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Harding, C., Crossley, S. L., Whiting, L., & Petty, J. (2021). A response to: Almahmoud, O.(2021). Do newborns really don't talk, or are we just not skillful enough to understand them? Journal of Neonatal Nursing. Early view. *Journal of Neonatal Nursing*.

Dear Editor,

It was refreshing to read Omar Almahmoud's exploratory essay about communication with infants on a neonatal unit and we would also like to congratulate him on achieving a post in neonatal care. His delight and interest in infant communication from a nursing perspective is really encouraging to see, and important. This is particularly pertinent given that nurses and other members of the neonatal team find the identification of infant signals and behaviours particularly challenging, with wide variations in interpretation of meaning (Harding et al., 2017). Speech and language therapists in neonatal care have a role working with their neonatal team peers using a synactive developmental care approach to support infants and their families who are challenged by both feeding and early interaction (Als, 1986; Harding et al., 2021). This collaborative work is vital, particularly as parents often find the neonatal setting and coping with a sick baby emotionally hard, thus impacting on the acquisition of tools that support infant development and knowledge about the world (Cardin, 2020). Recent research has highlighted that the multi-disciplinary neonatal team should support family integrated care by placing parents at the centre of the team as primary caregivers, supporting their infants' development in the complex setting of the neonatal unit (Patel et al., 2018). Stress and trauma experienced by parents can potentially impair infant – parent interaction (Patel et al., 2018), but developing clear strategies to help parents to engage and interact with their infants can be hugely beneficial for both parties. To Letter to the editor 2 enable parents to feel confident with interpreting infant signals as described by Omar, communication and exposure to language needs to be central to everyday infant care on the unit as speech, language and communication problems into childhood and even adolescence is one of the main risk factors associated with preterm birth (Johnson et al., 2015). Harding et al., (2019) describe in their literature review the typical in utero responsiveness to auditory sounds at around 24 weeks gestation, followed by responsiveness to voice at approximately 26 -28 weeks gestation with more refined speech sound perception skills emerging and becoming consolidated from 31- 40 weeks gestation.

The foundations for language and communication development and responsiveness therefore begin early. The Harding et al., (2019) systematic review also highlights studies that show that there are significant benefits from exposure to parental speech and voice interactions during feeding with infants on a neonatal unit which can lead to increased reciprocal infant vocalisations from as early as 36 weeks gestation. This increase in language exposure can lead to improved language outcomes at 18-24 months corrected age. Despite this, we know that for infants spending time on a neonatal unit, language and maternal voice makes up a small proportion of sounds that they are exposed to and that deprivation of maternal sound can affect auditory brain maturation, impacting speech and language development. Speech and Language therapists, often working with families and nursing staff supporting early feeding experiences in neonatal care, have a role in promoting early responsive interactions between parents and infants to encourage early development of communication. Harding et al., (2019) discussed both the range of language and communication problems preterm infants may experience but 3 additionally suggested that the idea of “communication” is frequently a muddled concept in published neonatal research; few papers have focused on early communication with preterm infants with the purpose of promoting early interaction experiences through the use of close face to face eye contact and gaze, alongside listening to the parent voice and developing consistent patterns of interaction through reciprocal gestures and vocalisations. All these skills are essential in enabling the best methods to support early communication development. The current pandemic has drawn attention to the value and importance of communicative interactions as many healthcare practitioners on neonatal units have noted that the increased use of Personal Protective Equipment (PPE), most importantly the wearing of face masks has reduced quality interactions with the infants they care for (Green et al., 2020; Harding et al., 2021). Omar requests at the end of his letter that he hopes one day that there will be a scale that helps us to all understand and aid communication development. We kindly refer Omar to the variety of materials that support our understanding of infant responses and behaviours in relation to the environment such as Als’s (1986) infant states as one example amongst many. Harding et al., (2021) describe core skills from a linguistic rather than from a behavioural basis that support infant language and communication development in relation to our linguistic knowledge and understanding of this area which are essential adjuncts to learning to understand infant responses and states. We are currently undertaking research

into interaction that occurs within the infant – parent dyad from a linguistic perspective. We recognise the great importance of being positive responders to infant states as part of improving our care for infants on neonatal units. From our research, we hope to share further insights related to clear linguistic rationales with our neonatal colleagues and thus the core strategies that support early language, both non – verbal and verbal, that are used during interactions.

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