

# supporting infant teachers in their care of fussy babies

by Cindy Jurie and Marsha Baker

The transition to child care can be challenging for both parents of young babies and the teachers who welcome the baby and family into their program.



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Marsha Baker completed her degree in occupational therapy over 20 years ago, and has been working with young infants and families ever since. She attended Erikson Institute to receive a master's degree in early childhood development with a specialty in infant studies, and then returned to complete a certificate program in infant mental health. Marsha's experience includes extensive work with Early Intervention programs throughout the Chicago area and public school special education programs. She was an instructor at St. Xavier and Midwestern Universities. She presently works for Erikson Institute Fussy Baby Network providing direct service to families and consultation to home visiting programs, early childhood programs, and child care centers. Her special interests are feeding disorders and infant mental health.

Parents of infants may face a multitude of intense feelings that can include protectiveness for their young infant, grief at the impending separation, and concern for their child's safety. They often have conflicting worries that their children may have a bad experience in child care or that their babies may grow more attached to their teachers than to their own parents. Infant teachers struggle with how to best support parents in this highly emotional transition, knowing that parents frequently have strongly conflicting emotions about the decision to use out-of-home care. Infant teachers must keep the emotional needs of the family in mind as they begin to work with the young baby in their care. This emotionally-charged transition can become even more stressful when an infant is colicky, fussy, or otherwise hard-to-settle (see sidebar on page 70).

What does this mean for the infant teacher in a child care setting? Child care teachers cope with juggling multiple competing demands: managing relationships with parents, coping with individual infant temperaments, and meeting the group needs of the other infants in their care. Infant teachers often play a unique role in that they may be the first adults to listen and understand

what the experience of having a fussy baby has been like for the parent as they encounter similar issues with the baby in their classroom. Infant caregivers can provide the non-judgmental empathy and support that a parent needs.

Research shows that parents of hard-to-settle babies may benefit from quality child care as it provides a respite for them (McKim, Cramer, Stuart, & O'Conner, 1999). Families also use child care providers for both emotional and informational support with regard to childrearing (Gilman & Collins, 2000). Caregivers provide more sensitive and supportive care when there is open communication with parents (Owen & Ware, 2000).

## Erikson Institute's Fussy Baby Network

In 2005, a grant from the Prince Charitable Trusts enabled the Fussy Baby Network, Erikson Institute's first clinical program, to expand services to support infant teachers working with fussy babies in child care. As a part of this project, we have been listening to experienced infant teachers share their wisdom as to what may help when facing a fussy baby in child care. Here is what they told us:

**Communication is essential** — from both parent and infant teacher.

- Lack of communication from the parent is teachers' single biggest challenge — from routine information about how the baby's night before and morning have been to more specific information about caregiving practices such as how the parent puts the baby to sleep.
- The level of communication with parents of fussy babies improved as they shared the strategies they were trying at home and at the center. Honest, yet sensitive, communication is important as it helps parents to understand that the infant teacher is trying hard to meet their baby's needs in the context of a group setting.

**The importance of listening in communication is essential.**

- Parents of fussy babies tell us that they are given advice all the time, whereas few people seem interested in hearing how stressful this experience has been for them. This also parallels teachers' experiences of getting advice from others in their center.
- Listening is a powerful way of showing parents that care is being offered to their family.
- Listening also reinforces to the parent their importance to their baby as the 'expert' in this child's life.
- Listening to a parent can lay the foundation for mutual respect, which is important as both parent and teacher work together caring for a fussy baby.

**Formal practices to support communication** can be helpful.

- Teachers tell us that simple, formal practices, such as a daily journal of baby's day, can be extremely useful in facilitating communication with families.

One center reported that their requirement that parents change the child's diaper when they arrive at the center gave the infant teacher a few minutes to talk with the parent about how the baby's night had been, which proved beneficial.

- Knowing how well a child slept, how or whether they had eaten in the morning, if there had been anything different taking place recently (family members visiting, a sick sibling having impact on sleeping patterns), all can help the infant teacher provide more responsive care.

**Teacher knowledge** is important.

- This includes knowledge of the individual baby and her family, as well as an understanding of the cultural practices that may be at work in this situation.
- Enrollment forms that provide specific information on the baby's individual preferences prior to starting care, home visits to the family's home, and developmental screening are all mentioned as helpful.

**Building a relationship makes a difference!**

- The goodness of fit between a primary caregiver and an infant is a connection that helps support the hard-to-settle baby by reducing the number of staff that baby must adjust to.
- Teachers are emphatic that this good fit be looked at carefully and not just assumed and assigned.

- Primary caregivers also offer a consistent relationship to families that facilitate the development of trust, helping to reduce a parent's stress and concern over the transition to care outside of the home.

**Understanding there is no one 'right answer.'**

- As medical science has not yet discovered the magical 'pixie dust' to cure colic and crying in young babies, infant teachers share a variety of strategies they have tried to help them in responding to crying infants.
- Far and away the most commonly mentioned practice was that of swaddling the baby in a blanket (if permitted by licensing).
- Classical and soft jazz music were also commonly mentioned as well as sound relaxers as they seem to help provide a calmer atmosphere in the baby room.
- Taking advantage of fresh air and going outside may be helpful as is infant massage (although this should **not** be done when the baby is in the middle of a crying spell).

**Maintaining a calm sense of oneself in the middle of the storm.**

- Teachers tell us that despite the challenges of dealing with a fussy baby, their ability to be consistent in their practice and maintain a positive spirit aids them in their work.
- Seeing this experience in a professional sense of their own development helps them, as one teacher told us:

"It's a very challenging job, and you learn something new every single day. If you have one child, a fussy baby, you learn something from them,

## What is colic?

Wessel's Rule of 3's defines colic as: infant crying for more than 3 hours a day, more than 3 days a week, for more than 3 weeks.

That is a *lot* of crying! This crying is frequently at a higher pitch than typical crying. Many parents (and child care providers) report crying to be most common in the late afternoon/early evening. While as many as 20% of babies may show signs of colic in the first months of life, pediatricians often consider colic as a benign or self-limiting condition, one that babies will, on average, outgrow by four to six months of age. Colic has not been found to be linked to parenting behaviors, breast- or bottle-feeding, or cultural practices. It *may* be related to gastrointestinal issues, sensory thresholds, some form of developmental immaturity, or possible allergies — all reasons for making sure families have talked over their concerns about crying with their child's pediatrician.

and then it's easier for next year. And then you get another child and you learn something new. It's ongoing."

## Strategies for supporting infant teachers in their work with fussy babies

**Understanding** is essential and this includes not just the director but also all members of the center team. It can be challenging to feel competent in the middle of what one teacher described as a 'screamfest' when others (and this includes other teachers, administrators, and parents) are making judgments about their actions. One veteran teacher said she was tired of hearing:

"What are you doing for him? Why is he still crying? Did you do anything with him at all?' And, that's the frustrating part because you've been trying. You've tried this and you've tried that. You've held him. You've sung to him. You've read stories. You've offered bottles. You've changed diapers. And so it's frustrating, but they're not there to see you going through those changes."

It can be very tempting for teachers to judge others, but part of our work in child care involves working as a part of a team. That means supporting one another when times are difficult!

### Looking at program practices and staffing can also help.

- Do enrollment forms for infants provide enough information to help teachers in the support of a new baby in their care?
- Are infant teachers staffed in consistent ways to help provide a stable schedule for babies, while allowing families and teachers to establish routines and relationships?
- Is it possible for an infant teacher who is having a truly awful day with a crying baby to get coverage to give her a few essential minutes of peace and quiet to regroup and regain her coping skills?

**Are relationships in place with families** where additional support or resources may be used as referrals if indicated? Many families who are coping with a colicky baby have already talked with their pediatrician about this. Yet many pediatricians see colic as a 'benign condition' as it usually disappears by four months of age (see box above). If families are worried about developmental concerns or sensory issues, they may want to consider contacting early intervention

(EI). You can find your state's EI contact information at:

[www.nectac.org/contact/ptccoord.asp](http://www.nectac.org/contact/ptccoord.asp).

Is a system in place in the center to help parents find community resources such as early intervention?

When infant teachers reflect on their experience of having a fussy baby in their care, they will often note that part of this experience is developmental and that patience is essential. Many of the practices that support families and teachers with fussy babies are essential practices of quality early care. The experience of working through the issues that come with a fussy baby are not easy.

If center staff are able to establish a relationship and work as partners in care with the family, it strengthens the care for the baby and family, the infant teacher's professional practice, and the child care program itself. As one teacher told us:

"One day, I said (to the mother), 'Lately I'm having problems with him, what do you do at home?' so I can help him better. And she said, 'Oh, how funny! I was thinking to ask you the same thing.' Okay, so we have, I always say, the same problems. We have the same baby, so we need to talk. And my relationship with families is better, I think."

## References

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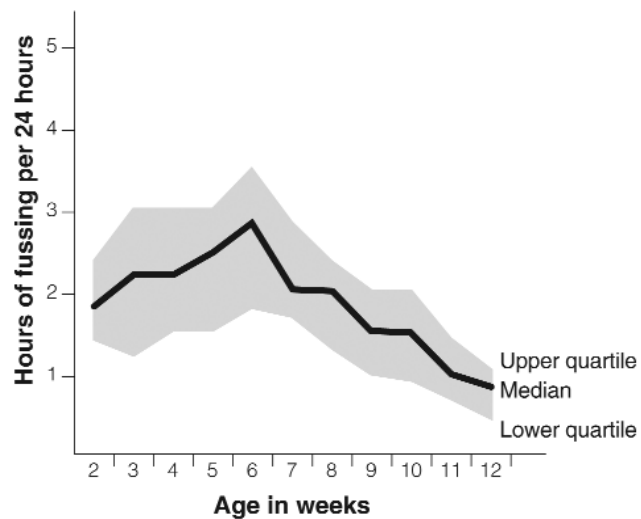
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Partners in Care: Supporting Fussy Babies in Child Care — more information and resources to support infant teachers in their care of fussy babies may be downloaded at: <http://www.erikson.edu/partnersincare>

### The Crying Curve and Infant Care

Infant crying peaks at six weeks



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The amount of time that babies cry was documented over 40 years ago by Dr. T. Berry Brazelton through cry diaries completed by families in his practice in Cambridge, Massachusetts. This 'crying curve' has been confirmed in many studies in cultures with different caregiving practices. The peak period for infant crying is 4-6 weeks of age — a time when many working families are facing the transition to non-maternal care. Knowledge of this curve may assist infant teachers in supporting families through this transition and helping parents to realize that if their baby is crying more at this time, it may very well be part of this developmental stage (Brazelton, 1990).

