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OCTOBER 4, 2018

THE 12TH ANNUAL DOROTHY CAMPION-CORCORAN PARENTING LECTURE

**Way Beyond the Basics:
Comfortable Conversations about Sex**

Presenter: Deborah Roffman



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THE 12TH ANNUAL DOROTHY CAMPION-CORCORAN PARENTING LECTURE

Way Beyond the Basics: Comfortable Conversations about Sex

THURSDAY, OCTOBER 4, 2018 | 6:30 - 8:00 PM
REFRESHMENTS AT 6 PM

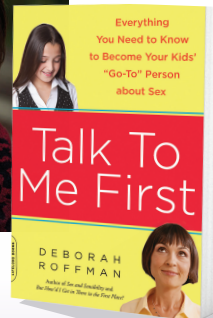
AUDITORIA E & F | DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON, NH
FREE AND OPEN TO THE PUBLIC

The Dorothy Campion-Corcoran 2018 Fall Lecture speaker is Deborah Roffman, author of several parenting books on sexuality. Roffman is a teacher, lecturer, workshop leader, and an advocate for children. She has served on the National Advisory Council for Sexual Health and serves as the editor for the American Journal of Sexuality Education. Her work has been featured in major newspapers including the Boston Globe, Chicago Tribune, Los Angeles Times, Wall Street Journal, USA Today, and the New York Times. In her most recent book *Talk to Me First*, Roffman has created a guide to helping parents become their kids' first source of information on human sexuality. Roffman uses her 30 years of expertise to advise parents on talking to

their kids about sex and their bodies in a matter-of-fact way. Both funny and frank, Roffman offers a resource for parents to promote healthy sexual development in their children, while also teaching them to respect themselves and set healthy boundaries.



Sponsored by The Couch Family Foundation, Hypertherm HOPE Foundation, and Norwich Women's Club.



FALL 2018 IN THIS EDITION

- FREE RANGE PARENTING
- FAKE VACCINES
- THEN & NOW
- CALL FOR VOLUNTEERS
- OPIOID RESEARCH
- GOOD BEGINNINGS' UPDATE

FREE RANGE PARENTING

As children, most of us roamed our neighborhood with friends, with no parents trailing, monitoring, or negotiating our interactions with the other children. We returned home at dusk ready to eat dinner and check in with our parents. Today that seems unthinkable. Now as adults, we balk at the idea of releasing our children into the neighborhood: ...will the neighbors call the police when they see my unattended child? ...*what if there's a creep lurking and waiting for vulnerable children? ...what if my child gets hit by a car?*

Today's parents are in a bind. On one hand, children need to learn independence to build self-confidence and foster motivation, better preparing them for the challenges of adulthood. But on the other hand, the news and social media inundate us with terrifying stories of unattended children, ironically holding us (and by extension, our children) hostage with fear.



Parents are left wondering how much independence is appropriate at each level of childhood. *When can I leave my child home alone? When can she walk by herself to the grocery store? When can he bike to school without me?* Unfortunately, state laws vary greatly on offering guidance on this issue. According to FreeRangeKids.com, “19 states have specific laws about when it is legal to leave a child in a car. Five states have laws that specify what age a child can be home alone, and 10 states have ‘guidelines.’” New Hampshire and Vermont offer no age specifics, so it is at the discretion of the parent to offer proper care and control. Though that is vague, it allows parents to determine for their families when a child is ready to test the independence waters. And in fact, Utah recently passed a law clearly supporting the parents’ right to allow their children more freedom. Utah redefined “neglect” so that children can participate in unsupervised activities without parents being charged.

Other states might follow Utah's lead. The director of the Center for Families and Children at the Texas Public Policy Foundation, Brandon Logan, told the Associated Press: “We expect adults to be independent, and we expect parents to raise their children to be independent, and you can't do that whenever children are being micromanaged.” It is certainly challenging for parents to relinquish their control, but let's continue with how it began... with baby steps.

FAKE VACCINES



In addition to the CDC and AAP recommended vaccines, don't you secretly wish they could sneak in a few extra immunities to their vaccination schedule? Here are three vaccines it would be nice to have.

MEASLES MUMPS & RUDENESS: this vaccine would reduce talking back, whining, and eye rolling (as well as Rubella, of course). Provides effective coverage from Terrible Twos through the college years. Eventually wears off around age 25 when the child's frontal lobes finally close.

DTAP: Tired of a finding pee (or worse) in your toilet at home? The DTap vaccine prevents diphtheria, tetanus, and

pertussis, but what if it also stood for “Didn't flush A Pee”? Provides complete coverage encouraging appropriate flushing behavior and is effective for life!

ROTOTILLER/ROTAVIRUS: This addition to the Rotavirus Vaccine helps prevent Rototiller Syndrome, a condition in which afflicted children have the ability to mess up a house so severely it looks like someone has walked through the living room with a rototiller.

Vaccines help keep our children safe from the important stuff, but it's fun to daydream about the unimportant stuff they might prevent, like excessively loud table manners.

THEN & NOW:

GB GRANDMOTHERS & THEIR ADULT KIDS COMPARE PARENTING NOTES

FIRST FOOD

THEN: rice cereal, oatmeal, followed by veggies, fruits. After one year, eggs & peanut butter

NOW: cereal, sweet potato, avocado, soft egg yolk, peanut butter around 6 months

BABY'S SLEEPING POSITION

THEN: Side and Belly, with stuffed animals

NOW: "Back is Best"

CAR SEAT OR NO?

THEN: Contrary to popular belief, yes. However, one grandmother remembers traveling with her kids in the late 1960's: "Unrestrained, no car seats or seat belts. Infants slept in a car bed, which was the top of their carriage. We had a Volkswagen bus and when we traveled, we took the middle seat out and put the playpen in its place for the two younger children (infant and 1 yr old) and the two older ones (4 & 6) were in sleeping bags at the rear of the bus where the motor was humming!"

NOW: You better believe it. Rear facing till 2 years with a 5-point harness. Boosters till child is 4'-9"!

SLEEPING TRAINING

THEN: Most reported using the "Cry It Out" method

NOW: Today's parents are trying every trick in the book: swing, swaddles, pacifiers, as well as the "Cry It Out" method.

DISCIPLINE

THEN: stern words, time-outs, tap on the hands, light spanking (with the diaper on!)

NOW: time-outs, natural consequences for child's decisions, employ "love & logic"

WHAT ARE THE BIGGEST CHANGES THAT GRANDMA'S SEE?

"Recommendations for parents seem to be more child-friendly and less strict, which is a good thing. Also, there are more baby products: pacifier clips, diaper wipe warmers, infant car seats that fit into strollers, portable pack-n-plays, baby monitors, onesies that keep the baby's shirt in place! Wish I had invented those."

"There's more negotiating and mediating with children today - lots of verbal interchange with children. For example,

when a child does something wrong, a parent is more inclined to ask them why they did it and have the child explain her behavior. It is nice to see dads are more involved. Parents seem to be getting their children involved in activities at a much earlier age than I remember for my generation of kids."



DO YOU HAVE 2-3 HOURS PER WEEK FOR 12 WEEKS TO:

- * PROVIDE INFANT AND CHILD CARE
- * OFFER ENCOURAGEMENT
- * READ TO AND PLAY WITH BABIES AND CHILDREN
- * SHARE CHILD DEVELOPMENT AND SAFETY ISSUES
- * CONNECT WITH A YOUNG FAMILY IN YOUR COMMUNITY

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Volunteer at times that work for you. Just 3 months per year will help a new family in your community and provide you the opportunity to give back!

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OPIOID RESEARCH

This spring, Good Beginnings partnered with Dartmouth College Anthropology Professor Zane Thayer and student-led research into the topic of opioid addiction during pregnancy. As illegal opioid use skyrockets in New England and especially New Hampshire, the students provided critical information for Good Beginning volunteers assisting post-partum moms and babies battling addiction. They reported on alarming New Hampshire statistics such as the 1 in 5 women who fill prescriptions for opioids during pregnancy and the five fold increase of babies born with Neonatal Abstinence Syndrome over the last 10 years. (NAS is a group of problems that occur in newborns exposed to opioids in utero.)

New Hampshire is third in the nation amongst opioid use by pregnant women. However, a 2018 report by the National Safety Council recognized New Hampshire as one among 13 states addressing the issue and demonstrating improvement.



Health care providers strive to remove the stigma associated with opioid use and encourage pregnant moms to receive addiction treatment and prenatal care. DHMC provides a “Perinatal Addiction Treatment Program”, located within their Midwifery Services. After delivery, new moms who struggle with substance abuse may receive support, counseling, and other assistance from the local organization “Moms in Recovery”, with whom Good Beginnings is also collaborating with our services.



The students’ research highlighted the special challenge for Good Beginning Volunteers helping families and their babies coping with Neonatal Abstinence Syndrome. Newborns with NAS typically have trouble in three key areas: eating, sleeping, and consolability. One of the students’ research conclusions is that GB volunteers can remind families that their newborns are harder to soothe and its not the parents’ fault if the baby is inconsolable. The good news for babies born with NAS is a soothing environment reduces the length of the withdrawal process and the babies don’t appear to suffer long term effects. Good Beginning volunteers should also offer the families hope that their babies can thrive after the effects of the opioid exposure dissipates.

THE BOARD OF GOOD BEGINNINGS THANKS PROFESSOR THAYER AND HER STUDENTS FOR SHARING THEIR RESEARCH WITH US!

HOW DOES GOOD BEGINNINGS USE YOUR DONATION?



\$50

5 Packages of diapers



\$250

8 Welcome baby bags
(filled with infant items for families)



\$100

4 Gas cards
(for 4 families’ transportation to doctor’s appointment)



\$500

Annual cost of materials to train volunteers



WHAT IS NEW WITH GOOD BEGINNINGS?

WE ARE...

SUPPORTING local moms through “Moms in Recovery”, a program for pregnant and parenting women who struggle with substance use, affiliated with Dartmouth Hitchcock Medical Center.

COLLABORATING with Dartmouth College Anthropology Professor Zane Thayer through student-led research on post-partum depression and opioid addiction in pregnant women in New Hampshire.

EXTENDING Good Beginning volunteer services to Upper Valley foster parents and kinship placements.

RECEIVING a grant on behalf of Good Beginnings founding member, Linda Shemanske, this year’s recipient of the Bishop’s Charitable Assistance Fund’s “Volunteer of the Year” award.

GIFTING Good Beginning babies with a book on their 1st through 5th birthdays through a grant from the Couch Family Foundation.



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Not Pictured: Pamela Graham, Laura Greer, Kathy Pilchman, Sally Wood



GOOD BEGINNINGS' STAFF

Pictured (L-R): Executive Director Karen Morton, Program Director Denise Gariepy

Not Pictured: Data & Web Specialist Jennifer Johnson

GOOD BEGINNINGS BY THE NUMBERS

2017-18



- 104 VOLUNTEERS
- 257 FAMILIES SUPPORTED
- 163 FAMILIES SUPPORTED BY IN-HOME VOLUNTEERS
- 31 FAMILIES RECEIVED EMERGENCY RESOURCES
- 101 FAMILIES RECEIVED EDUCATION/SUPPORT
- 10 ADOPTIVE/FOSTER FAMILIES SUPPORTED
- 176 FAMILIES IN NH
- 81 FAMILIES IN VT
- 3,200+ HOURS OF SUPPORT
- 146 WELCOME BABY BAGS DELIVERED