



University of Dundee

Hello in there wee one

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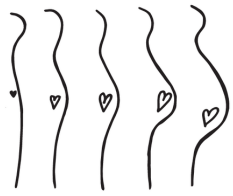
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Revisit at week 24:

- In this visit you'll explore how they got on and offer support if they found it difficult
- After this visit the evaluation will capture whether the resource is helpful.
- Below is an example that you can adapt to suit the individual you are working with

[show book to parent, as visual prompt]

"You were given this at your last appointment.

Have you had a chance to look at any of 'Hello in there wee one'?"

IF YES

"How did you get on with it?"

Did it make you think about what your baby was up to in there?"

Maybe you noticed your baby responding to you?"

Did you try out some of the ideas in the book?"

Was there anything in there you weren't sure about?"

IF NO

"Let's have a wee look at it together just now then?"

- If you feel that a parent seems unsure about the book, you could explore if there are any things that are making it feel hard for them to connect to their baby or whether they feel uncomfortable about the ideas in the book. If parents are uncertain about talking/singing, you could encourage them to try it anyway.
- If parents share other barriers it may help to give them space to talk about that.
- You could also have a look together at the videos on the website of people reading the book.
- Depending on what feels most helpful, you can gently model this for parent(s), by talking to the bump yourself:

"We're just having a think about how best to talk to you. Mummy's really looking forward to meeting you, and we're talking about how talking to you now, helps you recognise mummy's voice when you're born".

- You can then suggest they try reading the story in the book, or you can do this, modeling for parent how to do it. Encourage them to notice if their baby is responding (and if not perhaps they are having a nice sleep!)

[note the discussion in clinical notes and upload the wk 24 evaluation template]

Revisit at week 28:

[show book to parent, as visual prompt]

"We talked last time about how you were getting on with Hello in there Wee One, and I wanted to check how this was going now?"

Are you getting to know your baby, and is your baby getting to know you?"

Did the book help? What do you think about the book being local to Dundee?"

[note the discussion in clinical notes and upload the wk 28 evaluation template]

Hello in there wee one: Guide for introducing the book to parents (remove before giving book)



Introduce at week 16 appointment:

- Check first if the family have a history that might make the book more difficult for them. This is something you could acknowledge with them, and explain why this might still be helpful.
- We're evaluating how the book is received so please look at the evaluation sheet before the visit.
- Below an example intro that you can adapt to suit each individual you work with

"We have this new book that we're giving to all parents-to-be in Dundee.

It's about how to get to know your baby, and how your baby gets to know you, before they're born. Thinking about, talking to and singing to your baby all help with this.

You might already be doing this, or it might be a bit of a new idea?"

Either way, this book has got some suggestions to help you bond with your baby before they're born."

[Opening book]

"It's got some hints and tips throughout – the green boxes with the big penguin [eg page 3] have some helpful hints, and the yellow boxes with the hatching baby penguin are tips from your baby [eg page 14]!"

[show them page 6]

"There's a short story that you, or your partner, can read to your bump, about a walk around Dundee.

And pages that you can fill in about the music that you and your bump listen to, the people that your baby will meet and the things that you and your baby can do together when they're born.

Some people find it easy to talk to their bump, others need a bit of practice. But your wee person is in there and they can hear and feel you, so it's good to say hello! We know that starting that connection now can be good for both of you.

Next time we meet, we can talk about how you found it and how it felt to talk to your baby."

[give book to parent, note this in clinical notes and upload the wk 16 evaluation template which records the parent's reaction to receiving the book and their familiarity with pre-birth communication.]

Research context

We want to provide the professionals like midwives and family nurses, who are introducing this book to families, with an understanding of why this pre-birth interaction is important, and how we know that it makes a difference. This page brings together some of the current research which we drew upon in developing the messages for the book and highlights the key evidence.

Babies in the womb hear the voices around them. They hear and feel the internal vibrations of mum talking first, and later they will also hear others around them.

We know this because researchers have recorded how babies in utero react to sounds with movement or changes in their own heart rate

e.g. [Voegtline et al., 2013](#), 'Near-term fetal response to maternal spoken voice'



When they arrive, babies will recognise sounds they've heard in the womb and are likely to be soothed by their familiarity.

Researchers have shown that newborn babies show preferences for voices, languages, stories and melodies which they have regularly heard within the womb, compared to unfamiliar sounds. This can have a powerful impact. For example, researchers have found that together with skin-to-skin contact, maternal singing of a familiar lullaby helps to regulate preterm infants' heart rate, and decrease maternal anxiety

e.g. [Arnon et al., 2014](#), 'Maternal singing during kangaroo care led to autonomic stability in preterm infants and reduced maternal anxiety'



Visualising the baby, or imagining being a parent, helps parents develop an emotional bond with their unborn baby.

Research has shown that thinking about the baby and planning for a future together when the baby is in utero helps parents to bond with their babies

e.g. [Vreeswijk et al., 2014](#), 'Fathers' experiences during pregnancy: Paternal prenatal attachment and representations of the fetus'

This is shown to be true even in difficult circumstances

e.g. [Kordi et al., 2016](#), 'Effect of guided imagery on maternal fetal attachment in nulliparous women with unplanned pregnancy'



Communicating with their unborn baby helps parents to feel connected, and it also helps the baby to feel connected to them.

We learned this from novel research at the University of Dundee which found that babies in utero respond differently to interactive talk and touch when these are directed toward the baby as a conversational partner, and non-interactive touch and speech, when mum talked to another person or touched her belly absent mindedly.

[Nagy et al., 2021](#), 'Do foetuses communicate? Foetal responses to interactive versus non-interactive maternal voice and touch'



Feeling connected to the baby during pregnancy helps bonding go well when the baby arrives.

Longitudinal research has shown that parent's ability to think about their baby's experiences, thoughts and feelings during pregnancy and interact with their bump predicts a more positive relationship with their baby when they arrive

e.g. [Alismail et al., 2022](#), 'Maternal caregiving representations of the infant in the first year of life: Associations with prenatal and concurrent reflective functioning'

The quality of prenatal attachment predicts the quality of postnatal attachment, which has well established protective health benefits throughout the lifespan

e.g. [Benoit et al., 1997](#), 'Mothers' representations of their infants assessed prenatally: Stability and association with infants' attachment classifications' and [Trombetta et al., 2021](#), 'Pre-natal attachment and parent-to-infant attachment'



Even when pregnancies don't proceed as hoped, having felt more connected can help parents to process their loss

Prenatal bonding gives babies the best start and is positive in its own right. Research shows that avoiding prenatal connection doesn't help any subsequent loss of a baby to feel less. In fact, grieving is more complex and prolonged when parents don't bond with their baby in utero

e.g. [Kersting & Wagner, 2012](#), 'Complicated grief after perinatal loss'



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