

THE FOURTH TRIMESTER

UNDERSTANDING,
PROTECTING,
AND NURTURING
AN INFANT
THROUGH THE FIRST
THREE MONTHS



SUSAN BRINK

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*Understanding, Protecting, and
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the First Three Months*

Susan Brink



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To Max, Makayla, Maggie, Ariana, Carissa, and Molly

And in loving memory of Nancy

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PREFACE

My commitment to write a book about the newborn's first three months comes from my own life. I married very young and have two daughters and six grandchildren. Yet nothing from my maternal experience or from my professional background as a journalist specializing in science and medicine eased me or my grown children through the sudden shock of being completely responsible for the life and development of a brand-new human being.

On my desk I have photographs that tell the story. The snapshots I took a few days before my daughters became mothers show them proudly posing with their full-term pregnant bodies in profile, their smiles broad and genuine. Then comes a shot of my daughter Jenny, triumphant with her newborn Max, but her smile has become uncertain. The same uncertainty is written on Rachel's face in yet another snapshot, her eyes wary and full of doubt, posing with one-day-old Makayla. As brand-new mothers, my daughters had had their confidence seriously shaken.

I look at those photographs and recall my own shock decades ago when nurses handed over my firstborn. How could they be so reckless as to entrust a helpless new human being to clueless me?

We all made it through, my daughters and I, as new parents do. Yet I know that for the first three months we relied on trial and error, intuition, dumb luck—and on the passing of time.

Three months, said pediatricians, other mothers, friends, and family. Just hang in there for three months, and the mysterious and demanding infant will become more human, more like the baby you imagined. Since embarking on the research for this book, I understand in a deeper way why, during the fourth trimester of development, an infant is not like the baby that people imagine. I want others to be able to do more than just hang in there while they anxiously wait for three months to pass. This book is for parents, grandparents, friends, family members, physicians, and students, every single one of them eager to do the right thing for each infant he or she encounters. I want everyone who is in awe of and in love with a newborn to understand exactly how to protect and nurture an infant during the first three months of life—the critically important fourth trimester.

Susan Brin

Introduction

A Transition from the Comfort of the Womb to the Reality of the World

Like parents everywhere, David and Tammy DiGregorio were under the illusion that they were ready for the arrival of their firstborn child. They knew she was a girl and that they would name her Ava. The West Hollywood parents had carefully gathered an extensive array of newborn equipment, read the recommended books, taken Lamaze classes, practiced panting and breathing for her birth, and attended newborn classes offered by their hospital. And sure enough, the birth delivery, and hospital stay went off without a hitch.

Then they brought Ava home, and all anxiety broke loose. "I was terrified," says Tammy. "I was handed this little baby, and it was a complete shock. I was so tired and so scared; I felt like I was in a whole other world," she continues. "And I was terrified of making a mistake." As for baby Ava, well . . . "She was like a strange little alien."¹

Such is the coming-home of many, alas most, newborns who are long awaited and eagerly welcomed. Before women even have time to complete a full sigh of relief signaling the end to forty weeks of awkward discomfort, they find themselves facing even greater challenges. Only now, with actual infants in their arms, they have far less control. Ava, like any newborn, was barely equipped to stay alive. Tammy and David were suddenly face to face with the most neurologically immature of all the earth's primates, born months before she was anywhere near ready to function in the world.

Parents around the world who welcome mysterious new life in this way encounter a significant void in up-to-date scientific information about the first days and weeks of infancy. With fingers crossed, they confront their uncertainties and fears.

This book presents a new paradigm of a baby's early life that shifts our focus and alters our priorities. It shows that this window of time, specifically the first three months of life, has more in common with what came before than with what follows. The fourth trimester is an outside-the-uterus period of intense development that is an extension of the work begun during the first nine months. A newborn human is not so much a baby as a final-phase fetus living through a time of transition as he gives up the comforts of the uterus and gradually adjusts

to the wonders and challenges of the world. Further, during this period infants and mothers need to stay almost as tightly bound together as biology dictates during the first three trimesters. In this book, I use the model of a fourth trimester to show how parents, caregivers, doctors, and students might understand this period by looking at it through a new lens.

Throughout, I talk about the essential bond between a loving, committed, and attentive adult and a baby. Sometimes that attachment is biologically unique to a birth mother and baby. Born recognizing her voice and her smell and, for most of human evolution, dependent on her milk, an infant bonds most quickly with his mother.

But in our complex and ever-changing society, it's important to think broadly and not give short shrift to any woman or man who "mothers" an infant. An adoptive parent—mother, father, married, single, gay, or straight—can read references to "mother" and "father" in these pages and know it speaks to them just as it does to biological parents. Be assured, this is not simply lip service. Though biology counts for a lot in favoring birth mothers, the book's importance to fathers and nonbiological parents represents more than an artifact of the past few decades of a changing culture. The bond between parents and non-biological offspring represents an evolutionary moral and medical breakthrough of parenting that no doubt is being, and will increasingly be, studied over generations.

Within this book, the advice and much of the science can apply to all who give birth to or adopt babies, as well as to those who watch over, nourish, nurture, and protect an infant in the first hours and days of life. Under that wide umbrella, I mean to give respectful due to all kinds of parents—birth mothers and fathers, adoptive parents, same-sex partners, single parents, grandmothers, grandfathers, and all manner of kith and kin. Any one person or pair or team of people responsible for the nurturance, care, and protection of a newborn is fully able to provide, and can be equally expert in providing, the love, diligence, and attention that every baby needs.

Infants are nothing if not flexible, ready to respond to love. Here's an analogy. I had a cat once, a calico, that loved me best. She curled up on my lap. She slept in my bed. She was as cozy with me as a cat can be. But once, she disappeared from the house for a few days. I put up posters, and soon a man was at my door holding my Irma. What surprised me was how quickly she had switched allegiance. She was curled up in this stranger's arms as though he were the love of her life. I almost hated to separate them as he handed her back to me.

This is not just the sentimental musing of a pet lover. Certainly, newborns are a lot more complicated, but in some ways they're a bit like my fickle cat. An infant will love the one she's with. And long before she can show love, she will respond to the one she's with. He can be fed with a tender touch, with locked-in eye contact from a birth father or mother. She can have her diaper changed to the accompaniment of chipper conversation by an adoptive parent and, in the blink of an eye, will recognize his voice above all others even though she didn't hear it

the womb. He can listen as a same-sex couple sings a lullaby duet. The mother who supplied the egg responsible for half his genetic makeup—but whose uterus did not house him—can soothe him. The father who devotes himself to the baby, regardless of whose sperm fertilized the egg all those months ago, can rock her to sleep. Newborns will thrive even as the definition of *family* changes to incorporate not only traditional marriages and adoptive parents but also gay marriage, single-parent families, combined families, grandparents raising second generations of children, and as many configurations as loving people can come up with to create the protective, nurturing nest that is a family.

Combining contemporary science with the personal stories of dozens of parents I interviewed—as well as a few of my own—I've attempted to write to all who nurture. Science has a lot to say to each and every one of them about the hows and whys of caring for a newborn. The word *caretaker* or *caregiver* is hardly sufficient to describe a person who changes diapers, is at the ready at all hours, sings, soothes, tries to project a calm front despite his own worry, plays, feeds, rocks, cradles, and would throw himself under a bus to protect a newborn. But *loving caretaker* and *caregiver* are convenient shorthand terms I sometimes use. Know that these are written with profound respect for all the people who love and tend to every need of a newborn throughout the fourth trimester.

The infant, amazingly competent yet totally dependent, needs all of them. The nine-month gestation prepared the fetus well, but incompletely. A newborn can hear, but cannot sort through the din. He can discern light, shadow, and contrast, but cannot “see” as we understand vision. She can feel, but the womb provides protection and warmth that she continues to need postpartum. In the uterus, taste and smell filtered through amniotic fluid, making him recognize the odor of colostrum and the taste of mother's milk. The newborn is prepared to begin learning the new world she's entered, but this period, which is closely linked to fetal life and is beginning to prepare her for real life, is one of transition during which she needs close, constant, and loving attention.

This book is primarily intended for new parents and caregivers who want more than to be told how to care for a newborn. They want to understand the reasons behind the advice. It will also be useful to anyone called upon to give guidance (doctors, nurses, teachers) and to those with a personal interest in understanding the well-being of a newborn (friends, relatives, grandparents). Each chapter of this book translates the most current science in a specific area of early infant development into a rationale for appropriate care. In a field where opinion and trendy advice are seldom connected to evidence, this book presents a clear and much-needed alternative.

Journalism skills, honed over a thirty-year career in medical reporting, helped me to arrive at this reasoned and evidence-based alternative. Journalists are adept at following all leads while pursuing a range of sources. They get an overview of an issue—not merely the pediatrician's view from the clinic, the scientist's view from the lab, the parent's view from the nursery, or the investigator's view from reading the latest research. The knowledge and wisdom of all those players inform the chapters, synthesized and interpreted for the

curious new parents and caregivers eager for this information.

A report by the National Research Council and Institute of Medicine on children and brain development, published in 2000, became my starting point. The report's conclusions have rippled through every aspect of science, medicine, and education and into family homes. This report, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, says, "Although there have been long-standing debates about how much the early years really matter in the larger scheme of lifelong development, our conclusion is unequivocal: What happens during the first months and years of life matters a lot, not because this period of development provides an indelible blueprint for adult well-being, but because it sets either a sturdy or fragile stage for what follows."²

Readers will appreciate the distinction. Adhering to the best that science has to recommend during the fourth trimester does not present an "indelible blueprint" since infants, babies, and children can and do overcome poor beginnings. But what if we start them out by giving them a lot to overcome? Rather, let's do our best to set the stage for "sturdy" development by treating the first three months of life as the biological continuation of fetal development that it is.

New research has begun to change thinking, establishing the fourth trimester as an especially vital time for laying down the very foundations of development. Yet this excellent science is not without controversy, as currently interpreted by the popular media and various advocacy groups. Two particularly inflamed hot-button issues are breast feeding versus formula feeding and cosleeping versus sleeping alone. Acknowledging a variety of opinions on these issues, the text sticks to the research while recognizing that science is a leading factor, but not the *only* factor, in parents' decisions on feeding and sleeping arrangements. In this objective way, the book stands apart in providing a comprehensive survey of a newborn's developmental needs while remaining intimate, personal, and nonjudgmental. It can help new parents—biological or adoptive, as well as others who provide consistent love and attention to infants—make their own personal decisions within the parameters of best practices.

The need for loving attention is a constant theme of this book. Each chapter also draws on personal interviews with prominent researchers, practitioners, and parents. These resources are documented in the text in sufficient detail for a curious reader to pursue specific questions in the relevant literature.

The first three months of an infant's life need not be a mystery to bumble through. It's a common joke that infants don't come with an operating manual. This compilation of recent medical, biological, neurological, behavioral, developmental, and social science research from the past two decades provides the basis for just such an operating manual. New parents can comprehend much of what throughout human history has been inexplicable and, in the process, get their babies off to the best possible start.

The book begins millions of years ago with the chapter "Evolution and the Primitive Brain of a Newborn." It is the natural starting point in helping parents and caretakers understand that the reason human infants arrive so unfinished

deeply rooted in our common evolution—beginning with the moment our hominid ancestors first stood and walked on two legs. Readers will understand why forty weeks of gestation is both a biological imperative and insufficient for greater brain development in the uterus. They will begin to see that all newborns need another three months, a fourth trimester, of uncompromisingly close connection to their mothers or an equally loving and attentive caretaker.

The remainder of the book is organized by first addressing how such an immature brain influences infants' most basic needs: crying, sleeping, and eating. These behaviors deserve three distinct chapters since they are the source of every parent's most urgent worries. These three concerns are linked to each other just as communication is linked to need. Every newborn cry of life reminds us that the human being isn't ready to be separated from the uterus. Food, warmth, soothing movement, and comfort once flowed to her without effort. Now, she must signal hunger, discomfort, and fear with a cry, at first her only tool of communication. Now, as she makes her transition from the womb to the world, each adult response to her wailing demands is helping to complete the neurological wiring vital for living. The comforting closeness so recently experienced by the fetus continues as chemicals released by physical contact or close proximity to mother, father, or caring adult help the newborn regulate sleep and arousal. Food, passively received in the womb, now requires effort.

The best nutritional transition to the real world during the fourth trimester, as evolution and biology make clear, is breast milk. A clear understanding that breastfeeding is the most natural extension of pregnancy is an important starting point for every birth mother as she makes her own decision. I balance that truth with the reality that some women cannot breast-feed or don't want to. Adoptive parents, foster parents, grandparents, and all manner of attentive caretakers cannot breast-feed. For them, formula is a perfectly adequate second-best choice as they, too, help their newborn with the transition to life in the world by holding the infant closely, making eye contact, and touching him. What he has received without asking for during nine months in the uterus—food, soothing comfort, sleeping on his own timetable—must continue during the time of transition via an attentive response to his cries.

Even as the basic needs for soothing, sleep, and food are met, the senses are proving to be nature's first teachers. After addressing parents' most urgent concerns, the book's next chapters delve deeply into sensory development—sound, sight, and touch. (Taste and smell, scientifically studied in far less depth in newborns and tightly linked to feeding, are discussed in the feeding chapter.) Nothing in infant development happens in isolation, and these three senses are intimately connected to soothing, sleeping, and eating. But these senses each deserve a closer look. Babies recognize their mothers' voices at the moment of birth because they've heard them in the uterus. Hearing these voices again during the fourth trimester is an important part of the transition, and newborns turn to their mothers' voices more readily than to any others. (Though, in the case of adoptive parents or alternative caretakers, babies will soon recognize a consistent new voice and will turn to the voice they've come to know.) From the

moment of birth, infants are busy soaking up the acoustics of their surroundings.

Vision is less developed than hearing at birth, but newborns can already see shadows of eyes, edges of faces, and areas of high contrast. Newborns see better than once thought, but the concept of “seeing” is complex, since vision consists of multiple components—focus, contrast, three-dimensionality, color—all developing at varying rates. Furthermore, the areas of the brain that interpret what's coming through the eyes are not yet set up to register what's seen in the way adults understand vision. Yet astonishingly, the very act of seeing is exactly what babies need in order to sort it all out. Each flicker of vision is setting up neural connections that will eventually let babies see the full world around them. This relatively slowly developing sense of vision carries infants forward from a place of darkness in the womb into a world of light.

The sense of touch, influenced for forty weeks by the warmth of amniotic fluid and the secure confines of the uterus, continues during this time of transition through swaddling, cuddling, and stroking. The last fifteen years have seen a sea change in understanding touch, both painful and pleasurable types. Simple human touch—comforting pats in response to tears, smiles in response to contented moments—releases brain chemicals that calm the infant. On the other hand, trauma and stress (abuse, neglect, pain) release a flood of neurochemicals including cortisol, that can set a child up for future trouble.

There are coexisting truths about the development of the senses: infants come into the world highly immature and yet extremely capable of learning and communicating. Each sense, at its own stage of readiness at birth, interacts with all the others to mold a brain that is forming the likes, dislikes, and very personality of a new human being.

As the senses are developing brand-new connections in the brain, the body is growing stronger. Neurological and physical developments are linked—these are similar to the mind-body connections science now recognizes in adults. Just as every interaction with the senses is building better abilities to see, hear, and feel, every kick is building muscles that will soon enable the baby to crawl, walk, and run. Biological mothers know that these early flailings begin during gestation, and many fathers have felt their force as they've laid a hand on a pregnant belly. An important chapter on physical development shows why the “exercise” begun in the womb must continue, with caretakers encouraging infants to vary their positions during awake time. Holding infants in various positions not only strengthens muscles, but it also gives infants a view of the world from more than one perspective, each view affecting the synapses being formed.

Almost universally, parents, regardless of their circumstances or limitations, want to do the best for their children. But with conflicting advice from the media and with an array of books and toys promising smart and happy infants, parents can be confused about what course to follow. To put their minds at ease, a chapter on stimulation summarizes appropriate sensory stimulation. Loving attention to cries, along with soothing voices, comforting touches, eye contact, and closeness to the mother's body (or an equally loving caretaker's body) are the kinds of

stimulation an infant needs. A view of a mother's face, a father's profile, the sound of live voices, the touch of skin or flannel or tweed, the smells of healthy food cooking, and the taste of milk are preparing infants for the inimitable world that envelops them. For millions of years, trees, grass, voices, music, cuddling, constant proximity to mothers, and loving human interaction have provided all the stimulation infants need.

Finally, the book steps away from the newborn to delve into research on parents. Physical and psychological studies examining the postpartum months as experienced by mothers are extensive, and there are exciting new indications that, just as human interaction is sculpting infant brains, those same interactions are reshaping maternal brains. Research into fathers' health is fledgling, but science now knows that men, too, are susceptible to postpartum depression and that welcoming a child into a family can be stressful for both parents.

The multiple lines of research upon which this book is based show that a well-equipped brain is grown from the normal, simple, and readily available seeds of playful activity and loving parents and adults. The chatter of everyday life, lullabies of love, and glimpses of blue sky through green branches surrounding a newborn are naturally programming language, art, music, math, dexterity on the playground, and lifelong social skills.

This book will help put to rest the remnants of a century of cultural misconceptions that still linger: infant independence, fixed IQ, and a substitution of quality time for quantity time.

Cultural norms, fading but not entirely gone, once encouraged parents to make their largely unformed infants partly independent from day one. Infants were expected to go it alone in their own rooms, to figure out how to soothe themselves by crying themselves to sleep, to wait through hunger pangs for an appointed feeding hour—or to eat more than they wanted, which, the parents could hope, would then cause them to sleep longer. About a hundred years ago, this approach was encouraged by “male physicians who not only had never changed a diaper but had never—in any substantial way—associated with, or taken care of the own infants,” according to Dr. James McKenna, director of the Mother-Baby Behavioral Sleep Laboratory at the University of Notre Dame.⁴ Separating infants from their parents was supposed to foster independent toddlers, children, and adults, and this approach was practiced for decades. Current research shows that it has the opposite effect.

The mid-twentieth century was also a time when people believed intelligence was fixed, set in stone at birth. In the 1950s and 1960s, research began to cast doubt on that assumption. We now know that a child's IQ is influenced greatly by either environmental stimulation or environmental neglect.⁵ Science now sees the human brain in a kind of computer model: hardware delivered at birth, and software continually programmed by experience. The programming begins at birth at a breathtaking pace.

The 1970s introduced to popular culture the concept of “quality time.” Parents could be absent for long stretches of their infants' days, the reasoning went, and

long as they compensated for lost time by making every available moment of togetherness count with joyful, stimulating interaction. The trouble is, brain development doesn't take time off, and infants don't learn on a convenient schedule. When it comes to time, infants need both quality and sheer quantity. There are no shortcuts. A parent or a consistent, loving caretaker must be there when infants need them. During the fourth trimester, that's all the time.

This book goes a long way in removing the cloak of mystery that has always surrounded the fourth trimester. It presents an original perspective on the period following birth, identifying it as a continuation of the period of development within the uterus and, simultaneously, an interval that helps infants make the transition to the world.

This fresh way for parents, educators, and health care workers to understand newborns points to a difficult societal dilemma. Newborns require constant loving attention. That is a truth that must not be compromised by simple ignorance. Evolution and biology clearly prefer the bond to be between the newborn and the mother, though, as I've noted, infants can be well cared for by fathers, adoptive mothers and fathers, or other consistent, loving, attentive adults. This book points to the need to pay attention to infants twenty-four hours a day throughout the fourth trimester. Coming up with policy solutions that are truly family centered is beyond the scope of this book. But as a society, we need to come up with ways—*paid* parental leave for biological and adoptive mothers or fathers or both, for example—to support young families by ensuring that every infant is able to spend this crucial period of development held tightly in the arms of love.

Evolution and the Primitive Brain of a Newborn

Why Infants Arrive Unfinished

Blame Lucy. In the throes of labor contractions and delivery, remember that it was this 3.2-million-year-old human ancestor who first had the big idea to stand up and walk on two feet. Lucy is considered by many scientists to be the mother of humankind, and her skeletal remains, discovered in 1974, provided scientific evidence of one of the first upright walkers in our family tree.¹ From that point onward, the human ability to walk on two feet would demand some reworking of the adult pelvis and a major overhaul of the birth canal. Those evolving alterations would, in all descendant female hominids leading up to *Homo sapiens*, introduce a host of inefficient twists and turns, making the process long and painful for mothers and a brutal challenge for babies.

Lucy's hypothetical offspring, no longer able to survive with the limited brainpower required to climb a tree or flee from danger on four legs, needed more time to grow a bigger brain in order to outwit predators. But a maximum of forty weeks' gestation is all that biology allowed our ancient ancestors and modern babies. They would need a fourth trimester of intense development experienced outside the uterus while remaining physically and emotionally bound to their mothers, just as they had been for the previous nine months. The tight fit through that circuitous birth canal set absolute limits on how much brain development could occur during pregnancy. The additional brain growth required to keep the species thriving would have to happen outside the uterus, an astonishing amount of it occurring during the fourth trimester.

Modern human infants are at the receiving end of millions of years of evolutionary progress, but the tradeoff for upright walking has been immature brain development at birth.

Walking on two feet has been a mixed blessing. Standing upright altered the entire skeletal structure, and the changes came with physical costs for males and females: flat feet, aching backs, and stiff necks. "Ultimately, every part of the human body had to change to adapt to bipedalism," says Dr. Wenda Trevathan, an evolutionary anthropologist at the University of New Mexico.²

Women and infants have suffered especially onerous consequences of upright posture. What was once a straight shot down a roomy birth canal in our four-

legged ancestors has evolved into something akin to an amusement park ride through the modern female pelvis.

Once humans had only two feet for mobility, they could no longer climb as well as, or run as fast as, the local lions and tigers and bears. Since then, they've had to rely on brainpower to escape predators. The pressure for increased intelligence was on, and our ancient forebears began to grow brains far larger than ever before. In fact, the human brain *had* to get bigger, or our species would have died out. Those outsized brains, and resulting intelligence, began to change the world.

As the human brain has grown in size during evolution, the additional brain growth needed for survival has had to take place after birth because there simply is no extra room in the birth canal for a bigger head.³ After roughly nine months in the uterus, emerge babies must, ready or not. Most aspects of brain development are delayed until after birth. "And that means the baby is a little more *unfinished*, if you will," says Dr. Trevathan. "The evolutionary compromise is that about 75 percent of human brain development takes place after birth." That's in contrast with the rest of the animal kingdom. Most animals are born with their brains about half developed, but today human infants are born with only 25 percent to 29 percent of their brains developed. And so, with a brain only about a quarter of its necessary size, the newborn needs a fourth trimester of development, with comforts similar to those enjoyed in the womb preparing him for life in the world.

THE BIRTH RIDE

The evolutionary compromise between the need for a large brain and the confinement of a narrow birth canal continues with modern-day infants. They arrive extremely neurologically immature and completely dependent on adults.

Leading, in most cases, with a head that can accommodate roughly a quarter of the brain mass she'll eventually require, the fetus is forced to negotiate a series of turns aligned with the widest parts of the pelvis. The entrance of the birth canal is widest from side to side. About halfway through, the orientation shifts about ninety degrees, and the fetus must turn her large head to make it through. So the infant starts her journey facing her mother's side. Midway she must shift her head to face her mother's back. As the fetus's head turns from facing her mother's side to facing her back, she goes through a series of rotations as she passes through the birth canal. Once the head has emerged, the shoulders must shift, so the baby turns her head to the side, rotating her shoulders so they, too, can make the tight squeeze between pubic bones and tailbone.⁴

The average infant head is ten centimeters from front to back. It's little wonder that childbirth hurts, considering that the average woman's pelvic opening is thirteen centimeters at its largest point and ten centimeters at its smallest point.

The quadruped ancestors of modern humans, with larger birth canals and smaller brains, once might have given birth in solitude—like chimpanzees

orangutans, and gorillas can. However, because of the revised size and position of the human female pelvis, women need midwifelike assistance to give birth. If the mother reached down to assist her own baby's birth, she would risk injuring her baby by bending his back against the natural curve of the spine.

As a result, not only did human bodies change with upright walking, but societies also had to change in ways that could accommodate the demands placed on the mother by the baby. First, mothers couldn't deliver in solitude. Once here, babies could not cling with hands and feet, so mothers had to use one arm to hold them and, often, the other arm to quiet them when danger lurked. With hands occupied, human females needed help. They needed fathers to stick around. One of the profound consequences of evolution, including the amusement-park-ride aspect of birth, is that it has forced humans to be interdependent and social. New mothers need help in birthing their babies—whether from an obstetrician, a midwife, a father, or an unlucky cab driver—and then they need help in bringing them up. In our modern society, that help often comes from a traditional source: fathers. But it also comes from gay or straight partners, adoptive mothers and fathers, foster families, grandparents and other family members, and loving caretakers of all sorts.

FOURTH TRIMESTER BRAIN DEVELOPMENT

Scientists now know that the brain continues to change and grow, allowing for a lifelong ability to reorganize neural pathways based on new experiences. This ability is called neuroplasticity.⁵ But while recent discoveries suggest that new neurons are produced throughout life, it doesn't happen nearly as rapidly as it does during the nine months spent in the womb. Some 100 billion neurons form during pregnancy. At birth, all those neurons are as yet incapable of communicating with each other.

But nature has made sure that the neural circuits responsible for basic bodily functions are up and running at birth. Infants arrive with the most basic and primitive operating equipment, under the control of the lower parts of the brain. During gestation, the basic architecture of the brain is laid down, beginning development soon after conception. That prenatal architecture eventually includes the brain stem, or lower part of the brain, regulating the central nervous system and cardiac and respiratory functions; the thalamus, two bulb-shaped masses above the brain stem that process and relay sensory information; and the cerebellum, which coordinates motor movement. Those parts direct the infant to kick, grasp, cry, sleep, root, suck, swallow, keep a heartbeat going, and manage the circulatory system. It's all primitive or immature, and the higher centers, those in charge of emotions, intelligence, planning, and motor responses, are still waiting to be formed, influenced by love, conversation, comforting touch, face-to-face movement, sound—in short, the world he was born into.

The work begins almost immediately. Each newborn is busy developing neural connections by laying down a network of dendrites, branched projections that receive signals of communication and pass them on with the aid of

neurochemicals. The connections formed are called synapses. During the first three years of human life, there is an unprecedented pattern of rapid synapse formation. In fact, babies develop so many synapses there simply isn't room for them all, and those that aren't used go by the wayside. The ones that remain grow more efficient at providing the information we need.

This is how it works. Neurons are cells specializing in sending and receiving signals. A neuron in the eye gets its signal from light; in the ear, from sound vibrations; in the nose and tongue, from molecules that bind to them; and on the skin, signals come from touch. A message travels, via electrical signal, from neuron to neuron to the part of the brain specializing in, say, seeing, tasting, or moving. Then the output side kicks in, sending an outgoing signal to the retina, the tongue, or a muscle, complete with instructions on how to move, extend, or contract. So even as the brain is constructing a branchlike communication network, it is also beginning to pare down the number of neurons in the brain in order to ease overload, making experience key to wiring an infant's brain.

During that time, an infant's brain experiences sporadic bursts of activity that are known as exuberant periods. At the peak of one of these periods, the brain is creating 2 million new synapses every second, researchers estimate. These bursts of development happen at various times in different areas of the brain during the first months of life and continue, though at a slower pace, through adolescence. During infancy, the new connections allow for color vision, the ability to grasp, and a strong attachment to parents. Each baby is sculpting a brain that is becoming truly human and uniquely his own.

Neuroscience has become adept at studying the tiny but interconnected cells of the brain using brain-imaging technology. Going well beyond earlier scientific tools—such as observation, autopsies, x-rays, and EEGs—CT scans, functional MRIs, and PET scans create three-dimensional images of the brain and allow scientists to analyze its chemical composition, its electrical transmissions, and the blood flow through the brain. Through the use of such technology, we now know that when babies are born, they come equipped with more neurons than they will ever need, and some, but not many, synapses.

The neurons are the raw material of the brain, and heredity determines the number.⁷ (Only recently has research begun to show that important areas of the forebrain continue to produce new neurons into adulthood.)⁸ But the infant brain is in a remarkably unfinished state, with its billions of neurons that are unable to communicate with each other. Those connections only begin to be formed as the baby experiences the world and the love of parents and caretakers. Nature and nurture go hand in hand as each sensory interaction adds to the wiring.⁹ The number of synapses skyrockets during the first three months and beyond, for as long as three years. At birth, an infant has about twenty-five hundred synapses per neuron. By three she has about fifteen thousand synapses per neuron, or some 1,000 trillion synapses—twice the number of an adult brain.¹⁰

It's too many, and the brain knows it, as it kick-starts a use-it-or-lose-it mechanism, a lifelong process that begins during the fourth trimester even as

new connections are being made. Synapses are refined and pruned to eliminate those brain connections that are not used, and to favor those that get used frequently.¹¹ Coo, cuddle, and comfort a baby, and the synapses responding to loving behavior will endure. Scream, neglect, or strike a baby—events that are read by the brain as toxic stress—and the synapses responding to cruelty and violence will take hold. The brain pathways that are repeatedly used, even as early as the fourth trimester, are protected.

Caregivers' every interaction serves to support the scaffolding for infant developing brains, part of the crucial postfetal development period that acts as a transition in getting them ready for the world. The earliest games of peekaboo form neural connections for vision as faces come close to infant faces and then disappear. The first hushed baby-talk messages begin to wire young brains for the sounds of language, specifically their own native language. Each new neural structure allows for newer layers of increasingly complex structures. Parents' games, lullabies, verbal patter, and comforting touches all cause the newborn brain to vigorously form the connections that in turn increase the number of complex links needed for passing electrochemical messages from brain neighborhood to brain neighborhood.¹² All of this biological activity mingles with every sound, touch, sight, taste, and smell that mothers, fathers, and caretakers provide. And since the environment is different for every infant, each newborn begins to be transformed into the irreplaceable baby parents have been waiting for.

THE CHANGE FROM STRANGE NEONATE TO ONE-OF-A-KIND BABY

The change from the newborn that a mother first held in the hospital, or the infant that was first handed to an adoptive parent, to the child that is a unique part of the family doesn't happen in the delivery room. It begins to happen during the outside-the-uterus fourth trimester of development as worldly experiences shape the developing brain. What for nine months was largely under the purview of evolution and genetics now partners increasingly with culture and environment. Brain development becomes a product of a delicate balance between nature and nurture, genes and environment. Most scientists agree that the nature/nurture debate is over, and it's a tie, with each influencing the other. Genetic predispositions, while influencing brain growth, don't altogether dictate it. Non-genetic influences—neighborhood, parents, siblings, extended family, peers, school, and nutrition—are important in shaping who this special infant will become. Both nature and nurture are important.

When a mother cuddles an infant, she affects the formation of neural connections. When a father hums a lullaby, the infant's brain responds by retaining the cells that feel the pleasure of the sound. Touching, comforting, rocking, talking, and singing to babies provide exactly what they need to stimulate their growing brains. As the baby is exposed to her unique surroundings, a remarkable thing happens. The brain activity resulting from environmental influences causes synaptic connections—neuron to neuron—to get stronger. The

next time she's exposed to a similar influence, her brain cells respond more quickly and strongly. Meanwhile, those connections that aren't needed fall away. This use-it-or-lose-it model is the basis for each infant's growing individuality.

THE NEWBORN IS PREPARED

With a brain only about one-fourth ready, babies land right smack in the middle of a chaotic and messy real world. The soothing things the growing fetus had in the womb—the peace to sleep, a controlled space for exploring her own movements, the comforting external movements of her mother, the familiar muffled sounds of the household—have been abruptly snatched away. Parents and caregivers help with the transition by paying close attention to comfort. But modern science tells us that, even though the world is confusing to newborns, they've got amazing devices with which to begin sorting it all out, right from the very start.

Despite the newborn's extreme immaturity, he is well prepared. He has at his disposal an arsenal of tools for himself; and some he'll find himself using in response to signals from mother, father, or caregivers.

Survival for an infant in the fourth trimester means being constantly close to a nurturing caregiver—to the soothing touch, sound, odor, and radiated warmth provided by someone who loves and pays close attention. Newborns are naturally built and equipped by evolution to prefer their mothers, though adopted infants have proven that their allegiance changes when it must. That closeness is a vital part of the transition from womb to world. Human babies pick up on movement patterns, breathing sounds, and body heat, all of which begin to regulate hormonal releases—melatonin to help manage the sleep-wake cycle and body temperature, and cortisol to regulate blood pressure, blood sugar, and immune response.

The kinds of behaviors that come naturally to parents and caregivers around the world are just what the baby needs. Rubbing and massaging her back, stomach, or legs keeps the infant warm; stimulates respiration, digestion, and elimination; and calms her down. Mothers naturally hold their babies most often on the left side of their bodies, and babies love feeling the soothing heartbeat. Mothers, fathers, and almost all adults talk in high-pitched voices when they speak to babies, and they look their babies in the eye. They've been doing these things for millions of years—exactly the things that newborns crave.

Just as the colt is born ready to stand, a human baby is born ready to recognize another human face, the smell of her mother's milk, and the familiar sound of her voice. It's precisely because human babies are so extremely neurological immature at birth that they are exquisitely responsive to the body cues of adults—even to the point of matching the rhythm of breathing when they rest on a person's chest. Fetal life has prepared the newborn to recognize these cues from another loving body, and the familiarity helps to ease the transition of the fourth trimester. Babies have been responding to those instinctive touches, smells, and sounds since the first human put one foot in front of the other.

“We are all preemies at birth, relative to other primates. The baby is high-

sensitized to gases the mother gives off," says Dr. James McKenna, anthropologist and director of the Mother-Baby Behavioral Sleep Laboratory at the University of Notre Dame. "Every baby in the world—put them next to their mothers and they all do the same thing. They root. They breathe differently. The baby is waiting to respond to these kinds of things. They have come off a long evolutionary tree, and they know what to do."¹³

Evolution, biology, genetics, and the environment all help to fashion one species of baby, far better than anything parents might have imagined. But the deep well of parental love won't be returned in kind. Not yet. Babies need that love, can't thrive without it; but at first, it's all an infant can do to handle the new work of eating, breathing, and regulating her own heartbeat and digestion. She's not yet ready to show any signs of returning the outpouring of love. It can seem like unrequited love, but the demands and frustrations of the first months do not represent a failure of parenting. It's not personal. It's simply biology. Parents have waited for a baby, and they've been handed a mysterious, not-fully-formed neonate. Patience. The baby's brain, from the moment of birth, is beginning to mature, to figure out sleeping, seeing, hearing. It's part of the dance of life—he cries, grimaces, and involuntary smiles encouraging a parental response and paving the way for a two-way attachment.¹⁴ In time, she'll begin to respond. And one day soon, she'll smile, a reward making it all worthwhile.

WHETHER THEY KNOW IT OR NOT, PARENTS ARE PREPARED

Sometimes we describe newborns as "half-baked" or "almost finished." In many ways this is true. Fortunately, nature, evolution, and three trimesters in the womb have prepared your newborn to begin the transition to the real world during the first three months outside the uterus. In these pages, readers will come to understand the fascinating and rapidly unfolding body of research from biologists, neuroscientists, developmental scientists, evolutionary anthropologists, and physicians that both explains why this new human being is so unformed and lays out what he needs during the fourth trimester. Parents, caregivers, and health care workers will gain confidence in knowing that, just as infants are equipped with massive help from adults—to handle the transition to life outside the womb—these adults, too, are naturally prepared to provide exactly what babies need.

Armed with knowledge of the natural workings of infants, parents will be able to sort through the advice and opinions of friends, family, physicians, and a \$100 billion-baby-product-marketing industry that tries to convince people that the products will make babies happier, calmer, and most assuredly, smarter.

This is not to say the work of the fourth trimester is easy. It isn't. Babies clearly are not trouble-free. Indeed, there will be twenty-four-hour demands, and nights that feel like endless struggles. But with an understanding of infants' needs, limitations, and development during the fourth trimester, new mothers and fathers can begin their steady march down the parenting path with a maximum amount of self-assurance and a minimum amount of fear. As an understanding of one's mysterious newborn grows, so will the confidence needed to make the

hundreds of daily decisions that will influence her growth and development.

~~Each healthy newborn is ready to begin this fascinating journey And each loving parent and caregiver, too, has what it takes to confidently provide everything a baby needs.~~

sample content of The Fourth Trimester: Understanding, Protecting, and Nurturing an Infant through the First Three Months

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