

# *Beginnings Guides*

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*Beginnings Pregnancy Guide & Beginnings Parents Guide*

## **Evidence Base and Guidelines for Effective Use**



*It matters what a mother knows  
It matters more what she does*

**Sandra Smith, MPH, PhD**

# *Beginnings Guides*

## Evidence Base and Guidelines for Effective Use

For effective use of the *Beginnings Pregnancy Guide*  
and the *Beginnings Parents Guide*

*Beginnings Pregnancy Guide*

©1989-2011 Eighth Edition

*Beginnings Guia Para Embarazo*

©1992-2007 Seventh Edition

*Beginnings Parents Guide*

©1999-2009 Fourth Edition

*Beginnings Guia Para Padres*

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### *Beginnings Guides Evidence Base and Guidelines for Effective Use*

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Practice Development, Inc.

Seattle, Washington

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**SAFE PRACTICE NOTICE:** Persons and programs using any part of *Beginnings Guides* including this manual are responsible for the safe use of the content, materials and processes they describe. Programs are responsible for staff training, supervision and safe practice regarding high risk and reportable conditions such as child abuse, domestic violence, suicide and depression.

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# How to Use this Manual

This manual provides information on the evidence base and principles behind *Beginnings Guides* to pregnancy and early parenting. It is useful to determine how well *Beginnings Guides* fit your program goals, and to plan implementation. The Manual facilitates a quick start on ordering and organizing materials and using them in the field. It includes the Topic Index and List of Illustrations for each *Guide*, as well as aids to integrate content and materials into visits and to document teaching. The *Beginnings Guides* Life Skills Development Training is strongly recommended for effective, efficient use of the curriculum. See: [www.beginningsguides.com/Training.html](http://www.beginningsguides.com/Training.html).

Each home visitor using the *Beginnings Guides* needs a personal copy of this manual. The publisher grants permission for programs implementing *Beginnings Guides* to reproduce the manual without changes as needed, for internal use.

Before you begin using *Beginnings Guides* in the field, read them carefully to become familiar with their content and organization. Then read this manual through front to back, referring to the *Guides* as you learn about them. As you integrate the *Guides* into your practice, you can refer selectively to the chapters in the manual to increase your facility with the material and build confidence in your ability to affect outcomes by using the *Guides*. Visitors will want to refer often to the Topic Indexes in Appendix A.

## ***Chapter 1 Overview***

This chapter briefly reviews the guiding principles for the writing and design of the *Guides*. For each *Guide*, it presents the key messages and themes and summarizes the scientific evidence behind the content. The chapter briefly describes the practice tools that make the *Guides* easy to use in the field.

## ***Chapter 2 Getting Started***

Chapter 2 suggests how to manage the logistics of receiving and organizing the *Beginnings Guides* and their collateral materials.

## ***Chapter 3 How to use the Beginnings Guides***

Chapter 3 presents practical guidance for home visitors using the *Guides* with mothers and their families during pregnancy and through the child's third birthday. It specifically addresses how to work with parents who have low literacy skills.

***Appendix A***      Topic Indexes and Illustration Lists

***Appendix B***      Visit Planners

***Appendix C***      How to Order & Order Form

# Chapter 1

## Overview of the *Beginnings Guides*

Note: *Beginnings Guides* are for mothers and fathers and other caregivers. For reading ease, this Manual sometimes uses the term “mother” and female pronouns (*her, she*). Please interpret these as father, grandmother, grandfather, guardian, or other caregiver as appropriate.

### *Guiding Principles*

The content of *Beginnings Guides* reflects the most current scientific knowledge from the many fields related to promoting the health of mother, child and family during pregnancy and early parenting. All content is evidence-based, scientifically accurate, rigorously reviewed and updated as needed, at least every three years.

In addition, the *Guides* incorporate current research in adult learning, reading mechanics, and type and graphics to ensure ease of reading and use for both parents and visitors. Independent panels of experts from disciplines related to prenatal and pediatric care, early child development, case management, home visitation, health education, parent education, school readiness and managed care have rated *Beginnings Guides* Superior on 22 factors known to affect reading and comprehension. In short, we follow this advice from famed journalist Joseph Pulitzer:

*Give it to them briefly so they will read it, clearly so they will appreciate it, picturesquely so they will remember it, and above all accurately so they will be guided by its light.*

The *Beginnings Guides* use common short words in short sentences in short paragraphs in short booklets to keep information immediately applicable and easy to apply. Page design is simple, predictable and consistent. Every mark on each page earns its ink.

The text is rigorously tested with mothers to ensure easy comprehension and cultural appropriateness. Mothers are engaged by questions to answer, blanks to fill in, specific suggestions and examples to consider, and decision aids to complete.

Cover art by Laurel Burch compels even disinterested parents to pick up the booklets and leads them into the learning. Text is conversational, personal, positive and engaging. All booklets are richly illustrated with culturally diverse photographs and drawings.

## *Content is presented in easy-to-take doses*

Like medication, information is easier to take and more beneficial when delivered in small doses. Adults learn in order to solve problems they have now. Information that is not immediately applicable is likely to be ignored or discarded and may be overwhelming. So the *Beginnings Guides* present essential information in two series of booklets. The six booklets in the *Pregnancy Guide* are referenced by gestational age and the usual course of prenatal care. Eight booklets make up the *Parents Guide*. They are referenced by child age, the usual course of well-baby checks and the immunization schedule. Selectively cover the content of each booklet in one or more visits depending on the family's needs and interests and how frequently you see them.

## *The Guides are easy to read*

Half the population needs their information easy to read, and the other half wants it easy, too. Extensive readability testing of the *Guides* shows a fourth grade reading level in English, third grade in Spanish. This does not mean that the *Guides* are oversimplified or suitable for a fourth-grader. Rather, it means the material is easy to read and understand. Comprehension testing and reader verification interviews indicate that 50% of mothers with six to eight years education, and 80% of those with nine to 12 years, find it easy to understand and use the *Guides* independently. Others need — and all benefit from — your review and discussion. The *Guides* earn high satisfaction ratings from both college-educated and under-educated mothers and their families.


## Overview of the *Beginnings Pregnancy Guide*

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## *It matters what a mother knows*

The *Beginnings Pregnancy Guide* reflects the conversations that a knowledgeable, experienced, skilled and engaging home visitor would have with each pregnant woman she visits, if time and “real life” allowed. It views pregnancy as a unique opportunity to promote the health and well-being of mother, child and family. Research in the last 20 years has strongly supported emphasis on health education during pregnancy. Studies show clearly that, compared to their under-informed counterparts, women who are adequately informed have a significantly reduced chance of delivering a low-birth-weight baby. *It matters what a mother knows!*

The *Pregnancy Guide* focuses teaching and learning on the key health behavior messages that scientific evidence indicates are directly linked

to clinical outcomes. These key messages are introduced in Booklet #1, pages 2-5 and on the *Key Messages Poster* that comes with the *Guide*. The *Keys to a Healthy Baby* are highlighted throughout the *Guide*. Look for this key symbol  indicating a key message.

The Spanish edition, *Beginnings Guía Para Embarazo* was adapted from the English by native Spanish speakers from Mexico and six Central and South American countries. It was tested in collaboration with CareOregon, Oregon’s Medicaid managed care plan, under a grant from the Agency for Healthcare Research and Quality.

## Research Summary

### *How mothers’ knowledge affects birth outcomes*

The first seven messages listed in the box (below right) were tested by Kogan et al (1994) with a nationally representative population of over 9,000 mothers. **Women who did not recall receiving advice on all 7 topics were significantly more likely to deliver a low-birth-weight (LBW) infant** compared with those who did recall receiving advice on all topics.

ALL 7 TOPICS	%LBW	% change
No recall	6.2	25
Yes recall	4.7	

\* **Four topics had independent effects.** Significantly lower percentages of low birth weight were found for women who recalled receiving information on any one of these four topics even in the absence of other topics.

Gain weight	%LBW	P	% change
No recall	6.9	<.01	24
Yes recall	5.3		

Take vitamins	%LBW	P	% change
No recall	8.6	.04	35
Yes recall	5.6		

Don’t drink alcohol	%LBW	P	% change
No recall	6.5	.03	17
Yes recall	5.4		

Breast feed	%LBW	P	% change
No recall	6.7	<.001	27
Yes recall	4.9		

### Key Messages Linked to Birth Outcomes

- Eat well
- 
- \* Gain weight
- 
- \* Take prenatal vitamins
- 
- \* Don’t drink alcohol
- 
- Don’t do drugs
- 
- Don’t smoke cigarettes
- 
- \* Breast feed your baby
- 
- Discuss family violence with your doctor or midwife
- 
- Baby’s growth and development
- 
- How to recognize problems that need medical attention

**Discuss family violence:** The American College of Obstetricians and Gynecologists recommends giving information on domestic violence to every pregnant woman and encouraging each to report violence to her prenatal care providers. *Beginnings* readers were 2.3 times more likely to recall this advice than others in the same health plans and same provider panel (p=.03).

**Baby's growth and development:** While this topic has not been directly linked to birth outcomes, Davis and others report that knowledge of fetal development increases bonding between mother and infant. Bonding during pregnancy may affect maternal behaviors and self-care and thereby affect newborn health.

**How to recognize warning signs that need medical attention:** This message is based on Libbus' finding of an adjusted risk ratio of 2.87 between risk of preterm low birth weight and *lack* of advice to call the provider when preterm labor was suspected. Informed pregnant women can initiate timely intervention by recognizing and reporting warning signs. *Beginnings* readers were significantly more likely to recall this advice than others in the same health plans and same provider panel (rr=1.41; p=.03).

## References

Kogan M. Alexander, G. Kotelchuck, M. Nagey, D. Relation of the Content of Prenatal Care to the Risk of Low Birth Weight, *JAMA*, 271(17) May 4,1994 pp 1340-1345

American College of Obstetricians and Gynecologists, American Academy of Pediatrics *Guidelines for Perinatal Care*, Third Edition Washington DC: ACOG/AAP 1992 pp 50-51

Davis, M. Akridge, K. The effects of promoting intrauterine attachment in primiparas on post delivery attachment *JOGNN* 16(6) 1987 pp 430-7

Libbus, M. Sable, M. Prenatal Education in a High Risk Population: The Effect on Birth Outcomes Birth (18)2 June 1991 pp 78-84

For more information on the scientific evidence base for the *Beginnings Pregnancy Guide*, see [www.beginningguides.com/About-Beginnings-Guides.html](http://www.beginningguides.com/About-Beginnings-Guides.html)

Next:

*Beginnings Parents Guide*

Go to page 11 to learn about  
*Beginnings Guides Practice Tools*

# Overview of the *Beginnings Parents Guide*

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## *Practical guidance for parents*

The *Beginnings Parents Guide* reflects the conversation that a skilled, knowledgeable, experienced, engaging home visitor would have with each parent in her caseload, if time and “real life” allowed. It translates the science of early child development into practical guidance for parents throughout their child’s first three years.

Like the *Beginnings Pregnancy Guide*, the *Parents Guide* is designed to be presented one booklet at a time. The series of eight booklets is referenced by child age, the usual course of well-baby care and the immunization schedule. This staged learning keeps the content current and immediately applicable for each family. Selectively cover the content of each booklet in one or more visits according to the family’s interests and needs and the frequency of your visits.

## *Developed by home visitors for home visitors*

The *Parents Guide*, in English and Spanish, was developed in collaboration with the New Mexico Department of Health Families FIRST program. Care coordinators from more than 40 agencies participated directly in content development and testing with client families. The ZERO TO THREE National Center for Infants, Toddlers & Families provided additional expertise and assistance.

## *Research Summary*

The scientific base for the *Beginnings Parents Guide* is an explosion of recent research in neurobiology and the behavioral and social sciences. In particular, new and rapidly developing scientific knowledge of brain development and learning has led to major advances in understanding the conditions that influence whether a child gets a promising or a worrisome start in life. This rich and extensive knowledge base reveals the core themes of the *Parents Guide*:

- ➔ All children are born wired for feelings.
- ➔ All children are born learning.
- ➔ Nurturing relationships are the building blocks of healthy development.
- ➔ Children’s early development depends on their parents’ well-being and life skills, particularly interaction and reflection.

- ➔ What happens in the first months and years of life matters because it sets either a sturdy foundation or fragile foundation for all that follows.
- ➔ The development of children unfolds along individual pathways at various rates characterized by a series of significant transitions.
- ➔ In the early years, children rapidly develop foundational capabilities (life skills) on which subsequent development builds.

### *New knowledge may clash with beliefs*

The rapid expansion of knowledge in fields of science related to early child development means that many parents, especially those strongly influenced by a grandmother, are likely to have outdated understanding and beliefs about babies and parenting. Reflecting with parents on these beliefs and their origins will create openings for introducing current knowledge.

#### **Reference**

Shonkoff JB, Phillips DA., Editors (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. National Academy Press Washington DC

Halfon N, Taaffe McLearn K, Schuster MA (Eds) (2002) *Child Rearing in America: Challenges Facing Parents with Young Children*. Cambridge University Press NY NY

Next:  
*Beginnings Guides Practice Tools*

## Overview of the *Beginnings Guides* Practice Tools

### ***Topic Index***

The *Topic Indexes*, in English and Spanish, list the content of each of the *Guides* in alphabetical order by topic. The Indexes enable you to quickly locate information so that you can respond to a parent's immediate interest and need, that is, you can teach responsively. Find the Topic Indexes in Appendix A of this Manual beginning on page 21 for the *Pregnancy Guide*, and page 31 for the *Parent's Guide*.

### ***Illustrations List***

For each *Guide*, there is an Illustrations List by topic to help you teach responsively. Find the Illustrations List in Appendix A beginning on page 29 for the *Pregnancy Guides*, and page 49 for the *Parent's Guides*.

### ***Teaching Logs***

The Teaching Logs in English and Spanish list the content in sequence as it appears in the *Guides* along with spaces to date, initial, and check off topics that you discussed during a visit, and to make notes. There is a Log for each booklet in the two series, a total of 14 Logs. The Logs enable you to quickly document topics you covered and see at a glance what remains to be discussed. The Teaching Logs for each client usually are kept in the client record. Download the Teaching Documentation Logs at [www.beginningsguides.com/Resources-for-Beginnings-Users.html](http://www.beginningsguides.com/Resources-for-Beginnings-Users.html).

### ***Visit Planning Tools***

The Visit Planner is for use in the office as you prepare to visit a family. The Next Steps Planner is for jointly planning a next visit with the family. Find these two tools in Appendix B starting on page 57. *Beginnings Guides* users are granted permission to photocopy the Planning Tools as needed for *internal use only*.

Next:  
Getting Started

# Chapter 2

## Getting Started with the *Beginnings Guides*

For easy Ordering Instructions and  
an Order Form, see Appendix C on page 59.

### *Receive Your Order*

Your order is shipped via Federal Express. Upon delivery, count the number of boxes. Since some orders become separated in transit, your materials might arrive in more than one shipment. Sign only for the number of boxes you receive. Open your boxes right away. Check the contents to confirm that all items on the packing list are present. Your materials will arrive organized in packets of individual items.

The booklets will be shrink-wrapped in packets of 25 by title — e.g. 25 booklet #1 in one packet and 25 booklet #2 in another packet. Report any missing items right away so we can track lost boxes or correct any packing errors for you. Call 800-444-8806 or email to [sandras@BeginningsGuides.com](mailto:sandras@BeginningsGuides.com).

No returns or refunds 15 days after the invoice date.

### **One complete *Pregnancy Guide* includes these materials for one family:**

- 6 booklets
- 1 Key Messages Poster
- 1 Warning Signs Card
- 1 Keepsake Folder

### **One complete *Parents Guide* includes these materials for one family:**

- 8 booklets
- 1 Keepsake Folder

## Organize your materials

First decide how you will distribute and store the *Guides*. This depends on how many visits you make to each family and what storage space is available to you. In many programs the booklets and other items are filed by title so that visitors can easily pull from the files the materials they need for each visit. In other sites a full set of materials is placed in each client file and distributed over time.

Note that the booklets are numbered and the booklet number appears in the top left corner and in the bottom right corner; you can file them vertically or horizontally. For each booklet, the gestational age



or child age range covered is noted immediately below the title and in the lower right corner. This makes it easy for visitors to select the booklet for a particular visit according to child age or book number.

### Each staff member needs a manual

Print a copy of this manual for each staff member; it includes the Indexes and other practice tools.

### Read the *Guides*!

A first step for all program staff, supervisors and director is to read the *Guides* and become familiar with their organization.

## Set up a reference file

A reference file will shorten the time required for program reviews and orientation of new staff. Archive a copy of the *Beginnings Guides* for the program record. Include the forms you are using, a copy of this manual, records of training related to the content and its delivery, plus your referral and reporting policies and procedures.

Next:

How to use the *Beginnings Guides*

# Chapter 3

## How to use the *Beginnings Guides*

The following suggestions apply to both the *Pregnancy Guide* and the *Parents Guide*. You may be using one or both *Guides*.

### *Give booklets one-at-a-time for staged learning*

First read the *Guide(s)* carefully. Become familiar with the organization and flow of the content. Keep in mind that few parents will read the entire series all at one time as you are doing. Rather, you will give each parent one booklet at a time. Work with one booklet through one or more visits, depending on how often you see the family. This staged learning delivers essential information in digestible doses and keeps it immediately applicable and current for each family.

### *Set up your working copy of the Guide(s)*

For ease-of-use during a visit, tab pages in the *Guides* for a particular visit and routine use. As you plan a visit, flag pages you plan to use in the *Guide*. Highlight content you use frequently. For example, if preventing violence is one of your priorities, flag the pages that relate to that topic.

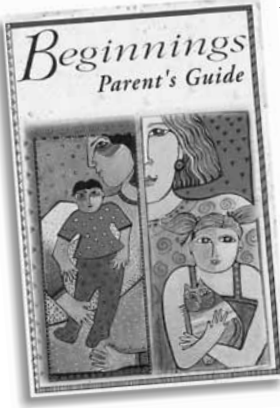
Along with your working copy of the *Guide(s)*, you will want to carry this manual on visits and mark it up for your own convenience. For example, you probably will refer often to the Topic Index to find information that addresses a parent's immediate need or interest. Indexes are located in Appendix A of this manual. Flag page 21, the start of the *Pregnancy* Topic Index and page 31, start of the *Parent's* Topic Index.

### *Introducing Beginnings Guides to Parents*

#### **On the initial visit present materials to bring parents up to date.**

Information on early pregnancy provides a necessary foundation for learning about later pregnancy. For example, if you visit a mother for the first time in her 5th month of pregnancy, give her *Pregnancy* booklets #1 (Conception to Week 12), and #2 (4th Month, Weeks 13-17) along with the booklet that matches the child's gestational age, #3 (5th Month, Weeks 18-21).

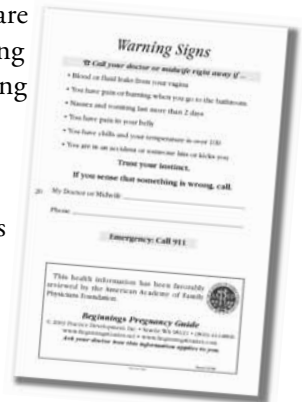
Similarly, if you begin service when the child is 6 months old, present *Parents Guide* booklet #1 for child age 2-12 weeks, along with the booklet matching the child's age, #2 (4 to 7 months).



**Have the mother write her name** in the space provided on the front cover of the booklets. Repeat this process each time you introduce a new booklet. This simple act demonstrates the importance of the information and instills a sense of ownership

**Review the warning signs** for the current period of pregnancy or early childhood. Find Warning Signs on the back cover of each *Beginnings* booklet. Each time you introduce a new booklet, draw the mother's attention to these warning signs. Ask "Have you had any

of these warning signs? What did you do? What happened? What will you do if it happens again?" What do you need to learn to be ready to do that? Have her write in her healthcare provider's contact information below the Warning Signs. Assist as needed in completing the Warning Signs Card for pregnancy. These activities give the mother permission, encouragement and information to report suspected problems and trigger timely intervention. And it is practice filling out forms.



To conclude your initial introduction of the *Beginnings Guides*, present the Keepsake Folder.

**Explain that the folder** is for organizing and storing the *Guides* for easy reference between visits. As she organizes the materials in the folder, ask a question like this: "Where is a safe place you can keep these materials and find them easily when you need them?" The question offers an opportunity to practice planning and organizational skills and to envision herself as a self-directed learner who uses information to enhance health.

For the *Pregnancy Guide*, also discuss the content of the Warning Signs Card. Have the mother write in her due date and the health care provider's contact information. These simple processes are important and powerful. Research shows that permission to report warning signs, rather than knowledge of any particular warning sign, is the best predictor of a positive outcome.

When you work with the Warning Signs Card, ask the mother "Where do you keep your insurance card (Medicaid coupon)?" If she does not know, support her in finding or replacing it. Suggest that she keep the Warning Signs Card and insurance document together and carry them with her at all times. Ask "Where could you keep these together so you could find them if you have a problem and you are not at home?" This thinking builds planning and organizational skills while encouraging and facilitating timely initiation of care.

### **Leave the booklet with the family**

Each time you introduce a new booklet, leave it with the family for reference and self-directed learning. In surveys, over 90% of parents, including those who say they read less than once a week, report that they keep the *Beginnings* booklets, read them many times and discuss them with spouses, friends and healthcare providers.

### **Invite the parent to read aloud**

Reading aloud is the best way to review the warning signs and other important information. Reading requires a level of focus and thinking that takes the learning deeper faster. It makes the information come from inside rather than somewhere else. Research shows that a mother will remember about 10% of what she hears you say, and about 70% of what she hears herself say. She will recall about 90% of what she says and does at the same time. So the most powerful teaching is to read aloud, discuss, agree on an action and practice it. If you doubt this, try it. Read aloud to yourself as you work through the rest of this manual. What do you notice?

### ***What if a parent cannot read?***

It is likely that a mother has low literacy skills if :

- *She has less than 12 years education*
- *She does not live with the father of the baby*
- *She does not read for fun*

These are not causes of low literacy, only indicators.

If the parent resists reading aloud, you can say something like this: “When I ask you to read this aloud, it is not a test. It is because knowing this now is really important for your baby and you; and reading aloud is a way to learn it as well and as fast as possible. Your brain can grasp it and hold on to it better when you see and hear and say it at the same time. Lots of people have trouble with this kind of information and it’s all new to you, so I don’t expect you to zip right through it. Let’s just try it and see what happens.” You might volunteer to read first and then take turns.

This approach will open a space for you to ask “Do you think your reading could be better?” Then, “Would you like to get some help with reading?” These specific questions are designed to set the stage for a referral to literacy enhancing services. They have been tested with disadvantage parents of young children with good results.

Remember that a parent may be heavily invested in concealing a reading difficulty; telling you is an act of trust. Keep a calm matter-of-fact tone and reassure the parent with a simple “OK. Thanks for telling me.” Your non-reaction to reading difficulties can give a parent the courage to seek assistance.

If a parent wants help with reading, you are set to refer the parent to a local adult basic education or family literacy program, English as a Second Language class, or a literacy tutor. If you make such a referral, be sure to follow up and support parents in taking this big step. If you do not have those referral agreements in place, now is the time to establish them. If a parent does not want help now, accept this decision and be alert for the next teachable moment to bring it up again.

### *Teaching parents with low literacy skills*

#### **Stop and ask a question**

Meanwhile, a parent needs to keep learning. Say something like “How do you like to learn things?” She probably has a number of ways of learning and compensating. She may learn quickly by demonstration. She may have strong listening skills and remember what she hears – especially when you give her an opportunity to say it herself.

Even if she has no literacy skills, if you ask questions to help her think through a situation and resist the urge to fill the silence and tell her what to do, she can figure out her own solutions – which she is much more likely to implement. In the process, she will develop problem solving skills.

**Any resistance is a red flag.** Are you doing all the talking? Are you telling her what to do? Are you talking over her head or going against the grain of what she already knows or believes? Stop and ask a question. The hardest part may be waiting for the answer. Count to yourself. Bite your lip, if you have to, but give her time. When you can't wait any longer, ask the question another way. You both may be surprised and delighted at her solutions.

You can still use the *Beginnings Guides* with a parent who cannot read them unassisted. Read aloud to her. Invite her to follow along. Talk about the content. Ask her to tell you about the illustrations. Have her highlight content that is important for her. Once she knows what it says, it will serve as a reminder. Ask her to tell you and show you what she is going to do. You will help her develop essential knowledge and you will be modeling the same methods you want her to use to help her child learn.

### *Plan your visits*

You may not be able to stick to your plan. Still, planning visits increases your effectiveness and reduces anxiety for you and families. See the Visit Planner on page 57. Use the Next Steps Planner/Worksheet on page 58 during a visit to plan the next visit jointly with the parent. The Topic Indexes and the Teaching Logs also are useful for visit planning.

### *Respond first to immediate information needs*

Start with what she wants to know now. When a parent asks about a topic that is not in your visit plan, you will need to make a judgment. Do you want to address the question now or agree to address it in a future visit? If there is not a pressing need, you can say something like this: "I have some really good information on that. Would you like me to bring it next time?"

Offering to bring information next time accomplishes several things. It maintains your focus on what you and a parent have already agreed to work on during the current visit. It lets her see herself as an information seeker and director of her own learning. It establishes you as a reliable source of information, and encourages her to ask more questions. Also, since adults learn to solve a problem that they have now, delivering information according to a parent's expressed interest increases the likelihood that she will recall and act on it thereby converting information into knowledge, experience and skill. This is responsive teaching and parent-directed learning.

If you see a pressing need for the specific information, or a more fundamental need to develop learning skills, you might decide to address the question on the spot. Sometimes your first challenge is to give a parent a gourmet taste for learning – about anything – and then to help her learn how to learn from print materials. This may seem too basic until you consider that parents whose school experience was negative or cut short are probably not adept at finding and using information. And since health and social services rely heavily on the printed word, parents need to be able to use print materials to gain background knowledge, find and follow, organize, store and refer to instructions, make decisions and fill out forms. You can help a parent develop these learning skills in the course of teaching with *Beginning Guides*.

### ***How to find a topic***

Even if you know the answer to an unexpected question, you want the information to come from her and to be available to her for reference and discussion with family members, so demonstrate how to find the information in the *Guides*. Usually, the question relates to something that is happening now. In that case, you are likely to find the topic in the booklet that matches the child's age. If you cannot go right to the topic, use the Topic Index located in Appendix A in the back of this manual. The Index lists terms in both English and Spanish to aid bilingual visitors.

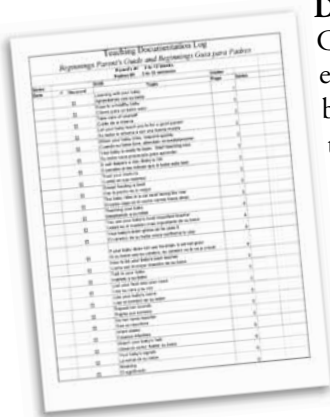
### ***Using the Topic Index to locate information***

1. Select the Index for the *Pregnancy Guide* starting on page 21, or *Parent's Guide* starting on page 31.
2. Each Index lists content for the series alphabetically by subject and by section names that are used commonly throughout the series. For example "Doctor Mom" appears in each booklet of the *Parents Guide*; and the Topic Index lists topics related to maintaining and promoting the child's health under D as Doctor Mom.
3. Name the topic, look it up, and then go to the booklet number and page number indicated.
4. If you want an illustration, also check the Illustrations List

If you are looking up a topic in the parent's presence, tell her what you are doing step by step. By doing this, you are modeling use of printed materials and she is learning about categories and indexes. In addition, you are demonstrating how she can help her child learn, by talking about whatever the child is doing.

## *Using the Teaching Logs to find information*

The Teaching Logs list the content in sequence as it appears in the *Guides*, so you can quickly see where a topic is addressed in a particular booklet or age range. The Teaching Logs for each family usually are kept in the client record. Download the Teaching Logs at [www.beginningsguides.com/Resources-for-Beginnings-Users.html](http://www.beginningsguides.com/Resources-for-Beginnings-Users.html).



### **Document your teaching**

Complete the Teaching Log immediately after each visit. You have Teaching Logs for each booklet in the *Beginnings Pregnancy Guide* and the *Parents Guide*. Place in the client's record the Logs for all six booklets in the *Pregnancy Guide*, or all eight booklets in the *Parents Guide*. When you record a visit, go to the Log sheet that corresponds to the child's age and the booklet that you have been working with. Complete the header information for the record (client name, DOB and your name) if you have not done so previously.

In the box provided in the left column, write in the date of this visit. In the middle column, the content is listed in the order that it appears in the materials. The listing on the Log corresponds to a heading or a subheading in the *Beginnings* booklet that matches the title and number on the Log sheet. Check off topics that you discussed with your client during this visit.

Use the space at the right under Notes to note topics that you and the parent plan to cover in your next visit. Also note any particular words or phrases the parent uses to talk about the topic (For example, diaper = nappy) so that you can use those words in future conversations. Always record your notes so that another person unfamiliar with the family can use them if necessary.

## *Using the Logs in Supervision and Planning*

You can review the Teaching Logs for your caseload to see graphically which topics you are consistently covering, and what you might be missing. This is useful to assess how well you are addressing your program priorities. The research suggests that programs produce outcomes in areas that are consistently emphasized with parents. You can use the Logs to track coverage of high-priority topics that correspond to your mission, such as breastfeeding, no smoking, or appropriate discipline.

# Appendix A Topic Indexes & Illustration Lists

For instructions on using the Topic Indexes see page 19.

## Pregnancy Topic Index

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*Beginnings Guía Para Embarazo* © 2007 Seventh Edition

(Note: In the Booklets, the pages numbers continue through the complete series. So Book 2 begins on page 21)

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## D

### Dental Care

*See Teeth, Screening Tests*

### Discipline / Disciplina

**4 to 7 Months** - Discipline for a  
Crawler / 4 - 7 Meses - Disciplina  
para sus niño que gatea  
Bk2-40-41

Move him away from trouble,  
show a better way. He does not  
understand No! / ¡El no entiende  
lo que es No!  
Bk2-41

Parent as role model  
Bk2-40, Bk4-106

Praise good behavior / Alabe la  
buena conducta  
Bk2-41

Routines help baby learn what you  
expect / Una rutina ayuda al bebé a  
aprender que esperar  
Bk2-40

Spanking teaches a wrong lesson  
/ Dar de nalgada enseña la lección  
equivocada  
Bk2-41 Bk8-186

**8 to 12 Months** - Teaching Self-  
Control, He does not understand  
No! / ¡El no entiende lo que es No!  
Bk3-86 Bk6-142-143

Tantrums / Berrinches  
Bk3-84-86

**12 to 15 Months** - Discipline for  
your 1-year-old / La disciplina  
para su niño de 1 año  
Bk4-106-108

I love you & I do not like what you  
just did. Toddler is a Mimic (Parent  
as role model) / Su niño es un mimo  
Bk4-106-107

Let him help you /  
Dejelo que la ayude  
Bk4-106

## Discipline / Disciplina (continued)

No! - Scolding teaches him to scold / ¡No! - Regañandolo le enseña a regañar  
Bk4-107

Bedtime discipline / Disciplina a la hora de dormir  
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**16 to 18 Months** - Discipline for your 18-Month-Old / 16 - 18 Meses - La disciplina es ense  
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Biting (see also Hitting & Biting)  
Bk5-122, Bk6-142

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When you discipline, start with I  
Bk5-122

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Bk5-122

**18 to 24 Months** - Discipline is teaching / 18 - 24 Meses  
Bk6-142-143

Biting / Mordidas  
Bk5-122, Bk6-142

Hitting / Golpes  
Bk6-142-143

Teach to use words, not force / Enseñe a usar palabras, no la fuerza  
Bk6-143

Too young for timeout / Muy niño para tiempo fuera  
Bk6-142

Too young to be mean / Muy pequeño para ser malo  
Bk6-143

Too young to share / A`n pequeño para compartir  
Bk6-142

Yikes! I hit my toddler!  
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**24 to 30 Months** - Discipline for your toddler / 24 - 30 meses - Disciplina para su niño  
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Enforcing rules - discipline vs. spanking  
Bk7-163

Rules for parents / Reglas para los padres  
Bk7-162

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**30 to 36 Months** - Discipline for your 3-Year-Old  
Time out / Tiempo fuera  
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What do you want to teach? Discipline vs. Spanking / ¿Què quiere enseñar usted? - Disciplina  
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*See also Warning Signs*

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Bk2-57, Bk5-133

... and ear infections  
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... Antibiotics do not help a cold / Para catarro, antibioticos no  
Bk5-134

... Does your child have a cold? Checklist / ¿Tiene catarro su niño?  
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## Doctor Mom (continued)

### (Colds)

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**16 to 18 Months / 16 - 18 Meses**  
Bk5-128

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## Feeding (continued)

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**4 to 7 Months / 4 - 7 Meses**  
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## Games (continued)

### **18 to 24 Months / 18 - 24 Meses**

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### **24 to 30 Months / 24 - 30 Meses**

ABC Magnets / Magnetos del ABC

Bk7-160

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### **30 to 36 Months / 30 - 36 Meses**

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Bk8-180

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Aprendiendo sobre aromas

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Bk8-180

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## Growth & Development

### **2 to 12 Weeks / 2 - 12 Semanas**

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Lead poisons growing brains

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## Growth & Development (continued)

Reflexes / Los reflejos

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### **4 to 7 Months / 4 - 7 Meses**

Lead test - does you baby need? /

¿Necesita su bebé una prueba de plomo?

Bk2-59

Skills Check - 6 Months

/ Chequeos de aptitudes - 6 Meses

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### **8 to 12 Months / 8 - 12 Meses**

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10 Months / 10 Meses

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Skills Check / Chequeos de aptitudes

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### **12 to 15 Months / 12 - 15 Meses**

From baby to toddler / De bebé a niño

Bk4-89

Get ready for potty training / Este

lista para el uso de la bacinica

Bk4-109-110

## Growth & Development (continued)

Skills Check - 12 Months / Chequeos de aptitudes - 12 Meses

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**16 to 18 Months / 16 - 18 Meses**

Still a baby ~ sometimes / Todavía es bebé ~ a veces

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Potty training

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Skills Check - 18 Months / Chequeos de sus aptitudes A los 16-18 meses,

su niño:

Bk5-132

**18 to 24 Months / 18 - 24 Meses**

Skills Check / Chequeos de aptitudes

18 Months / 18 Meses

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**24 to 30 Months / 24 - 30 Meses**

Growth Check - 30 Months /

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**30 to 36 Months / 30 - 36 Meses**

Skills Check - 36 Months / Chequeos de aptitudes - 36 Meses

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From toddler to preschooler

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Bk8-177

Preschooler learning check - 36

Months / Chequeo de su aprendizaje - 36 Meses

Bk8-182

## H

### Hitting & Biting

*See Discipline*

Bk4-107 Bk5-122 Bk6-142

Bk8-183

### Hearing

*See Screening Tests*

### How to: / Como:

Adjust bedtime routine

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Bathe your baby / Bañando a su bebé

Bk1-17

Be her news reporter / Sea su reportera

Bk1-5

Be your baby's best teacher / Ser el mejor maestro de su bebé Bk1-5

Change doctors

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Create bedtime routine

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Discipline by timeout

Bk8-183-185

Explore with your baby / Explore con su bebé

Bk3-65

Feed an infant / Alimentando a su bebé hambriento

Bk1-18-19

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Get your toddler to sleep /

Poniendo a dormir al niño

Bk6-148

**How to: / Como: (continued)**

Hold your baby / Abrazando a su bebé  
Bk1-10

Make your bed baby-safe / Haga su cama segura para el bebé  
Bk1-23

Manage a tantrum  
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Potty training your toddler  
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Take care of yourself / El cuidado de si misma  
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Take your baby's temperature  
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**I**

**Illness**

*See also Doctor Mom,  
Warning Signs*

Fever / Fiebre  
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Nipple Yeast / Levadura del pezún  
Bk1-35

Thrush / Afta ú candida  
Bk1-35

**Immunizations /  
Inmunizaciones**

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Concerns  
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Hotline 800-232-2522  
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Infant States (explanation)  
Bk1-6

**Sleeping States**  
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Bk1-7

...Is she asleep? / ¿Est- dormido?  
Bk1-10  
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**Waking States / Estados al despertar**  
...Active Alert / Estado alerta activo  
Bk1-9  
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Bk1-9  
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Bk1-8  
...Quiet Alert / Alerta calmado  
Bk1-8

**Injury**

*See Doctor Mom, Warning Signs,  
First Aid*

**K**

**Keys to a Healthy Baby /  
Claves para un bebé sano**  
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Ask for help / Pida ayuda  
Bk1-15

Baby rides in the car seat  
Bk1-3

## Keys to a healthy baby (continued)

Breast feed your baby  
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Read baby's signals  
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Respond quickly / Atiendalo  
inmediatamente  
Bk1-2

Take care of yourself / Cuide de si  
misma  
Bk1-2

Teach your baby  
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Trust your instincts / Confie en sus  
instintos  
Bk1-3

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Aprendiendo con su bebé  
Bk1-1  
*See also Cues & Signals*

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## P

Pinworms / Los oxiuros  
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## Play

*See also Games*

Play groups  
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## Reading

2 to 12 Weeks / 2 - 12 Semanas  
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4 to 7 Months / 4 - 7 Meses  
Bk2-39

8 to 12 Months / 8 - 12 Meses  
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12 to 15 Months / 12 - 15 Meses  
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## Routines / Rutina

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## S

## Safety Topics/Seguro

## Auto Safety / Un coche seguro

*See Car Safety*

Car Safety / Un coche seguro  
2 to 12 Weeks / 2 - 12 Semanas  
Baby rides in the car seat facing  
backwards / El bebé viaja en el coche  
viendo hacia atr-s  
Bk1-3

## Auto Safety/Seguro (continued)

Car Safety / Un coche seguro  
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Car Travel - Safety First  
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**4 to 7 Months / 4 - 7 Meses**  
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Bk2-45

**8 to 12 Months / 8 - 12 Meses**  
Car Seat faces backwards  
Bk3-70

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Bk3-70  
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Bk3-70

**12 to 15 Months / 12 - 15 Meses**  
Buckle up for safety / Abrochese por seguridad  
Bk4-104

**16 to 18 Months / 16 - 18 Meses**  
Never let him ride unbuckled /  
Nunca viaje sin abrocharlo  
Bk5-123

**30 to 36 Months / 30 - 36 Meses**  
Booster Seats / Asiento elevado  
Bk8-189

Time for a booster seat? Checklist /  
¿Es tiempo para un asiento elevado?  
Bk8-188

## Baby Gear Safety

**2 to 12 Weeks / 2 - 12 Semanas**  
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Car Seat / Asiento del coche  
*See Car Safety*

Crib safety Checklist / Lista de control para la seguridad en la cuna  
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**4 to 7 Months / 4 - 7 Meses**  
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*See Car Safety*

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**8 to 12 Months / 8 - 12 Meses**  
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Car Seat still faces backward  
Bk3-70

Car Seat still fit?  
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**12 to 15 Months / 12 - 15 Meses**  
Life Vest / Salvavidas  
Bk4-104

**24 to 30 Months / 24 - 30 Meses**  
Toddler Bed  
Bk7-169

## Home Safety

**2 to 12 Weeks / 2 - 12 Semanas**  
Bk1-25-26

Home Safety Checklist - Infant / Lista de control de seguridad - el bebé  
Bk1-25

Lead / Plomo  
Bk1-26

**4 to 7 Months / 4 - 7 Meses**  
Does your baby need a Lead test?  
/ ¿Necesita su bebé una prueba de plomo?  
Bk2-59

## Home Safety (continued)

Home Safety Checklist - Crawler /  
Lista de control de seguridad del  
hogar para gateadores  
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### 8 to 12 Months / 8 - 12 Meses

Home Safety Checklist - Toddler  
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### 12 to 15 Months / 12 - 15 Meses

Keep your child safe / Tenga a salvo  
a su niño  
Bk4-104

### 18 to 24 Months / 18 - 24 Meses

Safety Reminders Checklist  
Bk6-147

### 24 to 30 Months / 24 - 30 Meses

Safety tips for 2 1/2-Year-Olds /  
Consejos de seguridad para un niño  
de 2 1/2 años  
Bk7-165

## Fire Safety

Stop, drop, and roll /  
Pare, tirese al suelo y ruede  
Bk8-188

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Calling 911 / Llame al 911 Bk8-188  
Crossing the street / Al cruzar la calle  
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Bk8-188

Let's go outside! / ¡Salgamos!  
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## Pet Safety / Seguridad con las mascotas

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Bk1-21

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Crib safety Checklist / Lista de control  
para la seguridad en la cuna  
Bk1-22

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Bk1-22-23

Safety Measures  
Bk1-23

SIDS / SIDS  
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## Toy Safety

Toy Safety Checklist

2 to 12 Weeks / 2 - 12 Semanas  
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Bk2-47

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Bk6-146

## Safety (continued)

### Water Safety

Life Vest  
Bk4-104

### School

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### School Readiness

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*See Reading, Teaching your infant, Toddler, Games, Growth & Development*

### Screening Tests

Cholesterol test needed? Checklist / ¿Es tiempo de chequear el colesterol?  
Bk7-173

Dental checkup needed? Checklist / ¿Necesita el ver al dentista?  
Bk6-154

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Bk3-82

Hearing test needed? Checklist / ¿Necesita que le examinen su audición?  
Bk5-132

Lead test needed? Checklist  
Bk2-59

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Bk7-172

Vision test needed? Checklist / ¿Es necesario chequearle los ojos al bebé?  
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### Stress / Estres

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Bk5-126-7 Bk4-98-101

...Parent  
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Bk3-74

### Stress / Estres (continued)

...Toddler / Niño  
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...Change is hard for a toddler / Para un niño es difícil cambiar  
Bk5-127

...Chronic Stress  
Bk4-100

...Is your toddler stressed out?  
Checklist / ¿Est. estresado su niño?  
Bk4-100

...Massage / Masajes  
Bk4-101, Bk5-126

Night Terrors / Terror nocturno  
Bk8-195

Normal Stress / El estres normal  
Bk4-98

Separation anxiety  
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### Self-Care

#### 2 to 12 Weeks

Ask for help / Pida Ayuda  
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## Appendix B Visit Planning Tools

### *Beginnings Guides Home Visit Planner*



#### **Step 1. Think**

Who are you visiting?

Parent \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_  Girl  Boy

- What are the mother's strengths?
- What is the status of your relationship with her? What do you need now to serve her well?
- How does she learn?
- What is she working on with you during this visit? How is she feeling about it?
- What does she need and want now?
- What are the child's strengths? How will you build on them?
- Who else might be present? Will you include them in your discussion or activities? How?

#### **Step 2. Link to the curriculum**

1. Choose the *Pregnancy Guide* or the *Parent's Guide*
2. Choose the booklet for the child's age
3. In the Topic Index, locate the topic that the parent is working on

#### **Step 3. Respond**

1. Review the material. Select content to offer in this visit.  
How will you present it? See yourself doing it.
2. Plan questions you can ask to help her think through her situation and plan her response.

## *The Next Steps Planner*

This tool is for jointly planning next steps with the parent. Let her complete the form, usually at the close of the visit. Your client keeps the form, so make notes for yourself on another copy of the form. This joint planning process builds planning, goal setting and problem solving skills as well as literacy skills.

# Next Steps Planner

Today's Date \_\_\_\_\_ My Visitor is \_\_\_\_\_

Phone \_\_\_\_\_

What I accomplished since our last visit: \_\_\_\_\_

\_\_\_\_\_

Things I learned & new things to solve: \_\_\_\_\_

\_\_\_\_\_

What I want to do this Week or Month: \_\_\_\_\_

\_\_\_\_\_

Steps I need to take to do this: \_\_\_\_\_

\_\_\_\_\_

What My Visitor will do: \_\_\_\_\_

\_\_\_\_\_

Things I want to learn about or talk about next visit: \_\_\_\_\_

\_\_\_\_\_

Our next visit is:

Time \_\_\_\_\_ Date \_\_\_\_\_ Place: \_\_\_\_\_

## Appendix B

### Ordering Instructions

## How to Order Materials. It's Easy!

To order or reorder materials visit [www.BeginningsGuides.com](http://www.BeginningsGuides.com) for pricing and easy ordering. Complete the Easy Order form to request an Estimate. We will email your Estimate including shipping and any taxes. Use the Estimate to obtain approval for your purchase. When we receive your approval and a purchase order or credit card information, we will convert you Estimate to an Invoice and process the order. If you have questions or need assistance with order planning, call 800 444 8806. Also find information on training, program evaluation and ongoing research, plus cool tools and useful links at [www.BeginningsGuides.com](http://www.BeginningsGuides.com).

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### About the *Beginnings Guides* Author

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## Note Pages

## Note Pages

# *Beginnings Guides*

*It matters what a mother knows*

*It matters more what she does*

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