

Fourth Trimester Podcast

Fourth Trimester Podcast Episode 51: Encourage Learning, Security & Confidence Through Communication and Play

Sarah Trott: [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefited hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once a baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit? What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?*

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at <http://fourthtrimesterpodcast.com>

Sarah Trott: [00:00:47] I'll be recording solo today with a guest without Esther Gallagher, my cohost who is dearly missed but helping out a postpartum client today so she will join us in future episodes.

In the meantime I wanted to remind all of our listeners that we have a Web site which is fourth trimester podcast dot com and we have a Facebook page. You can search for fourth Terminator podcasts on Facebook or link through our website to that group and join us there and get awesome content. We also have a Patreon page where you can go and sponsor a program for even a dollar which would be hugely appreciated if you're willing to do that.

And I'm so excited today because I'm speaking to someone who specializes in an area that we haven't really covered on the show to date. Her name is Ayelet Marinovich and she is a pediatric speech language pathologist. She's a parent educator, a singer, and she's a mother based in the San Francisco Bay Area. She's also the creator of something called Strength In Words.

And we're going to talk about that today. Strength in words has a mission to promote caregiver and baby interaction and support parent education through music play, sensory experiences and language rich environments. Her current passions include spending time with her family and creating a community of support for families of young children with infants and toddlers of all developmental levels. And you can learn more about her on strength in her words Dot com. So welcome Ayelet.

Ayelet Marinovich: [00:02:21] Thank you so much Sarah. It's great to be here.

Sarah Trott: [00:02:24] Yeah. Thanks so much again for joining us to be on our program. So you have a really interesting story about your own motherhood and postpartum experience. We'd love to hear about that if you'd like to share it with us.

Ayelet Marinovich: [00:02:38] I would love to. Yes. So it's kind of a roundabout journey which most parenthood journeys are, but basically when I was 10 weeks pregnant with my first son who was born in 2014, my husband and I made our way over to the UK and I spent much of my pregnancy there in London which of course was you know I was newly pregnant.

We were fairly newly married and we were in a brand new place. I had no support system. I didn't know anything about the healthcare system except that there were lots of midwives around and there was a great show called Call The Midwife, which I love to this day. And so I got to spend a lot of time figuring that out and I was waiting for my speech and language pathology license to transfer over to the UK.

So I wasn't working at the time so I had this amazing sort of timing to just be pregnant and enjoy that. And I got to do lots of amazing prenatal yoga and that was wonderful and I met a lot of wonderful other soon to be first time mommies, during that time. And let's see, so I had a very nondescript, I had a very normal pregnancy and went into labor and everything progressed very naturally and smoothly. We had hired a doula because we were very excited about having somebody who sort of knew the system and who could really advocate for us and in all the right ways and just lead us through that unfamiliar territory both as brand new soon to be parents and as people who had never had a baby, given birth before.

So it was a pretty straightforward labor until we just had just got stuck and I pushed and pushed I had about five hours they let me push. They let me push for a long time before it was sort of like yeah this is just I was exhausted this wasn't going to happen so I hobbled over to labor and delivery from the hospital birth centre and had some assistance when he was born. So, but the beauty of the UK system is that in addition to it just being sort of natural birth it's much more normal.

And the way that people can do birth in the UK is basically you can do whatever you want. You can have a national healthcare system you know sponsored or funded home

birth or you can have a plan c section and pay for it or anything in between. So that sort of beauty of all of those options was quite impressive.

But basically, when we went home there is there a midwife, community midwives who come to your home after you've returned from the hospital assuming you had a hospital birth and you get this wonderful postpartum care. For the first week or so a midwife comes to your home every few days. Make sure you know, does all the well baby checks in home and all the newborn screening type things and you never have to leave, which was amazing, especially because I had you know a pretty rough go of it in the end. So that was great.

Sarah Trott: [00:06:21] And then doula you hired was for the birth and not postpartum care.

Ayelet Marinovich: [00:06:27] Not for the postpartum but she did do several postpartum visits you know. She was fantastic and she was also like an amazing, she provided me with wonderful sort of just time to get to know her and be with her during my pregnancy, in addition to just the birth so yeah that was a phenomenal experience and I'm still in touch with her four years later and across an ocean. So that was great.

And then and then I had this you know incredible sort of community of other new moms that we had created following our prenatal yoga class and I started leading these sort of in-home, something between like a music class and a developmental group and just a real mommy and me. But it wasn't just moms, it was moms, dads, grandparents, nannies, anybody and the tiny baby.

You know in the very early days it was mostly moms. And we got this great chance to just sort of sit and be together and support each other and watch our babies and observe our babies and observe each other with each other's babies. It was just this very amazing sort of chance to synthesize everything that we were going through and you know connect with this new identity of being parents, connect also with our babies and and connect with the beautiful community of support. So that was very special and

that was sort of when strength in words, which is what I continue to work on, was born. That was how it was born.

So my husband and I and my son were in the UK for the first two years of my son's life and then he started a new job in Berlin. So we moved to Germany. And I had started a podcast strength in words podcast by then and I was sort of plugging away at that trying to you know reach more people and spread this you know great information and ideas to connect with your baby and stuff like that. And that was very rewarding. And I would basically do it while my son napped. I think you, Sarah, are quite a familiar with that.

Sarah Trott: [00:08:49] That's what I'm doing literally right now. So yes.

Ayelet Marinovich: [00:08:52] Me too with my second anyway. So yes so that was that was great. And let's see. And then I I fell pregnant as we as one says in the UK I fell pregnant and I'm in Berlin with my second. And I spent the first 30 weeks of my second pregnancy in Germany so I literally got like the Tour de maternity and birth options. And then we moved back to the U.S. to California at 30 weeks.

And I had my second here and with me and I had decided based on my first experience mostly based on that I wanted to have all the options open to me here. And what that ended up looking like was we hired a midwife and we had a planned home birth and I was just like you know what I don't care if we transferred to the hospital. That's totally fine with me. I just want to be able to do what I want to do and I want someone to do the postpartum care in my house. Honestly for me that was what I was paying for. Just all of the options and the postpartum care. And what ended up happening was that's basically what it paid for.

Because I mean you know a midwife is much more than just helping you through a birth as we all know. But I ended up having a precipitous labor and it was literally two and a half hours from very start to very finish and midwife was on the phone as the baby. She arrived a few minutes after the afterbirth. So that was amazing. But yeah it was totally insane.

But it was fine. Luckily everything went beautifully and very smoothly and we ordered Vietnamese food and then to bed. And my older son also like I love this way you know because things happen so quickly he happened to wake up from a nap about half halfway through. And my husband was like OK we're putting on you know something, some show so he can just be, while I can figure out what's going on. And then I think the baby was born and then my son was like "Momma?" We were like oh my god. We're like, "Your baby brother's here." He literally came and looked at my tiny newborn and was like, "Oh yeah the baby's on the outside. I'm going to go get them a toy."

And came back with like you know some little baby toy that I had just shown him recently like oh this is something that a baby might play. And promptly disappeared again. It was like oh what could be more normal than the baby who was inside my mommy's belly is now on the outside, great cool here, entertain him. I'm going to go entertain myself.

Sarah Trott: [00:12:26] What a wonderful start to their brother relationship to be sharing with his little brother the very first moment.

Ayelet Marinovich: [00:12:34] Yes. I mean we should probably say that of course it's not always that beautiful. But it was a wonderful start at the time yeah.

Sarah Trott: [00:12:48] He's been around the world pregnant and birthing. US & Europe had a range of experiences. I wish Esther was here because I think she would really jump all over that. The comparisons to other countries. Talk about that often. It tends to come up.

Ayelet Marinovich: [00:13:06] Well maybe I'll come back sometime and we can do that.

Sarah Trott: [00:13:09] Yes I know she would love that. And just in particular like hearing you say, having had the postpartum care last time it's just something that was kind of a given. You couldn't imagine going without that. Yeah. And you went out of your way to make sure that that happened here know in California.

And I think what's more common especially for someone in the United States is to, because it isn't given to have someone come to your home and check on you between the day you go home and like six weeks where you are meant to go somewhere you're comfortably. like walking or whatever kind of recovery states you're in. Women just don't know the difference I don't know.

So I really want to emphasize that to any listeners who think that this care in-home care is some kind of extravagant luxury, all around the world it's not actually and it makes a huge difference to the care and comfort of your whole family not just the baby. It's not really, it's really about mom too right.

Ayelet Marinovich: [00:14:18] Absolutely. Yes. And just to have someone to come into your home you know I mean I think I was in the hospital the first time around I was in the hospital overnight and then we went home the next evening. So you know my milk hadn't come in yet but you know I was--he seemed to be latching fine. Everything seemed OK. But but then like he was a little jaundiced and we were home and just to be able to number one, call the community midwife local hotline and be like "Is this normal what's happening?" And then number two, like "OK we'll send someone out first thing in the morning." Oh great.

You know I had someone just to talk to about you know being terrified that my breasts were becoming engorged and my baby had no interest in feeding because he was so tired. You know all of it. And then I had had to have an episiotomy. And I mean I had someone who just looked at my stitches and made sure that everything was OK which actually it wasn't. And I had to go into the hospital because she noticed that. So my entire postpartum experience the first time around would have been completely different and much more difficult than it already was had I not had that. So just you know I mean I think it it's it's amazing when we can have that.

Sarah Trott: [00:15:51] So OK I would love to hear what a pediatric speech language pathologist is.

Ayelet Marinovich: [00:15:59] Yeah. So it's a mouthful. Try saying that if you need my services! Well it can mean really a number of things. But really what it means is I of course the pediatric part means that I work with children. Speech and language pathologist is really you know I think a lot of people know the term speech therapist or language therapist perhaps more. But basically you know a speech and language pathologist can do many many different things.

Our training is quite you know it's a huge spectrum because we deal with speech, language and communication which really are three different things and I can speak to that point in a minute. But what I do is I specialize in early communication so I focus on early intervention. So treating infants and toddlers who are speech... were delayed in the acquisition of speech or language or communication.

But since I've become a mom and since my creation of strength in words I also do a huge amount of parent education and they really fall in line with each other because of course, when you are working with a child, an infant or a toddler or someone under the age of 3 of course, the person or people that you're really really working with is the grownup who is with that person.

So because of course, the aim is not just to be the therapist who walks into your door and brings a bunch of magical therapy tools. The aim is to actually educate the parent or caregiver about how to support the young child's acquisition of speech & language so and support communication development. So with my work with strength in words I work with parents and caregivers and families with infants and toddlers of all developmental levels so whether or not your child is delayed in communication or any other area, this is sort of the basis for early development. So yeah.

So basically what a speech language pathologist who works with infants and toddlers does is play. Its focused play, because we know that infants and toddlers learn through sort of a system-- through observation, through imitation and of course through interaction. So and that's how they learn not only about communication but about motor development and cognitive development and social and emotional development. So it all goes hand in hand. Infants and toddlers are very holistic learners meaning that you

know if you think your say working or playing with something around motor development you're also inherently working on all the other aspects of development. Right. Because you're close to that child you're supporting that child, you're there for that child, you're assisting that child, you're modeling, you're interacting.

So all of these areas you're maybe supporting a concept: that's cognitive development. Maybe you're pointing at something that you're labeling and encouraging your baby to point at something, well that's of course communication development and a gesture but it's also a fine motor skills and gross motor skills, you're extending an arm you're isolating a finger. So it all works together in this beautiful system of emerging learning.

Sarah Trott: [00:20:01] Yes definitely. And I think for people who are familiar with working like professionals such as yourself there might be an assumption that you know you hear speech therapist or language therapist and it just means the person you work with if your child has a speech impediment or some kind of you know a slight delay. It's so much more than that.

Ayelet Marinovich: [00:20:26] Yes it is.

Sarah Trott: [00:20:30] And you. So it's thinking about how to work more positively and encourage encourage certain things not just correct.

Ayelet Marinovich: [00:20:40] Yeah exactly. And I think that you know really the difference between therapy and just play is that there's a focused target. There's a goal in mind-- a very specific goal. Right. Like we're going to provide a bunch of opportunities for this child to be able to engage in a specific skill in the spectrum of skill development. Right. So yeah. And then play of course is really just being intentional about what you're doing. I mean it doesn't always have to be that way obviously play can also be very you know we're sitting here and we're just hanging out.

But yeah just giving sort of the tools to families to understand those building blocks of learning and also to break it down and realize or really just remind ourselves what play looks like and can look like, because I think our conception as adults of play, is you

know a game with rules or with something with an end in mind. Right. A plus B equals C. We are linear thinkers in this world especially in Silicon Valley in the Bay area right. But all over the world we lose that as adults we become goal oriented and A plus B does not always equal C with a child, with an infant or a toddler. Blocks are not just for stacking, books are not just for reading.

And there is a benefit to all of the different things that we can do with those objects that are just plain materials. They're just the tool to facilitate an interaction really, or some kind of problem solving or learning. So it's much more about understanding more about an interaction and about how we can really just support our children very simply because it's not about also having fancy materials right.

You can support your child perfectly well with just common household items that you already have in your home. Right. I mean some of my favorites include things like a mirror or a paper roll or tissue roll or a tissue box, that empty tissue or toilet paper for that matter. I mean gosh that's fun. You know so it's just a matter of sort of reframing, OK how can we use this, how can this become a tool for interaction and how can I support my child through things like musical experiences or early literacy experiences or sensory experiences? How can I use visuals in my environment, you know pictures in magazines or photos that I've printed in a learning way to enhance learning?

Sarah Trott: [00:23:54] Yeah. There's so many probably small practical things that we could be doing consciously and I'd love to walk through some examples. In the past you touched in other episodes you talked about some, for example the importance of eye contact. Sure. And I'm sure you have lots of ideas but how can we support the very early early, little little baby development say from 0 to 3 months and then maybe 3 to 6 and then throughout the first year. Yeah what can moms do and parents do, think about? Because a lot of our listeners are about to have their baby.

Ayelet Marinovich: [00:24:31] Yeah. I have a lot on my side about this but one of my favorite things that I like to talk about is this idea of choice-making and that tiny tiny tiny people can make a choice. And you can assume intentionality and create an opportunity to help them you know initiate communication even before they're able to do much else.

I mean if we think about it a tiny baby at six weeks is already communicating for a few different purposes. One, when they cry by six weeks, assuming we have you know let them know that we come most of the time that they cry, they are crying intentionally to let us know that they need something.

That's pretty amazing. And then number two, they're around six weeks also starting to engage in what we call a social smile. Right. So before then you may have a wonderful preview of your baby's smiling. Yes I know it is beautiful and that's adorable but it is probably just gas or exercising or reflexes of muscles. But by that time that six month mark that baby is smiling back at you because he or she has figured out that when you smile that's something he or she can try out and then when he does it you get really excited and happy and you do it again. And that's a social routine. So six weeks, a six week old can't do much for himself. But that's two specific ways that they're communicating so. OK.

So what can we do specifically with eye contact. So we know that a child under the age of about three to four months is seeing only about 12 inches. Right. That that gap between when you're holding them in your arms to your face. Right. Imagine if you're breastfeeding or sitting with a bottle you are holding that baby and they're looking into your eyes and that's how far they can see basically. Like that's pretty great nature. So you can of course you can do things like use high contrasts or strong colors when you're holding a baby, something that they can focus on behind you perhaps whether that's you know a picture frame or an image on the wall or whether that's an actual you know fancy black and white high contrast image that you've invested in. Right. It can be anything it's just something to focus on.

Or we can use things during tummy time for them to look up at or on the side of themselves or while they're laying on their backs right. Like a mobile is a wonderful thing for them to look at. But if you're talking about eye contact we move maybe a little bit later in addition to obviously laying down on the floor and looking at your baby and talking to your baby or maybe going to one side and then the other and encouraging your baby to move based on localizing the sound of your voice like that's a wonderful way to to engage.

But once that called more binocular vision which emerges usually around the four month mark, which means that you know they're able to see a little bit farther away, that is a great time to start really more so introducing additional images or or having them say make choices and one way one example that I gave and I think of a podcast episode that I have is saying you are: you've got a puzzle and you've got some puzzle pieces that are animals and you're singing a song, like Old MacDonald Had A Farm. And you are holding up the two puzzle pieces that represent those two animals right.

So you might start with Old MacDonald Had A Farm. And on that farm he had a _____ and then you pause and you put those two puzzle pieces right in front of your baby and give your tiny infant the opportunity to reach which in addition to being able to see a little bit farther away they are starting to, that motor ability to reach and grasp is starting around three to four months as well. So this is like a really nice thing to do with all these wonderful emerging skills, is to allow them to either look at one of them, reach toward one of them, and for you to just provide some feedback like, Oh I see you're looking at the pig. Ok well you looked at the cow.

Oh you're looking at the pig again. Great. Let's do the pig. And on that farm he had a pig. Yeah. And then sing about that. Right. So you're creating this beautiful cause and effect relationship, you're creating an opportunity for your child to initiate and respond. You're pausing for your child to allow your child to understand that or to start to learn that oh maybe it's my turn. So you're also teaching and modeling joint attention and turn taking which of course is a very basic part of a conversation right. I take a turn and then you take a turn and then it goes back and forth, that's a conversation at its most basic form.

And that's you know that's a great way to engage in this beautiful very rich musical. And also I mean that's early literacy to write a symbol for an object and of something that's representative of an animal, that's really literacy so you've got this great very full very robust activity that you can use to engage with your baby and that's full of you know high impact great stuff that you can do to support your child's development and interact and engage in a very very easy very fun way. So that's what I would say.

Sarah Trott: [00:31:23] I love those suggestions and those are so actionable immediately for anyone thinking about how to interact with their little little baby. And you mentioned this idea of being musical a couple of times for people who are like really people who consider themselves to be musical and who do not consider themselves musical yes.

Ayelet Marinovich: [00:31:43] And I get this question all the time because I love music so much and I tend to tout its powers. There are lots of ways to be musical with your child without actually singing to your baby. Number one, we are most likely you're already doing it with your tiny baby.

This is something that we do all over the world in every single language which the technical term for it is infant directed speech. But many people know it as motherese or a parentese or even sometimes people refer to it as baby talk but it's basically it's some very specific things that we do with our voices when we talk to babies and I'm not talking about the things you do: [high pitch voice with silly tone]. Like that's just annoying but that's like a basic, that's like an exaggerated version of often what we are already doing right.

So it's maybe exaggerated pitch contours, slowing down of our voices, using a higher pitch and using fewer words and a slower rate. It's basically making our voices more musical. So number one, you're already doing it. And I like to say that really about all of these things so many of the suggestions that I try to give to parents and caregivers are are like "here is the name for the thing that you're already doing.

And you can feel really good about the fact that you are already winning at parenting today" because we get so bombarded with all of the things that we're not doing yet, and we feel guilty about. So number one, that's a very important piece of it, you are doing so much already by just sitting there with your baby or having somebody else sit there with your baby. And. OK so let's see. I've totally lost my train of thought this is the problem with having two children. It's also why I really need to make that point.

Sarah Trott: [00:34:01] You're right on. I mean the whole point about being musical and speaking to your baby but so it's not that the baby talk...

Ayelet Marinovich: [00:34:09] It's those sort of patterns in our voice and our pitch, in our speech patterns. The you know the slowing down, the making slightly more exaggerated contouring, the melody of our language and of our speech patterns right. I mean imagine what you're doing right. "Oh hi baby, I'm looking at you. What are you doing? Oh here i go, up up up! i'm lifting you up!"

Oftentimes you're repeating words, all kinds of things that you're doing, We do this innately. Really. And it's been shown that at least many of them are things that we all do in every single language. Like I said, including sign language which is fascinating. Right. A gestural language. There is also infant directed sign language. When a person who uses say ASL is signing to their baby they slow it down. They exaggerate the movements. This is humanity. This is being human right.

You are teaching your baby to be human. This is the job of a parent. But yes so you're already probably doing those kinds of things. And if you can capitalize on that even more so then great, but being musical is about the rhythm, the pitch and the melody and the beat and movement right. I mean you can listen to a song on the radio or on your computer and you can move along to it and you can have a little dance party, you can tap your baby's leg to the beat you can play with the words, you can do finger plays and rhythms, you can read nursery rhymes.

All of those things are ways to be musical and engage in musical activities. So I think you know it's easy to say, "oh well I'm just not musical." But you are and you can be musical with your baby in many many different ways that don't include just singing.

Sarah Trott: [00:36:35] OK so many things there. I love the baby signing which I adopted maybe a dozen words or so and my 2 year old continues to kind of use them interspersed with language from language. Yes. And it's really fascinating how she just in different scenarios will pick different modes of saying the same thing. She can do it both ways. And really fascinating. So anyway, super cool, do it if you can.

Ayelet Marinovich: [00:37:10] And to that too because I think sometimes some parents are hesitant to introduce sign language because, "oh is that going to impede my child speaking?" And the research shows us again and again that No, that you are creating an opportunity to help your child communicate to you using symbolic language and whether that is a word that they say or a word that they say specifically using a very specific gesture, that's a word, so that is teaching your baby to communicate. Exactly. It's not verbal speech but it is it is language.

Sarah Trott: [00:37:56] Yes. Yeah. And it's tempting to want to invest your child in a way that will, how do i put this, results in their being a high achiever. Right. Like I think it's tempting to think, "oh well if I read certain books or do certain activities or do certain things then my baby's going to speak sooner and speak clearer and have the skills that they wouldn't have had otherwise."

And I just want to debunk that a little bit with you. I'm sure you have an opinion. And I'd also be curious if we could just like what you would say about separating this idea of investing in your child and it being ok if it doesn't have a direct impact in the speed of language or the speed of development that actually there's a positive impact even if it's not it's not seen by the parent in a certain kind of way.

Ayelet Marinovich: [00:38:49] Yeah I think you know it's easy to get caught up in all of the wonderful things that you can, if you have the financial resources, invest in for your child. And I think that does two things. Number one, it makes us think that we can somehow make our baby more likely to you know get into an Ivy League college or something and then it also really becomes very divisive because it makes those of us who cannot afford to invest in those resources feel that our children are missing out somehow. And I think the thing to remember is that the biggest impact you can have on your child's development really is giving your child opportunities to observe, imitate and interact and listen to your language. Right. We have this.

There is the 30 million word gap which we understand as basically this is a gap between children who are often from various socioeconomic brackets and often reflective of

socioeconomic bracket and also just of a parent's level of understanding that the number of and the quality of interactions that we can give our children whether that is through you as the mom or another primary caregiver whether it's you as dad or you as nanny or you as daycare worker as long as that child is getting many many high quality, and by high quality I mean direct and loving and interactive opportunities, that's what is going to make the difference. And number one, and number two, there is a broad spectrum of typical development. And I think we get very caught up with comparison. It's so easy.

And we do it naturally because they are a reflection of us, our children. We see them as a reflection of our own parenting skills. And when my first son didn't crawl until he was ten and a half months and I was like, "oh god is that OK?" I mean theoretically I knew that that was totally within the scope of being normal. But of course it's still very difficult to be like his buddy Henry has been crawling since he was 6 months old. Is he behind? No he's just not working on motor development.

So realizing that you can invest in your child in many ways and beautifully and be doing all the things for your kid and they might not be performing how you think they should be performing based on a milestones checklist because they're working on and doing so many different things underneath the surface that we are not aware of. You know this is why we see our children repeat and repeat and repeat maybe the same movement because they're working on an interesting movement pattern that's allowing them to put the pieces together to learn how to crawl or because their mouth you know they're mouthing this thing again and again.

And like "get that book out of your mouth." But no they're experiencing a texture in a way that they hadn't and they are probably making all kinds of neural connections that we just can't see from the start to finish because we're not in their brain. So I think you know there's so much to unpack in there because again we have this sort of adult conception of what learning looks like. So allowing that learning to just sort of happen and allowing yourself the freedom to just be with your child and just you know offer opportunities to engage with the world sensorially right through touch, through movement, you know orally, through taste, through smell. All of that.

Be aware of the kinds of sensations and sensory experiences that your child is experiencing on a day to day basis. And that's when you are providing a full and enriching experience right. And you can do that with natural objects: leaves, flowers right. Of course we want to be very cognizant of what we're allowing our children to play with and that there are no choking opportunities.

But if you are holding on to something and giving your child the opportunity to smell a lavender sachet or whatever, I mean these are great ways to give your child access to lots of different experiences that their brains are then making sense of all that input and that's how we provide rich experiences for children.

Sarah Trott: [00:44:30] Yes.

Ayelet Marinovich: [00:44:31] I don't know. I hope that answered your question.

Sarah Trott: [00:44:34] You absolutely covered it. I think there are people who are very attached the whole milestones charts and you brought that up just for the record since you are in this area, is it worth just talking about what the range is for first word kind of stuff.

Ayelet Marinovich: [00:44:52] Yeah just briefly and then I think it's important to know because of course these are averages and things; if you experience something that is way out of that range of typical then yeah you want to be aware of where your child is on that spectrum. So generally you know these things start. We look at leading up to a first word, we look at the start of emergence of cooing which is with the vowel sounds right.

Those beautiful [vowel sounds expressed] sounds around three or four months and then we like to see the emergence of babbling between around four to seven to nine months. And again like you can hear these are ranges because they're working on so many things! When you think about what happens between a newborn and a 1 year old like

whoa, that's crazy! So what babbling is it's that addition of a consonant with a vowel So, ba ba ba ba or uh duh duh duh duh.

So the repetitive babbling is the first thing to emerge and then you might hear that variation of different consonant and vowel sounds together that happens after and then you start to hear what we refer to as jargon which is all of the things put together without the content right. So you hear [an expression of babbling] with the melody of the language but with no content, with no vocabulary. And that happens often times around ... That's sort of the progress. Right.

And then we start to see gestures in there as well and things like pointing and clapping and waving and nodding or shaking the head. My 13 month old is really into, I don't know where he got it. I don't do this waving his finger saying, "No no no". I think honestly I think his 4 year old brother did it. I'll blame the kid. But yeah. So and then the emergence of the first word or first words around the age of 12 months between like 12 to 15 months is honest or between the age of 10 to 15 months is all considered like pretty normal.

And then what we'd like to see is a range of different kinds of vocabulary words and of course words things do not mean to be perfectly shaped adult pronunciation right. This is like we're talking like Mum for milk but if no always happens when they're maybe they're also signing milk or they're pointing to the milk or they're pointing to your breasts or whatever you know.

Whether there is some other way that you can you see that that is definitely what they are saying like that's a word. Then what we'd like to see is sort of a good variation of different kinds of words often first words are nouns. Our greeting words, sometimes you know descriptors, on or off, is a good example.

And then once a child has about the sort of magical number of 50 words is often when we see two words starting to be put together which we like to see by around two years old by two years old really. Yeah. And then being able to also follow say two step directions: so you know "go to the door and get the shoes"; two to separate things.

That's sort of what we look at in the first two years and then of course it goes from there..

Sarah Trott: [00:49:05] If you had a couple of minutes to talk about multilingual or bilingual households in the house I've talked about may be the same or different.

Ayelet Marinovich: [00:49:14] I will say that basically, number one, raising a bilingual or multilingual child is wonderful and entirely possible. And children have the capacity for so much when it comes to that and I think you know, there was a lot of damage done you know 30 to 40 years ago within the information that was coming out about raising a bilingual child and it's silly.

Now we look at it and we're like well gosh how silly that we believed that. Like anything looking back, hindsight is 20-20. I mean basically there are two models that we sort of try to follow when it comes to multilingual or bilingual development. And of course these things don't you know language development doesn't happen in a vacuum.

So it's not always possible to you know remain or adhere to this strictly. But basically, the one model is simultaneous language development which is essentially you have, say for instance, you have one parent who speaks Spanish and one parent who speaks Japanese and you live in sunny California. So that means that your child theoretically will become trilingual, hopefully. So one parent speaks only that one language and the other speaks only the other language.

And then they start to hear the language of the community in addition to that. Now what's most likely going to happen is that one or two of those, depending of course on how often and the kind of language experiences and interactions that each caregiver is engaging in with that child, those things are of course going to affect that language development in each of those languages.

But yeah that's certainly a wonderful way to do it. And then another model is what we refer to as sequential language development so the language say the home language is different from the community language. So for instance you are a family who speaks

German at home because that's the link that's your whole language and you live in Ohio then your child is going to learn German at home. Say for the first few years of life until he or she starts preschool.

And that's when they start to learn English. If you're in America or in English speaking environment. So either of those models are wonderful ways to go about introducing more bilingual language development. And then of course we tend to do something in between. So I think that the best advice or suggestion that I could give is number one, try to be as consistent as possible with the language that you're using or say the environment within which you're using that language.

So if you speak multiple languages with your child maybe you know during a specific caregiving routine you only speak Spanish and then everywhere else you speak English or something like that, where you have a very specific way of presenting each language. And the next thing is if you speak the language in which you are most comfortable. If for instance, if English is not your first language then it's ok to speak the language that you were raised in. If that is more comfortable for you because you are providing a grammatically correct and full language model for your child. And that goes whether your whether or not your child is developing typically or atypically language-wise.

Sarah Trott: [00:53:39] Thank you for that OK. So I understand that you have a website, a podcast and then you also have a free weekly email resource. Do you want to tell us about that?

Ayelet Marinovich: [00:53:49] Yeah I'd love that. So I have developed what I call strength in words Weekly which is sort of a weekly email series that is palatable and actionable. You know, developmental information and ideas that come straight to your inbox each week and it sort of outlines really simple music and early literacy and sensory experiences and brings in you know ideas from the strength in words community, other parents and caregivers who have suggestions and ideas for the ways that you can you know say get a little bit more pinpointed ideas for how you can enact that in your own home.

And also a curated collection of my own favorite developmental resources. And I have that. So you sign up and then you tell me whether you're expecting or you have an infant or toddler of a certain age or multiple young children and then you get to sit back and receive ideas for developmentally appropriate and super support of simple activities that you can do without having to buy anything or set up really anything.

So this is great for parents and caregivers who are you know desperate for something great to do when you're sitting there staring at your 2 month old and you're, like "I have no idea what to do with you." And it's also great for a working parent who has you know 15 minutes between the time when you get home and you have to start putting dinner on the table and you just want some some time to connect with your baby or your toddler. So yeah that's why I created that. Because we all need that kind of support.

Sarah Trott: [00:55:34] Yes we do. Well thank you so much for being on our program today.

Ayelet Marinovich: [00:55:41] Thanks so much Sarah. It's been great to be here.

[00:55:44] All right well thank you again. And we'll see you next time on the fourth trimester podcast. Please do go to the fourth trimester podcast dot com site and sign up for our newsletter so you can hear more from us. Find out when we have new show releases, get our transcripts, get the inside scoop. Often we write content that is not covered on the show on our site and that's shared in our newsletter as well. So thank you so much everyone and we'll see you next time on the fourth trimester podcast.

Sarah Trott: You can find out more about Esther Gallagher on <http://www.esthergallagher.com/>. You can also subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Google Podcasts](#). Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at <https://soundcloud.com/seantrott>. Special thanks to my true loves: my husband Ben,

daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.