Letter from the Editor

The Quest to Promote Ideal Early Parenting Philosophy, Skills, and Education

Abstract

Prenates, babies, and children deserve wholesome parents and parenting, now. This is the time in which we are all living and growing. The quest for more optimal parenting will bring about more whole-loving beings. Our children and our planet deserve our best effort. Readers can contribute to coalition building towards that aim.

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Prenates, babies, and children of today are inheriting the legacy from the 20th century. They are the ones who will be responsible for building the 21st century. The Acorn Accords group asks these questions: What tools do parents need to do their very best job conceiving, birthing, and raising these children—in short, to become optimal parents? What do the children need to reach the full potential of their lives? In the wake of growing violence among young people, it is past time for more positive actions to be taken to fully support optimal parenting and the best growth opportunities for healthy children.

The Acorn Accords is a group that met in Acton, Virginia, on May 1 and 2, 1999, to foster optimal early parenting through forming a coalition of like-minded organizations. This effort was based on the premise that many organizations working together could be more effective than each working separately. The individuals meeting in May consisted of parents, teachers of parenting groups, and a multidisciplinary group of health professionals who came as individuals or interested members of various organizations.

The group's first step was to begin the process of making explicit a parenting philosophy, and identifying skills and education the members wished to promote. Below is an early draft of that work to be widely circulated, edited, and supplemented. Plans were also made to more fully define the terms used in the outline and to identify the relevant literature on each topic.

Philosophical tenants that underlie this work include thoughts that ideal parenting is a worthy goal because producing and nurturing the next generations is the most significant work on the planet. Parents should be educated, supported, and encouraged to consciously parent in the best way they can. This should be without undue guilt as they face the human reality that no one actually parents perfectly. Parenting is not an isolated activity but is undertaken with a lifetime of past and present experiences brought to the task. Life in a rapidly changing society creates special challenges for parenting that take careful thought to address. Parenting begins prenatally or in conscious preparation to become pregnant. A parenting philosophy is relevant when it promotes practices that support secure, appropriate bond-

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ing of children. There is a considerable body of research literature on ideal parenting that should reach a wider group of parents, families, and health care professionals—a united coalition can help that happen.

Please call up the questionnaire at web site *<http://www.thewellspring.com/coalition/survey/jpe.html>* to offer your opinion on the latest version of this evolving document. You can rank, edit, add to, or disagree with the items.

This is your opportunity to be part of an initiative that follows the Baby Friendly Hospital Initiative and the Mother Friendly Childbirth Initiative. It will take many groups and individuals working together to create a culture that more ideally launches our most precious resource: our children.

—Sharron S. Humenick, RN, PhD, LCCE, FACCE, FAAN

Draft: Optimal parenting should be supported and promoted by:

I. PRENATAL PARENT PREPARATION

A. Educational Preparation

1. Providing education of middle/high school students to promote parenting awareness
2. Providing preconception preparation for prospective parents
3. Outlining factors in making a conscious decision to have a child
4. Incorporating prenatal parent education – prenatal and early postnatal needs of child into childbirth education
5. Offering prenatal breastfeeding education opportunities (e.g., La Leche League)

B. Physical Preparation

6. Promoting the nutrition of the mother and unborn
7. Fostering healthy mother/father lifestyle, including no drugs, etc.
8. Encouraging prenatal exercise (e.g., yoga, activity, and good body mechanics)

C. Emotional, Psychological, and Spiritual Preparation

9. Fostering the commitment of parents to work on their relationship
10. Accessing/building emotional support systems for pregnant mothers/fathers (e.g., Attachment Parenting groups)
11. Encouraging reflection on parents' own upbringing; work through issues on role attainment (becoming a parent)

D. Prenatal Care Provider Selection and Interaction Related to Parenting

12. Providing appropriate prenatal care without unwarranted intervention
13. Fostering supportive, compassionate relationships with care provider
14. Creating a birth plan including care provider, place of birth, freedom of choice, type of treatment, keeping cord intact until it stops pulsing, and saving cord blood for stem cells

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E. Optimal Womb Environment

15. Nurturing and validating the mother in fostering a womb environment of unconditional love, peace, and tranquility
16. Nurturing the unborn child through verbal/nonverbal communication (e.g., touch, songs, sound, visualization, contemplation)
17. Honoring pregnancy as a natural life event, not a disease process
18. Training/support for discovering healthy life rhythms that lower CNS/autonomic system
19. Viewing unborn child as autonomous being
20. Understanding “big picture”—how birthing/parenting affects society

II. BIRTH THROUGH EARLY INFANCY

21. Promoting the mother-friendly guidelines from the Coalition to Improve Maternity Services (CIMS)
22. Promoting UNICEF Baby Friendly guidelines
23. Respecting the interdependence of the infant/mother journey
24. Fostering immediate and uninterrupted contact of newborn and mother
25. Supporting baby’s self-attachment behaviors immediately following birth
26. Encouraging early involvement of father/partner, family/community
27. Healing any trauma that may have occurred during birth
28. Talking/communicating with infant about what’s happening
29. Minimizing overstimulation and/or trauma to infant (e.g., taking blood specimen, bright lights, loud noises, anxiety, trauma, conflict)
30. Adopting the American Academy of Pediatrics stand on circumcision or a stronger position.

III. POSTNATAL TO EARLY CHILDHOOD

A. Promoting Secure Bonding and Self-Esteem

(e.g., sustained breastfeeding, keeping infants in arms, wearing in slings, holding, touching, loving eye contact, soothing sounds, skin-to-skin contact, and other focused attention; vestibular stimulation/reflective facilitated movement, such as movement, dance)

31. Fostering care-giving constancy (ideally, at least one parent) for first three years
32. Promoting unconditional love not based on child’s behavior
33. Avoiding frequent and prolonged separation
34. Arranging safe, shared, and accessible sleeping arrangement (e.g., family bed)
35. Teaching empathy by example
36. Using positive nonviolent discipline skills that do not include spanking, verbal abuse, shaming, or excessive rewards

B. Empowering Parents

37. Promoting postpartum care and support for baby, mother, and family
38. Assuming/acting from premise that infant child is an innately good, cooperative, social being (trusting child)
39. Understanding child development, temperament, and recognizing individuality

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40. Encouraging parents to trust instincts and learn from children, as well as assume parental responsibility to make informed decisions and advocate for the child's health care, education, and other matters
  41. Conveying a consistent value system to the child, by example
  42. Supporting sustained breastfeeding
  43. Understanding and providing healthy nutrition
  44. Reaching parental consensus and consistency in parenting practices
  45. Empowering parents to form/join support groups of like-minded parents

C. Physical Environment

46. Providing a safe, nontoxic environment, shelter
47. Arranging access to and age-appropriate responsibility for pets
48. Monitoring by parents of availability, content, and quantity (if any) of TV and other media
49. Avoiding frequent or overuse of strollers, portable baby seats, pacifiers, and stuffed toys as a substitute for human contact
50. Promoting the use of creative, nonsexist, nonviolent toys

D. Social Environment

51. Fostering freedom to express emotion in an environment that models responsible expression
52. Providing a loving home and social environment that promotes positive peer, sibling, and intergenerational relationships
53. Encouraging expression of creative symbolic storytelling with toys and art

E. Learning Environment

54. Encouraging spontaneous interaction with nature at "ground level," as well as creative and appropriate, cooperative, safe, physical play and contact
55. Encouraging artistic expression
56. Offering freedom to explore own body
57. Arranging opportunity to contribute or be of service to others
58. Encouraging child-led learning; discouraging premature structured academic training
59. Encouraging cooperative activity; discouraging inappropriate competitive activity
60. Providing a rich sensory environment and freedom to explore the environment
61. Encouraging unstructured play alone and with parents and other children
62. Recognizing and supporting multiple types of intelligence (Gardner)
63. Introducing and supporting spiritual development

F. Community Support

64. Organizing prolonged family/community support of parents
65. Creating family-friendly policies in the workplace