

Babies don't come with an instruction manual

by Ruth Oshikanlu (FRCN 2017)



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New parents often do not feel prepared for their role and wish their baby would come with an instruction manual. Most parents want to parent well, regardless of the situation they find themselves in. With some insight into the reasons why their babies act the way they do, parents can tune in to their baby, find out what babies need, meet their needs well and enjoy parenting. My book, *Tune In To Your Baby*, aimed to enable expectant

and new parents to enjoy raising happy and healthy infants without sacrificing their personal needs.

In the book, I shared my personal journey and professional insights to assist parents in discerning and satisfying their baby's needs. The aim of *Tune In To Your Baby* was to facilitate parents in choosing who they want to be, and what they want to do to enjoy parenting their baby from the point of conception through to toddlerhood.

Tune In To Your Baby: Because Babies Don't Come with an Instruction Manual

Abstract

Tune In To Your Baby was born out of my difficult experiences during pregnancy. These experiences included spending almost five months hospitalised to prevent the loss of my baby, and a relationship breakdown. Despite professional experience as a midwife, on discharge from hospital with a preterm baby, I was extremely anxious about how to meet my baby's needs. This book was the result, written in response to my clients' needs. The book comprises six chapters and an appendix, with chapter titles created from expressions I had uttered myself while pregnant or as a parent.

Citation

Oshikanlu R (2012) *Tune In To Your Baby: Because Babies Don't Come with an Instruction Manual*. CreateSpace, Scotts Valley CA.

Link

www.tuneintoyourbaby.com/my-book

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Introduction and background

The conception of *Tune In To Your Baby* occurred while I was working as a health visitor based on the Isle of Dogs, which is a part of London with gross economic disparities. My caseload included many vulnerable families whose children were subject to child protection plans or other safeguarding interventions. I also provided health visiting support to affluent mothers, many of whom were older, professional women, who were sometimes very anxious even after having attended National Childbirth Trust antenatal classes. They had higher expectations of the health visiting service and attended

clinics on a weekly basis, but frequently required reassurance from their health visitor because they lacked confidence in their parenting ability.

On one particularly memorable day, I visited three new mothers who were distraught, anxious and stressed after reading a parenting book with a very prescriptive approach, which had encouraged new parents to get their babies in a routine from birth onwards. The women who followed this approach reported feeling exhausted because they tried to meet all the prescribed expectations, yet their babies still did not settle and cried excessively. I provided all three women with evidence-based guidance

RESOURCES

Department of Health's
Family Nurse Partnership
programme
fnp.nhs.uk/about-us/the-programme

Virtual Mamahood
www.tuneintoyourbaby.com/virtual-mamahood

on responsive feeding and the need to feed newborn babies frequently because their stomachs are small and the effects of excessive crying on a baby's stress levels. This helped them to ascertain their baby's needs, to better read their baby's emotional states, and understand their baby's cues and respond to them better.

At the end of the day, I experienced a form of epiphany and set myself a goal to write a book that would be different from any other parenting book I had read. This would use my professional and personal experiences, incorporate my midwifery and health visiting expertise, use a strengths-based, solution-focused, non-prescriptive approach, and would span from conception to preschool.

At the time of writing the book, my clinical experience encompassed 19 years of service provision as a nurse, midwife and health visitor. I was also a family nurse at the Department of Health's Family Nurse Partnership programme, a nurse-led, intensive home visiting parenting programme for first-time young mums and their families. In addition, I was trained as a life coach and in cognitive behavioural therapy, neurolinguistic programming and goal mapping – a system that employs whole-brain thinking to learn how to set goals, to take action and achieve success. My master's dissertation focused on the role of the health visitor in promoting parental-foetal attachment in prospective parents.

From my practice as a midwife and health visitor, I found that women frequently expressed the wish that their babies had arrived 'with an instruction manual'. Hence, I wrote the book as a bespoke resource for parents to encourage them to understand their baby, mainly because each baby is unique but general advice can be helpful. Many of the women I provided care to shared experiences similar to my own difficult personal experience of pregnancy and early parenthood and, like me, did not know how best to handle them. This lack of knowledge could result in perinatal anxiety and depression.

An additional rationale for penning the book was the emerging evidence about the importance of the care a baby receives from conception to the first two years of life, referred to as the 1001 Critical Days (Leadsom et al 2013). Advances in neuroscience highlight the crucial relationship between early brain development and outcomes later in life. Research has indicated that a

baby's brain develops in response to what he/she experiences throughout this early period of gestation. As such, it is essential to ensure a child's environment and experience – both inside and outside the womb – are pleasurable and nurturing as the foundation blocks of life are then being laid (Gerhardt 2014). Therefore, love for self and baby are stressed as vital ingredients throughout the book. It was written from the woman's perspective to allow for a greater sense of authenticity. However, the reader is also encouraged to enlist the support of her partner and other individuals of significance.

New parents often struggle to adjust to the changes in their role. This appeared especially difficult for first-time parents who usually sought information from books, magazines and the internet, as well as taking advice offered by family, friends and health professionals. These sources of advice, however, often conflicted and could cause further confusion. The pressure to get things right further compounded these problems, created further anxiety for new parents and added stress to them and to their baby. New parents would frequently voice concerns about the normal things that their baby did such as crying as a way of communicating, but interpreted it as a negative reflection of how well they were parenting. Social media also created additional challenges, with pressure on new parents to appear to be living the perfect life.

Influence and impact

The book encourages bonding and parent empathy from the point of conception. It is intended to help mothers ease their new baby's transition to the outside world and is intended as a comprehensive guide. Written in a conversational style, it draws the reader in, encourages self-reflection, enables mothers to identify their feelings, to consider the impact on the baby's emotions, and includes ways to support their baby to thrive. The book is full of inspiring quotes, helpful tools and techniques drawn from my life's work. The reader is invited to work through the baby manual contained in the appendix, and is also provided with a list of useful online references and websites.

The book was developed into a parenting programme commissioned by numerous NHS primary care trusts, to help serve the needs of vulnerable families. Post-publication, I delivered lectures in several universities and presented at international conferences

about parenting and parental-foetal attachment. I was featured in podcasts and video interviews. The book continues to be well distributed in many countries including Germany, United States, Australia, Canada and New Zealand. I delivered workshops in several African countries on perinatal and infant mental health. It was featured in professional journals such as *Community Practitioner* (Fisher 2013) and the *Journal of Health Visiting* (Oshikanlu 2016).

The book aligns with the Healthy Child Programme (Public Health England 2015), which supports parents from pregnancy through the first five years, incorporating the new integrated '4-5-6 model': four levels of service, five health reviews, and six areas where health visitors have the highest impact on the health and wellbeing of children aged 0-5 years. The book addresses four of the six high impact areas: parenthood and early weeks; maternal mental health; breastfeeding; and healthy two-year-olds and getting ready for school. Many health professionals believe that most parents require more than five reviews over five years: Northern Ireland, Wales and Scotland provide seven, nine and eleven mandated contacts respectively (Institute of Health Visiting 2017).

The book attempts to bridge the gap in service provision by encouraging parents to take control of their lives as parents in line with the Marmot Review (2010), which set out the evidence of inequalities in health and the social determinants of health in England, and proposed six high level policy objectives in order to take action on the social determinants of health. It aims to enable expectant and new parents to develop healthy relationships with their baby, promotes awareness of bonding and attachment, maternal and infant mental health, and therefore aims to improve health outcomes for parents and babies.

I share a range of suggestions to engage the process of reflective questioning while supporting parents to generate their own solutions. Many readers have reported The Baby Manual in the back of the book encouraged them to challenge their assumptions and take action; it improved their parenting confidence and enabled them to become more attuned to their baby by putting themselves in their child's shoes and then meeting their needs with the wisdom of a parent. Realising that another gap existed in service provision for women who had undergone assisted conception or

previous pregnancy loss, I created a parenting programme from conception onwards and currently work as a pregnancy mindset expert, providing new parents with therapeutic support. In response to the COVID-19 pandemic, these programmes are continuing but are now being delivered virtually.

Current and future relevance

My book aims to promote perinatal mental health by encouraging expectant mothers, new mothers and mothers of toddlers to connect with their thoughts and feelings and to process them safely. Perinatal mental health problems affect between 10 and 20% of women during pregnancy and in the first year after birth. According to an analysis published in 2015, the cost of these mental health problems to society of each one-year cohort of births in the UK is £8.1 billion (Bauer et al 2015). Mental illness directly affects women, but also has an adverse impact on their children. The effects may take a variety of forms, including risks to healthy development in early life, with consequences that may in some cases extend throughout the life course. Mental illness may exist before pregnancy of course, or develop or become exacerbated during the perinatal period. In many instances, these problems stem from early traumatic experiences with pregnancy or childbirth, an ideal opportunity for improvement.

My book supports matrescence, the developmental transition to motherhood and growth as a mother. This enables the expectant or new mother to explore her relationship with her sense of self, as well as relevant others, and signposts her to seek professional help when necessary to address unresolved concerns. Healthy parenting, I have suggested, can be attained when mothers gain greater awareness of their emotions, maintain the focus on the child, and, as a result, may become more empathic to their children.

Recognising that brain development begins in utero, my book promotes activities that support neurological development of babies from conception onwards. It is known that as early as five weeks after conception, neurons begin to form, divide, and multiply. Additionally, the second trimester has been found to be the most active period of neuron proliferation in which 250,000 neurons are created each minute (Ackerman 1992). It is also known that the potential of life-long impact is associated with the exposure to adverse childhood experiences such as

maternal stress, anxiety or depression, difficult relationships with partners, or an external trauma such as life stressors, bereavement or poverty (Anda et al 2006).

When a woman becomes a mother, she must learn to manage diverse social roles alongside parenting. If this is not managed properly, it may lead to fractures in other social relationships. The book has sections that discuss stress and how it can be managed effectively. It employs a trauma-informed approach to parenting from the point of conception. Trauma-informed care is defined as practices that promote a culture of safety, empowerment and healing. It encourages parents to focus on the present, using mindfulness and transactional analysis to enable parenting choices.

During the COVID-19 pandemic, fertility clinics were closed and changes made to the delivery of health visiting services, as many frontline health visitors were redeployed to acute settings or other specialist areas in the community such as district nursing (Fisher 2020). The reduced number of health visitors meant that those who remained were focused on providing services to the most vulnerable children and their families. This resulted in many pregnant women and new mothers not being seen in a timely manner, causing many to feel unsupported, stressed, worried, anxious or isolated; and therefore, more vulnerable.

In response to the COVID-19 pandemic and the resulting crisis from reduced health visiting services, I developed an online platform called Virtual Mamahood. The platform enables pregnant women and new mothers to connect

with an expert midwife or health visitor virtually to receive professional support and enjoy their pregnancy without fear; help manage their anxiety, maintain emotional wellbeing and raise happy and contented babies. In addition, the online platform supports community building, enabling women to share their fears, help manage their anxiety and preventing maternal isolation.

Women continue to delay starting a family until they are financially secure, which may mean they are older and could experience difficulties with conception. Having to juggle competing priorities of demanding work expectations, family life, and perfectionism as a parent, especially if they have excelled in other areas in life, may lead to higher levels of stress. Some women may also experience maternal isolation due to a lack of family support or distant familial relationships and networks. Other women may experience poverty, domestic abuse or mental health problems, all of which could impact on a smooth and enjoyable transition into motherhood.

My book aims to empower women to explore unresolved issues, to process them and to seek personal and professional help as early as possible to help prevent problems from escalating. The book is written as if a health visitor is present with parents at all times, but only a telephone call away if more help is required. I believe that when mothers are in tune with themselves, they are more likely to tune in to their baby's needs and so raise healthy, happy babies with improved life outcomes, good health and a lifelong sense of wellbeing.

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