

My Baby, My Doctor & Me: Hearing from Parents about Early Infant Relationships and the Role of the Health Care System



Key Findings from a Focus Group with Mothers Living in a Small, Rural Community

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The Center's mission is to engage in equity-driven research, evaluation, and consultation to promote social justice for children, youth, families, and communities.

Background & Project Overview

There is a growing national effort to encourage doctors, nurses and others to see the relationship between parents and their infants as a critical to the developing child's overall health, and to support parents in developing these critical earliest relationships (sometimes referred to as "early relational health"¹). As this work moves forward, however, it is important that it includes the voices of historically marginalized parents whose personal and cultural histories, experiences, and beliefs about parenting and the role of the health care system are included. This exploratory study aimed to center the voices of three very different communities to learn more about their beliefs about the nature of their earliest relationships with their young children and their perceptions of the potential role that health care providers could play in supporting them.

To do this we first partnered with teams of "Parent Research Consultants" (PRCs) representing each of the three communities of interest: (1) African American mothers in urban Portland, Oregon; (2) Latinx mothers living in rural areas of Oregon; and (3) rural, geographically isolated mothers in Southern Oregon. PRCs provided input to the research team about the design, measures, and data collection methods for the

study, as well as on the interpretation and development of a set of research briefs. With their guidance, we conducted three focus groups with members of each of these three diverse communities. Focus groups asked these parents to talk about:

- What early parent-infant relationships mean to them, and how positive relationships can be established.
- Where parents go for support for themselves and their babies.
- Their experiences with, and feelings about, the role of health care providers in supporting these earliest relationships.
- Their ideas and recommendations for how health care providers could approach these issues with families most effectively.

This research brief summarizes findings from the focus group held with four mothers and one community liaison, who both helped convene the group of parents and participated in the discussion. An additional mother shared her perspectives in an interview. Parents had between 0-4 children, ranging in age from soon-to-be-born to 9.

Strong Parent-Child Relationships – What and Why?

"To me it feels like everything. It feels like the whole world. There's always going to be struggles with everything but, to me, it feels like the whole world to be able to create and have that close bond." [Parent]

The rural parents we spoke with were committed to developing close and secure relationships with their babies. Parents primarily talked about building relationship by **spending time with and interacting with their baby**, incorporating things like physical touch, language (talking with, singing to), and playing games.

"Having a caring relationship is bonding, having that deep emotional connection with your baby. I do that by spending lots of time with them, just like one-on-one time, talking to them, singing to them, holding them. I'm big

on the skin on skin, and that really helps with the connection in the bonding." [Parent]

"She [baby] goes everywhere with me, we do a lot of baby massage. You know, I play with her. She's six months old, so she just always with me." [Parent]

"I try to do just anything that has eye contact or touch. Things like twinkle, twinkle little star and I'll include fingers and hand movements and that kind of stuff. Reading, because that's

¹ See: <https://inclusioninstitute.fpg.unc.edu/sites/inclusioninstitute.fpg.unc.edu/files/handouts/early-relational-health-strategicbrief-2020.pdf>

touch and you know it's you talking to them, even if it's not eye contact." [Parent]

One parent described it as **creating a calm and loving place**.

"I'm like his like calm. [...] I've always wanted a baby of my own, so I'm trying to make it kind of both loving and creating the calmness" [Parent]

Parents also shared how they support their **child's development** and provide an **encouraging and supportive environment** for growth.

"We do lots of tummy time. Lot's of sensory toys. This baby will have three older [siblings]. So, it's going to get lots of engagement [and] attention. [...] I'm really big on [...] rolling over, sitting up, then crawling, then standing, then walking -- making sure they get all the connections. I play with them a lot. [...] Peekaboo is really big for babies." [Parent]

Several parents mentioned that **older siblings play a role** in teaching the youngest child and celebrating successes.

"Her [siblings] have been really big in teaching her everything. [...] We just treat her like everybody, you know, make her feel important and everything she does we make a very big deal about" [Parent]

While parents did talk about **tending to baby's needs**, one parent specifically linked those tasks to **supporting security and brain development**:

"You know, making sure that when their needs are met, or when they have needs they are met and knowing what the cues are for what needs. That way they are secure in asking for things, and or asking my partner for things, [and they] feel secure in getting their needs met so that those connections in their brain connect properly." [Parent]

The Importance of Strong Parent-Child Relationships

The parents we spoke with had a clear sense that early relationships **have a life-long impact**, including **future relationships** and **beliefs about the world**:

"I think that one of the things that I have learned is that these early times actually impact you throughout your entire life, like whether you have a secure attachment will actually follow you and those additional relationships as an adult or, early life will impact all of your other relationships and whether that was a strong foundation or not. I think I was under the impression that, like, 'oh, you don't remember that stuff'... you don't remember anything before three or four, but you do. You just don't remember it the same way. It's much deeper. It's not a clear memory, but you still feel those things." [Parent]

"If a baby doesn't bond well with his parents, he grows up with issues. [...] not connecting and bonding with the baby and having that caring relationship can cause the baby to have a lot of issues when it gets older." [Parent]

Several parents shared that having a close, secure relationship with their baby was **important to build trust** early on so that children will come to them later in life when they need support.

"I want him to be able to like, as we both grow together, and as he gets older, just to know, don't be afraid to come to me, or sad with problems and things." [Parent]

"It's really big for my kids to feel like they can come to me for anything. [...]. I don't ever want my kids to do something wrong because they didn't understand. If that makes any sense." [Parent]

Additionally, parents shared that when they have a strong relationship and can actively engage in parentings, they are able to know their child more deeply and respond to the baby's needs.

"I feel like that's **the value is to understand when they don't have the verbal communication skills**. That's how you know what they want, is that bond." [Parent]

Recognizing Strong Parent-Child Relationships

Rural parents reported that they believe that close caring relationships with infants are present when adults are **engaged, attuned to baby's needs**, and when you can **see/hear their closeness** reflected in their facial expressions and words.

Parental engagement includes things like **spending time, interacting, and being present with baby**:

"Watching fathers with their kids, you can tell if they're really close, you know? Because my husband holds our baby all the time, versus you see some dads who won't do anything with their kids. So, just being there and being present and when the baby cries when they leave the room shows that they're close to their child." [Parent]

"I feel like for me it's just, if you're engaged with your child, if you're playing with your child or if you're just paying attention to them. Because I think that you can have a baby and like they're just there." [Parent]

"You see them paying attention to their baby when their baby cries or when it reaches for them." [Parent]

Rural parents described parental attunement as an **awareness of baby's needs** and **ability to read baby's cues**.

"There was just a sense of her really being able to read their special cues and just like to know exactly what they needed by the way they

looked and by the sounds that they were making." [Community Liaison]

"I've had the opportunity of hanging out with [parent] and she really understands her kids on a deeper level. And to me, that always is a kind of an indicator that they have a really close relationship. Like, 'I know what that cry means,' or 'I know what that look means,' or... you're kind of able to anticipate what their needs are and they have a set of things they kind of go through. Like, 'Oh, I think this means they're hungry.' 'Oh, they're not hungry. Let me try this. Let me try that.' And I see them always trying to understand what their baby is trying to communicate to them." [Community Liaison]

Rural parents also described some **physical and verbal indicators of a close relationship**:

"You hear, 'I love you' a lot. You see the look on their face. [Baby] Lights up and the parents will light up back. So many, so many cues [...] you know, they're happy babies, they may cry, but they're happy babies." [Parent]

"The parents get that look when they really connect with her with her baby like this really elated and happy look on my face. And the baby can match that look. I don't know. It's hard to explain." [Parent]

Early Parenting Challenges for Rural Parents

Rural parents described a number of challenges in caring for and connecting with their babies. Probably the most significant challenge, and one most directly related to living in a geographically isolated community was **social isolation**:

"I feel like that's like a big problem with rural parents, is we are isolated. Just by geography. And it's worse after you have a baby because it's hard to go places. You can't just, you know, get out and walk the 10 miles into town." [Parent]

"The hard part too is being a new mom, you don't know who to turn to or where to turn to get the help that you feel you need." [Parent]

The other challenge described by these parents was the **lack of resources** in the community.

All of the participants we spoke with talked about the lack of resources in rural remote communities for parents with very young children:

"I feel like other than contact with other community members. There's not a lot here." [Parent]

One first time mom of a very young baby also shared how **difficult it is to figure out what a baby wants** and needs.

“It's hard [knowing what your baby wants] every day. It's hard. You know? Even with him... and I've been around babies my whole life and babysat and all that. But it's different when it is your own kid, you know? Trying to figure out their wants and needs when they can't speak yet. It is very much raw, but it's a learning curve.” [Parent]

One mom also talked about challenges with **establishing nursing** and **copng with post-partum**.

“I mean, it's [nursing] been a big struggle with nursing. I have worked really hard with our lactation consultant at our doctor's office to really get nursing down and we still struggle with it a little bit, but we've come a long ways from where we were. I've had to spend a lot of money on creams and different things to help. So, it's going a lot better.” [Parent]

Another parent talked about how **caring for a very small child was especially challenging during life transitions**, such as relationship changes, moving, and returning to work.

What Parents Need to Foster Strong Bonds with Baby

While all of the parents said that information about how to support healthy early relationships could be helpful, the **social support and connections to other parents/people** was paramount.

“I think support is a big one like, I think that's been the hardest thing like we just moved down here to [town]. And so, I don't have a lot of people around here that I know or that I can rely on at all. And I think, being able to have somebody around to help once in a while so that you can take the time to spend with each individual kid because when you have four kids, your time is not- you don't get to spend a lot of time with each of your kids. So, I think support is a big thing.” [Parent]

“I feel like information is really, really important. But I think the other piece is that connection piece. And so, I think that yes, you can get information out but information... Again, it's important, and it's easily accessible. Most people are able to find the information on the phone, but I think that there's a connection component that is equally as important, connecting with other parents that are experiencing similar things.” [Community Liaison]

“I mean the most support I've had even since having my son is just the close support of good friends like [Friend] here and they reach out and then if I need any questions or anything, they make sure to let me know. Like, don't be afraid to reach out, but otherwise for actual somewhere you can go or reach out to and

that type of thing I feel there's nothing around here.” [Parent]

“You can never have enough information. But if somebody is willing to do the research, there's tons of information. I mean, this is the age of information. All you have to do is pull up Google on your phone. [...] But I think that new, new parents, who've never had a baby before... I had a friend that had a baby, and she'd never even held a baby. The only reason that she made it through was she lived in a house full of women who all had had children. So, we all helped her out, and not everybody gets that opportunity. So being able to have the opportunity to have someone come help you or to bring you that information **or to share experiences** or how to do things would be a huge plus, and it's really hard to find that” [Parent]

One parent specifically said that **peer support can be more helpful**:

“Well, I know sometimes like you're not comfortable sharing a lot of stuff. Especially when it's not about medical stuff with your kid's doctor. I'm more likely to tell the receptionist what's going on, if I need help, more so than I am the doctor, just because they're more of a normal person, than the doctor is. I think maybe having some sort of peer support to talk to you to get help, [...] So

having like peer support. I think would be more helpful because I'm more likely to tell them than I am my kids' doctor. [Parent]

Participants also talked about how having a **model for healthy parenting**, or the motivation to change the patterns they experienced in their family, can help a new parent build that close relationship with their child.

"The parent would have had to have had a loving and caring relationship with their parents or strong enough will to step away from any abusive relationship that they'd had with their parents before and change that pattern" [Parent]

One parent with a very young child talked about how **breaks in caregiving** are essential for her, especially when taking care of your baby is stressful or frustrating.

"Sometimes it's just like, I just need a breather. Like I just put him in his swing and I just go sit outside and just like take a few deep breaths, especially if I'm getting like really stressed or overwhelmed. If I can't get him to stop crying or I can't tell what it is he's needing, then I go outside. I just put him in a swing, make sure he's all set. And then I just go upstairs and just

The Role of Medical Providers in Supporting Early Relationships

Most parents indicated that they had not approached medical providers about non-physical health related questions or concerns. This is primarily because parents perceive **medical providers as primarily concerned with the medical/physical aspect of babies' health**:

"No [...] I feel like mostly we're focusing on, 'is the baby gonna die?' Like, that's all they want to talk about. That's what I've gathered." [Parent]

"Yeah. And like the medical side- when they have something wrong with them. And getting to the bottom of that more than that other that aspect, you know?" [Parent]

Parents also report that they feel like **medical providers have a specific script/check-list/timetable**

breathe a minute. I've figured that helps a lot is just taking a second for myself just to breathe and now, 'all right, let's try it again.' Because sometimes it does get overwhelming and frustrating when you can't tell what it is they're upset for. And so for me it's a lot of just like just taking a deep- taking a step back and just taking a deep breather. [...] So the main thing I feel that **helps people though is just take, you know, give yourself that breather**. Don't try to just like be upset and still like keep trying to do it just, take a step back, take a breather and then try again." [Parent]

While there was acknowledgement that it can be difficult to build a healthy bond with a young baby, parents circled back to the **need to prioritize attending to their child** and their belief that foundational relationships can be nurtured in challenging contexts.

"So, putting in the effort would be like the big one. Paying attention to your child when they're around. Even through having the toxic relationship, I still developed a good relationship with my child and I worked a full-time job and, I mean, we were still okay. It just takes a lot more effort and the parents just have to be willing to put in that effort." [Parent]

that they are tending to, and are **not focused on building relationship** with their patients. One new parent noted that it is challenging to even know what or how to ask for support from a health care provider.

"I feel like I am kind of lucky that I have the type of doctor that has been more hands on and know my concern, basically. But then at the same time I have had issues with her and her office to where I feel like I'm rushed. A couple weeks ago, he had to get shots and I feel like he was just like rushed in and out, like, 'all right, here's the shots. Done. Bye.'" [Parent]

"I think even in my prenatal care, something that I've noticed is as a new parent I am struggling to find the questions to ask. And with the focus on the medical aspect of, you know... you're in, check this and that, routine care, versus the relationship -- it was hard for

me to be in the space to ask a question. So that took some support. It took me a while to get to that point where I'm asking them the questions. And they don't always know the answer to the questions I'm asking." [Parent]

One parent said that, despite the evidence of the importance of these early relationships, she **didn't believe that medical providers see this as their role:**

"I feel like I'm not sure that doctors actually see that [supporting early relationships] as their role or whether they value that. I don't know. I mean, I know the data on it. So, it seems strange to me [...] I'm not sure that doctors are being taught this [the value of early relationships]." [Parent]

At the same time, another parent **shared positive stories about her provider**, describing attention to her overall well-being and to the emotional connection with her baby:

"That whole office has been really good with, asking how we're doing, and how's it going even being a first-time mom, you know, and how stressful it is. They also have been helping with the postpartum and you know she sits there and talks to me and is like, 'all right, do we feel we need to up it? Well, we can change to something else.' So, I think it also depends on your doctor, like who you have and how

much they actually like care to interact."

[Parent]

"...from the beginning she's been very helpful with him, and even with me. Making sure that we have a good connection and that things are going really well for us. She can kind of tell when they're not, you know? And she makes sure to reach out and let me know at least like 'Hey, I'm there, just let me know what we need to do.'" [Parent]

One parent, who had a more holistic provider in another community, wondered if this **difference in care was related to the type of medical provider** their child had access to:

"Before we lived here, [...] my kids' doctor was more inclined to bring other stuff up, other than the baby's health. But since being down here, [...] it's been a huge change. I don't know if it's because my kids **had a pediatrician up there, versus a family physician** down here, but yeah. They don't really ask any - we talked about her health and that's been pretty much it. Besides, you know, the standard house safety rules that they have to go over about smoke detectors and car seats. Other than that, though. I mean, they really don't." [Parent]

Experiences with Health Care Providers – Ruptured Trust

Parents shared a number of stories about negative interactions with health care providers, where they were **unheard, under-valued, and judged**. Most commonly, these stories were of times when medical providers **missed opportunities to respond to parents needs and downplayed parents' concerns**.

"I hate going in [to see a doctor]. I have four kids, so, I mean, I've heard it a million times. Every time I take my kid to the doctor it may not be life threatening, but in the moment, it seems life threatening to me. So, I don't like when a doctor downplays it as if I'm just an overreactive parent. I think that's the one thing that irritates me the most, because, especially this is my fourth kid, most the time I

know if it's serious or not. So, to be treated like I'm just neurotic kind of irritates me." [Parent]

"I'm sure it's because parents are worried about their kids and little things can be made into something big, I assume that's why, but I don't think it's right for doctors to do that. I think they need to indulge you a little bit sometimes, instead of just dismissing how you feel." [Parent]

"I think that I've had a pretty big struggle with my oldest because he has- It's been a long, long road. But basically, we were struggling with some issues that were not cut and dry. And yes, he was going to survive, but we needed help. And I think that there was a

definite disconnect between getting my doctor to understand that like, yes, things like sleep and hyperactivity and those things like they affect our lives. And yes, he's not going to die, but we could use some help was like a definite like hard shift. And so, I think it's hard for me because I feel like oh, it's just what you're doing, and it took me like seven years to get somebody to say, 'Yeah, you know what, it's not just you.'" [Parent]

Some parents also talked about having the **sense of being judged by medical providers**:

"Yeah, I don't know if I would ever be completely comfortable divulging some things to my kid's doctor. Because, like I said, that's a relationship you're going to have for a long time and no matter how much they say they don't judge you, you know they're going to judge you a little bit. So, I don't know if there's really anything they could do that would make me completely comfortable." [Parent]

"You're afraid to tell some things to the doctor because that's your kid's doctor. You're going to have relationship with them for a long time, so you don't want them to look badly upon you if you're struggling." [Parent]

In addition to the damage that that being unheard and judged can do to provider-patient relationship, one parent also spoke about stories circulating in the community of **families being referred to DHS** by their medical providers.

"I've heard horror stories. Yes. Um, I've heard of people having negative experiences with doctors. I have a [family member] who's [child] had heart problems and her specialist told him to take these medications. She went to see the pediatrician for a check-up, and he said that she needed to take these and she refused them and he called DHS on her [even though] she'd already been to see the specialist and had documents. I've had other friends tell me horror stories about going in and the doctor not thinking they're taking care of their baby and calling DHS." [Parent]

Medical Providers – What Rural Parents Need

In order for medical providers to be able to support rural parents, they need to build relationship with them so that they can understand their needs and be a resources/help them find resources to ease this transition and boost their relationship with their baby. Creating a climate of listening, taking time to respond to concerns, and respecting and valuing parents' input would help improve parents' trust and help establish better relationships between them and their providers.

Medical providers can work on building relationships with parents

Parents offered a few suggestions about how medical providers could pivot their focus and build/rebuild relationship with new parents. First, parents talked about the importance of making space to hear patients concerns, and providing more opportunities for them to ask questions and concerns. Part of this is also addressing the need to help parents feel comfortable and cared for:

"And talking about things more than shooing them aside. Like basic 'are things going well, or

are you just surviving?' So that would be helpful." [Parent]

"I feel like not a lot of questions are asked about holistic stuff. Like you were saying before, are they asking about sleeping and that kind of stuff? Like, that kind of stuff is not being asked. **Just being curious. I think would make a big difference.**" [Parent]

"It's important for healthcare workers to be sensitive to moms. We cry about everything when we're new moms. So, to be sensitive about it and to create that comfortable and open environment when we go in. **That's not judging, that's not rushed, but that makes a parent okay or feel okay to be there to talk to the health care provider and to not feel like they're just another number...** to not feel like they're just in and out the door. You know? We want to feel like our provider cares how we feel and how our child feels and how we're all doing. I want to feel like my doctor really

understands me. And if I don't, I want a new doctor like I want the option for another doctor." [Parent]

Medical providers can provide and connect parents with local resources

While there was an acknowledgement that there may be a lack of resources to refer to, parents said that they would appreciate an effort to **connect them to local supports** to meet their needs as new parents. It was also noted that health care professionals are in a good position to provide specific kinds of information and resources, such as information related to child development.

"I feel like, definitely, resources would be great. If they [providers] were resources to guide parents in the correct direction, like accessing resources." [Parent]

"I agree, I think having them connecting you with groups, or other people, or information, I think would be helpful. Or directing you to some support around here, because it is a big change coming from [other larger town] to down here. It just, it feels like there's nothing here. I mean, I was involved in groups up there and I took the kids to swim classes, baby and me classes, and, it just doesn't feel like there's really anything down here." [Parent]

"Giving parents- practically what [parent] said, giving parents that somewhere to, 'hey, you know, I'm really struggling' or to go to look for different things like, 'hey, my baby's in this age group. I don't feel like- how can I get them to interact more? And what things can I do to intrigue them more in different activities and things as their age group goes?' but we really don't have much around here at all. And I feel that would be more helpful. For parents to be able to learn about different activities and things, you know, 'hey, you can get them to do this, and this, and different things'" [Parent]

These parents didn't expect providers to have all the information or to always know the answers, and emphasized the important thing was for providers to communicate when they don't know something, and provide follow up to make sure the need is met:

"They don't always know the answer to the questions I'm asking. And at the very least, following up is nice, or at least making it clear to me that they don't know the answer to the question I'm asking. And so, then there's that the negative side of they don't have the direction of giving me the support tools to find the answer. They kind of say, 'oh, you could look here for the answer to this question.' But yeah, it's not a concrete. 'Oh hey, there's this group or there's this book are something that might have the answer for you.' [...] they just sort of passed it on to me to figure it out. So that was hard." [Parent]

Medical providers can learn about and reflect a better understanding of the challenges rural families face

Finally, these participants talked about how providers, who often live and practice in more populated neighboring communities, do not **understand the lack of resources and social support** in rural communities.

"Definitely the opposite of that, too, like where the limitations are here, understanding what resources are not available, because oftentimes those are recommended and it's like, yeah, that'd be great, but now I have to drive 45 minutes to two hours to get that." [Parent]

"I think too that **sometimes there's an assumption about rural communities, that there's this network of really close knit [people]** - like you might live in the same community as your aunt and your grandma and your mom. So, you're really learning about parenting from them. What I'm observing is that I meet a lot of people that either don't have those connections -- that their extended family live away from the community -- or they don't want to replicate the parenting that that they've experienced. And, so, I think that sometimes they think, 'Oh, there's people in the community that are going to mentor to them' and I think a lot of parents don't have that. They're looking for someone to model and to share strategies and to share those old

wives' tales about how to help a colicky baby. [...] I don't think doctors realize that, I think that they think that there's going to be someone that's going to mentor and teach you how to do all these things that we're supposed to inherently know because we're women." [Community Liaison]

"It would be helpful for them to know that **living in rural areas can sometimes be more isolating** than living in the city because you don't get to see people very often, or you have very limited amounts of people and a lot of times when people don't want to come to your house. You can feel very isolated and alone. And depression can get a lot worse with that. So being sensitive to those topics. **Being open to creating an environment where the parents feels comfortable to talk to them** [...] [and] **being sensitive to the topics of, you know, depression and postpartum and being isolated and feeling alone.**" [Parent]

One specific area mentioned in relationship to living in a rural community was an understanding of the **transportation issues** rural parents face in getting to medical appointments:

"I was very upset and even trying to talk to the front office receptionist when I called again a few days later just to get us into a sooner appointment, because having a crappy car and a lot of things and it's getting hotter out. I don't have all day to just sit in town when I'm already in town." [Parent]

"What if they can't get to the doctor? What if they don't know how to call and set up Dial-a-Ride or whatever? And there's no one that will walk you through that process. So you're just kind of stuck." [Parent]

One parent suggested ways to remove barriers for rural families. For example, she suggested **offering home visits** with new moms who are struggling or having somebody link new parents to transportation resources:

"Maybe like a house call or, [it] doesn't necessarily have to be a doctor, but someone that will come out and check on you. Or someone, if you make it to the doctor's office, someone that will teach you how to do the dial-a-ride so you can set up coming to pick you up and transport you to your doctor's appointment." [Parent]

Summary & Takeaways

These rural mothers clearly had a strong understanding of the importance of building strong, close relationships with their children from the very earliest stages of life. They saw these connections as supporting children's long-term well-being, and as central to laying a foundation for the child to engage in positive relationships in the future. These mothers described a number of intentional strategies for creating these early parent-child relationships, including being attuned and responsive to infants' needs and non-verbal cues. To build these connections, these mothers described how they engage in interactive, engaged play and other activities with their babies.

While these rural mothers shared several examples of positive interactions with health care providers, it was clear that they were somewhat skeptical about whether health care providers genuinely wanted to take a more holistic view of their families and provide supports for social-emotional and relational health.

These mothers shared experiences of implicit and explicit bias that they attributed to being from a rural area. These biases were seen as barriers in at least two ways. First, it was clear they felt they might be judged negatively or seen as having lower educational status – and therefore not informed enough to be taken seriously if they voiced concerns. Second, a more positive bias in which rural communities are seen as tight-knit and supportive was described, which these women did not feel was the reality for many rural parents. Finally, these mothers expressed fear that if they talked openly with providers about challenges or struggles, that they would be negatively judged, or, worse, referred to child welfare services. Their shared experience of the health care environment was that medical providers generally are more concerned with timelines and executing a "script" or "checklist" than in taking a more holistic view.

That said, they offered suggestions for ways that this could change, including:

- Having providers who better understand what it's like to live in a geographically isolated community (either through training/professional development or lived experience);
- Structuring visits that would allow more time for questions and concerns to be addressed;
- Training for medical/health care professionals to take a more relational, holistic approach with families;
- Ensuring the doctors and health care clinics know about available community resources, and are informed enough, and take the time to, provide help to families that need these supports.

Appendix A

Focus Group Questions

1. First, let's talk about what it means to you to have a positive, caring relationship with your baby.
 - a. What do you do to support your baby's development and take care of your baby?
 - b. What does it mean to have a close, secure, relationship or connection with your baby?
 - c. What do you see in other people with their infants that lets you know that person loves and strives for the best future for their baby?
 - d. What do you think it means for a baby to be "emotionally and socially healthy"? What does this look like to you? Why does it matter?
2. What helps parents have positive, caring relationships with their babies? What do parents need to have for this to happen?
 - a. Where do you get support or resources to help you as a parent?
3. Other than questions about health, have you ever talked with a doctor or nurse about what's going well or what is challenging about taking care of your baby?
 - a. If so, what has this been like? Was it helpful?
 - b. Has there ever been a time when you, or others in your family or community have had a negative experience with a health care provider, especially regarding your parenting or the way you provide care to you baby? What happened, tell me about this? What would have made this go better?
4. What do you think health care providers should know about how you, your family, or others in your community in order to better support parents and their babies?
 - a. What would make visits with your doctor or nurse feel more supportive?
5. Is there anything else you think that we need to know about these early relationships, your experiences, what helps other parents and babies have good relationships and how health care providers can help?