

**Talk to Me, Baby!**  
How You Can Support Young  
Children's Language Development  
*Second Edition*

by

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# About the Author

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**Betty S. Bardige, Ed.D.**, has dedicated her career to ensuring all children a promising start and a lifetime of equitable learning opportunities. As a developmental psychologist, educator, and parent, she knows that early experiences have unique power. Children who enjoy lots of rich, responsive, playful interaction with parents and caregivers develop emotional security, confidence, and increasingly rich language. As their language and knowledge grow, they ask ever more interesting questions and gain more from books, conversation, exploration, and play. Children whose language lags can fall further and further behind without extra supports.

Dr. Bardige's professional work has focused on those critical early years when children build foundations for relationships, resilience, and lifelong learning. A passionate and prolific writer and speaker, she collaborates with local and statewide initiatives to help parents, early educators, and engaged communities support young children's language, literacy, and social-emotional development.

As an activist, consultant, and foundation leader, Dr. Bardige has worked for more than 30 years to strengthen systems, programs, and policies that affect young children and their families. She chairs the Brazelton Touchpoints Foundation board and is a member of the A.L. Mailman Family Foundation board. She has worked with educational and family-serving organizations on program development, evaluation, curriculum, and strategic planning and has served on boards of local, state, and national organizations, including Smart from the Start, The National Association for Family Child Care, and Facing History and Ourselves. Her nonprofit work fuels her passions and expertise.

Dr. Bardige holds a doctorate in human development from the Harvard Graduate School of Education. She is the author of *At a Loss for Words* (Temple University Press, 2005), coauthor of *Building Literacy with Love* and *Poems to Learn to Read By* (with Marilyn Segal, ZERO TO THREE Press, 2005), and a contributing writer to *ZERO TO THREE's Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice, Second Edition* (2008). She can be reached through her web site, [awealthofwords.com](http://awealthofwords.com), her Language-Building Tips Facebook page (<https://www.facebook.com/LanguageBuildingTips>), or at [bettybardige@gmail.com](mailto:bettybardige@gmail.com).



## Baby Babbles

*(Birth–1½ Years)*

Baby Ana, just 2 days old, is meeting her doctor for the first time. “Hey, Ana,” he coos softly as he lifts her from her hospital crib. Ana fusses as he carries her but is gradually soothed by his voice. As he lays her down to examine her, she gets her fist into her mouth and sucks steadily. The doctor makes sure that her parents notice. “Look how she’s taking over from me! She’s already figured out how to soothe herself!” Ana’s parents watch in awe as their newborn follows the doctor’s talking face with her eyes, then turns her head toward the sound of a rattle that he shakes softly near her ear. When he holds her against his shoulder, they see her cuddle, suck her hand, and then lift her head a bit to look around. “What a great baby you have!” he tells Ana’s parents as he winds up the examination. “Did you see how interested she is in the world around her?”

Before giving Ana back to her parents, the doctor once again holds her with her face near his and tells her in his gentlest baby talk what a great baby she is. "You call her," he says to her mom. "Let's see what she does." Ana turns toward her mother's voice and gazes at her face.

"She knows me already, doesn't she?" Ana's mother says, enraptured.

"Yes she does," the doctor responds. "And I bet she knows her dad, too." Sure enough, Ana turns to her father, seeming to prefer his voice to the doctor's. "She knows you both," the doctor concludes, "and I can see that you and this very healthy, curious young lady are off to a wonderful start."

The individualized developmental nature of the NBO provides the baby with a "voice," with a "signature." It gives the baby an opportunity to tell the caregiver who he is, what his preferences might be, and in what areas he might need support across the first months of life.

—J. Kevin Nugent  
(2015, p. 7)

Most babies do well on the Neonatal Behavioral Assessment Scale (NBAS; Brazelton & Nugent, 1995) or its simpler relative, the Newborn Behavioral Observations system (Nugent et al., 2007), designed for use by home visitors, nurse practitioners, and others who support new parents. These assessments were designed to provide a "portrait" of a baby's strengths, behavioral adaptations, and vulnerabilities, but they do more than reassure anxious parents and grandparents. They provide opportunities for parents to see for themselves the remarkable communication and learning skills their baby already possesses. They help each parent to tune in to the baby's particular patterns of relating to others and to his environment so that together they can forge an alliance that will support the optimal development of a unique human being.

Call it chemistry, natural attraction, or falling in love. Babies lure adults from the start, and adults who tune in are easily lured. Bonding begins when parent and baby see each other for the first time—and it is a two-way street. With their large eyes and sweet expressions, babies are as cute as they are helpless. Adults naturally soften in their presence, and soon baby and parent are gazing into each other's eyes and forging a connection.

If you talk to a newborn, she will likely turn toward your voice. If you are her mother or father, she may recognize your voice and



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turn toward it rather than toward someone else's. Most babies reliably recognize and choose their mother's voice by the time they are 1 week old and will typically choose their father's voice over a stranger's at 2 weeks or before. Many parents discover this for themselves, of course. Even so, parents' eyes light up when a pediatrician, home visitor, or grandparent who is holding their baby demonstrates how the baby turns toward his mother's or father's call. Parents, no matter how sophisticated they are, have a hard time resisting a newborn's charms, especially when it is clear that their baby knows—and chooses—them.

## GETTING TO KNOW YOU

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Maria is nursing 4-day-old Marisol, her first child. Marisol takes a couple of sucks, then pauses. Each time she pauses, Maria jostles or strokes her lightly and murmurs encouragement. "Have some more. You're just getting started. What a good baby you are!" Maria doesn't notice it, but each time she talks or even makes an encouraging sound, Marisol lengthens the pause. While Maria is trying to get Marisol to keep eating, it seems that Marisol is trying to get her mother to keep talking.

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Babies depend on adults for care and communication, as well as for food. The more attentive engagement they get, the more they learn to elicit. The love affair between parent (or frequent caregiver) and child typically deepens over time. Parents and babies spend minutes at a time gazing into each other's eyes. The parent speaks in a high-pitched, sing-song voice, and the baby knows "She is talking to ME!" The baby's limbs move in rhythm with her parent's voice, and she makes sounds of her own when the talking stops. Her expression mimics her parent's, and then her parent's mimics hers. Soon they are on the same wavelength—engaged in a subtle communication dance. They connect, communicate, take a momentary break as the baby tires, then connect and communicate again.

By the time they are 3 months old, most babies have learned how to hook familiar adults and engage with them in back-and-forth interaction. This process of increasingly synchronized mutual engagement, or *attunement*, is the basis of a positive relationship.

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Attunement occurs with time between a baby and each of the important people in her life—parents, grandparents, siblings, and stable caregivers.

The newborn period is a time of rapid learning. As the baby adapts to life outside the warm and watery womb, he must learn to control his body movements, take in and make sense of information about his surroundings, and learn how his actions affect objects and other people. His brain is growing rapidly, and the basic architecture or “wiring” of neural pathways is being formed. Each experience creates or strengthens synaptic connections in his brain. Collectively these early learning experiences shape the way his brain will function and thus provide a foundation for how he will learn and who he will become.

In their first few months, babies depend on their caregivers to keep them comfortable and help them engage with their environment. With their immature nervous systems, newborns learn best in a calm, alert state and can have a hard time staying calm and engaged on their own. Too much stimulation or excitement can cause babies to grimace, stiffen, and twist away; to cry out in pain; to “lose it” and scream uncontrollably; or to shut down and go to sleep. Too little stimulation can cause babies to tune out, look bored and listless, fuss, or try to soothe or stimulate themselves. In extreme situations, such as understaffed orphanages, babies who receive very little stimulation or human interaction and who have few opportunities to explore an interesting environment or learn through their own activities develop undersized brains with too few connections. At the other extreme, babies who experience chronic or severe stress without receiving comfort from a nurturing adult often become hyperalert and edgy. High levels of the stress hormone cortisol can damage babies’ developing neural circuitry and interfere with their learning.

Adults who spend a lot of time with a baby—or who have learned what to look for—can read the baby’s cues and know when she wants more or has had enough. They know how to talk and sing to the baby, as well as how to touch, bounce, and rock her in just the right way and at just the right time to engage or soothe her, to bring her up or bring her down. They know when a loud voice is too much and when it is fun, when a quiet voice is soothing and when even that is too much if it comes with eye contact or jostling, when a change of position provides an exciting view of something new, and when a backward tip or a sudden change in temperature will cause the baby to

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startle and cry. They also know when to wait a bit to see if the baby can soothe or rouse herself and just how much help to give her as she learns self-regulation strategies such as sucking her hand or a pacifier, adjusting her position, or finding something to watch.

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Jack, who was born prematurely and spent his first few weeks in the neonatal intensive care unit, was a colicky newborn. At 3 months, he was still difficult to engage. Jack would wail for his mother or father when he awoke from a nap, then quiet when he heard their voices or footsteps. When either parent picked him up from his crib, though, he tended to go limp and avoid eye contact. He often stiffened and tried to turn away if they persisted in trying to engage his attention.

Jack's parents were fortunate. They had the support of an experienced home visitor who could help them see their baby's strengths—and their own. She commented on how responsive Jack's parents were to him and how he calmed at their approach. Together, they figured out that Jack needed time and physical support before he could engage with them. Hanging in the air was stressful for him, as was a sudden approach or eye contact accompanied by speaking or touching. Instead, Jack's mother learned to approach him slowly, give him physical support, and wait for him to signal that he was ready for play. Jack learned to catch his mother's eye, smile in response to her smile, and even reach toward her face. As Jack's play skills and his parents' confidence increased, his limbs became stronger and his sensitivities began to abate.

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Although babies and adults are wired to connect with each other, the connections do not always go smoothly. Some babies are fussy and hard to soothe, some are so sensitive that they have to be approached carefully and given lots of support before they can engage, and some are challenged in one modality (e.g., hearing or sight) but hyper-acute in another. Some babies are flexible by nature, but others are fearful or feisty. Babies also differ in their natural activity levels and in their rates of development. Some babies give clear signals when they need food, play, comfort, or rest; others are much harder to read.

Most adults who are trying to engage and connect with a baby will instinctively slow down, watch intently, and respond to the baby's overtures. They talk to the baby—in regular words and sentences that express their understanding and affection, in “baby talk”

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and terms of endearment that the baby senses are meant especially for him, and in comforting lullabies and other special songs. They experience a rush of pleasure when the baby responds to them, and they adjust their level of stimulation to what the baby can take in at the moment.

An adult who is depressed, preoccupied, or exhausted may not have the energy for these enjoyable interactions—or for the more demanding task of soothing a baby who is distressed. An adult who is stressed, fearful, or rushed may miss the baby’s cues. The adult may speak too loudly, move too suddenly, hold too stiffly, or interact too intrusively, transmitting stress to the baby.

Connections are easier to make and sustain when the adult’s natural rhythms match the baby’s needs. Early intervention can help strengthen the relationship if there is a mismatch. An expert’s help is particularly valuable if the adult is feeling overwhelmed or if, for example, the baby is unusually sleepy or wakeful, particularly fearful or feisty, extremely laid back or hard to read, or very easily overstimulated.

## SHARING THE CARING

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Elena and Paolo had just moved to a new city with their first child. They were away from family and often wished—as many first-time parents do—that babies came with an instruction manual. With help from Paulo’s employer, they found a child care program with an excellent reputation that had space for their 3-month old. They only lasted there 3 weeks.

“I knew it was supposed to be high quality,” Elena explained later, “but Paulo and I just didn’t feel comfortable. It felt cold to us. The teacher took my tiny baby from my arms and said, ‘Don’t worry. I’ll handle everything. He’s going to be fine.’ She may have known other babies, but how could she know mine?”

“Luckily,” Paulo continued, “a neighbor told us about another place, and as soon as we visited, we fell in love. Everywhere, there were fabrics, pictures, sounds, and smells that reminded us of home. The teacher opened her arms to us—‘Come in and join us. There’s plenty of room on our rug. We all love it when parents come in.’”

“Right away, we recognized that was someone who not only knew babies but was interested in us and in our baby. She showered