   e. Determine who her support network is. Who are those people in her social network that are her "friends", who are the people that she can count on once in awhile, and then who are those people who will be there long term to help her out.
   f. Consider referring her to resources that can help teen mothers:
      1) WIC
      2) Support Groups
      3) Mommy and Me Groups with other younger mothers.
2. Single mothers may have some similar needs to the young mother when it comes to partner involvement.

a. The single mother may need to return to work, so helping her create a solid plan for that transition can be very helpful.
b. Depending on the involvement of the other parent and his/her family will help to determine how much additional support she may need.
c. Just with the teen mother helping her to determine who is in her social circle that she can turn to for support and encouragement.
d. Consider providing her with referrals just as was mentioned for the teen mother.

3. Multiples
   a. How will the mother be feeding her multiples? Will she be bottle feeding? Breastfeeding? Doing a combination? Helping her to come up with a realistic plan and then helping with implementation can be crucial to her success.
   b. Helping her develop a plan for keeping track of feeding, diapering changes and sleep patterns.
   c. While we encourage feeding on demand sometimes it can be harder with twins and some mothers may opt to feed both babies at once. If this is the case helping her to get the babies positioned and all of them comfortable is very important.
4. LGBTQIA-Lesbian, Gay, Bisexual, Transgender/Transsexual, Queer/Questioning, Intersex, Asexual/Allies
   a. Use inclusive language. If you do not know ask.
   b. Take a sensitivity training.
   c. Never assume how someone identifies (aka male, female, etc.)
   d. Understand that individuals in this community may have been persecuted for how they live their lives or for the partners they have chosen, so they may be standoffish when seeking care.
   e. If you would like to work with families from the LGBTQIA community check to see if there is a resource center where you live. If there is see if you can be put on their list of “friendly” providers.

5. Surrogate families: when working with a surrogate family who will be hiring you? Will you work with the surrogate or the intended family?
    a. Surrogate: when working with the surrogate in most cases there will not be a baby present. Your role may be in helping her to recover and teaching postpartum care. In some cases, surrogates may pump breast milk for the baby and have it delivered to the family. Have an understanding that there may (or may not) be a sense of loss felt.
    b. Intended family: when working with the intended family you won't be teaching postpartum self-care but may be educating on new baby care and helping families transition to their new roles.
6. Adoption
    a. Birth mother: when working with the birth mother the care given may be similar to the care given to the surrogate.
    b. Adoptive family: when working with the adoptive family the care given may be similar to the care given to the intended parents from above.

F. Cultural sensitivity

a. Culture is shaped by religion, economic statues, education, family values, family dynamics, and family histories.

b. Remember that we all have unique history's and backgrounds and when working with a family you want to consider what their cultural practices may be and you want to honor those.

c. Do not push your ideals onto the family.

d. Never assume you know a person's cultural background, beliefs, rituals, etc.

e. When in doubt always ask.

f. Find and take a sensitivity workshop or training.

G. Listening and communication skills

1. Reflective listening involves the listener to actively be engaged and hearing the person who is communicating. (Phyllis Klause and Penny Simkin)

a. Goals of Reflective Listening
    1) To Facilitate Communication
    2) To Foster Relationships
    3) To Validate the Person's Experience
    4) To Help the Person Clarify their Feelings and their Real Concerns. This allows you both to understand their true needs.

b. When to use reflective listening skills
    1) When a person has a problem he/she needs to solve.
    2) When a person is experiencing strong feelings or concerns.
    3) When a person has a problem with another person's behavior.
    4) When two or more people are in conflict.

c. Basic skills
    1) Non-verbal congruency (appropriate body language): eye-contact, face and body attentive stance.
    2) Use opening type of statements that encourage communication.
    3) Reflect your understanding of what the other person is saying and your perception of its meaning; ask for confirmation.
    4) Reflect the feelings you are hearing or sensing in a non-judgmental way.
    5) Use open-ended, tentative statements.
    6) Use "open" type of questions rather than "closed"questions.
    7) Restate or clarify the other person's experience of events when appropriate.
    8) Make tentative summary of the information shared.
    9) Use attentive silence.

2. Avoid responses that tend to block communication called “The Dirty Dozen”
    a. Order, command, direct, sympathize, reassure
    b. Threat, warn, analyze, diagnose
    c. Preach, moralize, probe, question
    d. Advice, solve, humor, sarcasm
    e. Lecture, logic, distract, take subject away
    f. Agree, praise, Judge criticize, blame, label
3. How to give feedback when you have strong feelings or it’s your issue, problem, etc.
    a. Describe the behavior (event, situation, action) that is a problem for you.
    b. Describe its impact or tangible effect on your life.
    c. Describe how it makes you feel.
4. This process of feedback accomplishes the following
    a. Allows you share your feelings
    b. Let’s you tell another person in a non-judgmental way their effect on you
    c. Helps you distinguish who has the problem.

III. The Postpartum Doula’s Bag

A. Postpartum doula

1. Breastfeeding and baby care books to share with families.
2. Snacks for self.
3. Informational videos, links, etc. to assist with the educational process
4. Gloves to protect yourself and the family when encountering bodily fluids
5. Hand cleanser/sanitizer so that the postpartum doula can practice frequent hand washing

6. Change of clothes in case your clothing becomes soiled. You should also consider dressing in layers to accommodate the temperature in the family's home.
7. Resource list of individuals or businesses that the doula can refer to when necessary.
8. Client folder so that you can keep up to date records of the family: contact information, notes, reminders of items or topics to cover at the next visit, etc.

IV. Safety and self-care

A. Safety when interviewing:

1. It is important to consider where you will interview potential families that you may work with. Some postpartum doulas will meet for the first time in a public location such as a coffee shop, restaurant, etc. Others will meet with the families in their homes. Regardless of where you meet them consider the following:
    a. Let a trusted family member know where you will be.
    b. Safety when going into the clients home.
    c. Remember you are on their turf, so it is essential to be respectful. Consider things such as:
        1) Do they wear shoes in their home?
        2) If you bring a beverage be cautious of where you place it.
        3) Be culturally sensitive.
2. Be cautious of pets when in someone's home because their pet could be unpredictable even if they assure you he or she is friendly.

B. Replenishing the doula spirit - how to take care of yourself so you can provide the best care possible to others.

1. Negative:
    a. Compassionate fatigue: fatigue, emotional distress, or apathy resulting from the constant demands of caring for others or from constant appeals from charities.

b. Burnout: fatigue, frustration, or apathy resulting from prolonged stress, overwork, or intense activity.

2. Ways to take care of you:
    a. Talk with other birth professionals or get support from family or friends, but always be careful about confidentiality
    b. Use journaling or any of these other examples:
        1) Art therapy
        2) Visiting house of worship
        3) Relaxation techniques
        4) Personal pampering – hobbies/interests of own; reading.
        5) Time with partner or own children, or pets.
        6) Attend periodic workshops for Postpartum Doulas or other retreats.
        7) Create and enjoy a special space, file or box of mementos, thank you notes, photos and letters from favorite clients, or any favorite items which remind her of why she is doing this important work.

Part 3: The Parents—Supporting the Family Right From The Start

Big Ideas

1. The postpartum doula, along with family, friends and healthcare professionals will help with any physical, emotional, social or intellectual needs or changes that may occur during the immediate postpartum period with mother, baby and family.
2. Postpartum Doulas help to facilitate family transitions. ICEA trained Postpartum Doulas create an environment for learning and implementing social, emotional and intellectual development during the first 1000 days.
3. Pregnancy, birth and postpartum can be a transitional time in a couple's relationship. With preparation and guidance, the family unit can become stronger and more stable impacting the baby's physical, emotional, social and intellectual development.
4. Understanding how the families' lives will change and can impact the mother, father, siblings and new baby may help promote healthy family dynamics.

Objectives

At the completion of Part 3 the learner will:

- Demonstrate 3 ways the Postpartum Doula can assist the parents, including maintaining their relationship.
- List 3 ways in which the Postpartum Doula facilitates family transitions by creating an environment for learning and implementing social, emotional, and intellectual development during the first 1000 days.
- Describe how the Postpartum Doula can help a family unit become stronger and more stable, as well as promoting healthy family dynamics throughout this transitional time.
- Describe how the Postpartum Doula (as part of the Circle of Care) supports the mother, baby, and the family during the fourth trimester.
- Compare and contrast the difference in recovery between a vaginal and cesarean birth.
- Describe 4 physical discomforts and how the postpartum mother may cope with them. Understanding 5 strategies for helping the family integrate a new baby into their already existing family. List 5 activities to engage and transition siblings for a a new baby.
- List at least 3 sources of stress that couples may experience during the postpartum period.
- Describe 4 outcomes of long term stress on a baby.
- List 5 warning signs and community resources for the mother and Postpartum Doula.

- Recognize 4 signs and symptoms of Perinatal Mood Disorders and how the Postpartum Doula can assist the mother.
- Define a tool used to help identify Postpartum Mood Disorders.
- Describe 3 different types of Perinatal Mood Disorders.
- Describes 3 signs of a good latch in a breastfeeding baby and what to look for.
- List 3 breastfeeding complication and 3 possible solutions.
- List 4 benefits of breastfeeding.
- Identify 2 ways to extract milk from the breast.
- Identify 3 unexpected outcomes.

Outline

I. The 4th Trimester

A. Maternal Physical Recovery and Discomforts

B. Healthy eating habits are important during the postpartum recovery time and beyond. Postpartum Doula's encourage mom to eat a variety of healthy foods, including but not limited to, fruits, vegetables and nuts.

C. Aches and pains from the birthing process can be normal for a few days after the baby has been born.

1. **Lochia**: Vaginal discharge after giving birth, which is a mixture of blood, mucus and uterine tissue. This discharge usually lasts for 4-6 weeks after the birth of the baby. For the first few days after the birth the flow resembles a heavy menstrual flow and passing jellylike small clots in the first few days is normal. The flow can increase with movement, exercise, breastfeedingandhavingabowelmovement. Large clots are NOT normal and a woman should be encouraged to seek medical attention.
2. **Uterus**: After the birth the uterus will start the process of involution which will continue for approximately 6 weeks when the uterus returns to its pre-pregnancy size. Right after the birth the fundus (top of the uterus) is approximately even with the belly button, and it gets smaller each day by about one finger width over the next six weeks. Breastfeeding can help the process along.

3. **Vagina**: The vagina takes approximately 6 weeks to go down to almost its pre-pregnancy size. After the birth even though the labia goes back down in size the labia may remain somewhat looser, larger and darker.
4. **Episiotomy**: A surgical incision to the perineum to enlarge the vaginal opening during the birthing process.
5. **Tears**: Can occur naturally during the birthing process. Tears may need to be stitched up or if small may heal on their own.
6. **Bottom care and healing**
    a. Apply ice to the bottom for several days after the birth to help reduce swelling. An ice pack can be made by:
        - Disposable diaper ice pack: gently rip the seam of the disposable diaper along the backside, insert crushed ice, seal using the Velcro tabs and apply to the bottom. This type of ice pack can be useful because not only will it help to apply cold to the bottom but will also help to collect the lochia flow.
        - Wash cloth ice pack: freeze a wash cloth, place inside of a Ziploc bag, wrap in several layers of paper towel and apply to the bottom.
        - Pad-cicles: make “pad-cicles” by applying witch hazel to the center of a sanitary pad, freeze, and apply to the bottom.
        - Do Kegels to increase circulation, promote healing and reduce swelling in the perineal area.
        - Peri bottle: Always cleanse carefully after using the bathroom. The mother can use a peri bottle filled with warm water to spray on the area and then use toilet paper to gently pat dry.
        - Sitz baths: Have the mother sit in a clean tub of warm water for ten to twenty minutes. After the sitz bath if she used warm water she should lie down for fifteen minutes to help reduce swelling, or she can use cooler water for her sitz bath.
        - Plastic donut: The mother can sit on a blow-up plastic donut or even a boppy to reduce pressure on her perineum.
        - Tucks pads: Apply to the bottom when using the bathroom.

b. Rest: Lie down as much as possible.

7. **Urinary incontinence**: a condition that causes the body to leak urine when the bladder is full during exercises, coughing or sneezing. At times this may happen even when the bladder isn't full. Doing Kegels and squats several times a day can help to improve the situation. If the condition is more severe the healthcare provider might need to be contacted and perineal restoration with a physical therapist may be necessary, or even surgery.

8. **Fecal incontinence**: a condition that causes the body to uncontrollably pass gas or leak stool. This may occur for the first few weeks after the birth of the baby. If it lasts longer than that the healthcare provider may need to be consulted. Treatment can include doing Kegels, the use of medications, changes in the diet, and in rare cases surgery.
9. **Constipation**: due to hormone changes, decreased activity, and medications constipation can occur after the birth of the baby. Some healthcare providers will prescribe a stool softener to help make the first bowel movement easier. Eating raw fruits and vegetables, increasing fluid intake and fiber, doing Kegels and getting regular exercise can all help.
10. Hemorrhoids: dilated veins in the rectum and anus that can cause pain and itching. Hemorrhoids often improve in time and can be helped by:
    - Taking steps to reduce constipation
    - Doing Kegel exercises
    - Using witch hazel pads on the area
    - Taking sitz baths
    - Avoiding heavy lifting
11. **Edema**: or swelling can be present.
12. **Breast engorgement:** (abundance of milk and increased fluid) or sore nipples

II. **Physical Recovery from a Cesarean Birth**

A. Double recovery or having the unexpected cesarean after laboring (and possibly even pushing)

1. Self-care

2. Pain medication may be given after the cesarean. Follow health care provider's instructions
3. Caring for the incision: Medical provider will teach the mother how to care for the stitches. Washing hands and cleaning wound each day is important. It is normal for the area to itch as it heals and ooze a watery yellow or pink discharge.
4. Lochia (vaginal discharge after birth) will be the same as after a vaginal birth.
    - Bathing or showering can occur 24 hrs. after birth, incision area should be dried thoroughly.
5. Caring for the baby can be difficult after the cesarean birth.

B. **Limitations**: There may be limitations in movement, ability to lift anything heavier than the baby, climbing stairs, and driving. Rolling over, sitting, standing and walking can be more difficult after the cesarean birth.

C. Coming to terms with an unexpected cesarean birth can be difficult especially if it was unexpected. The mother may experience many different feelings:
    1. Acceptance may occur when the mother feels the surgery was necessary.
    2. Anger if she didn't feel part of the decision-making process.
    3. Disappointment
    4. Guilt
    5. Resentment
    6. Relief

III. **Breastfeeding-The Basics**

A. Feeding is based on supply and demand. More frequent nursing will increase a dwindling milk supply.

B. Feeding cues include becoming alert, rooting, sucking on hands or crying.

C. Exclusive breastfeeding is recommended by the American Academy of Pediatrics (AAP) for 6 months.

D. The average breastfeeding woman begins menstruation 6 months postpartum.

E. Breastfeeding support groups, breastfeeding counselors and lactations consultants improve breastfeeding outcomes. The ICPD should maintain an up-to-date breastfeeding resource and referral list.
F. Prolactin is the hormone involved in breast milk production.
G. Oxytocin causes milk letdown in the breastfeeding woman.
H. The World Health Organization (WHO) states “when a mother’s own milk is lacking (especially when the newborn is premature or high risk) the next best choice is pasteurized donor milk.
I. To Promote breastfeeding:

a. Healthy infants should remain in direct skin-to-skin contact with their mothers immediately after birth, no supplements (sugar, water, formulas) should be given to healthy newborns.
b. Pacifier use is best avoided until breastfeeding is well established.
c. Infant newborns should breastfeed when they show feeding cues.
d. Postpartum Doulas should walk the sleeping mother that is exclusively breastfeeding when baby shows hunger signs.
e. Benefits to Baby
    - Increased IQ score
    - Decreased Risk of:
        a) SIDS
        b) Childhood Leukemia
        c) Celiac Disease
        d) Incidence and Severity of Allergies’
        e) Asthma
        f) Ear Infections
        g) Respiratory Infections
        h) Meningitis
        i) Childhood Obesity

j) Diabetes

f. Benefit to Mother
   - Increased
     a) Involution of the Uterus
     b) Sleep
     c) Confidence in Mothering Skills
   - Decreased Incidence of:
     a) Postpartum blood loss
     b) Breast Cancer
     c) Ovarian Cancer
     d) Osteoporosis
     e) Diabetes
     f) Missed work time
     g) Environmental waste

g. Breast Anatomy
   - **Alveoli**: The site of milk production
   - **Lobules**: Cluster of alveoli
   - **Ducts**: The tubes that carry the milk from the alveoli to the nipple.
   - **Areola**: The Pigmented area on the breast around the nipple.
   - **Nipple**: Raise region of tissue on the surface of the breast from which milk leaves the breast through the ducts.

h. Signs of a good latch
   - Mouth wide open
   - Lips flanged back
   - Full round cheeks
   - Nose and chin touch the breast
   - Sucking bursts and pause
   - Listen for swallowing
   - Feel tugging sensation
   - No biting or pinching sensations

- No clicking or smacking sounds

**A poor latch is often the cause of sore nipples.

J. Breastfeeding Issues

1. **Engorgement**: When the breasts become firm, hard and heavy. This usually occurs when the milk changes over from colostrum to mature milk. Can also occur if a feeding is missed or skipped. When beasts are full and firm it can be uncomfortable and difficult for the baby to latch on. Nursing frequently can be preventative and promote comfort.
2. **Plugged ducts**: Small hard lump in the breast that is uncomfortable to the touch, red and warm. Resolution can come with warm compress, gentle massage and frequent feedings.
    - Plugged ducts may be caused by:
        a) Tight Bra
        b) Sleep Position
        c) Inadequately emptying of the breast
3. **Mastitis:** Breast infection that includes the following symptoms:
    - Chills
    - Fever
    - Fatigue
    - Malaise
    - Warmness and/or redness of the breast area.
4. Common reasons for early cessation of breastfeeding include:
    - Nipple or breast pain
    - Perception of low milk supply
    - Lack of knowledge or support
5. Extracting Milk from Breast
    - Hand Expression
    - Hand Pump
    - Single or Double Electric Pump

- Hospital Grade Pump

IV. Warning Signs for Mother

Warning Sign	Possible Problems
Fever	Uterine infection, breast infections (mastitis), infection of the episiotomy or tear, infection of the caesarean incision.
Burning with urinating, blood in the urine	Bladder or kidney infection
Inability to urinate	Swelling or trauma of the urethral sphincter
Swollen, red, painful area on breasts along with fever and flu like symptoms	Thrombophlebitis or deep vein thrombosis (blood clot in the blood vessel)
Sore, reddened, painful area on breast along with fever and flu like symptoms	Breast infection (mastitis)
Passage of blood clot larger than a lemon followed by heavy bleeding, or any bleeding heavy enough to soak a maxi pad in an hour or less	Passage of some (but not all) of the retained placenta, uterine infection, late postpartum hemorrhage.
Vaginal discharge that has an extremely foul odor, vaginal soreness or itching	Uterine infection, vaginal infection
Increased pain at site of the episiotomy or tear, may be accompanied by foul smelling or pus like discharge	Infection of the episiotomy or tear, reopening of the incision or tear

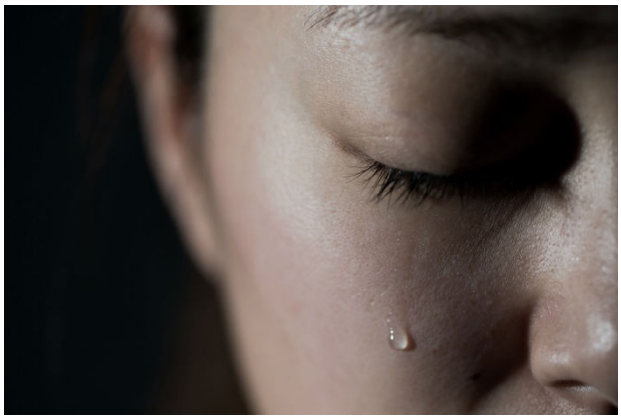
Opening of caesarean incision; may be accompanied by pus like discharge or blood	Infection of caesarean incision
Appearance of rash or hives—may be accompanied by itching	Allergic reaction to medication
Severe headache that begins after the birth and is worse when upright and less painful when lying down	Spinal beach ache following a spinal or epidural
Any sudden onset of pain that's new, such as abdominal tenderness or burning near perineal stitches when urinating	Uterine infection, reopening of perineal tear or incision
On and tenderness in front and back of pelvis, accompanied by difficulty walking and a "grating" sensation in pubic joint	Separation of pubic symphysis
Feeling extremely anxious, panicky, or depressed; accompanied by rapid heart rate, difficulty breathing, uncontrollable crying, feelings of anger or inability to sleep or eat	Postpartum mood disorders, including anxiety and panic attacks, obsessive thinking or worrying, or depression.
Frightening relationship with the partner, being verbally or physically abused	Domestic violence increases during pregnancy and after birth.

Simkin, P. (2016). Pregnancy, childbirth, and the newborn: The complete guide (5th ed.). Meadowbrook Press.

V. Perinatal Mood Disorders

A. Baby blues or Postpartum Blues—term used for mild mood swings that happen after birth.

1. This is not an illness. It typically begins around day 3-5 postpartum (usually right around the time the milk changes over from colostrum to mature milk) and will resolve on its own within a few weeks (2-3 weeks after birth).



of women experience the baby blues.

- Symptoms include:
  a) Temporary moodiness
  b) Crying
  c) Sadness
  d) Irritability
  e) Frustration

3. Perinatal Mood and Anxiety Disorders (there are 6 principal disorders)

- Postpartum Depression is the most common of the mood and anxiety disorders.
  a) Symptoms
  b) Anxiety
  c) Self-doubt
  d) Sadness
- Obsessive Compulsive Disorder (OCD): Approximately 2% of women experience an obsessive-compulsive disorder. It is the most under detected and under treated.
  a) In about 57% of mothers who have Postpartum Depression, they also have obsessive thoughts.
  b) Symptoms
    a) Compulsive behaviors
    b) Obsessive behaviors or obsessive I pages of the baby becoming hurt accompanied by feelings of being ashamed. (This differs from psychosis because they know they are having bizarre thoughts and are

sure they won't hurt the baby. They also do not hallucinate, distorted thinking and have not lost touch with reality.)

- Panic disorders: approximately 2% of women experience an anxiety/panic disorder.
    a) Symptoms include:
        a) Panic attacks (depression and hopelessness about the panic attacks can occur)
        b) Worrying
        c) Agitation
- Post-Traumatic Stress Disorder
    a) Post-Traumatic Stress Disorder (PTSD) is triggered by a highly traumatic event that results in extreme fear, helplessness or terror. It could occur due to frightening or traumatic birth, unexpected illness, sudden problems for the baby, insensitive or hurtful care. It can bring on memories of past trauma.
    b) Symptoms:
        a) Intrusive memories, thoughts, flashbacks or dreams
        b) Avoidance of reminders of the event or a general numbing
        c) Psychological over activity such as angry outbursts, hyperactivity startle responses or constantly being on guard.
- Bipolar I and II: approximately 2% of the population
    a) Symptoms
        a) Inability to perform daily, necessary activities: eating, dressing, or getting out of bed.
        b) Severe agitation
        c) Mood swings
        d) Depression

e) Hallucinations or delusions
f) Suicidal
g) Thoughts of harming baby

4. Treatment of perinatal mood disorders can include
    - Lifestyle changes
    - Physical and emotional support
    - Medications
    - Psychotherapy
    - Hospitalization (in the case of psychosis)

Edinburgh Postnatal Depression Scale can be a source used to help identify depression and speak with your health care provider about.

You can find a printable version here.

You can find an online version here.

VI. Postpartum Mood Disorders

A. About half of all mothers experience the baby blues.
B. 10-20% experience postpartum depression.
    1. The damage of postpartum depression can often be seen 14 months from the birth or longer.
C. Less than 2% experience postpartum psychosis.
D. Postpartum mood disorders, unresolved or left untreated can affect the bond between parent and child.
    1. In turn the baby may mimic the depressive actions. This is called reciprocal withdrawal. When this happens, the baby will become more insecure, socially inhibited, timid, and passive. These children about twice as fearful as peers who were not put in a depressive situation.

VII. Four Sources of Stress

A. Sleep loss

1. Most families do not realize the amount of sleep loss, or the length of loss that they will encounter with a newborn/infant, and therefore do not plan for how it will be addressed.
2. Even after a year 50% of infants will still need their parent's assistance falling asleep or getting back to sleep.
3. When a person goes without sleep they will typically experience a 91% decrease in their ability to regulate their emotions. Sleep deprivations also impacts one's cognitive and problem-solving skills by decreasing them.

4. Sleep loss can cause an increase in hostile interactions between the new parents.

B. Social isolation

1. Social isolation can lead to clinical depression and affect the physical health such as: increased risk of infectious diseases and heart attacks.
2. Social isolation affects as many as 80% of new parents. This can cause a decrease in social activities, a loss of friendship within the marriage or dyad, and of friendships in general.
3. New parents experience approximately 34% of their day in isolation.
4. One partner might experience more of a social isolation than their mate.

C. Unequaled workload

1. Unequal workloads within the house can affect the quality of the marriage. In turn the family stress can affect the babies brain development.
2. Mothers are typically caring for the baby an average of 66 minutes compared to 26 minutes with a partner.

VIII. **Facilitating strong relationships**

A. Marital facts

1. Marital quality peaks in the last trimester of the first pregnancy and decreases 40-67% in the infants first year.
2. Generally these feelings start in the mother, as time goes on the partner feels this as well.

B. Why creating a strong relationship and stable life is good for the baby's brain and development?

a. The baby's first need is survival and the most important piece of this is safety.

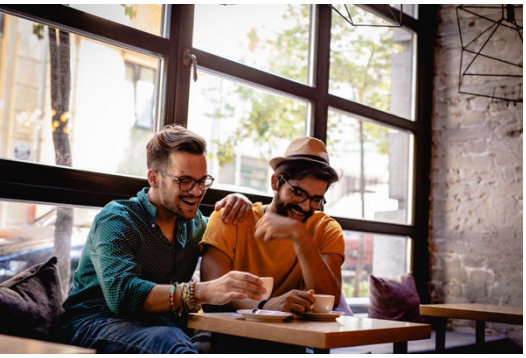
b. Positive parental interaction impacts brain development. Infant attachments are formed early on with their care providers. Increased blood pressure, heart rate and stress hormones are found in infants within the first 6 months when these attachments are stressed/disrupted.

c. Consequences of long term stress in a baby can have lifelong implications such as:

- Greater risk of anxiety
- Greater risk of depression
- A reduced immune system
- Being more antagonistic with peers
- Less able to focus their attention
- Less able to regulate their emotions
- Having a reduced IQ score by as much as 8 points

C. Protecting the Relationship.

1. The more we can front load parents and help them to prepare the better.
2. Families that are aware and have a plan to cope with stressors are better equipped to manage. Postpartum doulas may assist in educating expectant parents by:
   a. Discussing the way, the new baby can impact their lifestyles.
   b. Helping the family to understand the new responsibilities and creating a plan for division of household tasks.



c. Create a list of ways that the couple can “re-connect” or stay connected after the baby is born

- Date in the house after the baby comes.
- Create a time that the couple can express their feelings.
- Check in with partner about division of labor or what their needs may be.
    a) Listening and empathizing with one's partner can also help to alleviate issues.
    b) Problems do not need to be fixed only heard and understood.

D. Identify support and communicate needs with this community
    1. Create a list of people and how those people can help to positively
        a. impact the couple
        b. A friend who can come over and spend time with the mother when she is feeling lonely
        c. A seasoned parent/couple that the parents can talk with.
        d. A friend or work colleague that parents can socialize with outside of the realm of parenting.

E. Sibling Integration
        a. Deciding when to tell an older sibling that he or she will be having a brother or sister will vary with the age and personality of the child. a. Consider including the younger child in the preparations whenever possible. This can help to minimize jealousy or feelings of being threatened.
    2. Involving the sibling into the growing family
        a. Looking at their baby book
        b. Watching their birth film
        c. Reading books about new brother or sister.
        d. Attending a sibling class
        e. Making birthday cards for new baby
        f. Tour local birthing facility where sibling will meet new brother/sister.

g. It is not recommended to make big changes in the toddler's life at this time. Avoid things such as:

- Potty training
- Moving him/her to a big boy/girl bed
- Starting preschool

3. Remind parents of the following
    a. It is normal for a child to regress when a new baby is brought home. This could mean wanting to wear diapers again or wanting bottle or an outgrown favorite possession.
    b. Child may start acting out or breaking rules to elicit attention.
4. Make a point to promote positive behavior with feedback and praise.
5. Carve out designated time for individual attention with older child.
6. At home, parents should include the older sibling in the care of baby as much as he/she can and desires to help. Examples include:
    a. Helping sort laundry
    b. Helping fold towels and blankets.
    c. Helping to get diapers and wipes.
    d. Pick out new siblings' clothes.
    e. Talk or tell stories to baby during tummy time.
7. Never leave an older sibling alone with the new baby.

IX. **Unexpected Outcomes**

A. Unexpected cesarean

1. An unexpected cesarean can come in many forms
    a. The cesarean that is decided and planned for at the end of a pregnancy (i.e. breech).
    b. The planned cesarean. Possible reasons for a planned cesarean may be: placenta Previa, someone who isn't able to have a VBAC (vaginal birth after cesarean), etc.
    c. The cesarean that occurs after laboring and/or pushing is found to be unsuccessful.

Unexpected outcomes may cause a mother to question her ability to parent, have doubts about future births, and have an increased risk of Postpartum Mood Disorders.

X. **Bereavement**

A. When a family loses a baby, there are several opportunities to help them remember their baby. As a postpartum doula it is important to learn how death is handled in your local area. Some things that may be available to families or that you may help them obtain if they are not available through their birthing location

Down to Sleep (NILMDTS): professional photographers that will come into the hospital and photograph the family with their baby for free and provide them with photographs. This may not be available in all areas.

2. Memory boxes
3. Special clothing to dress the baby.
4. Plaster hand/foot kits

B. In the past, it was thought that families go through five stages of grief: denial, anger, bargaining, depression and acceptance. We now realize these are not hurdles to get through, but instead can be fluid and do not happen in a certain amount of time.

1. Bereavement situations can come in several different forms
    a. Bereavement of a baby that hasn't passed away yet but will. As a postpartum doula, you will need to determine what areas of need there are and how to best meet the family's needs which may include:
        - Caring for the birthing parent by allowing the opportunity to rest, meet her own needs, and help teach postpartum self-care.
        - Care for the baby if he/she is home, or helping the family care for the baby
        - If the baby is in the hospital help the family prepare for visits.
        - The postpartum doula can help by lending an ear and listening to the family.

- If the mother is able and wants to pump and take the milk to the hospital (in situations where the baby can be fed it) she may need help with pump set up, break down, and pumping.
- There may be a need of help with the care of older siblings.
- Help with day to day living activities such as cooking, cleaning and laundry.

b. Active bereavement: when a family's baby dies and they are now coming home without their baby.
   - Things the postpartum doula can do for and with this family include:
     a) Caring for the birthing parent by allowing the opportunity to rest, meet her own needs, and help teach postpartum self-care. The postpartum doula may assist with helping the mother remain comfortable as her milk changes over.
     b) The postpartum doula can help by lending an ear and listening to the family.
     c) There may be a need of help with the care of older siblings.
     d) Help with day to day living activities such as cooking, cleaning and laundry.

c. Past bereavement: when a family has had a previous loss and is pregnant again.
   - It is important for all postpartum doulas to obtain a history on the family because a previous loss can carry over to the current pregnancy, birth and by:
     a) The expectant parent may doubt her body's ability to carry the baby to term.
     b) She may doubt her ability to feed and/or care for her baby once the baby arrives.
     c) She may doubt her abilities as a parent.

d) The family may be hesitant to imagine a life with their baby prior to the baby being born. Sometimes in cases such as this the family may or may not prepare for the birth but may not have taken classes that apply to after the birth (example: breastfeeding).

C. Bereavement care of other family members

1. Partners: often the focus is on the birthing parent and the partner is left to care for her both physically and emotionally. In many cases that person is expected to be “strong” for the sake of the mother and/or family. His/her needs may not be recognized, so the postpartum doula can offer to help the partner as well. This could be lending an ear, helping him/her achieve their own rest and self-care
2. Other children: the other children may not know or understand what is happening depending on the age.
    a. A very young child may not understand why there isn’t a brother or sister. They may not understand why their mother is sad and upset.
    b. Not understanding why their schedule has been disrupted.
    c. Older child may feel sadness and loss and may feel excluded. Help to explain to the child what is happening and hear their feelings.
3. Grandparents- They will be grieving not only the loss of their grandchild, but also will need to deal with watching their child in pain.

D. When working with families there are a few things that you should keep in mind

1. Meet the family where they are at
2. Never assume you know how they are feeling or what they are thinking
3. Listen more, talk less
4. Agree with whatever she is feeling. Everyone’s feelings are unique and should be respected.
5. Instead of letting her know you are there to help give her options on what you can do to help her. Be specific (examples: I can cook you lunch, or I can play with your older child while you shower).

6. Remember to use their babies name, and do not call him/her a fetus. Keep things personal because this is their baby.

Remember the family will never forget the care that you (an others) do or do not give them. Your support will have a lifelong impact on the family. Remember to involve the extended family as much as the parent's desire.

7. If the family has photos or mementos and they want to share them with you point out positive things about their baby (example: "She has beautiful dark hair" or "look at how long her fingers are.").
8. Consider sending cards to them to commemorate their baby's existence (3 months, 6 months, 1 year.)

E. Other unexpected outcomes can include:

1. Sick baby
2. NICU stay
3. Birth defects
4. Baby is the wrong sex, or undetermined sex
5. Disappointment in not getting the "ideal" baby that they imagined.

Having a baby in the Neonatal Intensive Care Unit (NICU) can be very stressful on a family. An ICPD can be very helpful to the family during this time and also when they transition home.

P **oment**

Big Ideas

1. The first year of life is a time when children undergo one of the biggest intellectual, social, emotional and physical growth in their lifetime. Families and Postpartum Doulas can help facilitate growth by understanding essential brain development.
2. Safety during the first 365 days is vital for the health and safety of the family.

Objectives

At the completion of Part 4 the learner will:

- Describe 5 appearances of a newborn
- List 3 benefits and risks of baby wearing devices
- Describe how the typical infant grows during the first year
- Understanding how environmental, hereditary and nutritional occurrences have effect on the infant's growth/development
- List 2 possible sleep hazards
- Identify 5 nutrition needs and 3 foods to avoid
- Describe 5 ways to keep a baby safe in the home
- Determine different personality traits in infants
- Describe how the emotional environment in the home may affect the baby's development
- Describe 3 ways social behavior is learned
- Explain why play and exploration are important in infant development
- Explain how neuropathways are formed during developmental milestones
- Identify different parts of the brain and what their function is
- List 4 intellectual milestones
- List 3 toys appropriate for intellectual growth and development
- Describe infant brain development during the first year of life and list ways to facilitate healthy growth and development
- Describe language development during the first year

Outline

I. Typical Newborn Appearance
   A. Fontanels
   B. Swelling/bruising

C. Cephalohematoma
D. Cradle Cap
E. Military
F. Sucking blister
G. Dry/peeling skin
H. Swollen scrotum/labia
I. Stork Bites
J. Strawberry Marks
K. Port Wine Stain
L. Mongolian Blue Spots

Postpartum Doula's should read many baby care books, from a variety of authors and viewpoints. The more you know the better you are able to support the family. Remember cultural sensitivity when helping to care for the family. If the ICPD notices any concerns (severe diaper rash to illness), you should communicate those concerns with the family and encourage them to call their healthcare provider.

Baby Wearing

- There are many baby-wearing videos to view. Keeping your baby close has many benefits. View this video and research types of baby wearing.
- Try to keep multiple types of baby-wearing devices on hand or have a resource for mothers to check them out and try them.

II. **Growth and Development 0-365**

A. Physical

1. Baby grows from head to foot, trunk to arms.
2. Movement starts at the top by lifting head, then arms/hands, legs/feet and ends with the baby learning how to crawl/walk.

Months	Visuals	Gross Motor/Fine Motor	Verbal
1 Month	Can focus on an object from 10 inches to 3 feet from their face.	Lifts head and can turn it side to side when on their stomach.	Reacts to the voice of a parent.
2 Months	Can watch objects move from around 6 inches from face.	Move head when on stomach. Be sure to continue to support head when sitting up.	Making “ooh” and “ahh” sounds. Responds to different pitches and sounds around the home.
3 Months	Continues to focus on faces and respond to caregivers.	Opens and closes hands. Holds head steadily when held up. Lifts head and chest off floor during tummy time. Swipes at objects. Brings hands together.	Infant will continue with “ooh” and “aah” babble.
4 Months	Seems attracted to	Supports upper body	Adding vowels

	red and blue colors over yellow.	with arms during tummy time. Holds rattle. May put hands in mouth. Baby starts to roll from tummy to back.	and consonants to words such as “ah ga” and “ga ga” to their dictionary of words.
5 Months		Grabs toys by reaching out. Extremity exploration starts occurring during this month, your baby might make swimming motions with arms.	
6 Months		Starts to push self across floor. Moves a toy from one hand to another. Exploring toys with mouth.	Starts to understand sounds spoken in their native language.
7 Months	Follows an object with eyes on path. Recognizes parent or caregiver by sight.	Rolls over back to stomach and stomach to back. Sits up. Stands with parent help or toy support.	More babble with added letter sounds.

8 Months	Focuses on an object for extended periods of time.	Stands up using toys or other objects. Starts motions of crawling.	
9 Months	Will start to see small objects or small details.	Pokes with finger. Can start to put cubes/blocks in containers. Can lean forwards and get a toy.	Certain sounds are now associated with toys.
10 Months		Points with finger at objects. Crawls	Starts to mimic sounds heard in the home.
11 Months		Drops items on purpose. Pinching motion starts. Walking while holding on to furniture.	Shakes head no.
12 Months	Seeing and picking up small objects using a pinching method.	Stands without help. Can hold and drink from a cup. May start walking without help.	

III.

Heredity,

Environment and Nutrition

A. Heredity

1. This is the “blue print” of what child will look like with eye color, hair color and height.
2. This can also determine when teeth will start to pop through.
3. Genes also play a role in intellectual potential (this does not mean a child will or will not be intelligent. Nurture plays role in this as well) and how artistic a child may be.

B. Environment

1. Creating an environment that provides stimulus is key during this time.
2. The five senses are important to for proper infant development (sight, smell, taste, sound and touch)
3. Skin to skin contact with the parents continue to have a positive impact temperature regulation, cardio-respiratory stability and increased immunity to illnesses. Skin to skin is best practiced by placing a naked or diaper only baby on the parent’s bare chest and covering both with a warm blanket.
4. Exposure to spoken language and speaking to the baby helps to create the babies own spoken language. Babies are able to hear language of other cultures that adults have lost as development of native language occurs.

5. Negative environmental factors have a negative effect on the child. Second hand smoke during infancy can cause health problems in the future.
6. Emotional Environment of the home also has an impact on the child.
    a. Tense or worried emotions are translated to the infant and the infant takes on those same characteristics. They read body language and verbal cues which may cause them to become fussy.

C. Nutrition

1. During the first six months of a baby's life the sole source of nutrition comes from breast milk or iron fortified formula (American Academy of Pediatrics APA).
    a. It is important to follow the directions of physicians and formula can to ensure the health of baby.
2. At six months' babies are introduced to solid foods.
    a. Start by introducing babies to infant cereal. You may mix this with formula or breast milk.
    b. Another option is baby led weaning where soft finger foods are introduced as the first foods.
    c. Slowly introduce one new food at a time, waiting about 4 days between new foods. Monitor how your baby reacts. Some foods may not agree with child.

3. Foods to avoid

ney

1) Can cause bacteria (botulism) in an infant's intestines.

b. Nuts or seeds

1) These may cause a choking hazard in infants but also can get caught in airway and start an infection.

c. Raw vegetables

1) These are not easily chewed and can cause a choking hazard. Always be sure to cook vegetables and cut up in small pieces (small coin size or smaller) before giving to baby.

IV. Emotional and Social Development

A. A baby's temperament is not necessarily genetically inherited. A temperament is how someone might react to a certain situation or other people around them.

B. 9 temperament traits have been identified by researchers
    1. Intensity- emotional response to events or people either very loudly or quietly.
    2. Persistence- how willing or unwilling a child is to give up and move on.
    3. Sensitivity- reaction to own feelings
    4. Perceptiveness- how aware the child is of their surroundings
    5. Adaptability-willingness to change or not change routine/schedule
    6. Regularity- routine is important to them (bedtime same time, baths on same night)
    7. Energy- amount of time spent moving or not moving (child may sit for extended periods of time or may be very active and move around)
    8. First Reaction- response to new environment or new situation (how they react to new foods, new people or new activities)
    9. Mood- is the child normally happy or grumpy during the day?

C. Adults have their own temperament as well. Realizing how to adapt and find ways to connect with a child of a different temperament than yourself is imperative for the growth and development of the child.

D. Social development is the process of learning self-expression and how to interact with others.
    1. Social behavior is learned by
        a. Relationships with others
        b. Seeing repeated actions/verbal cues that bring the same response each time
        c. Play

Months	Verbal	Visual
1 Month	Babbles and coos to self	Seeing or hearing caregiver will calm baby down during episodes of crying.
2-3 Months	Different types of crying for different needs	-Eye contact when feeding -See a smile or a frown -Follow moving objects -Smile and show when happy
4-6 Months	Laughs, squeals or babbles Crying when left alone or parent is out of sight	-Hears voices that sound familiar -Knows difference in family members.
7-8 Months	Imitates sounds	-Plays alone -Starting to play with people and toys -Likes other children -Stranger anxiety starts
9-10 Months	Understands the word no and their name. Simple language is developed, such as “no”, “mama” or “dada”	-New games such as peek-a-boo are starting to become fun and exciting. -Actively crawling to find parents.
11-12 Months	Words like “mama” and “dada” are now used for that specific individual.	-Looks at self in the mirror -Body language is now noticeable

V. **Play**

A. Play and exploration in social/emotion development is important. Babies are learning about the world around them by playing and engaging in their environment. Play is about developing their social environments but also about can be about establishing physical strength as well. When at all possible incorporate activities that can provide both cognitive and physical development.
    1. During first 6 months of life play is a chance to interactive with caregiver and provide the attachment needed for the caregiver and baby. Some activities include:
        a. Use colorful objects that the baby can reach. Name the color as the baby picks it up to play.
        b. Making noises with mouth, rattle, or another toy

c. Mimic baby's reactions: if they smile, you smile; if they laugh, you laugh
d. Tummy time with baby. Interact with baby during tummy time to help develop head, neck, and back muscles.

2. At 6-12 months the type of play with the baby gets more complicated. The baby will be able to understand more games and play with more toys. Some activities include:
   a. Peek-a-boo
   b. Object permanence – objects still exist even when they are out of sight
   c. Crawling to get different toys.

B. Babies thrive when interacting with caregivers there are also age appropriate toys that will help build intellectual growth.
   1. 0-3 Months
      a. Mobiles (safely hung in crib) helps develop tracking movement in eyes
      b. Bright colorful objects and sounds that stimulate the senses
      c. Pictures and bright wallpaper help stimulate the brain
   2. 4-6 Months
      a. Tactile (touch) learning is important during these two months. Rattles, teething toys and soft textured books help to develop touch during this time.
   3. 7-9 Months
      a. Toys with noise
      b. Blocks, balls or large plastic roly-poly toys
      c. Stackable toys
   4. 10-12 Months
      a. Toys to crawl after
      b. Objects that children can manipulate and "figure out"
      c. Board picture books that can be used before bed and even in the bathtub.

VI. **Intellectual Development**

A. Parts of the Brain
   1. Cerebrum- Located at the top of your brain, this part acts as the message receiver, it gathers information from the sense and directs motor activity. This part of the brain also controls speech, problem solving and memory.
   2. Thalamus- Located in the center of your brain, the spinal cord and cerebrum are connected here. This controls your emotions and expressions.
   3. Cerebellum- Located at the rear base of your brain, this part

controls your coordination, balance and posture.

4. Spinal Cord- Located at the base of your brain near your neck, this acts as the information highway. It carries information from your body to the brain and controls activities from the right and left side of body along with simple reflexes.

5. Brain Stem- Located within the spinal cord, this controls the functions that provide basic life such as: breathing, heart rate, blood pressure and blinking.

6. Pituitary Gland- Located underneath the brain, this helps to regulate and secrete hormones, metabolism and the sexual development in both males and females.

B. At birth an infant's brain has billions of neurons (nerve cells) that start to make connections and build neural pathways.
    1. These pathways help to understand the world around them. Understanding sounds, sights, touches, smells and tastes are developed during the first year of life.
    2. You are born with all the neurons you will have, none will be added during life.
    3. As the brain makes connections axons and dendrites start making connections and carrying messages throughout the brain.
    4. As you make new discoveries your brain creates a new pathway (neuropathway) from a neuron in your brain. As you continue to learn your brain continues to branch out and build new pathways and understandings. These will easily be recalled and will forever be stored in your brain.

C. Ways to help develop the brain:
    1. Get involved- give them the chance to learn by doing.

    2. Repetition- doing something many times will secure a better understanding.

    3. Simple and Natural Experience- giving everyday experiences such as diaper changing, bath time when combined with cuddling will build pathways between neurons. An environment that is rich with positive interaction and talk is best for baby.

    4. Keep from pushing a child- understand what your child likes and where they are developmentally. If they are introduced to a toy/experience and do not like it, do not

push that toy/experience upon them.

5. Give options but do not overwhelm- give the child a variety of experiences but introduce experiences slowly and be prepared to remove child from experience if you seem the getting overwhelmed.

6. Age appropriate experiences- Provide toys and experiences that are appropriate for the child's age.

D. **Development of Language**

1. Birth-3 months- babbling, crying when hungry, angry, in pain or uncomfortable.
2. 4-6 months- babbling sounds will start to sound like speech with new letter sounds, different voices to show when happy or unhappy.
3. 7-12 months- starting to group sounds together when babbling, uses their own speech to get the attention of others, starts imitating speech to sound like others around them, might have a word or two in their vocabulary.

Developmental Milestones-Intellectual

Months	Milestones
1-2 Months	Loves to look at faces. Knows voices that sound familiar. Uses senses to get information. Makes eye contact.
3-4 Months	Knows the difference between familiar and unfamiliar faces. Verbal sounds like "ah-gah." Understand a smile from a frown.
5-6 Months	Awake fro longer periods of time. Can understand angry and happy voices. Basic language sounds are heard in native language. Knows name. Looks and studies objects.
7-8 Months	Copies actions of others.

	Starting to understand cause and effect. Language such as: ma, da, ga sounds are happening. Memory is forming. Can sort objects by size. Problem solving simple step problems. Babbling and speech tones.	4. Some families choose to use Sign Language to facilitate
9-10 Months 	Likes to find objects that may be dropped. Small vocabulary of words. Sorts objects in containers. Knows meaning of words such as "no" and "all gone."	
11-12 Months	When reading can point to and identify specific objects when asked. Stacking objects easily. Verbally saying "mama" and "dada." Understands simple commands. Vocabulary slowly growing.	

Communication

a. Why use simple signs? Research shows that using signs with infants/toddlers can
   1) Reduces frustration
   2) Boosts self-esteem and confidence
   3) Stimulates intellectual development
   4) Strengthens the parent-child bond
   5) promotes language development

b. How to know if a baby is ready to sign
   1) points at objects (typically 6-9 months)
   2) is frustrated because verbalizations are not understood
   3) can wave bye-bye

c. Choosing signs
   1) Research shows that babies learn signs that are directly related to needs or interest
      a) Eat, More, Milk
      b) Fan, Hat, Tree
      c) dog, cat, fish

II. Safety for infants

A. **Choking hazards**- small objects on the floor can be

dangerous for the baby, remember to keep all buttons, coins and safety pins put up out of the babies reach.

B. **Suffocation**- keep items that are soft or flexible away from baby when unattended. These objects can easily cover the mouth and nose causing suffocation. Plastic bags are very dangerous for babies as well as stuffed animals in the crib.

C. **Electrical Shock** – Put protective covers on outlets the baby can reach.

D. **Water-** babies should never be left near pools, toilets, bathtubs, buckets or bodies of water unattended.

E. **Falls**- always keep a hand on your baby when they are on surfaces above the floor. Common areas may be: changing table, parent's bed or high chairs

F. **Poisoning**- Babies will put anything they find in their mouths, this is one of their senses to help them learn. Keeping any cleaning supplies, medicines, paints, dishwasher packets or laundry detergent put up is important.

G. **Burns**- Cover all electrical outlets and keep children away from hot oils, water or pans.

H. **Sun**- Making sure infants have sunglasses and a hat on when in the sun will prevent sunburn and too much sunlight from entering the eye. After six months' sunscreen can be applied.

I. **Pets/Animals**- never leave children alone around animals. Help the baby to understand nice touches and praise the animals when they are kind to the baby.

J. **Clothing**- Put babies in clothing that is appropriate for the weather. During sleep make sure baby is in flame retardant clothing.

K. **Sleep**- check the baby's crib for safety concerns. Stuffed animals should be removed from crib. Sheets on the crib should be tightly fitted on the mattress.

    1. SIDS (Sudden Infant Death Syndrome) prevention
        a. Baby should always be put on his/her back for sleep. It is very important that families educate the older generation because back to sleep was not the only method a few

years back. Grandparents may not know.

b. No pillows, blankets, bumper pads, stuff animals in the crib with the baby. The baby should be dressed warmly in a sleeper.
c. The mattress should be properly fitted and the sheet as well.
d. Use a pacifier.
e. Don't smoke or allow others to smoke around the baby. Second hand smoke can be just as dangerous and consider third hand smoke (when the smell of smoke lingers on an individual and then the baby breathes that in when he/she is close.
f. For more information on SIDS consider visiting the web site of the American Academy of Pediatrics (AAP) or the Canadian Paediatric Society (CPS)

PART 5

366 to 1000 Days: SUPPORTING HEALTHY GROWTH AND DEVELOPMENT

BIG IDEAS

1. The first three years of life is a time when children undergo major intellectual, social, emotional and physical growth. Families and postpartum doulas can help facilitate growth by understanding essential brain development in order to develop healthy relationships and brain development through play.

Physical Development from one to three

2. Safety during the first 3 years is paramount for the developing family.

OBJECTIVES:

At the completion of Part 5 the learner will:

- ❑ Describe proportions of toddler
- ❑ List 4 physical developmental milestones
- ❑ Identify 5 nutritious foods for growth
- ❑ List 3 ways to help promote sharing
- ❑ Explain patterns of social development
- ❑ List 4 social developmental milestones
- ❑ Identify how much and why sleep is important
- ❑ Explain emotional development
- ❑ Identify 5 common emotions of a toddler
- ❑ Describe brain development from days 366-1000 and list ways to facilitate healthy growth and development.
- ❑ List 3 intellectual developmental milestones
- ❑ Identify 4 methods of learning in toddlers
- ❑ Identify 3 toys that promote brain development
- ❑ Describe 3 good hygiene practices
- ❑ List safety measures vital for the health and safety of the family from days 366-1000.

OUTLINE

A. Physical Growth

A. Height and weight

1. Toddler is gaining less weight than during first 365 days.

Age	Boys		Girls	
	Height/Inches	Weight/Pounds	Height/Inches	Weight/Pounds
One Year	29-30 ½	21-24 ½	28 ¼- 29 ¾	19 ½ - 22 ½
Two Years	33 ½ - 35 ¼	26 – 30	32 ¾ - 34 ¾	24 ½ - 28 ½
Three Years	36 ¾ - 38 ¾	29 ¼ - 34	36 ¼- 38 ½	28 ¼ -33 ¼

2. Proportions and Posture
    a. During this time, the child has proportions that measure about the same up and down the body. Their head, chest and belly have near the same circumference.

B. Teeth
1. Teeth have rapidly started to appear during the first year.
    a. By one children typically have 8 teeth.
    b. Between 1-2 years of age, children get about 8 more teeth.
    c. They should have around 20 teeth by their 3rd birthday.
2. Dental hygiene is important for the child to learn during first years of life. Brushing teeth regularly, limiting foods like gum, sweets and sugary drinks.
    a. Drinking milk and consuming dairy products help to form adult teeth that are under primary teeth.
    b. Drinking water that contains fluoride is also recommended. (Tap water contains fluoride, bottled water does not)

Physical Development Milestones

Age	Fine Motor Skills	Gross Motor Skills
12-18 Months	Turns pages in book. Pinches objects between finger and thumb. Moves objects between hands.	Starting to walk alone or holding hand of caregiver. Sits down by themselves. Slides down stairs on belly. Gets on and off furniture by self or by holding caregivers hands.
18-24 Months	Stacks blocks. Starting to hold crayons and markers to scribble	Walking well. Jumps in place. Climbs up and down one stair. Pulls on toys that have wheels.
2-2 ½ Years	Stacks blocks. Will turn one page of a book at a time. Can bend over and pick up an object without falling.	Walks with coordination and balance. Jumps from short heights (stairs, small steps or sidewalk ledges.) Sits on wheeled toys and pushes self along.
2 ½-3 Years	Stacking more blocks. Can	Switches feet when going

	screw on a lid. Draws circles and lines.	up stairs, but not down. Runs but still unsure about stopping. Can throw a ball.

C. Nutritional Needs

3. Self-feeding
   a. One-year old's will eat a variety of food during this stage. Finger foods are popular as this helps to promote hand-eye coordination.
   b. Two-year olds are feeding self with a fork, but it will take them more time to eat as they are still developing their fine motor skills.
   c. Three-year old's can eat with both a fork or spoon. They can eat meat and other tough foods if they are still cut into small bites.
   d. Avoid whole grapes, hotdogs, popcorn and other foods that may cause choking.

V. Nutrition

1. Children still require eating every 3-4 hours as they are still growing and their stomachs are still small.
2. Fresh fruits such as apple, banana, strawberries and peaches are a good snack during the day.
3. Vegetables are also important each day. Some ideas may be cooked carrots, peas, green beans, corn, cooked broccoli, diced tomatoes or sweet potatoes.
4. Dairy should be a staple in their diet with milk, yogurt, pudding or cheese each day.

5. Consider proteins to include in each meal. Chicken, beans and peanut butter are great sources of protein and keep the child full longer.

II. Social Development

A. Learning how to share is one of the first social skills a toddler needs to learn

B. Some ways to promote sharing include

1. Activities that require them to play with and share with another child or adult

2. Provide materials and limit how many materials are being used so sharing is required.

3. Take turns handing out snacks

4. Use words that provide clear direction "take turns" or "sharing"

Remembering certain toys may hold a special meaning and they should not be

required to share their special toys.

C. Patterns in social development
   1. 18 months: children are developing independence from their family. Their families are still their closest relationships but they are starting to learn how to interact in the outside world. Parallel play is developed during this time. Parallel play is when children play near one another but not with one another.
   2. Two Years: children are mastering social skills at an impressive rate. They can read social and emotional cues. They are about to communicate with their peers and caregivers. Parallel play may continue but interacting with other children has started.
   3. Two and a half: personalities are emerging more and more. This is where you may see children starting to refuse to do something. They may not follow directions of the caregiver but the direction of someone else. The concept of fairness has emerged and children are still playing parallel with one another at times.
   4. Three years: you may start to see children start to share, help or do something to make someone happy. Children will start cooperative play where they are playing with someone. They will start seeking friends their own age but still value their own space.

Age	Social Milestone
1 year	-Plays alone but near others (parallel play) -Does not want to share toys -Needs approval from others -Stranger anxiety
2 years	-Parallel play is happening more frequently -Simple games and activities -Takes charge of other children -Will say please when asked
3 years	-Helping -Will show affection more frequently -Cooperative play starts (small group activities) -Starting to take turns

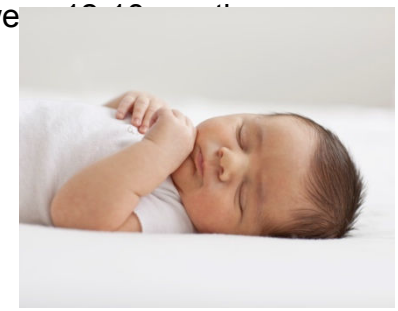
III. Emotional Development

A. Emotional Patterns
   1. 18 months- defiant and establishing control over one's life
   2. 2 years- affectionate and may be in the way during tasks (under feet of caregiver)

3. 2 ½ years- child may feel overwhelmed or frustrated during this time. These feelings may turn into anger.

4. 3 years- overall the child is happy and eager to help the caregiver.

B. Common emotions
   1. Anger- this is a common way to react when frustrated. How anger is shown changes over the years and become less explosive as the child reaches 3 years of age.
   2. Fear- these feelings change as the child moves through different stages. Child may feel fear of strangers (stranger anxiety) as a one year old. A three- year-old may be afraid of the dark. Fears that seem abnormal are called phobias. Separation anxiety is the fear of being away from parents, caregivers or normal environment.
   3. Jealousy-this emotion comes along during the second year of life. Sibling rivalry is the competition for parent affection between brothers or sisters. They may revert to baby-like behavior or behave aggressively.
   4. Love and Affection-the relationships that children have between one and three helps to form the basis of their capacity of love and affection later in life. Young children must learn to love. Children experience "love" for those that help to care and satisfy their needs. As children get older their love expands from parents to siblings, pets and other people outside of the family unit.
   5. Empathy-children start to develop empathy betwe[illegible] They understand that their actions have consequences on others. By age two children are fully showing empathy toward others.



C. Sleep: why it's important
   1. Sleep essential for good physical and emotional health.
   2. Lack of sleep may affect the child's temperament and behavior during the day.
   3. Children need to sleep for brain and body development to occur.
   4. A one to three-year-old on average needs 12-14 hours of sleep per night.
   5. A child that does not get enough sleep may need to be awakened each morning, be irritable or hard to get along with.

IV. **Intellectual Intelligence:** is the ability to understand and interpret situations in your everyday environment by using previous experiences.
   A. Heredity and environment shape intelligence
      1. As previously discussed we are born with

a certain number of neurons, we do not gain neurons as we age but our experiences and environment help to build dendrites and neuropathways in order to promote learning.

2. Examples of a healthy environment may include: age appropriate play toys, interaction with others, environments that stimulate the senses and encouragement from others. Studies show positive and stimulating environments will boost learning in toddlers.

B. Methods of learning

1. Incidental Learning- any learning that is unplanned. When a child is exploring the world around them and accidentally pushes a button on the TV and it comes on, they will then relate this to each time they push a button something happens on the TV.

2. Trial and Error Learning- working through problems to find what works. A child may try many ways to work a toy before finding the correct way that they toy responds.

3. Imitation- this skill focuses on the child copying what they see the parent or caregiver doing. They may pat their head or copy certain attitudes because they have seen someone that they care for do the same.

4. Directed learning – this is a skill that is taught by a parent, caregiver, or sibling. Someone demonstrates the skill and then the child can see how it should happen and repeat the skill.

Age	Intellectual Milestones
1 year	-putting two words together -names common objects and people -understands “no” -finding hidden object (object permanence)
2 years	-two or three-word sentences -500 words -Follows directions -Identifies colors

3 years	-longer sentences -900 words -Two-part directions -Sorts color and shape

V. Toys

A. One to Two years- motor skills and exploration play

1. Household items are popular toys for this age.
   a. Pots and pans, wooden spoons and plastic storage containers
   b. Other toys may include: play pianos, floating bath toys, books, simple puzzles, balls, wagons and cardboard boxes.

B. Two to three years- Coordination and understanding are improving by this age.

1. Imitation play has started. Children want to do what they adult is seen doing. Some toys may include
   a. Child size vacuum, shopping card, lawn mower, cellphone or tool set.
   b. Crayons, playdoh, beads(large) to string and books are all popular.
   c. Sandbox toys and small swimming pools with toys are wonderful outside toys with proper adult supervision.

VI. Safety

A. Three Hygiene Practices

1. Washing and Bathing- bathing each day helps to practice good hygiene and can become a nightly routine for families. Filling tub or sink with very little water and monitoring the toddler closely are important practices to follow during this time.

2. Teeth-brushing teeth daily starting around age 1 helps to develop the skills necessary for caring for teeth. Caregivers should follow up with brushing after their toddler is finished. Remember to monitor child during brushing so they are safe and healthy.

3. Toilet training- this occurs somewhere between 2 and 3 years of age. Children should start training when caregivers see they are physically and

emotionally ready. Always watch child near toilets as these are a safety hazards.

B. Hazards in the home
    1. Safety gates – safety gates should be placed at the top and bottom of stairs and should be used as the child learns to properly get up and down the stairs. You can start teaching your child proper stair safety as soon as your baby starts crawling. This will prevent falls in the future.

    2. Windows – be sure to move furniture away from windows and lock windows to prevent falls. Check to ensure screens are securely fastened and monitor child when near an open window.

    3. Burns – always be sure to keep pot handles turned in toward the back of the stove top. Remind and teach children not to touch the oven when hot. Use words that are simple and understandable like “hot, no touch”

    4. Cleaning supplies – always lock away cleaning supplies and other toxic chemicals from children. Sharp items like knives should be kept up and away from toddlers. Window blinds and cords should be tied up and away from toddlers as these become a choking and strangulation hazard.

    5. Toys should be inspected for broken pieces or sharp edges.

PART 6: BUSINESS OF BEING A POSTPARTUM DOULA- THROUGH THE FIRST 1000 DAYS

BIG IDEAS

Starting a new business can be an exciting and fulfilling adventure, but as with any new business there must be planning and preparation involved to create a sustainable business that will be successful. A postpartum doula cannot expect to have a thriving business without taking proper steps to plan, implement and sustain the work that he/she does.

Objectives

At the completion of Part 6 the learner will:

- Describe 3 business structures
- Formulate a business plan and address practical business matters in a way that will focus the ICPD's energy and actions.
- List 10 ways to market yourself.
- List 2 skills for interviewing.
- Explain 3 important parts of creating a budget.

Outline

I. **Business**

A. Business Structures

1. Partnership
2. Corporation
3. Referral Agency
4. Non-profit

B. Where to go for help in setting up your business

1. Small business resources in your state: A google search will help you find your state government's page.
2. Business plan: creating a business plan can help you examine where you are at now and where you plan to be in the future. Be realistic in your planning!
3. Create a list of goals that you would like to accomplish in the next 30 days, 3 months, 6 months, 1 year, 5 years, 10 years and then figure out how you will make that happen.

C. Create your professional forms:

1. Contracts
2. Information sheet (a place where you will keep notes for yourself about your client your you first do an intake)
3. Log sheet to keep track of the hours worked and what was done at each visit.
4. Emergency contact sheet for your client.
5. Receipts (a great way of creating receipts is using an online bill payment like Venmo, PayPal, CashApp, ApplePay or Square-receipts can be emailed to the client when they pay your invoice)
6. Evaluation forms: these can be a great way to keep yourself in check. You can learn what you are doing well and areas that you might need to improve upon.
7. Helpful handouts. Often these can be saved in Google Drive, Dropbox or other sharing applications. They can then be shared electronically with families.
8. Business cards
9. Pamphlets or brochures

D. Budgeting (see sample budget in Appendix F). Budgeting is important so that you know how to market your business. It will also give you an idea of how much money you need to bring in, how much money you must spend on marketing, and the potential bills that can come along with having one's own business.

E. Marketing

Marketing Tools
Determine clientele
Consider competition
Professional business cards
Brochures
Return calls in timely manner
Build relationships with health care providers
Cold call or send letters to health care and other local industries
Speak or present in parenting class
Go to parks, libraries or malls
Baby fairs or health exhibits
Online groups
Partner with another related field
Find resources
Local paper or interviews
Podcasts or radio
TV Commercials
Write an article
Satisfied customer reviews
Thank you notes
Gift certificates to give at baby showers
Attend conferences
Set high standards

F. Social media do's and do not's: always be careful when

1. Do:
    a. Share information about your services. Use social media.
    b. Share information about events you will be at. Invite people to attend.
    c. Invite past clients to share reviews on page and rate services.
2. Don't
    a. Join groups and vent about clients. Keep information confidential.
    b. Keep professional and personal pages separate.
    c. Always consider what you are posting.

G. Interviewing skills

1. When scheduling an interview consider meeting in a public space instead of someone's home for safety reasons. Always leave information with a family member or friend letting them know where you will be going.
2. Remember an interview is your opportunity to get to know the family and for the family to get to know you.
3. Be sure you keep on target of interviewing. Save all the extra information for once you are hired.

4. Let families know who you are, what you offer, what your fees are, when you expect to be paid and how.
5. Thank them for their time and leave them with your contract and business card.
6. After the meeting send a thank you note acknowledging something positive from your meeting.

Congratulations!

You have now completed the study guide. As you prepare for your exam, please contact your trainer, mentor, or info@icea.org with any questions. Before you apply for the exam, please ensure that all of the requirements for this program have been completed. You may check the first part of this program or see https://icea.org/certification/icpd-exam/ for details.

Thank you for choosing ICEA. We wish you all the best!