A WEBINAR FOR HOME VISITING & PERINATAL PROFESSIONALS

Welcoming a New Baby

Supporting Siblings and Families Through the Transition

Kathrin Auger

Ret. NICU RN, CD/PCD/PDT (DONA)

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WELCOME

About Your Presenter



Kathrin Auger
(she/her)

Founder, Los Angeles Doula



- Originally from Switzerland | Los Angeles Resident since 2002
- Wife | Mother of two College-aged Sons
- ret. Pediatric RN with 30+ Years supporting Families
- Birth & Postpartum Doula since 2003
- DONA International approved Trainer since 2007

TODAY'S ROADMAP

What We'll Cover

1. Common sibling reactions, and reading past what parents report
2. Practical strategies to prepare siblings and support the transition home
3. Supportive, nonjudgmental language for home-visit conversations
4. Typical adjustment vs. signs that warrant extra support, across cultures
5. Community resources and referral pathways
6. Confidence answering parents' questions in time-limited visits

Understanding Sibling Adjustment

A fast baseline, then reading past what parents report to what's actually happening.

OBJECTIVE 1, BASELINE

Reactions by Age & Stage

Toddlers (1 to 3)

- Regression: potty training, sleep, bottle/pacifier
- Increased clinginess or tantrums
- Physical acting out toward baby
- Limited words to express big feelings

Preschool & School-Age (4 to 9)

- Jealousy, testing limits, seeking reassurance
- Mood swings, occasional withdrawal
- Pride mixed with resentment
- May ask blunt or unsettling questions

Tweens & Teens (10+)

- Often mask feelings, appear “fine” outwardly
- Shifts in household role or responsibility
- Concerns about privacy, routine disruption
- Can swing between helpful and distant

Baseline only: most of this eases within 4 to 6 weeks as routines settle. The nuance that matters is next.

OBJECTIVE 1, DEEP DIVE

Reading the Report, Not Just the Behavior

Negative Attribution Bias

Ambiguous or neutral child behavior gets read as intentional or personal.

"He does this on purpose, he knows I can't deal with it."

Catastrophizing / Threat Amplification

Common with postpartum anxiety. Ordinary jealousy becomes an urgent risk.

"I think he actually hates his sister."

OBJECTIVE 1, DEEP DIVE

What This Sounds Like in the Room

Listen for	What it may signal
Interpretation running ahead of evidence: “he's punishing me” for a 20-minute cry during feeding.	Attribution bias, not necessarily an accurate read of intent.
Global, permanent language about a 3-week-old problem: “he's just an aggressive kid now.”	Catastrophizing: a recent, likely temporary behavior framed as fixed identity.
Affect that doesn't match the story's actual severity: flat, defeated, or frightened.	The parent's own state may be driving the account more than the child's behavior.
More emotional intensity about their own reaction than the child's behavior warrants.	Worth a gentle check-in on how the parent is doing, not just the child.

OBJECTIVE 1, DEEP DIVE

Using Your EPDS Screening as the Bridge

If the sibling report feels disproportionate

- That intensity is a cue to circle back to how the parent is doing, not just the child.
- “That sounds really heavy to be carrying. How are you holding up with everything right now?” is a legitimate pivot.

If EPDS or your own read is already elevated

- Hold the sibling report more loosely: it may be amplified. You don't say that to the parent.
- Weight your own observation of the child during the visit more heavily than the account alone.

OBJECTIVE 1 & 3

Language That Holds Both Truths

1	Widen the lens, don't correct	*"It makes sense this feels like a lot right now, big feelings from him plus everything you're adjusting to. Can we look at what's actually happening in a typical day?"*
2	Normalize her experience, separately from the child's	*"A lot of parents feel like they're failing both kids at once right now. That feeling is really common, and it doesn't mean it's true."*
3	Check in on her, not just the sibling story	*"You've mentioned a few times that you feel like he's against you. I want to check in on you too, how are you feeling day to day, not just about him?"*

OBJECTIVE 1, DEEP DIVE

Where Your Scope Ends Here

Yours to Assess & Coach

- The sibling's observable behavior during and around your visit
- Age-appropriate reframes and coaching language for the parent
- Whether the parent seems to need more from this visit: more time, more validation, more reflection
- Whether your EPDS score or clinical read suggests more support than this visit can hold

Not Yours to Resolve Here

- Treating the parent's depression or anxiety
- Deciding whether her fear about the sibling is objectively “real”
- Resolving her mental health symptoms through the sibling conversation
- The referral or hand-off mechanics themselves, that's your existing protocol

OBJECTIVE 1, DISCUSSION

Case Discussion: Two Threads, One Report

A mother reports her 5-year-old has started "being mean to the baby on purpose" and says she doesn't think she can leave them alone together. She describes him as wanting to hurt the baby and being "always angry now," but the two incidents she actually describes are a hard poke and a loud protest during feeding time. Her affect is flat, and she avoids eye contact.

1. What's the sibling behavior here, on its own, apart from how it's described?
2. What might the parent be narrating that isn't really about the child?
3. What's one thing you could say to open the door to checking on her, not just coaching sibling strategies?

Practical Prep Strategies

A fast reference for age-appropriate prep, before and after baby comes home.

OBJECTIVE 2, FAST REFERENCE

Before Baby Arrives & After Homecoming

Before Baby Arrives

- Books and role-play; practice gentle touch on a doll
- “Nursing Basket”
- Involve them in nursery prep or picking a gift for baby
- Preview who cares for them during the hospital stay
- Protect routines now, before more changes stack up

After Baby Comes Home

- Someone else holds baby for the first greeting; a small “gift from baby” can help
- Give a “special helper” role: diapers, singing, small jobs
- Protect 10 to 15 minutes of one-on-one time daily
- Coach visitors to greet the sibling before the baby

Supportive, Nonjudgmental Language

Words that normalize parents' concerns and build confidence in short home visits.

OBJECTIVE 3

Reframes for Common Parent Statements

Parent says...	You might respond...
“My son hates the baby.”	“It sounds like he's telling you, in the only way he knows how, that he needs extra reassurance right now.”
“I feel like a bad mom for not having enough time for her.”	“Feeling stretched between two kids you love is one of the hardest, and most common, parts of this stage.”
“In our family the older one is supposed to help raise the younger ones. Why is he acting like this?”	“It sounds like that role matters a lot in your family. What would it look like for him to grow into that at his own pace?”

Typical vs. Concerning

Differentiating expected adjustment from real flags, across cultural context.

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OBJECTIVE 4, DEEP DIVE

Where Mainstream Frameworks Miss the Mark

1 Room-sharing & Bed-sharing Norms

"Regression" back to the parents' bed can be ordinary continuity, not a setback, in families where room-sharing is the norm.

2 Multigenerational Caregiving

A grandparent or aunt providing steady daily care can reduce displacement significantly, changing what "normal jealousy" looks like.

3 Collectivist Framing Of "Sharing" A Parent

In family systems where caregiving is distributed, a sibling may not experience the same loss of exclusive attention Western frameworks assume.

4 Gender-based Sibling Role Expectations

An older sibling expected to help raise younger ones may show resistance that reads as role conflict, not simple jealousy.

OBJECTIVE 4, DEEP DIVE

What Flexes by Culture vs. What's a Flag Regardless

Culturally Variable

- Sleep arrangements and “regression” back to co-sleeping
- Who provides primary daytime care, and how much displacement that creates
- Expected caregiving roles for older siblings
- How openly a family discusses the sibling's feelings out loud

Universal Red Flags

- Persistent aggression or safety risk toward the baby
- Any disclosure or behavior suggesting abuse, neglect, or self-injury
- Regression tied to a trauma exposure, not just the new sibling
- Significant, sustained changes in eating, sleeping, or school functioning

Resources & Referrals

Where to point families when concerns extend beyond typical sibling adjustment.

OBJECTIVE 5

Resources Worth Keeping On Hand

1

Within Your Network

LA Best Babies Network partner programs, Welcome Baby, Parent Coach follow-up.

2

Pediatric Care Team

Pediatrician or family medicine provider for developmental or behavioral concerns.

3

Perinatal Mental Health

Postpartum Support International (PSI) warmline for the whole family's emotional health.

4

Family & Sibling Support

County-funded family resource centers, sibling support groups, home-visiting mental health consultation.

Applying It in Home Visits

Building confidence to respond to parents' questions within a time-limited visit.

OBJECTIVE 6

Quick Response Practice: Harder Calls

1	*"I think my anxiety is making me see this worse than it is, but I still don't trust him alone with her."*	Validate the insight itself: naming the anxiety is real self-awareness. Then check the actual safety picture together, separate from the fear.
2	*"In my culture the oldest is supposed to help raise the little ones. He's failing at that and I don't know what to do."*	Honor the role and the standard, then explore what age-appropriate growth into that role looks like, rather than treating the resistance as defiance.
3	*"Is it normal she keeps hitting the baby, or should I be worried?"*	Ask what "hitting" looks like concretely, situate it against the universal flags, not just general norms, and name one supervised-closeness strategy.

KEY TAKEAWAYS

What to Carry Into Your Next Visit

1. A parent's report and a child's behavior are two different data points. Separate them before you act.
2. Your existing EPDS conversation is the natural bridge into this, not a separate track.
3. Most sibling-adjustment frameworks assume a cultural default that many families don't share. Know what's variable and what's universal.
4. Your scope is the assessment and the coaching in the room, not resolving what's beneath it.
5. You don't need every answer in the moment. You need to know which thread you're pulling on.

Thank You!

Questions and discussion welcome.

Kathrin Auger, Ret. NICU RN, CD/PCD/PDT (DONA)

losangelesdoula.com | IG@LosAngelesDoula