A SOCIAL ACTION CAMPAIGN FOR BETTER BEGINNINGS FOR BABIES

For Our Babies is a national movement promoting healthy development in U.S. children from conception to age 3. We advocate for the types of environments, experiences, and relationships that infants and toddlers need in order to thrive. By sharing relevant research and the knowledge of families, practitioners, and other experts For Our Babies shows how far the U.S. has to go to meet the basic needs of our infants and toddlers and shares how the support of positive early development benefits all.

Purpose and Mission

For Our Babies goal is to link together 1 million people by who will speak in one voice and demand better treatment of our nation’s babies. It lays out a framework for a new and healthier beginning for babies that will lead to better functioning students and more productive members of society. The rationale and necessity for the campaign’s proposed social changes come from the result of research and experience that prove that children given the developmental environment we advocate incur fewer health problems and costs, perform better in school, experience fewer and less severe mental health problems, perpetrate less crime, and attain higher socioeconomic status later in life. The economic benefits of the For Our Babies platform far outweigh the financial investment. The personal and societal benefits are tremendous.

For Our Babies Platform

To capitalize on the opportunity that rapid human brain development provides, and to realize the benefits that healthy children provide to all of us, For Our Babies advocates for the following:

<table>
<thead>
<tr>
<th>Four Pillars</th>
<th>Ten Points of Social Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Care</td>
<td>1. Prenatal healthcare coverage for all families, regardless of income, including home-based support and counseling during pregnancy.</td>
</tr>
<tr>
<td></td>
<td>2. Affordable intervention services for at-risk pregnancies.</td>
</tr>
<tr>
<td>Paid Leave and Well Baby Care</td>
<td>3. Paid leave for parents for the first nine months of their child’s life.</td>
</tr>
<tr>
<td></td>
<td>4. Affordable visits to the homes of all newborns for the first two years that include guidance by professionals trained in parenting and healthy development, along with counseling on early emotional, social, intellectual, linguistic and perceptual/motor development.</td>
</tr>
</tbody>
</table>
Screening and Follow Up

5. Affordable developmental screenings to identify physical and behavioral needs, with referral to affordable help when needed.
6. Affordable services for children with identified special needs.
7. Free intervention services for families in crisis.

Quality Infant and Toddler Care

8. Child care regulations that ensure that care is provided in safe, engaging, and intimate settings.
9. Training, compensation, and professional stature for infant and toddler teachers at the same level as K-12 schoolteachers.
10. Childcare subsidies for all families.

Highlights of the Campaign

- **For Our Babies** is a multi-faceted campaign to communicate what infants need and why. It will include the For Our Babies website, a book “Invisible Neglect: The Careless Way America Treats Its Babies”, a documentary with the same title that passionately and persuasively communicates our messages, a set of social media communication approaches designed to leverage 21st century technology to exponentially expand the reach of our messages and the sharing of materials so that others may carry the For Our Babies message forward.
- The campaign will actively engage and support volunteers to work on specific pillars of the campaign. We will make speeches at major conferences and policy forums and orchestrate local speaking engagements targeted to community and grassroots organizations.
A Call to Join the “For Our Babies” Campaign

Dr. J. Ronald Lally, WestEd

Forty-six years ago, when I started working with infants and toddlers, I never thought that I would feel my current level of desperation about the plight of our babies. Not in the United States of America. But it seems that in spite of all our rhetoric that “children are our most important resource,” the needs of our babies are being ignored to the point of unforgivable neglect.

Our babies have shouldered the fallout from 50 years of massive social change with little help from the larger society. They have paid the price for changes in gender equity, the work patterns of their families, where they spend their days, and the lack of availability of extended family. Across the United States, families expecting a baby and families with young babies are stressed and worried. They are frantic in their efforts to nurture their babies while still in the womb, to find ways to stay home with their newborns, and to both locate and pay for an adequate quality of childcare.

During my lifetime, America has consistently backed away from taking the steps needed to ensure that our infants and toddlers are helped down this rocky path. Recent scientific discoveries reveal just how vulnerable babies are to early experience, and how much they need our help from conception to age three. We must act now before more children are damaged. Join me in the For Our Babies campaign as we shine a spotlight on the shocking but often-invisible neglect of American babies. We will highlight the experiences of American families and hear about what raising their babies under current conditions is like for them. We will share the stories of those providing services to pregnant women, newborns and from infant care providers, about the policies and practices they labor under and of their serious concerns for the babies in their care. We will hear from concerned, even exasperated experts, from both the United States and abroad, about the types of treatment infants and toddlers are receiving in the US as compared to what babies receive in other countries. You will hear recommendations for specific actions to remedy uniquely American conditions that place babies in jeopardy. We’ll invite you to share with others your own strategies and solutions for these conditions. Stand with us as we stand up FOR OUR BABIES.

At the age of seventy-two I don’t have many more years left to get Americans to see that, without having consciously chosen to do so, we do damage to our babies and our society. Please join FOR OUR BABIES. My goal is to get 1 million people on board and get our voices heard.
Problems and Issues Addressed

The way we treat babies currently leaves much of their development to chance or places them at risk. What is alarming is that many Americans have no idea that the U.S. falls well behind most other countries in the support that it provides its infants. In a recent article, School Readiness Begins In Infancy, Phi Delta Kappan, 2010, Dr. J. Ronald Lally summarizes the problems that motivated him to launch the For Our Babies campaign.

“American babies, compared with those from other developed nations, are getting inadequate prenatal care, less time at home with their parents during the first year of life (a crucial period for bonding and attachment), and inadequate - sometimes damaging - child care that gives little attention to what and how they are learning. Even though various American professional groups endorse prenatal risk screening and prenatal health education, such services are provided too infrequently in the United States. When services are available, they are fragmented, and mothers are often unable to pay to access them.

Though we know that the brain of a fetus is quite vulnerable to inadequate nutrition, exposure to toxins, and maternal stress, this country does little to assist mothers. In many other countries, assistance during pregnancy and comprehensive health services after delivery are commonplace. Mothers in 32 countries receive universal, public support for health and social services throughout their pregnancies. Later education interventions build on and are influenced by such supports.

Also thwarting the development of many American children is the interruption of emotional connections and exchanges during the early months of life. In the United States, parents often place their children in child care at very young ages, arguably far too young. Every day, nearly six million U.S. children under the age of three spend part of their day being cared for by someone other than a parent (Cohen and Ewen 2008). By six months of age, about half of American infants are in some kind of regular childcare arrangement (Flanagan and West 2004). Thirty-nine percent of American children start care when they are younger than three months of age, 47% between three and six months, and 14% when they are older than nine months.

Every industrialized country in the world, except the United States, provides for paid, universal leave for parents before, at, and after the birth of a child - and in many cases, for the entire first year of a child's life. In contrast, the U.S. Family and Medical Leave Act (FMLA) provides only 12 weeks of full paid leave to about half of mothers in the country, and nothing for the remainder. Only six states provide parental leave. According to the National Center for Children in Poverty, America ranks "among the worst" in supporting mothers to spend time at home with their newborns. In its study of 173 countries, America stood with Liberia,
Swaziland, and Papua New Guinea as the only countries providing no paid maternity leave (Stebbins and Knitzer 2007).

Other countries also offer infant care services for all newborns to help new parents understand and adjust to the needs of their babies. All northern and western European countries provide home visits after childbirth by healthcare professionals (Kamerman and Kahn 1993). In the Netherlands, a continuous one-week homecare program covered by insurance for normal birth mothers is provided by *Kraamverzorgsters*, who receive a three year training program. This postpartum home care includes housework services in addition to care for children and mothers (De Vries et al. 2001).

In Victoria, Australia, every mother and her newborn is visited at home five days after giving birth, and contact with a nurse-educator continues free of charge until the child is 18 months old. The home nurses report that they not only help with normal questions about breast feeding and sleep, but they also address issues that arise early in the life of a baby that can derail emotional attunement, such as the ability to read the child’s cues and respond accordingly. They also identify, serve, and refer to appropriate services those parents who do not provide the emotional climate babies need. Such services, available to all Victorian families regardless of income, have been available since 1920.

In a recent study by the National Institute on Child Health and Human Development (NICHD) the quality of child care correlated positively with the child’s cognitive-academic benefits at age 4 1/2 and age 15 (Vandell et al. 2010). And students in countries that provide universal early development programs tend to academically outperform their peers in countries in which such programs are sporadic or nonexistent (McCain, Mustard, and Shanker 2007).

Unfortunately, U.S. child care is often of poor quality. The NICHD study, for example, rated only 17% of American infant and toddler care of high quality. A similar national study found that less than 10% of infant and toddler care was of high quality, and 40% was actually harmful to children (Cost, Quality, and Child Outcomes Study Team 1995). One reason that U.S. child care is so poor is that high-quality care is expensive. The average cost of infant care (any level of quality) ranges from about $4,400 to $14,600 per year, depending on where a family lives (NACCRRRA 2008). In the United States, families pay an average of 80% of total childcare costs, while European families pay an average of 30%.

Another reason for the poor quality of U.S. child care is the high turnover of childcare workers. We know from research that sound emotional development and learning require consistency of care and of caregivers, but there is a 75% turnover in the staff of childcare centers every four years. Part of the reason may be the abysmal wages for childcare workers. In 2006, the national average annual wage for a childcare worker was $18,820 (NACCRRRA 2007). That is less income than fast-food workers, car parkers, or dog walkers receive.”