We have just completed the last of the 36 month visits and truly appreciate all of the families who helped us along the way! We are grateful for your ongoing participation in our study. This year we have begun conducting 6 year phone interviews and it is wonderful to see how much each child has grown. We look forward to being in contact with you all shortly and wish you all the best in the new year.

The Infant-Parent Interaction Lab Team:
First Row: Lindsay Leslie, Amanda Hane
Second Row: Megan Wyman, Melissa Nasgovitz, Rachael Warner, Sarah Janus, Brynn Peterson
Not Pictured: Julie Poehlmann, Emily Hahn, Emma Spath, Melissa Vollbrecht, Ashley Mellenthin

Project Director
Julie Poehlmann, Ph.D.
Project Assistants
Emily Hahn
Amanda Hane

Layout of the newsletter created by:
Lindsay Leslie
Melissa Vollbrecht

Preterm Website:
http://www.waisman.wisc.edu/preterm/

The “Magic” Revealed
by Lindsay Leslie and Melissa Vollbrecht

“Wait!” This is a phrase that is heard quite often by children, but how do children respond? How significant is the skill of waiting? The “Magic Mountain” is an enticing toy that was presented to the children at the 36 month visit. The children were instructed to sit with this toy alone in the observation room for three whole minutes. They were told not to play with it until the experimenter and mother returned. Children displayed a range of techniques to refrain from touching the toy. For instance, a child who was looking directly at the toy most commonly had his hands by his side or off the table. Many other children distracted themselves by not looking at the magic mountain or sitting on the couch as to not tempt themselves. However, other children touched the toy once quickly and kept staring at it. Many children at this age are not able to overcome such a temptation. As they grow older, however, developing the ability to wait contributes to positive outcomes in the future. Previously conducted research on 4 to 5 year old children has found that waiting is related to SAT scores, reasoning, self-control when frustrated, and concentration.

Sweet Dreams... by AJ Miller Schwichtenberg

How did your child’s bedtime routine change over time? To address this question we asked about your child’s bedtime routine at 4, 9 and 24 months. Infant bedtime routines changed in several ways. The items used to help infants fall asleep (sleep aids) changed. At 4 months the most common sleep aid was a pacifier and at 9 months the most common sleep aid was a bottle. See Figures 1 and 2 to compare the sleep aids used at 4 and 9 months.

Likewise, infant fall asleep and sleep locations changed too. Many infants fall asleep and sleep through the night in different locations. In our study the most popular sleep location was a crib at both 4 and 9 months. But the most common fall asleep location changed from 4 to 9 months. At 4 months, the most common fall asleep location was in mom or dad’s arms and at 9 months the most common fall asleep location was a crib. To compare the fall asleep locations from 4 to 9 months see Figures 3 and 4.

Activities in infant bedtime routines changed as well. Feeding was the most common bedtime activity at both 4 and 9 months but at 9 months infant bedtime routines tended to be longer and included more actions like bathing and reading. To compare infant bedtime activities from 4 to 9 months see figures 5 and 6.

We thank you for sharing your child’s sleep routine details and will soon look at your toddler’s

Are You Moving?

Please let us know if you are moving or changing your contact information. This way we can get in touch with you for your upcoming visits and we can send you our newsletters. Are you moving out of the state or country? You can still help us with our research by filling out paperwork and participating in telephone interviews. If you prefer that we contact you via e-mail, that’s great! Send your e-mail address to pretermbabies@waisman.wisc.edu stating that this is how you prefer to be contacted. Just make sure to include your child’s name and birth date. You may also contact us by phone at 608-263-6249.
Children’s Temperament  By: Sarah Janus

During many of our lab visits, we’ve asked you to fill out questionnaires regarding your child’s temperament. Some of these items asked about your child’s reactions to different things, such as trying a new food or meeting a stranger. By asking these questions, we are better able to understand children’s temperamental style, which can help provide explanations for why they act in certain ways at certain times. Because every child is unique, we examine the different traits that you’ve reported being present in your child and compare this with our observations in the lab.

One of the temperament questionnaires that we use, the Revised Infant Temperament Questionnaire, assesses 9 dimensions of temperament. These are activity level, rhythmicity, approach/withdrawal, adaptiveness, intensity, mood, persistence, distractibility, and threshold for stimuli. Children who exhibit higher activity levels, more withdrawal, high intensity reactions, negative mood (e.g., irritability, crying, whining), and low adaptability to change or transitions are considered as having more difficult temperaments. Children with an easy temperament often have a pleasant disposition and are easy-going and adaptable, while children with a less easy temperament may experience anxiety or become frustrated easily. “Slow to warm up” children may experience difficulty with transitions at first, but then they seem pleasant. There are positives and negatives to different temperamental styles, and as a result, children respond differently to interactions with parents as well as other individuals.

The findings from our study suggest that preterm or low birth weight children who have more difficult temperaments are more dependent on their caregivers and seek assistance from their mothers more frequently than children with easy temperaments. These children are also more responsive to their parents’ behaviors and can benefit from positive communication, sensitivity, and responsiveness during interactions. On the other hand, children with easy temperaments generally become distressed less frequently, and they appear less responsive to intrusiveness and anxiety exhibited by others.

As you can see, temperament is a complex issue that still needs to be researched further. Regardless of the type of temperament that your child has, you can help them grow and develop in positive ways. Sometimes it takes a lot patience, but it’s worth it!

6-Year Study  By: Amanda Hane

Here at the lab, we can’t believe that the newborns we started working with in 2002 are already turning six and beginning to start school! We recently received funding to follow-up with the children and families who have participated in the study to see how the children and families are doing as the children turn six. The study will focus on how your child is transitioning to school, your child’s sleep patterns and health, and family support. Participation in the study will involve a short phone interview and filling out some forms, so no lab or home visit will be required! You can expect to hear from our new project assistant, Amanda Hane, around your child’s sixth birthday. If you’ve recently moved, or your contact information has changed, please don’t hesitate to contact us with any updates. We look forward to hearing how you and your child are doing!
About Emily Hahn...

Emily has been working at the lab since May of 2005 and is now one of the lab’s Project Assistants. Emily is very knowledgeable and helpful to the lab’s undergraduate team. She has also become a huge contributor to Dr. Poehlmann’s research program! We appreciate all of her hard work and commitment; here is her story:

**What is your academic background and what brought you to the lab?**

*I grew up in the city of Milwaukee and came to the University of Wisconsin-Madison where I completed my undergraduate degree in Human Development and Family Studies. During that time, Dr. Julie Poehlmann, the Project Director, was my undergraduate advisor. After finding out about Dr. Poehlmann’s research, I became very interested in joining her lab, and have been here ever since! I am currently in my second year of the Masters of Social Work program.*

**What is your favorite role, of the many you fill, here at the lab?**

*That’s a tough question! I have participated in all of the different time points, so you might have seen me at your child’s hospital discharge visit, their 36 month follow up, or anywhere in between! My favorite part about working in the lab probably would be getting to work with the children and see how much they grow from one visit to the next.*

**What are some of your hobbies/interests?**

*I really enjoy cooking and baking. I also enjoy spending time outdoors hiking and biking, and reading fiction.*

**What are your plans for the future?**

*Right now I’m still unsure! I will graduate this spring, and I hope to get a job where I work with children, either in an early intervention or educational setting.*