



Berry Brazelton's Contributions to Research, Policy, and Practice

Improving Contexts and Conditions for Families with Infants

Joshua Sparrow

Researcher, activist, and pediatrician, T. Berry Brazelton, MD (1918–2018), devoted his career to understanding children's behavior and development, the strengths that parents bring to raising them, and the challenges that parents face. In particular, Brazelton was deeply concerned about the conditions and contexts in which families raise children, how these can disrupt children's development, and what might be done—through research, policy, and practice—to foster more favorable environments for families.

Medical science and care was one of the first environments on which Brazelton focused his attention. Among the first European American scientists to study newborns, he turned to the beginning of life to understand who babies are before their interactions with parents can affect them. At that time, parents were still being blamed when their children had what we now call autism spectrum disorders. Brazelton knew that this explanation was destructive and sensed that there had to be a neuro-genetic basis beyond parents' control. In his studies of newborns, he discovered that

- › Each one is a unique individual at birth
- › Their behaviors have meaning and purpose
- › They are endowed with competencies that allow them to
 - Regulate themselves
 - Engage in social interactions
 - Shape their caregivers' behaviors as much as they are shaped by those of their caregivers

This research, which culminated in Brazelton's Neonatal Behavioral Assessment Scale (NBAS), was used to address other ways in which health care environments challenged child rearing. For example, general anesthesia was commonly used during labor and delivery, even when cesarean sections were not performed. Studies of newborn behavior demonstrated that this led mothers and their new babies to be drowsy for the first week after delivery, interfering with feeding and early bonding. The NBAS has also been used in numerous studies to demonstrate the negative effects of environmental toxins, including lead and PCBs (polychlorinated bromides), among others, on fetal brain development and newborn behavior. Brazelton always sought to bring his research directly to parents, and his first widely acclaimed book, *Infants and Mothers*, helped parents understand and adapt to their infants' unique temperaments and personalities.

Brazelton also studied parent–infant interactions in the first months and years of life; he was one of the first scientists to do so using video recordings. With one camera documenting an infant's behavior while another was simultaneously recording that of the parent, he and his colleagues were able to demonstrate how early—at least as early as 8 weeks of age—infants are active participants in nonverbal conversations with their parents.

Again, he used this research to help make the environments in which families raise their children more conducive to healthy development. For example, when this research was begun, children who were hospitalized were allowed very little interaction with their families—even parents were allowed to visit for only an hour or two a week. Brazelton's work resulted in far more child- and family-centered care, including the practice of parent rooming in pediatric hospitals and the field of Child Life and the acceptance of child life specialists as key team members. (To learn more about child life specialists, see “Supporting Medically Fragile Children and Their Families” in the September 2017 issue of *Young Children*: www.naeyc.org/resources/pubs/yc/sep2017.)

Throughout his career, Brazelton looked and listened for children's and families' strengths.

In his pediatric practice, Brazelton treated 25,000 families over 50 years. In the 1980s, he saw the impact of dwindling buying power on families as economic shifts beginning in the 1970s and continuing to this day resulted in more and more families needing both parents to work outside the home to make ends meet. The resulting influx of women into the workforce and the poor quality of most child care available at that time led him to write *Working and Caring* to address both this changing context for raising children and families' questions and concerns about parental leave and quality child care.

In the years that followed, he became increasingly worried about the stressors on parents and the changing conditions that rendered raising children more difficult. He saw increasing numbers of parents move in pursuit of work, ending up far away from grandparents and other extended family, with fewer ties to neighbors and neighborhood supports. At the same time, in his view, the quality of health care and educational infrastructure were deteriorating. This led Brazelton to write *Touchpoints Birth to Three: Your Child's Emotional and Behavioral Development*, first published in 1992, with a new edition appearing in 2006, and translated into more than 20 languages.

In this book, he sought to reduce parental isolation by offering pediatricians strategies for strengthening

Using Touchpoints to Predict, Understand, and Harmonize with Key Moments in Child Development

One of Brazelton's great strengths as a pediatrician was his ability to understand and respond to each baby's individual interests and needs, and to share his observations with parents so that together they could make meaning of a baby's behavior. As a clinician and researcher, Brazelton saw patterns: infants and toddlers seemed to regress shortly before making a new developmental advance. His concept of Touchpoints (described in the main article) provided a roadmap that made these periods of regression predictable—and for parents, balanced the challenges of these times with hope and excitement about the next step in their children's development.

To support infant educators, I'm sharing one Touchpoint that typically occurs around 4 to 5 months of age: losing interest in feeding.

At about 4 months of age, pediatricians, educators, and families can expect a period of regression: previously acquired feeding habits seem to be shoved aside by new, though predictable, behaviors. Whether at the breast or on the bottle, the 4- to 5-month-old abruptly seems to lose interest in feeding.

Experienced pediatricians expect phone calls from mothers who misinterpret this change as a sign that their milk is no longer sufficient and ask whether it is time to wean or to introduce solids. Pediatricians also understand that this can undermine mothers' sense of competence in one of the most important tasks—one they thought they'd mastered. Yet, the developmental process

underlying this change is actually visual. At about 4 or 5 months, infants become able to see farther away. At birth, infants have limited vision. They can see a breast or bottle and a caregiver's face, but not much farther. By 4 or so months, they can see across the room. All the new visual stimulation provides quite a distraction. The infant does not need to be weaned and does not yet need solids—but is now intently focused on learning about the larger world that has come into view. At this age, this is the infant's new developmental agenda.

Educators can discuss this exciting new development with parents. To minimize visual distractions during feeding, suggest that parents try feeding their infants in a quiet, darkened room. Of course, early care and education centers might establish such spaces for feeding infants from about 4 to 5 months old, as well. When distractibility at feeding commences, educators and parents will be relieved to know that this is a transient phenomenon and a positive sign that the child is developing appropriately.

Today, the Brazelton Touchpoints Center is carrying Berry Brazelton's work and values into the future. The center partners with families of young children and the communities and systems of care that surround them—including schools—so that all children have the opportunity to thrive. There are now Touchpoint Network sites in over 100 communities across 33 states. To learn more, visit www.brazeltontouchpoints.org.

their relationships with parents. He also sought to reduce parental stress by providing a “roadmap” to the predictable, temporary disruptions in children's development that would be followed by the emergence of new skills and capacities. These brief but challenging “points” are times when a child's disorganization can be disorganizing for the whole family—times for pediatricians and other health and education providers to “touch” the family system. Brazelton always said that his Touchpoints approach to child and family development came from the “nuggets” that parents brought to him about their children's growth.

Throughout his career, Brazelton looked and listened for children's and families' strengths. He valued these observations and used them to understand the challenges of raising children arising from changing contexts and conditions, and to find realistic ways to make our evolving world a better one for child and family development. One week before he died, at age 99, Brazelton said in his last

meeting at the Brazelton Touchpoints Center, “Parents' concerns today are completely different now. When I was practicing, they were worried about sleep, tantrums, and sibling rivalry. Now, they're all worried about smartphones and social media.” He had learned this from parent groups he conducted with a colleague over the past few years. It was his parting reminder to all of us that as the world changes, we must continue to listen to children and their parents.

About the author

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