

# Ask the Experts

## Practical Updates in Pediatric Care

Personal viewpoints that may be expressed during the course of this event are those of the speaker and do not reflect the position of Connecticut Children's

**Friday, September 19, 2025**

# **“Providing Early Relational Health Simply and Reducing Burnout”**

**Barry Zuckerman, MD**

*Professor and Chair Emeritus, Department of Pediatrics,  
Boston University School of Medicine, Boston Medical Center*

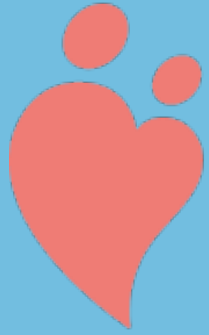
Connecticut Children's is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Connecticut Children's designates this live activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only credits commensurate with the extent of their participation in the various activities.

MOC Part 2: Successful completion of this CME activity, which includes participation in the activity and individual assessment of and feedback to the learner, enables the learner to earn up to 1 MOC points in the American Board of Pediatrics' (ABP), American Board of Otolaryngology-Head and Neck Surgery's (ABOHNS), American Board of Anesthesiology (ABA), and the American Board of Surgery's (ABS) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.

Conflict of Interest Policy: Conflict of Interest Policy: All faculty participating in Continuing Medical Education activities sponsored by Connecticut Children's are required to disclose to the program audience any actual or perceived conflict of interest related to the content of their presentation. Program planners have an obligation to resolve any actual conflicts of interest and share with the audience any safeguards put in place to prevent commercial bias from influencing the content. The planners, activity director and speaker(s) do not have a financial interest/arrangement or affiliation with any organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation. The speaker(s) will not be discussing the use of any off-label product.

Commercial Support Statement: This activity is not commercially supported

- Developing a Connection with New Parents provides work satisfaction and helps reduce burnout
- The best way to support new parents isn't answering their questions but rather making sure they feel “seen and heard”
- Using Small Moments Big Impact is the simplest and most effective way to provide Early Relational Health



# Small Moments **Big Impact**

A relational health tool



**Barry Zuckerman, MD**  
*Co-Director of Small Moments, Big Impact*

# Disclosure Statement

No conflicts of interest

## *Contributions by:*

- GBH public television (partnership for app version)
- Parents who were co-developers

## *Financial statement:*

This work was supported by grants from **The Irving Harris Foundation, The Janey Foundation,** and **The John Templeton Foundation.**

# Learning Objectives

1. Define Early Relational Health (ERH)
2. Understand the biological implications of childhood psychosocial adversity and the role of early relational health (ERH)
3. Describe the **Small Moments, Big Impact tool** and its on families and healthcare providers





*What was it like for you when someone special held your baby for the first time?*

Small Moments  
**Big Impact**



# Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health

Andrew Garner, MD, PhD, FAAP,<sup>a,b</sup> Michael Yogman, MD, FAAP<sup>a,d</sup>  
COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, SECTION ON DEVELOPMENTAL AND BEHAVIORAL  
PEDIATRICS, COUNCIL ON EARLY CHILDHOOD

By focusing on the safe, stable, and nurturing relationships (SSNRs) that buffer adversity and build resilience, pediatric care is on the cusp of a paradigm shift that could reprioritize clinical activities, rewrite research agendas, and realign our collective advocacy. Driving this transformation are advances in developmental sciences as they inform a deeper understanding of how early life experiences, both nurturing and adverse, are biologically embedded and influence outcomes in health, education, and economic stability across the life span. This revised policy statement on childhood toxic stress acknowledges a spectrum of potential adversities and reaffirms the benefits of an ecobiodevelopmental model for understanding the childhood origins of adult-manifested disease and wellness. It also endorses a paradigm shift toward relational health because SSNRs not only buffer childhood adversity when it occurs but also promote the capacities needed to be

## abstract

<sup>a</sup>Partners in Pediatrics, Westlake, Ohio; <sup>b</sup>School of Medicine, Case Western Reserve University, Cleveland, Ohio; <sup>c</sup>Cambridge Hospital, Cambridge, Massachusetts; and <sup>d</sup>Harvard Medical School, Harvard University, Boston, Massachusetts

*Dr Garner collaborated in conceptualizing and drafting this document, took the lead in reconciling the numerous edits, comments, and suggestions made by many expert reviewers, and made significant contributions to the manuscript; Dr Yogman collaborated in conceptualizing and drafting this document and made significant contributions to the manuscript; and all authors approved the final manuscript as submitted.*

This document is copyrighted and is property of the American Academy of Pediatrics and its Board of Directors. All authors have filed conflict of interest statements with the American Academy of Pediatrics. Any conflicts have been resolved through a process approved by the Board of Directors. The American Academy of Pediatrics has neither solicited nor accepted any commercial involvement in the development of the content of this publication.

Source: Garner A, Yogman M, Committee on Psychosocial aspects of Child and Family Health, Section on Developmental and Behavioral Pediatrics, Council on Early Childhood. Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. Pediatrics. 2021;148(2):e2021052582

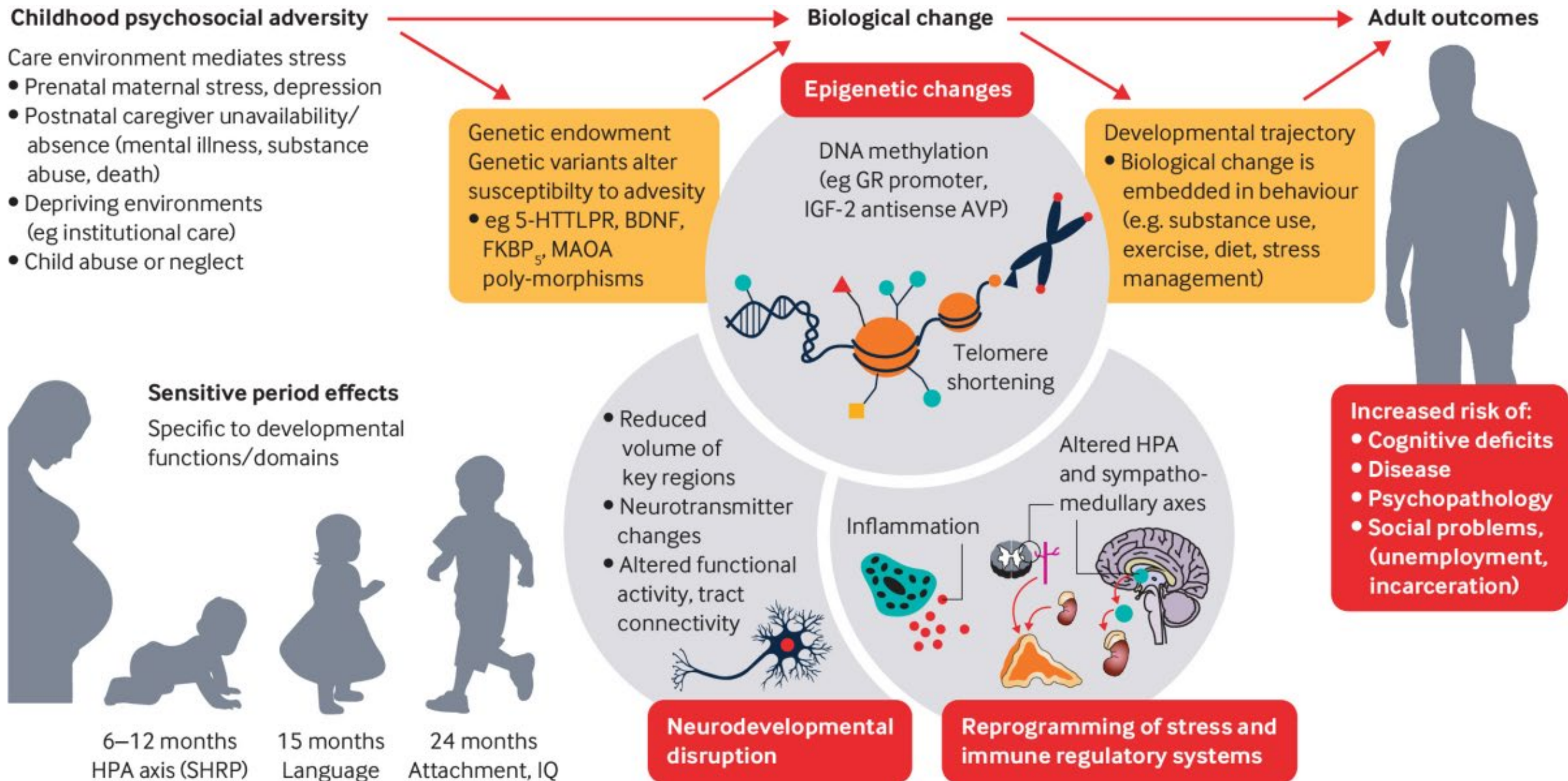


Fig 2 | Some of the pathways that mediate exposure to early adversity and adult outcomes. Exposure to adversity early in life interacts with a child’s genetic endowment (eg variations in genetic polymorphisms), which in turn leads to a host of biological changes across multiple levels. These changes, in turn, influence adult outcomes (adapted from Berens et al<sup>23</sup>). HPA axis (SHRP)=hypothalamic pituitary adrenal axis (stress hypo-responsive period)

**Still Face  
Video 1**





# What is Early Relational Health?



Small Moments

## **Big Impact**

**Early relational health** explores the role of **early relationships** and **experiences** in a child's **healthy development**.

Promotes the development and maintenance **of safe, stable, nurturing** relationships

**Safe, stable,  
nurturing  
relationships  
(SSNR) have  
reciprocal  
connectiveness**



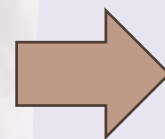
## The Why:

SSNRs *buffer adversity* and turn potentially toxic stress responses into *tolerable or positive responses*.



# What is SMBI?

An online tool to help providers promote **relational health** by **stimulating conversations** and **providing a model** of open and honest communication



Expedited  
relationship  
building for  
partnership in  
the critical  
development  
time

**Examples  
of the Value of  
SMBI  
in practice**

1. **Value during the visit** (relationship building, improving patient care, improving parent partnership, and starting difficult conversations)

# Advice from grandma





*Have you ever disagreed with a loved ones' advice?*

**Big Impact**

**Value during visit:** starting difficult conversations

# Exhaustion





*Can you relate to this mom's exhaustion?  
Who can you call for help when you need it?*

Small Moments  
**Big Impact**

**Value after visit:** improving maternal insight and empathy

# Mom and Baby





*Small Moments*

*What are your thoughts?  
What is the baby feeling? What is the mom  
feeling?*

**Big Impact**

## Mom and Baby

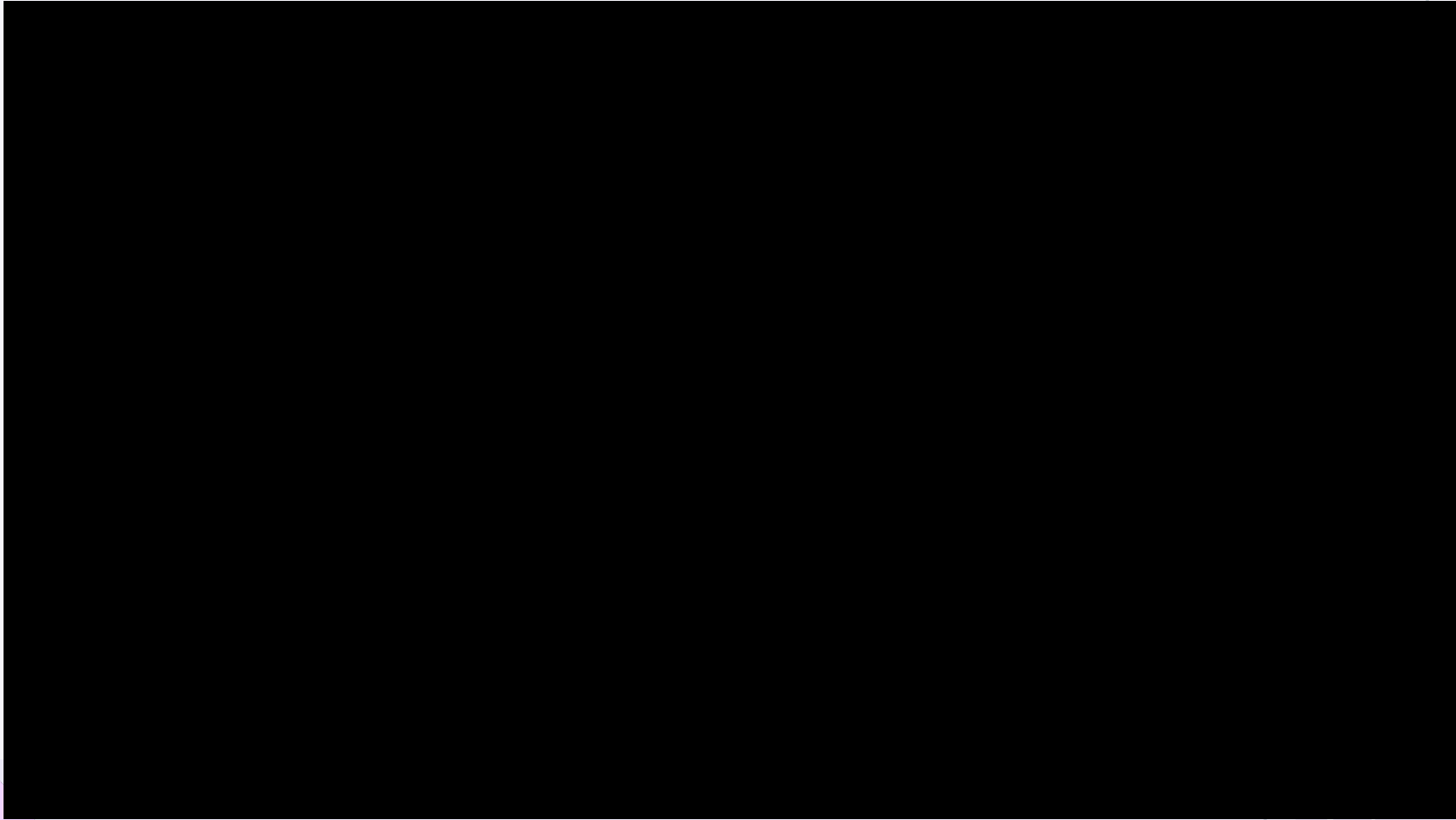
“ I love that video u showed us and I have more thoughts to share. I thought about it all day and all night. [My husband and] I both spend too much time on our phones. A great reminder to be careful of that, and to remember to remedy it with lots of love and attention after.

# Speaking his Language



3. **Value for longitudinal care** (Partnering with parents on goals, increased provider/trainee learning, increased fulfilment/decreased burnout)

# Hopes and Dreams



A stylized heart icon composed of several overlapping circles in shades of orange and red, positioned on the left side of the slide.

*What are your hopes and dreams for your  
baby?*

Small Moments  
**Big Impact**

**Value for longitudinal care: increased provider fulfilment**



In a [recent study](#) of SMBI, 85% of mothers rated the content of SMBI high or very high.

After use, they also reported lower stress, more growth mindset and great understanding of their baby's feelings compared to a matched control group.

Brief Report

## Small Moments, Big Impact: Pilot Trial of a Relational Health App for Primary Care

[Barry Zuckerman MD](#)<sup>a</sup>  , [Katherine Edson BA](#)<sup>a</sup>, [Laura Mesite EdD](#)<sup>b</sup>,  
[Cyndie Hatcher MD, MPH](#)<sup>a</sup>, [Meredith Rowe EdD](#)<sup>b</sup>

[Show more](#) 

[+](#) Add to Mendeley [🔗](#) Share [📄](#) Cite

<https://doi.org/10.1016/j.acap.2022.02.010> 

[Get rights and content](#) 

### Abstract

#### Objective

To conduct a pilot trial of Small Moments, Big Impact: a relational health app.

#### Methods

Low-income mothers with 1 or no prior children, a full-term birth, above 18 years old, and without substance abuse were recruited. The control group was recruited prior to the intervention group to avoid contamination. Of the 117 mothers enrolled, 29 intervention and 29 control mothers completed the study. Five questionnaires were administered at baseline and 6-months to measure [maternal depression](#), empathy, beliefs about children's emotions, intelligence mindsets, and app use. At 6 months

# How-To Guide

# How-To Use In Visits:

## App:



**Download Our App**

Twenty-four weeks of content with facts, insights, videos, and opportunities to reflect about everything you and your baby are experiencing throughout the first six months.

Download on the App Store

Small Moments Big Impact

Small Moments, Big Impact

An App for Mothers with Babies 9-6 Months old

Download Our App



*Scan me*

## Website:



Small Moments Big Impact

Get Started Appointments Videos Search English

Small Moments Big Impact

Small Moments Big Impact

SMBI Website Home Page Introduction Video

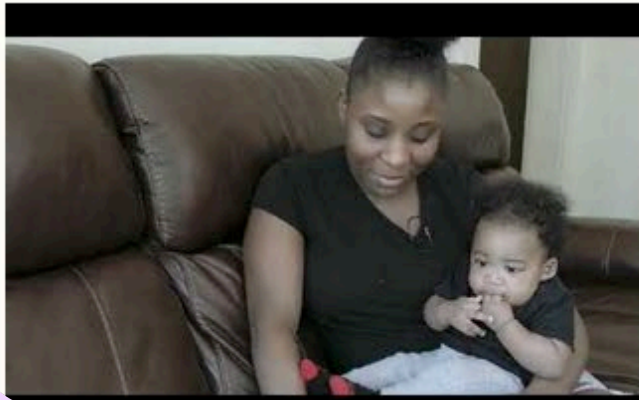
Watch on YouTube



Small Moments Big Impact

# Created by Parents, For Parents

All | Trauma | Exhaustion | Baby Interactions | Immigration | Hopes For Baby | Finances | Fathers |  
Different Mindset | Unique Stories | Baby Behavior | Feelings | Dr. Cyndie's Tips



# Something For You

## Mind & Body

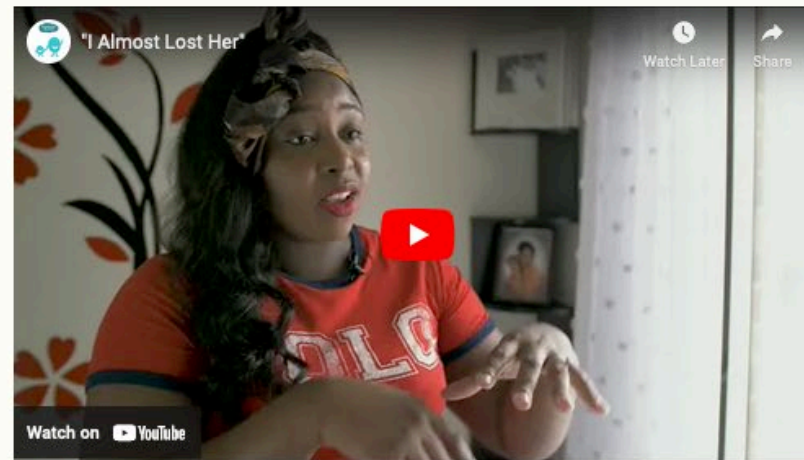
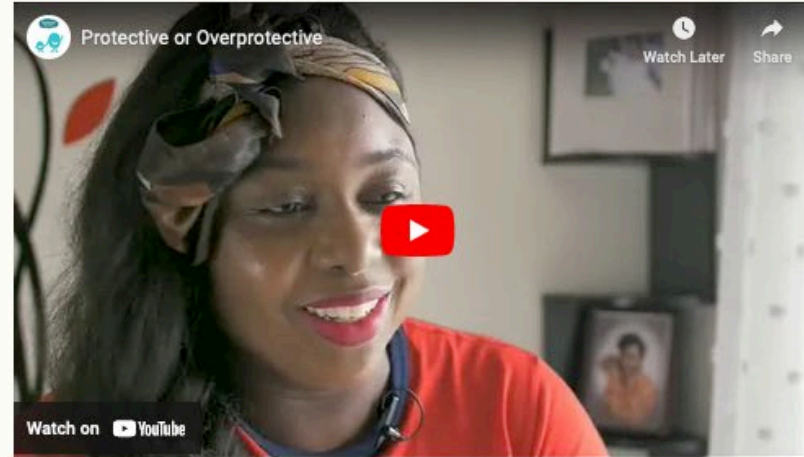
Relieving shoulder tension helps soothe you from the inside out. Do you notice when you body feels good your mind feels better?



# Special Circumstances

## Premature babies

Many parents of premature babies feel their babies are especially fragile after they get home. How is your experience similar or different?



## In summary:

- Relational health is paramount in our work in with families
- SMBI is a free tool that can help you promote parent-child relationships and build therapeutic alliances with families