1

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- Nothing to disclose

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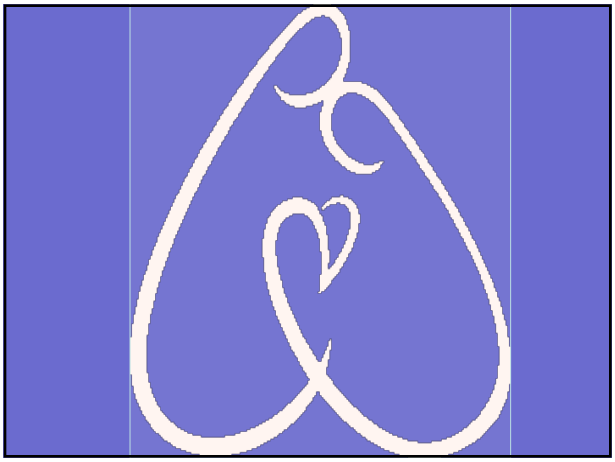

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First Steps for BABIES

6

Objectives

- Describe foundational developmental skills of newborns and young infants
- Identify the impact of early experiences on sensitive periods for both babies and their M(other)
- Describe the BABIES and PreSTEPS model for supporting newborns and young infants.
- Integrate aspects of regulation, reflection and relationships into your practice

7

An Emphasis on Infant Mental Health as Foundational to all BABIES' Development

IMH Definition:

"Infant mental health" refers to how well a child develops socially and emotionally from birth to three.

8

IMH tenets

(Zeanah, 2009 p. 6)

- A focus on strengths of the infant and family
  - Clinicians work to build competence (i.e.for babies that means regulation) and address problems
- A relational framework for assessment and intervention:
  - Infant-caregiver relationships are the primary focus
- A prevention orientation
  - Intervention efforts always include prevention given the dynamics of development

9

Consistent with Part C Efforts to Support Social-Emotional and Mental Health Needs

10

Part C Briefing Paper

- May, 2022
- Strategies for supporting social and emotional development and mental health of infants and toddlers

11

A Couple of Definitions

The Baby refers to the newborn, no matter at what gestational age they were born up to about 6-8 months "corrected" age.

We refer to the M(other) to include primary caregivers—fathers, non biological parents, grandparents, foster parents, and others.

We refer to and work with the Baby only in the context of the M(other) which is the focus of our work.

12

Getting to Know You! Please share with your breakout group Your earliest memory

13

How to Annotate

14

Who are we talking about?

- Infants born preterm
- Infants born at or near term but who are behaviorally not well organized
- Infants with special needs including substance exposure
- Infants born to high risk families

15

A poll or two for you

16

How many babies are born in the United States each WEEK?

1. Between 5,000 and 10,000
2. 10,000 to 20000
3. 20,000 to 30,000
4. 30,000 to 50,000
5. 50,000 to 70,000
6. 70,000 to 80,000
7. More than 80,000

17

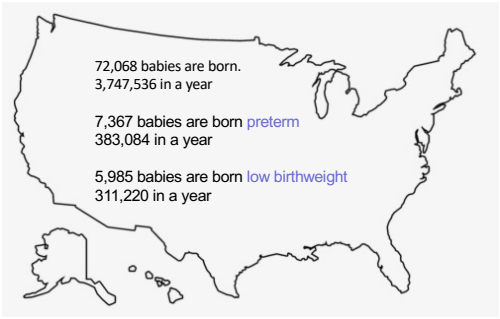
Of those births, how many babies are born preterm or low birthweight each WEEK?

1. About 100
2. 100-500
4. 500-1000
5. 1,000-5,000
6. 5000-10,000
7. 10,000-20,000

18

In an average week in the United States

March of Dimes Peristats, 2019



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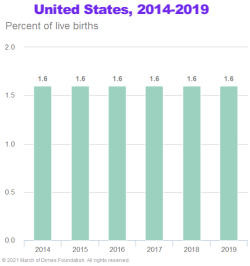
VERY PRETERM BIRTH

United States, 2014-2019



Very preterm is less than 32 weeks.

Source: National Center for Health Statistics, final natality data. Retrieved August 6, 2021, from www.marchofdimes.org/peristats.

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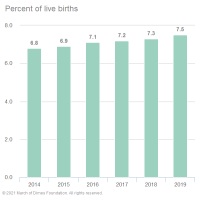
LATE PRETERM BIRTHS

United States, 2014-2019



Late preterm is between 34 and 38 weeks gestation.

Source: National Center for Health Statistics, final natality data. Retrieved August 6, 2021, from www.marchofdimes.org/peristats.

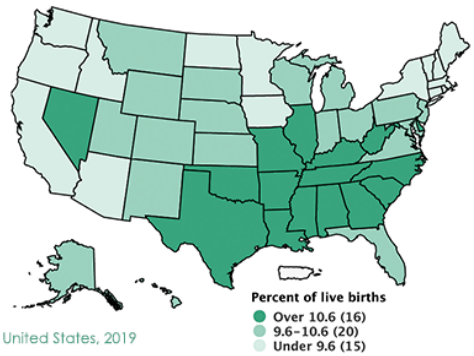
21

Impact and Need

- Preterm birth in the US
  - Rate is slowly decreasing, but higher than most countries internationally
  - Economic impact is significant and continues well into school age
  - The March of Dimes aims to reduce preterm birth across the US to 8.1 percent of live births by 2020

22

Preterm Birth



United States, 2019

National Center for Health Statistics, final natality data.
Retrieved February 18, 2021, from www.marchofdimes.org/peristats.

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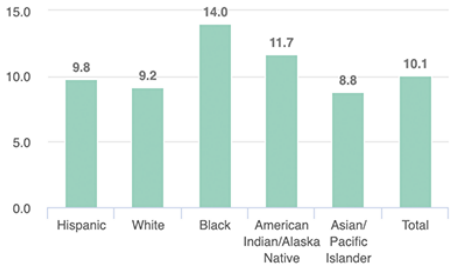
Preterm by race/ethnicity

Percent of live births



United States, 2017-2019 Average

National Center for Health Statistics, final natality data.
Retrieved February 18, 2021, from www.marchofdimes.org/peristats.

24

How many infants with special needs are identified at birth in the United States every year?

- 1500-2000
- 2,000-10,000
- 10,000-50,000
- 50,000-100,000
- Over 100,000

25

And what about Birth Defects?

26

And Every One of the babies we have talked about have a family that is affected by either preterm birth, a birth defect, or even a short hospitalization!

27

Readmissions for Infants Under one Year who were Born Preterm

Underwood, 2007, Hannan, et al, 2020

15% of all infants born < 36 weeks

Collective costs of hospitalization >41 million

Most common reasons for hospitalization

Respiratory	Infections	Gastroint estina	Weight gain/ feeding

28

Results of early hospitalization

Repeated hospitalization during the first few years of life increases the likelihood of both psychiatric disorder and behavior difficulties. (Douglas, 1975; Rutter, 1976; Fahrenfort, et al. 1996)

Children with chronic conditions have about twice the risk of developing a secondary emotional handicap, with younger children having many more difficulties. (Offord, et al., 1987)

Increases in attachment relationship difficulties seen more in infants with chronic illness. (Fischer-Fay, et al, 1988; Goldberg, et al, 1990)

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Understanding Infant and Family Short and Long Term Outcomes for Preterm Birth

Many infants with medical conditions including prematurity outcomes do very well physically & neurodevelopmentally.

The younger and sicker the infant was when born, the more likely the infant will have long term biological and behavioral problems.

30

When there are problems, they are typically in the categories:

(Adapted from Bennett, 1999; Minde, 2000; Cheong, et al. 2020; Chung, et al. 2020)

- Major Neurosensory Impairments (approximately 10%)
  - Cerebral palsy
  - Hearing impairment
  - Visual impairment

31

Typical categories of difficulties-- continued

- Other less major impairments (up to 70%)
  - Cognitive and perceptual development
    - Auditory processing
    - Visual processing
  - Language development
  - Motor development
  - Neurobehavioral development, e.g.
    - sensory orientation
    - regulation of behavioral states
    - autonomic regulation

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Neurobehavioral Difficulties in the Early Infancy Period in High Risk Infants

- Pronounced medical difficulties and autonomic instability
- Sleep/wake cycles are disorganized
- Often tremors, limpness or extensions
- Poor social availability
- Feeding difficulties
- Irritability/hard to soothe

33

Mental Health Issues Documented in Infants who were Very Low Birth Weight, and with Congenital Anomalies (Adapted from Bennett, 1999; Minde, 2000)

- Attention deficit/hyperactivity disorder
- Anxiety and/or panic
- Separation anxiety
- Behavioral problems
- Extreme shyness and difficult relationships
- Conduct disorders

34

Prevalence of Developmental Delays and Participation in Early Intervention services

~13% of children eligible for EI; at 24 months only 10% of children with delays received services Rosenberg, Zhang and Robinson, 2008 Pediatrics 121 (6) e1503

~7.3% preterm births; 50.7% with disability; only 27.9% with mild disability and 51.1% with moderate to severe disability receiving services Roberts, et al. 2008 J Peds 44 276-280

35

Infants born to high-risk families

36

Added to the Impact of Family Conditions

- Infants born to families who have few resources or mother has little education fare far worse
- Families who have four or more risk factors are likely to have less organized infants at risk for developmental delay
- Parenting stress can be significant, dependent on the infant's type of condition, and on the parent's coping and adjustment.
- The mother's (and probably the father's) mental health contributes significantly to their infant's physical, cognitive and socio-emotional development

37

Parenting Difficulties During the Early Infancy Period

- Anxiety
- Depression
- Post traumatic stress disorder
- Difficulty concentrating
- Obsessive compulsive tendencies
- Increased parenting stress
- Economic and family difficulties

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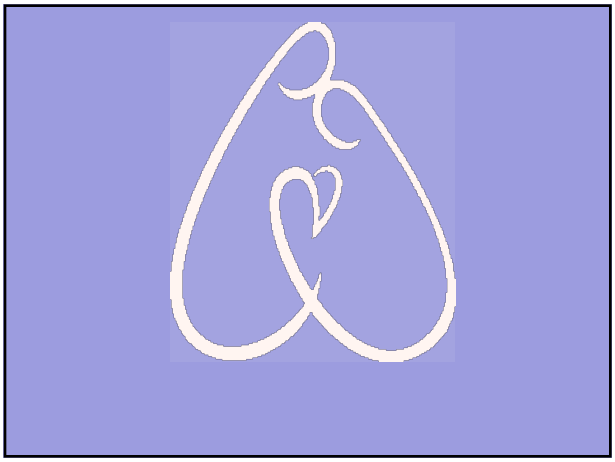

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The Foundational Aspects of the BABIES Model Include

It is adapted from the Synactive Theory of Development used in the NIDCAP (Newborn Individualized Developmental Care and Assessment Program) model.

It describes a method of supporting caregivers in their interactions with infants by observing the infant's behavioral communication and consciously responding to them in the context of relationships.

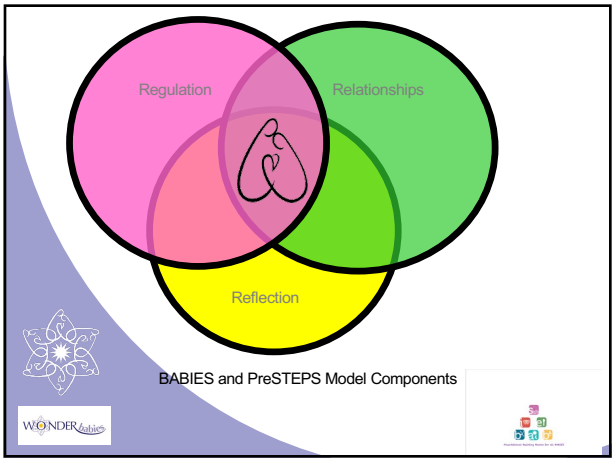
This approach is based on medical, developmental and socio-emotional benefits for infants and their caregivers.

It is revised from the original FIRST Training to incorporate and emphasize:

Regulation….Reflection….

Relationships

40



BABIES and PreSTEPS Model Components

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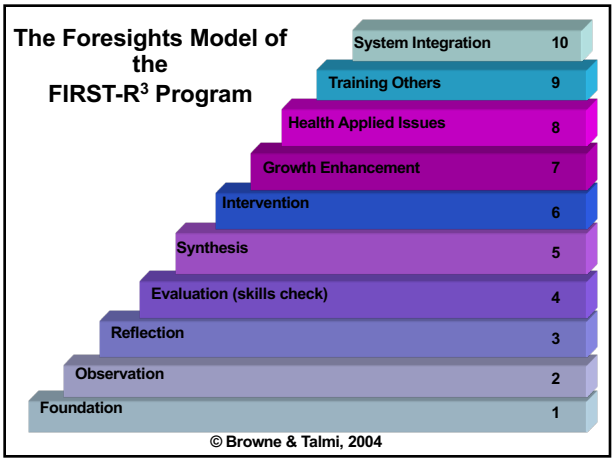

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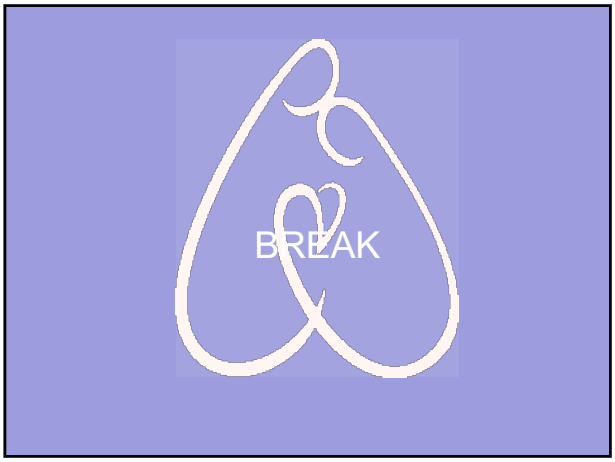

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Assumptions in Providing Developmentally Supportive, Relationship Based Care

The family is the most important and consistent context in which an infant develops. **1**	**Developmentally supportive care must be a collaborative approach that draws on the expertise, strengths and resources of the family** **2**
An informative and supportive relationship with the family will ultimately benefit the infant. **3**	**Infants are in continuous interaction with their environment** (AIs, 1982) **and are active collaborators in all of their interactions** (AIs & Gilkerson, 1995). 4

44

These Four Assumptions Infer that there should be an emphasis not only on understanding the impact of early experiences on the baby, but also the impact on the M(other)

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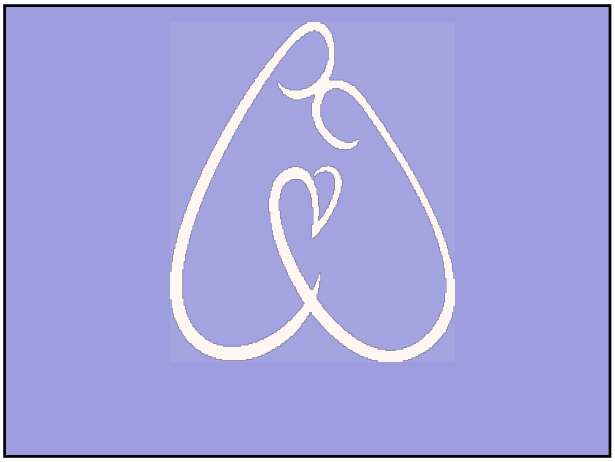

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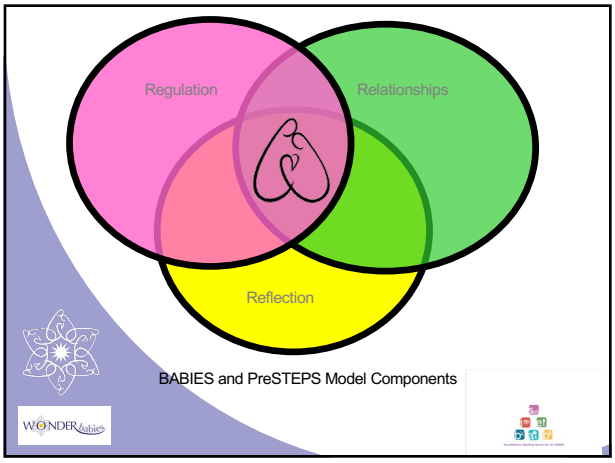

BABIES and PreSTEPS Model Components

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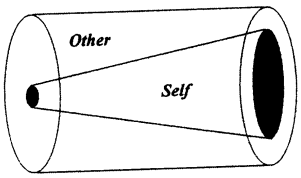
Regulation

Physiological, neurological, behavioral, and emotional processes "that modulate a wide variety of functions to keep them within adaptive ranges." (Neurons to Neighborhoods, p. 26)

48

Sameroff & Fiese, 2000

REGULATION MODEL



Development →

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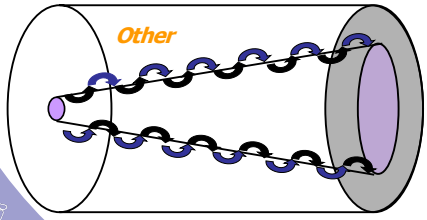
Transactional Regulation Model

Shifting Control Parameters
Sameroff, 2014



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What does the uterine environment provide?

REGULATION

- Sensory stimulation
- Physiologic processes
- Circadian rhythms
- Arousal
- Growth and development

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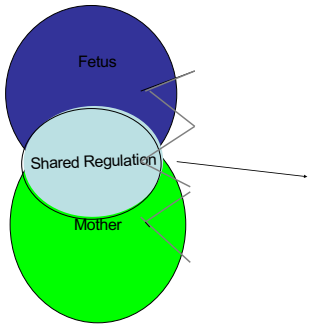

- Disruption of early birth and/or hospitalization
- Both the mother and infant lose regulation of the other that is provided by pregnancy

52

What does the NICU provide?

- Medical regulation
  - technological
  - Pharmacological
  - Physiological regulation
- Caregiving regulation
  - physicians
  - nurses
  - therapists (PT, OT, SLP, respiratory)
  - social workers

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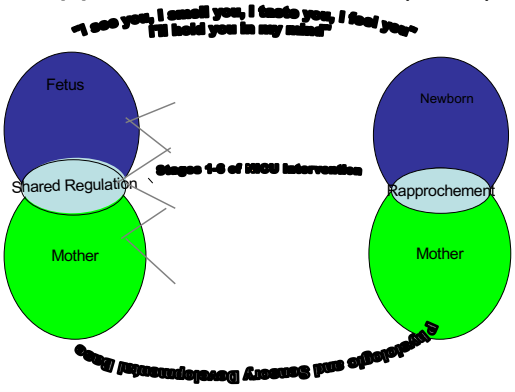
Rapprochement Model (Browne, 2006)



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What does the home environment provide?

- Familiar family caregivers
- Consistent environments
- Opportunities for nurturing
- Predictable routines
- Undisturbed sleep and rest
- Ongoing developmental progress

55

Regulatory problems in young infants and their outcomes

Wolke, et al., 2009

Early regulation difficulties

- Eating
- Sleeping
- Crying

Outcomes

- Behavioral disorganization
- Cognitive delays
- Mental health diagnoses
- Parenting challenges

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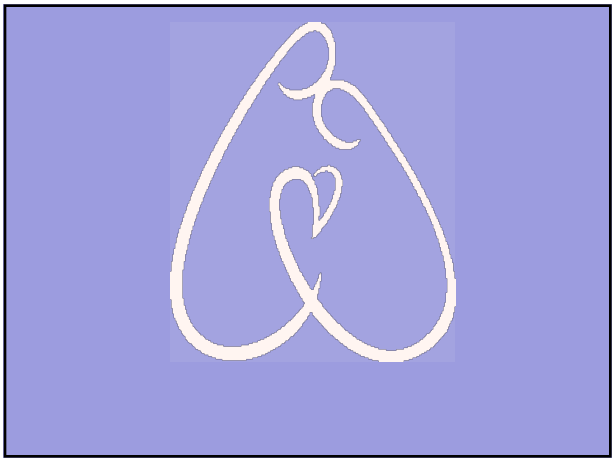

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Developmental Foundations in Newborns and Very Young Infants

Socioemotional foundations for child outcomes (Greenspan, 2004)

Dynamic feedback model and the Synactive theory (Als, 1979, 1998)

58

Greenspan Developmental Milestones

by Age Groups

0-3 months: Exhibits growing self-regulation and interest in the world

4-5 months: Engages in relationships

6-9 months: Uses emotions in an interactive, purposeful manner

59

Dynamic feedback model for the first four to five months

Als, 1979

Phase 1	Integration of the physiologic, motor and state system to support alertness-single sensory input; first week
Phase 2	Ability to attend and use social cues; prolonged attention month 1-2 months
Phase 3	Mutually regulated social feedback; heightened play and pleasurable vocalizations; 3 months
Phase 4	Integration and seeking of social input beyond immediate caregivers; reaching out and playful games; 4-5 months

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LUNCH

61

Development of Foundational Skills During the Sensitive Period

- Rapid and extensive brain development
- Sensory system development
- Emergence of neurophysiologic, motor and state organization
- Coordination of systems, reacting to sensory input and physiological and social interactions

62

There exist "critical" or "sensitive" periods during development

- Critical period – A strict time window during which experience provides information that is essential for normal development and permanently alters performance.
- Sensitive period – A limited time during development, during which the effect of experience on brain function is particularly strong

http://www.cerebromente.org.br/n14/experimento/lorenz/index-lorenz.html

29th August 2013 Bio 334 - Neurobiology I - Critical periods in development 3

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Sensitive periods

(Bornstein 1989; Knudson, 2004; Troller-Renfree and Fox, 2017; Kiss 2014).

- Limited time windows in development when a system is particularly sensitive to experience
- Explains how early experiences of deprevation have strong effects on brain and behavior.
- More commonly thought of as periods of brain re-organizing in infants and adolescents, e.g. visual development, language, attachment, brain development, social mores, etc.

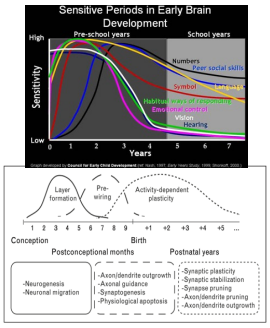

FIGURE 1. Timing of main developmental stages in the human cerebral cortex.

134 www.co-neurology.com Volume 27 • Number 2

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Sensitive Periods for Babies

Adaptations to attachment relationships start in the fetal period

Perinatal neurophysiological changes enhance interactions

Regulatory issues in the first three to four months point to later developmental outcomes

65

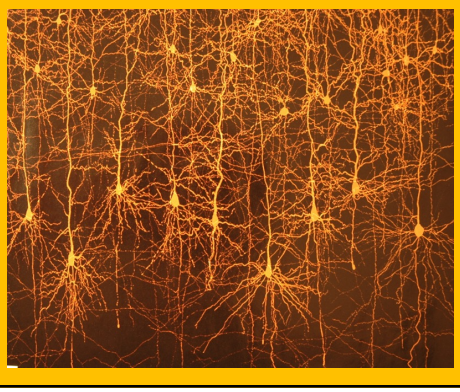
Critical Importance of Brain Development in Infancy

- Brain development is more rapid and extensive than previously realized.
- Brain development is much more vulnerable to environmental influence than previously suspected.
- The influence of early environment on brain development is long lasting.
- The environment affects not only the number of brain cells and number of connections among them, but the way the connections are "wired"
- There is evidence of the negative impact of early stress on brain function.

Carnegie Corporation, 1994

66

Discover Presents the Brain, 2009



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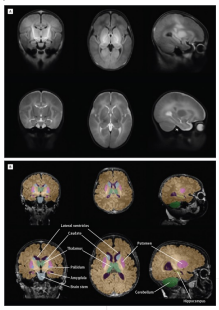
Brain Growth in First Three Months
Holland, et al., 2014

- Brain volume at birth was about one third of healthy adult brain
- Growth rate 1% per day, slowing to 0.4% per day by the end of the first 3 months
- Brain reached 64% of elderly adult brain volume by three months.



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What do we see at 3-4 months that reflects brain re-organization and sensory development?

B Less spitting up, more regular breathing and pink color, more regular elimination

A Sleep bouts extend and become more predictable

B Writhing to fidgety motor development

I Cooing and smiling responsively

E Reflexive to volitional eating

S Reduction in crying/fussiness

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Continuing Difficulties with Transitions to Home for Infants and Parents

For Parents

- Eating healthily
- Getting enough sleep
- Relationships
- Coping
- Managing all the things that need to be done (e.g. feeding)
- Psychological/emotional adjustment

For Babies

- Feeding
- Sleep wake cycles
- Social interaction
- Self regulation
- Motor maturity and coordination
- Sensitivity to incoming sensory aspects of the environment

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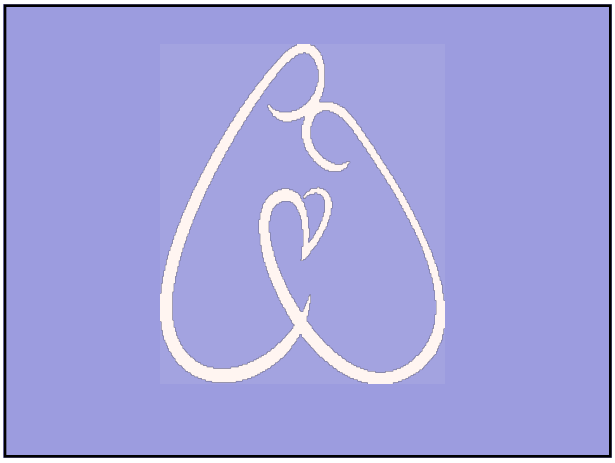

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BABIES:
Foundations for all developmental outcomes

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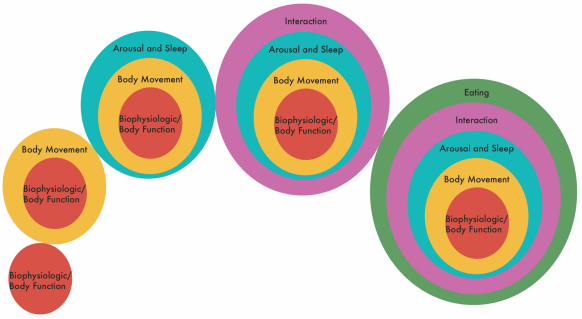
Adaptive Domains



Browne, 2018; Adapted from Als, H. (1984)
Graphic by Stakeout Studios LLC

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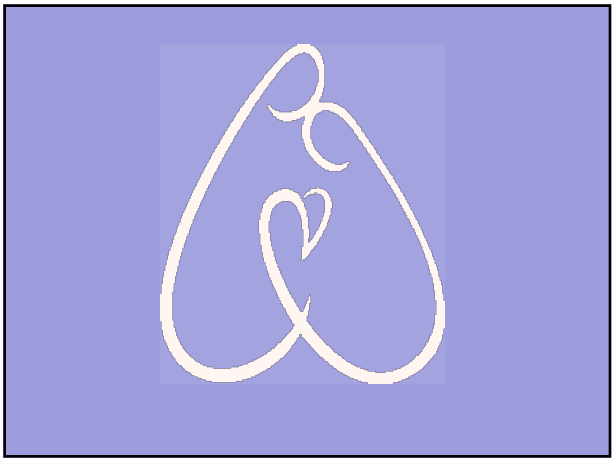

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BABIES Foundations:

Browne & Talmi, 2010, Do not duplicate without permission

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biophysiological and sensory sensitivities

Breathing, color and digestion;
Reacting to light, sound and touch

Biophysiological organization is the ability to have steady, predictable and even biological processes such as temperature, breathing, heart rate, color, digestion and elimination in the face of handling, changes in the environment, and during times when it is important to be with people.

Browne & Talmi, 2010, Do not duplicate without permission

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Examples of things you might see the baby do

- Keep a stable pink color except when crying
- Breathe evenly, regularly and without too much effort between 40 and 60 times a minute
- Have a wet diaper about 3 or 4 times a day or more
- Have a dirty diaper at least once a day
- Recover quickly from hicuping episodes
- Not have pauses in breathing greater than 10-15 seconds

Browne & Talmi, 2010, Do not duplicate without permission

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Color

Signs of Regulation	Signs of Dysregulation
Stable color over the infant's entire body	Color changes on part of the infant's body or the whole body to pale, red, dusky or mottled

Adapted from Als, H. (1984)

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Breathing

Signs of Regulation

Regular breath to breath breathing intervals
40 to 60 breaths per

Signs of Dysregulation

- Ragged uneven breathing
- Over 60 breaths per minute minute is considered fast under 40 breaths per minute is considered slow
- Pauses lasting two seconds or longer
- Gasps, yawns, coughs

Adapted from Als, H. (1984)

79

Visceral Signs

Signs of Regulation	Signs of Dysregulation
stable digestion with appropriate burping	spitting or throwing up
	gagging, hiccups
	excessive drooling
regular elimination patterns	bowel movement, passing gas, diarrhea

Adapted from Als, H. (1984)

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Precursors of Biophysiologic Organization (Body Function) and Sensitivity to the Environment

- Handling new experiences
- Being with siblings
- Living in a noisy family
- Being handled
- Adjusting to change
- Listening, looking, following

81

Worksheet #1 Part 1 Body Function

- Please write down what you observe about the baby's baby's body function. Pay particular attention to
  - color,
  - breathing and
  - gastrointestinal signs

82

Biophysiologic (Body Function) Reflective Questions

- What do you notice about your baby's breathing?
- How does your baby's breathing change when eating? Awake? Asleep? Getting his diaper changed?
- How can you tell if your baby is having a hard time breathing?
- What is your baby's skin color most of the time?
- When your baby is having a hard time, what do you notice about her skin color?
- Tell me about a time when/how often does your baby cough, gag, hiccough, etc.

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BABIES Foundations:

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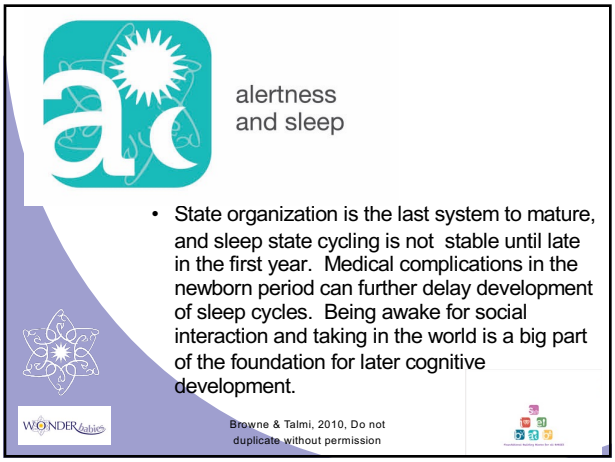

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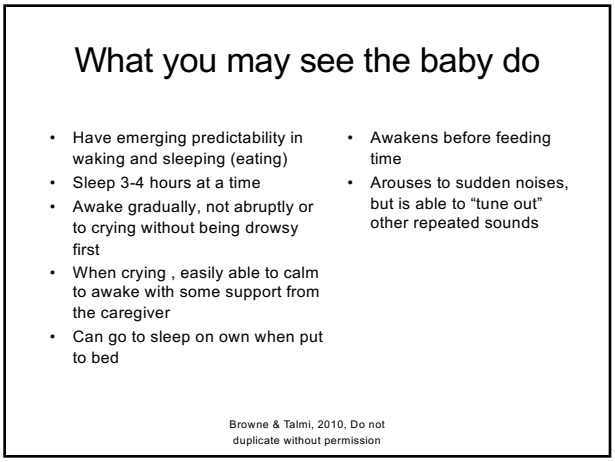

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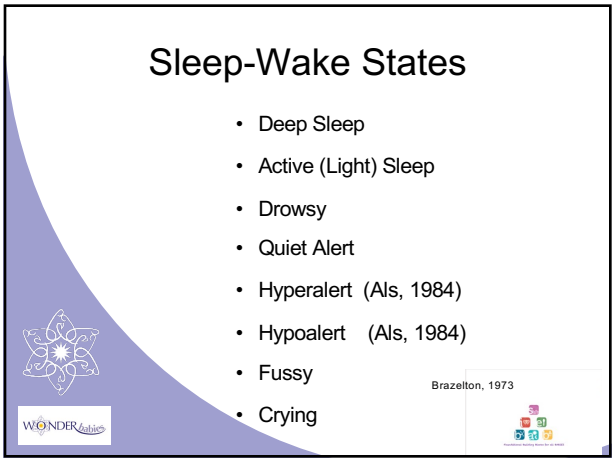

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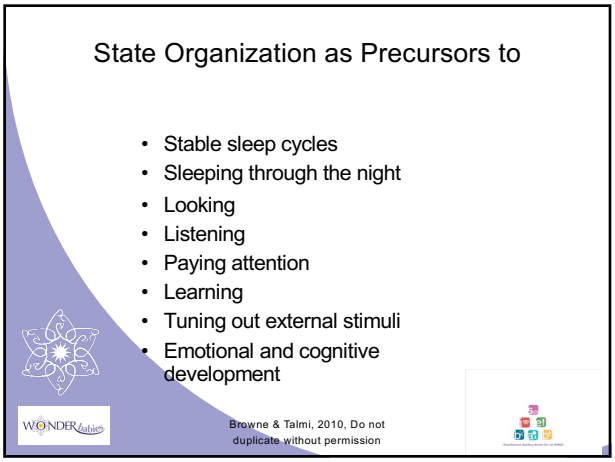

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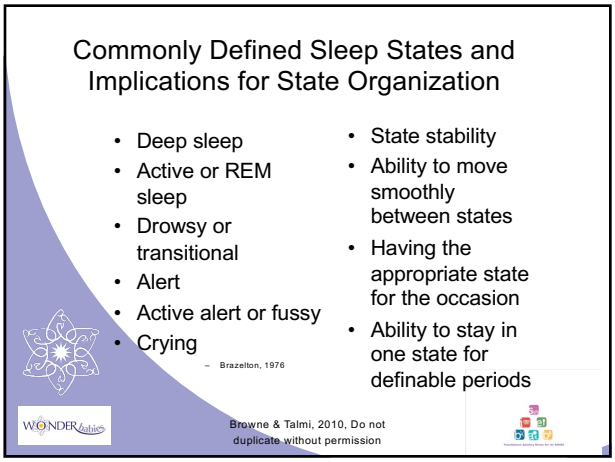

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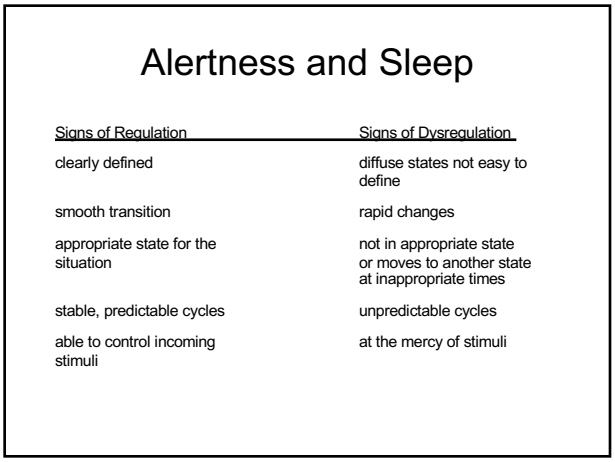

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Worksheet #1 Part 1 Arousal and Sleep

- Write your observations of the baby's state with particular attention to
  - What state is he in to begin?
  - What state does he transition to?
  - What happened to make him transition from one state to another?

91

Arousal and Sleep Reflective Questions

What is sleep like for your baby?
How does your baby fall asleep?
What happens when your baby wakes up?
What is your baby's schedule for sleep/ waking up in a typical day?
When does your baby seem most awake?
How can you tell that your baby is tired or has had enough?
Tell me about a time when you thought your baby was paying attention, noticing what was happening around her, seemed awake or alert, smiled or interacted with you?

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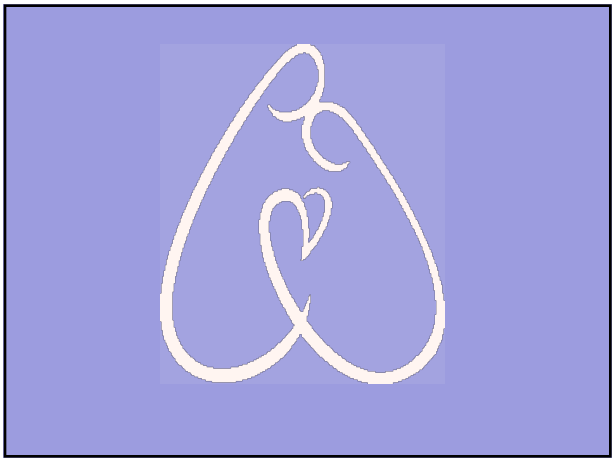

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BABIES Foundations:

94

body movements

- The baby's ability to move through space smoothly and without too many supports. The ability to adjust his or her body to the movement of caregivers and to adjust his or her own body to be comfortable.

95

Examples of what you may see the baby do

- Stays mostly in a softly bent position
- Brings hands together in front of body
- Most of the time keeps their arms and legs tucked into their body
- Has fidgety more than writhing movements
- Begins to reach toward caregiver
- Finds own body parts

96

Body Movement (Motor)

Signs of Regulation	Signs of Dysregulation
well rounded, softly bent arms, legs and trunk	flatness of face, arms, legs or trunk tight or extended arms, legs, toes, or fingers arching of the neck or back excessive tucking of body

Adapted from Als, H. (1984)

97

Body Movement (Motor)

Signs of Regulation

- smooth movements of the arms,trunk and face

Signs of Dysregulation

- jerky movements of the arms, trunk and face
- frantic, flailing movements
- repetitive behaviors that serve to decrease rather than increase organization

Adapted from Als, H. (1984)

98

Motor Organization are Precursors to Later Developmental Organization

- Contributors
  - Reflexes
  - Tone
  - Posture
  - Movement
- What it results in
  - Snuggling up to mom
  - Holding head up
  - Rolling over
  - Crawling
  - Sitting
  - Walking

99

Worksheet #1 Part 1 Body Movement

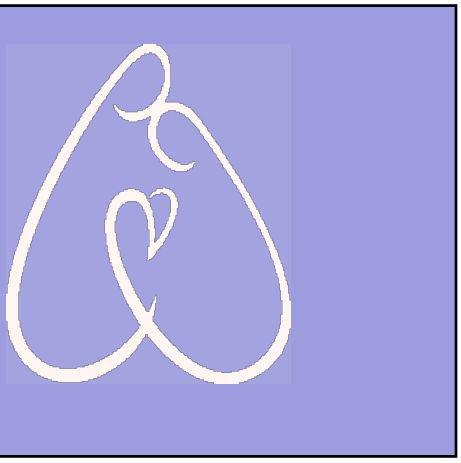
- Record what you see in this baby's body movement. Pay particular attention to
  - Tone
  - Posture
  - Movement

100

Body Movement Reflective Questions

Describe your baby's body movements.
What positions is your baby most comfortable in?
How can you tell that your baby is comfortable?
When does your baby's body seem most relaxed?
What kind of movements does your baby make?
Tell me about a time when your baby seemed floppy or stiff, or when you noticed unusual movements.

101



102

BABIES Foundations:

103

interaction

- Interactions with people are the basis for early socioemotional development. When the baby is able to come to alertness, predictably orient to the caregiver's face and voice, and to show beginning efforts to engage in non-verbal communication, it indicates the beginning foundation for communication, cognitive development, integration of incoming social and non-social information and shared emotions.

104

What you may see the baby do

- Come to alertness for brief periods of time
- Turn head to side to locate sound
- Follow caregiver's face from side to side
- Change facial expression during interacting with caregiver
- Decrease arm, leg and body movement when caregiver approaches
- Emerging smiles at 6-8 weeks
- Initiates sounds
- Imitates facial expression
- Simple turn taking

105

Interaction

Signs of Regulation

- Calms to caregiver's voice
- Achieves periods of alertness for interaction
- Looks to find caregiver's voice and face
- Begins reciprocal vocalization

Signs of Dysregulation

- Stays asleep or goes to sleep when interaction is offered
- Becomes irritable with bids for interaction
- Shows disorganization with social bids
- Looks away during face to face encounters

106

Social Interaction Organization Precursors that Impact Later Development

- Looking
- Listening
- Paying attention
- Orienting
- Tracking
- Learning cause/effect
- Trust
- Object permanence
- Stranger anxiety
- Communication
- Language
- Discrimination between things

107

Worksheet #1 Part 1 Interaction

- Write down what you see during this interaction. Pay close attention to
  - The caregiver's efforts to engage
  - The baby's efforts to engage/disengage

108

Interaction with Others Reflective Questions

What happens when you and your baby are together?

Tell me about what you and your baby do together.

How does your baby react to different sounds, sights, types of touch, movement, and how busy the environment is?

How does your baby let you know he/she is calm and content?

What changes have you seen in the way your baby is with other people?

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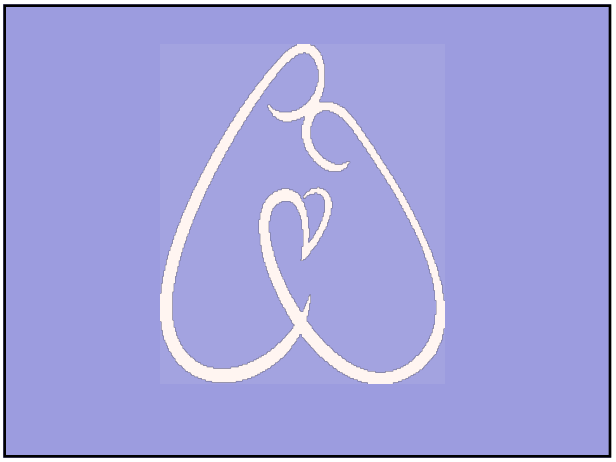

110

BABIES Foundations:

111

eating

- Successful coordination of what it takes to suck, swallow and breathe for the newborn and young infant may demonstrate organized neurological functioning. Feeding should be a pleasurable social interaction, necessitating organized states and ability to engage in interaction. These skills are typically not completely organized until 3-6 months of age.

112

Eating

Signs of Regulation

- Wakens to eat at appropriate times
- Indicates hunger
- Latches effectively
- Coordinates sucking, swallowing and breathing
- Indicates when full or satisfied

Signs of Dysregulation

- Must be awakened to eat
- Does not show indications of hunger
- Poor latch and suction
- Gags, loses milk from mouth, stops breathing, turns dusky
- Does not coordinate sucking, swallowing and breathing
- Goes to sleep before feeding is over

113

Development of Eating Skills

- Must be able to organize
  - Physiology
  - Body motor responses
  - Oral motor responses
  - State
  - Social interaction
- Must be able to handle
  - Being held
  - Being moved or rocked
  - The flow of milk
  - Being talked to
  - Staying awake
  - The environment

114

Precursors of Organization of Feeding for Later Eating Skills

- Semi solids
- Solids
- Using a spoon
- Feeding self
- Drinking from a cup
- Drinking from a straw
- Table manners
- Social interaction

115

Worksheet #1 Part 1 Eating

- Write your observations of the baby's eating behaviors. Pay close attention to
  - The coordination of her sucking, swallowing and breathing
  - Her alertness

116

Eating Reflective Questions

Tell me about feeding your baby.
Describe your baby's feeding schedule on a regular day.
What is it like when you breast feed/bottle feed?
How often does your baby eat?
Who feeds your baby?
How satisfied does your baby seem while and after eating?
What kind of environment works best for your baby when he/she is eating?
What is your favorite thing about feeding your baby?

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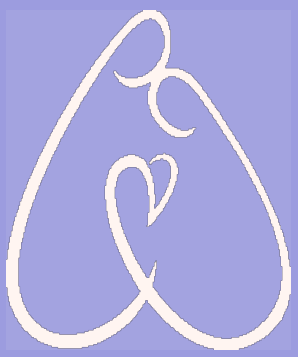

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BABIES Foundations:

119

soothing

- Soothing is the ability of an infant to organize him or herself with support from a caregiver. It allows the baby to experience success at regulating stress and discomfort, and to achieve a more steady state. Typically, the baby's efforts are through using their own body to achieve stability such as sucking on a hand, bracing a foot, grasping, etc. Babies need their primary caregiver to initially help them soothe until they are able to do it themselves.

120

Body Movement and Soothing

Uses own body to promote regulation by:

- holding hands or feet together
- holding hands or arms to head or face
- mouthing/sucking
- changing or adjusting posture
- sucking on hands or fingers

Adapted from Als, H. (1984)

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Soothing

Signs of Regulation

- Slows breathing to attend
- Uses own body to promote organization
- Cries when appropriate for the situation and calms with supports
- Looks away, changes state when overwhelmed
- Eats at regular intervals, and uses feeding to calm

Signs of Dysregulation

- Lacks physiologic stability
- Goes to sleep at inappropriate times
- Irritability and/or excessive crying
- Lack of success in using own body to soothe
- Lack of progression with feeding skills

122

Soothing Precursors to Later Developmental Organization

- Attending
- Emotion regulation
- Coping with stressful events
- Control of behavior
- Internal control
- Sitting still
- Paying attention
- Learning

123

Worksheet #1 Part 1 Soothing

- Write what you see of the baby's soothing strategies. Pay particular attention to
  - How he uses his own strategies to become and stay stable
  - What strategies work, what ones don't.

124

Soothing Reflective Questions

Tell me about how your baby lets you know that he/she is happy, content, and comfortable.
What happens when your baby is distressed?
How do you help your baby calm down?
Tell me what things work when your baby is upset.
What things relax your baby?
Tell me about a time when it was hard to soothe your baby.
What wishes do you have for your baby being able to calm him/herself?

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BREAK

126

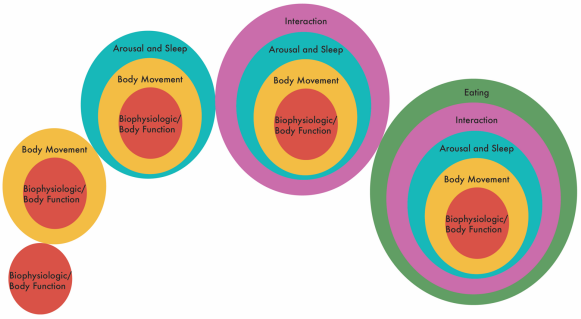
Observing the Infant's Behavioral Communication

Worksheet #1 Part 2

Assessment Vignette

127

Adaptive Domains



Browne, 2018; Adapted from Als, H. (1984)
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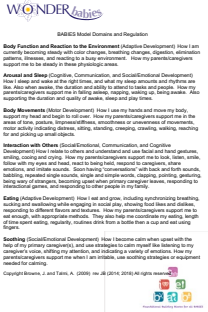
Potential Intervention Strategies for Regulation

Recognize	Recognize that the primary caregiver is responsible for identifying the need for and providing opportunities for regulation.
Understand	Understand the communication of the baby and what regulatory strategies they are asking for
Assure	Assure the primary caregiver can reflect on what the baby is experiencing.
Develop	Develop an IFSP that matches the developmental needs of the baby.

130

The IFSP for Newborns and Young Infants

- See the crosswalk handout: between the typical IFSP and the BABIES domains.



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Red Flags for Infant and Toddler Mental Health Issues For BABIES

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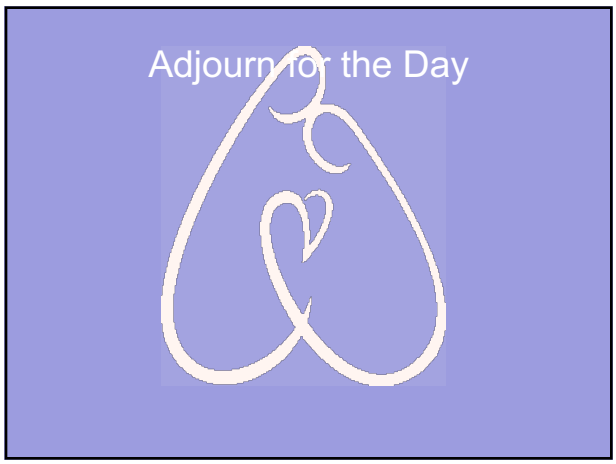

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