What is a paradigm?


paradigm 3. A set of assumptions, concepts, values, and practices that constitutes a way of viewing reality for the community that shares them, especially in an intellectual discipline.

Kuhn defines a paradigm as:
“an entire constellation of beliefs, values and techniques, and so on, shared by the members of a given community”

Paradigm: “in the philosophy of science, a generally accepted model of how ideas relate to one another, forming a conceptual framework within which scientific research is carried out”

BASIC ASSUMPTIONS:

FOUNDATION / PLATFORM / BASE
What is the current paradigm for infant care?

Kangaroo Mother Care: Restoring the Original Paradigm for Infant Care

Old Paradigm

Child helpless
Mother clueless
Father useless

“(Our care) still views the infant as a solitary individual who sleeps most of the time in a bed.”

Orthodox thought about infant sleep, bottle feeding, and lack of parental contact.

Culture Producing Science Producing Culture: How a Folk Myth Achieved Scientific Validation

#1: Initial test condition - infant sleeps alone, is bottle fed, and has little or no parental contact

#2: Derive measurements of infant sleep under these conditions

#3: Repeat measurements across ages, creating an “infant sleep model”

#4: Publish clinical model on what constitutes desirable, healthy infant sleep.

#5: To produce “healthy” infant sleep, replicate the test condition

“Scientific” validation of solitary infant sleep as “normal” and “healthy”

From James McKenna

Why babies should never sleep alone: A review of the co-sleeping controversy in relation to SIDS, bedsharing, and breast feeding

James J. McKenna and Thomas McDade

CIRCULAR SCIENCE - A SELF-FULFILLING PROPHECY
**BASIC ASSUMPTIONS:**
- INFANT SLEEPS ALONE

**PARADIGM CONSTRUCT**

Paradigm: "in the philosophy of science, a generally accepted model of how ideas relate to one another, forming a conceptual framework within which scientific research is carried out"

- INCUBATORS STABILIZE

**PARADIGM CONSTRUCT**

Specifically, all the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contra-indications in the care of patients.

- INCUBATORS STABILIZE

**CULTURE PRODUCING SCIENCE PRODUCING CULTURE:**

How A Folk Myth Achieved Scientific Validation

- Initial test condition—infant sleeps alone, is bottle fed, and has little or no parental contact
- Derive measurements of infant sleep under these conditions
- Repeat measurements across ages, defining "normal" and "healthy"
- Publish clinical model on what constitutes desirable, healthy infant sleep
- To produce "healthy" infant sleep, replicate the test condition

From James McKenna
(Positive → Tolerable → )

Toxic Stress

- Strong and prolonged activation of the body’s stress management systems in the absence of the buffering protection of adult support.
- Disrupts brain architecture and leads to stress management systems that respond at relatively lower thresholds, thereby increasing the risk of stress-related physical and mental illness.

Jack P. Shonkoff, M.D.

HYPERAROUSAL - DISSOCIATION (Schore 2001)

"In this state both sympathetic and parasympathetic components are hyperactivated ... Creating

... chaotic biochemical alterations
... a toxic neurochemistry in the developing brain

WHY DO WE SEPARATE BABIES FROM MOTHERS ???

Kangaroo Mother Care: Restoring the Original Paradigm for Infant Care

WHAT IS THE SCIENCE BEHIND INCUBATOR ??

Ignaz SEMMELWEISS 1818 - 65

Hungarian obstetrician
1840’s - Vienna 30% died of puerperal fever - Pushed handwashing, cleanliness & standards: Maternal death rate from 12% to 1% in 2 years
Ostracised by peers, Died insane

Stephane TARNIER 1828 - 97

French obstetrician
Saw a warmed box for hatching chickens, had one designed for “weaklings“ ... ... invented incubator
Pierre BUDIN 1846 – 1907

Friend of Tarniers ... took Incubators, made centres for the care of weaklings, wrote book on subject.

Political support ...

France versus Germany

BUDIN was very particular to include mother, reason for the glass window ....

Martin COUNEY 1860 – 1950

Born in Germany

claims he learned the techniques for Budin ....

Berlin Exhibition 1896, success!

Photograph: Pan-American Exhibition in Buffalo, New York, 1901.

Martin COUNEY 1860 – 1950

Berlin 1896, success

to USA: Buffalo → Omaha 1902-4,

New York Worlds Fair, 1939

Chicago Fair 1932 2nd highest receipts, Last show New York 1940.

... famous for "preemie road show".

MONEY MAKING SHOW

PERMANENT pavilion in Dreamland

Dreamland delivered novel and fantastic diversions of the odd and unusual ... Catering to the public’s endless fascination with oddities and freaks. It was the home to scientific, ethnological and cultural exhibits, including Dr. Couney’s Baby Incubator pavilion ...

Martin COUNEY 1860 – 1950

Born in Germany

claims he learned the techniques for Budin ....

Berlin Exhibition 1896, success!

London World fair 1898, fiasco!

ALL THE BABIES DIED .... “MOTHERS TO BLAME”
Martin Couney 1860 - 1950

Couney successfully raised 5000 prems!

BUT -
used wet-nurses,
excluded mothers
(mother got free pass to the shows!)

Mothers were excluded - "germs" ...

Sarah Morris Hospital,
Chicago 1923,
others followed -
accepting the
"policy of strict separation".

HOW MUCH SCIENCE ??
RESEARCH ??

WHY
do we separate mothers from babies ??

INCUBATOR & SEPARATION = ACCIDENT of HISTORY

How A Folk Myth Achieved Scientific Validation
1. Initial test condition: infant sleeps in INCUBATOR, is FORMULA fed, is SEPARATED
2. Derive measurements of NEONATES under these conditions
3. Repeat measurements across ages, defining "NEONATAL PHYSIOLOGY"
4. Publish TEXTBOOKS describing "NORMAL NEONATES"
5. "Replicate the test condition": SEPARATED NEONATES ARE NORMAL

From James McKenna

KANGAROO MOTHER CARE: RESTORING THE ORIGINAL PARADIGM

THE INCUBATOR HAS NO SCIENTIFIC FOUNDATION !!

BASIC ASSUMPTIONS:
* INCUBATOR STABILIZES BABY

FOUNDATION / PLATFORM / BASE
MATERNAL-INFANT SEPARATION HAS NO SCIENTIFIC FOUNDATION.

WHAT IS “SCIENCE”??

“TRUTH” CREATION → BIOLOGY - ANTHROPOLOGY - SOCIOLOGY

“SCIENCE” KNOWLEDGE

EXPERIENCE

EVIDENCE

8% “MYTHS” ASSUMPTIONS

PRACTICE ??

GUIDELINES POLICIES PROTOCOLS

DO INCUBATORS IMPROVE SURVIVAL ??

Or is it ...

Surfactant ??

Ventilation / CPAP ??

Antibiotics ??

THE SCIENCE BEHIND SKIN-TO-SKIN CONTACT

Neuroscience

Evolutionary biology primatology

Epigenetics

TOXIC STRESS DOHAD

A controlled trial of skin-to-skin contact in extremely preterm infants

Miles et al 2006

Although there is no reason to discourage mother skin-to-skin contact after extremely preterm birth results in neither benefit nor adverse consequences.

Mother-to-infant skin-to-skin contact after extremely preterm birth results in neither benefit nor adverse consequences. Although there is no reason to discourage mother skin-to-skin contact after extremely preterm birth, we are unable to recommend resource allocation for the implementation of STS (skin-to-skin) care for extremely preterm infants in a routine intensive care setting.

A 100% mother-to-infant skin-to-skin care intervention was provided to premature infants in a neonatal intensive care unit setting. Infants were randomized to receive 20 min of skin-to-skin care once daily for the first 4 weeks of life. The intention was to provide 20 min of STS once daily for 4 weeks. Unit policy did not

Miles et al 2006
KANGAROO MOTHER CARE:

KMC (in the world) - Skin-to-skin contact

WHEN STABLE !!!

Exclusive breastfeeding

Technical support added

(Early discharge - followup)

For the human newborn, it is the habitat which determines which brain programme is operating, which then determines the behaviour (niche).

DANGER (axis 1) PAIN (axis 2)

Amygdala (CRF) NTS (NA)
Locus Ceruleus (NA) OXYTOCIN
PVN (CRF) PVA (CRF)

INHIBITION

- Sensory inputs signalling PEACE comfort & SAFETY
- Release of oxytocin
  - Amygdala
  - PVN
- Inhibition of HPA axis
- Inhibition of NA

- Soft innocuous sensory stimulation
- Increase of α2 adrenoceptors
  - NTS
- Decreased NA activity
- Decreased HPA activity

Oxytocin release mechanisms

- Via the parvocellular neurons of the PVN and SON into the brain (as a neurotransmitter)
- Via the neurohypophysis into the bloodstream (hormonal action)
- Directly via cell bodies and dendritic parts of the neuron by volume transmission
OXYTOCIN comes from

- Cervical dilatation
- Breastfeeding
- Skin-to-skin contact
- Eye-to-eye contact

Relationships are the “Active Ingredients” of Early Experience

- Nurturing and responsive interactions build healthy brain architecture that provides a strong foundation for later learning, behavior, health.
- When protective relationships are not provided, persistent stress results in elevated cortisol levels that disrupt brain architecture by impairing cell growth and interfering with the formation of healthy neural circuits.

Jack P. Shonkoff

SKIN-TO-SKIN CONTACT

SAFE ? → YES

SAFE ? → NO

THE PLACE MODEL

SKIN-TO-SKIN CONTACT

CORTISOL

OXYTOCIN
NEUROSCIENCE

Everything else

EVOLUTIONARY BIOLOGY

The Brain

The DNA

The Place

FITNESS

EXPERIENCE

ADAPTATION

"except in the light of mother’s body."

"needed neural processes"

"buffering protection of adult support"

ZERO SEPARATION

SCIENTIFIC & EVIDENCE BASE for SKIN-TO-SKIN CONTACT

WHERE DOES “EVIDENCE” COME FROM ??

EVIDENCE BASED MEDICINE.

INCUBATOR invented 1900
INCUBATOR in wide use 1940
Randomised trials 1960
Archie COCHRANE  1909 1988

Any intervention should be subject to RANDOMISED CONTROLLED TRIAL and meta-analysis ...

EVIDENCE BASED MEDICINE.

Is there an alternative for premature infants ??

KANGAROO MOTHER METHOD

-Skin-to-skin CALOR warmth
-Breastfeeding LECHE milk
-Protection AMOR love

KMC started by
Drs Rey and Martinez,
(1979) Bogota, Colombia.
UNICEF report 1983
“remarkable claims”

Rey and Martinez
Started in 1979
UNICEF report 1993
“remarkable claims”

Survival 1001-1500g before : 27%
                        after  89%
Hammersmith in London  91%
“intriguing and incredible”

Andrew Whitelaw  (Lancet 1985)
“The myth of the marsupial mother”
Survival 89% ....
“but figures misleading because omitted babies who died in first few days”

Valuable in developing countries
Colombia has nothing to teach developed countries about survival ....

11000 births annually, overcrowded cross-infections \( \rightarrow \) poor survival

“kangaroo babies”: At birth: incubator, conventional care,
“... do not see this as an alternative to conventional care.... babies need to survive hazards of first few days in order to enter programme” \( \rightarrow \) 1/3 do!
In Trieste, this intervention had 30 different names, terminology was discussed, and we agreed to use –

**Kangaroo Mother Care**

was there defined

- **Kangaroo Position** Skin-to-skin contact
- **Kangaroo Nutrition** Breastfeeding (excl)
- **Kangaroo Discharge** Home followup
- **Kangaroo Support** Adjunct to technology

**Origin of BIRTH K M C**

Drs Rey & Martinez
- 1979 Bogota, Colombia
  
**LATE K M C**

- 1985 Andrew Whitelaw

- 1987 Agneta Jurisoo

**DEFINITION of KMC (1990)**

MANAMA, ZIMBABWE

- Skin-to-skin contact from birth, continuous
- Breastmilk from birth & exclusive breastfeeding
- Psychological support to mother

KMC as above used regardless of weight and gestation. KMC provides the baby with very intensive care.

KC (in the USA) – In-hospital skin-to-skin contact, any duration, primarily adjunct to CMC (Conventional Method of Care).
Results - Manama

(Born 1000g to 1500g)

Survival before KMC 10%
Survival with KMC 50%
(Stabilized in 6 hours)
Weight gain per day 30 g/d
Breastfeeding rate 100%

THE PLACE MODEL
SKIN-TO-SKIN CONTACT

MOTHER → 50% SURVIVAL
OTHER → 10% SURVIVAL
SEPARATION

EVIDENCE BASIS
For Skin-to-Skin Contact

SKIN-TO-SKIN CONTACT :
→ MUST START @ BIRTH
→ MUST BE CONTINUOUS

Mother is a superior incubator

EVIDENCE BASIS
For Skin-to-Skin Contact

(MANAMA)
BIRTH SKIN-TO-SKIN
→ SUPERIOR SURVIVAL

WHY
do we separate mothers from babies ??

INCUBATOR & SEPARATION = ACCIDENT of HISTORY

SKIN-TO-SKIN & BREASTFEEDING :
THEN ADD TECHNOLOGY
Is THIS an alternative for premature infants??

EVIDENCE BASED MEDICINE.
- INCUBATOR invented: 1900
- INCUBATOR in wide use: 1940
- Randomised trials: 1960
- KMC first described: 1980
- Birth KMC described: 1990
- INCUBATOR vs Birth KMC: 2000

EVIDENCE BASIS
For Skin-to-Skin Contact

The PLACE MODEL
→ scientifically derived
→ alternative approach
→ falsifiable/testable hypothesis

THE PLACE MODEL
SKIN-TO-SKIN CONTACT

KANGAROO MOTHER CARE
FROM BIRTH
COMPARED TO CONVENTIONAL INCUBATOR CARE

Research funded by
THRASHER RESEARCH FUND, U.S.A.

Admin and stats by
MEDICAL RESEARCH COUNCIL, R.S.A.

Reference
RCT of skin-to-skin contact from birth versus conventional incubator care for physiological stabilisation in 1200- and 2199-gram newborns.

Bergman NJ, Linley LL, Fawcus SR.
Acta Paediatrica 2004
Vol 93(6): 779-785
Primary hypothesis

SSC (skin-to-skin contact) from birth is superior to incubator care for low birthweight infants.

ONLY HABITAT DIFFERS.

Results

Minimisation technique ensured groups balanced for confounders:

- (n = 34)
- KMC KMC
- Mean weight 1813g 1866g
- Mean GA 34.2w 35.3w
- Approp GA 65% 64%
- Male 60% 50%

Bergman et al 2004

Research hypotheses

<table>
<thead>
<tr>
<th></th>
<th>Stabilising DURING 6h</th>
<th>Stabilised AT 6 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAILOUT</td>
<td>H1a</td>
<td>H1b</td>
</tr>
<tr>
<td>SCRIP</td>
<td>H2a</td>
<td>H2b</td>
</tr>
</tbody>
</table>

BAILOUT points - INSTABILITY

- "physiological parameters exceeding normal limits, requiring medical assessment and or intervention"
- 1 Skin temp consistently <35.5°C
- 2 Heart rate <100; or > 180 bpm
- 3 Apnoea longer than 20 seconds
- 4 O₂ sats below 89% (x2), (CPAP/60% O₂)
- 5 Blood glucose < 2.6mmol/l, (laboratory)

Bergman et al 2004

H1b (SPECIFIC)

Doctor summoned:

INCUBATOR 92% 8%
SKIN-TO-SKIN 17% 83%

Bergman et al 2004

THE PLACE MODEL

SKIN-TO-SKIN CONTACT

MOTHER 17% UNSTABLE
OTHER 92% UNSTABLE

SEPARATION
Heart rate
Oxygen saturation
Respiratory rate

STABILITY
monitors continuously

Heart rate
- Regular
- Deceleration to 80-100 bpm
- Rate <80 or >200 bpm

Respiratory rate
- Regular
- Apnoea <10s, or periodic breathing
- Apnoea >10s
- Tachypnoea >80 bpm

Oxygen saturation
- Regular >87%
- Any fall to 80–87%
- Any fall below 80%

Score allocated for a five minute period of continuous observation, maximum six for period
Fischer et al, 1988

STABILITY TREND

SKIN-TO-SKIN: STABLE AT 6 hours

INCUBATOR INFANTS REMAIN UNSTABLE, WITH NO TREND TO STABILIZATION

“100% SCRIP STABILITY”

<table>
<thead>
<tr>
<th></th>
<th>S</th>
<th>S</th>
<th>C</th>
<th>S</th>
<th>M</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200g to 2200g</td>
<td>1 - 6h</td>
<td>56%</td>
<td>11%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>@ 6h</td>
<td>100%</td>
<td>46%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1200g to 1800g</td>
<td>1 - 6h</td>
<td>44%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>@ 6h</td>
<td>100%</td>
<td>25%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Stabilisation first 6 hours, average hourly SCRIP score
KMC all
KMC <1800
CMC all
CMC <1800
Skin-to-skin contact is more essential for premature newborns!

Our normal biology

Premature babies are not in incubators because they are unstable.

Premature babies are unstable because they are in incubators.

Scientific validation of a false assumption

BASIC ASSUMPTION:
- INCUBATORS STABILIZE

Paradigm construct

Specifically, all the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contra-indications in the care of patients.

BASIC ASSUMPTION:
- INCUBATORS STABILIZE

Foundation / platform / base

All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

BASIC ASSUMPTION:
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Foundation / platform / base
**What is a paradigm?**


paradigm 3. A set of assumptions, concepts, values, and practices that constitutes a way of viewing reality for the community that shares them, especially in an intellectual discipline.

**Evidence Basis**

For Skin-to-Skin Contact

Maternal-infant SEPARATION → remains NORMAL PRACTICE → SSC and KMC are ACCEPTABLE → PARADIGM did not change

**SSC - Protection**

Preterm infants experience prolonged severe stress with tenfold increases in stress hormones. Stress hormones at such levels are neurotoxic.

**Separation raises stress hormones**

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<tr>
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<tr>
<td>Massage</td>
<td>slightly lower</td>
<td>no change</td>
</tr>
<tr>
<td>Soft music</td>
<td>no change</td>
<td>no change</td>
</tr>
<tr>
<td>Skin-to-skin</td>
<td>66% lower</td>
<td>74% lower</td>
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**SSC - Research**

Separation from mother is stressful for humans. Salivary cortisol is a good measure of stress.

RCT (Andersen et al 1998)

Two groups of newborns, both given best care, only one separated from mother at one hour age. Cortisol levels measured every hour.

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<th>Cortisol with mom</th>
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<td></td>
<td>9</td>
<td>4</td>
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</table>

**Cortisol**

“Non-pharmacological reduction of hypercortisolaemia in preterm infants”

Preterm infants experience prolonged severe stress with tenfold increases in stress hormones. Stress hormones at such levels are neurotoxic.

**EVIDENCE BASIS**

For Skin-to-Skin Contact

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PRIMUM NON NOCERE

PLACE MODEL study

ANDERSON BEHAVIOURAL STATE SCALE

12 Crying
11 Crying
10 Fussing
9 Active
8 Breastfeeding
7 Alert Awake
6 Quiet Awake
5 Drowsy
4 Active Sleep
3 Irregular Sleep
2 Irregular Sleep
1 Regular / Quiet Sleep

HRV produces IBI (Inter Beat Interval) frequency domain (PDS)

FFT / AR / wavelet

• social vagus (validated)
• sympathetic (accepted)

AUTONOMIC STATE COMPONENTS:

GREEN = VLF
RED = SNS SYMPATHETIC
BLUE = NEW SOCIAL VAGUS
**Skin-to-skin contact = *NORMAL* PLACE**

**SEPARATE**
- **176% Increase** Autonomic activity
- **SEPARATE**
- **86% Decrease** Quiet Sleep

**Discussion:**
Quiet Sleep latency long in MNS

Anxious Arousal

**Perry: Responses to threat**

<table>
<thead>
<tr>
<th>Adapative Response</th>
<th>REST (Adult Male)</th>
<th>VIGILANCE</th>
<th>FREEZE</th>
<th>FLIGHT</th>
<th>FIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperarousal/Continuum</td>
<td>REST (Male Child)</td>
<td>VIGILANCE (Crying)</td>
<td>RESISTANCE</td>
<td>FREEZE</td>
<td>AGRASSION</td>
</tr>
</tbody>
</table>

**Babies in separation do not sleep ...**
... they FREEZE and DISSOCIATE

**“The perinatal sensorium is never in chaos .... DEVELOPMENT IS → EVER MORE ORDERED**

1st 28w  unmyelinated  Immobilise  MORE COMPLEX
2nd 2 m  sympathetic  flight or flight  MORE FLEXIBLE
3rd 6 m  myelinated vagus  engage/disengage

**SKIN-TO-SKIN CONTACT**

Normal sleep cycling

Separated neonates experience disturbances of sleep cycling.

**A “hierarchy paradigm”**

**App/Approach:**
- Development
- Biological needs
  - Feed / sleep / play

**Avoid/Defence:**
- Biological priorities
  - Vigilance / freeze

**STATE organisation**
Maternal separation may be a stressor the human neonate is not well-evolved to cope with, and may not be benign.

**KANGAROO MOTHER CARE:**

**RESTORING THE ORIGINAL PARADIGM**

**SEPARATION:**

Separated newborns from experience anxious arousal → TOXIC STRESS

**SEPARATION:**

Quantity and quality of sleep compromised: May be in “freeze / dissociation”

**KANGAROO MOTHER CARE:**

**RESTORING THE ORIGINAL PARADIGM**

**SEPARATION:**

Can we distinguish “healthful” sleep from freeze & dissociation responses in neonates?

**KANGAROO MOTHER CARE:**

**RESTORING THE ORIGINAL PARADIGM**

**ZERO SEPARATION**

**“Scientific foundation” ... a synthesis**

EPIGENETICS

EVOLUTIONARY BIOLOGY

Everything else

The Brain

The DNA

Place

ENVIRONMENT

FITNESS

EXPERIENCE

ADAPTATION
It matters how we are born!
It influences our emotional and social development, our future EQ.

Contrary to old beliefs: the human newborn is profoundly sentient and perceptive, at birth and thereafter.

Separation is a major stress, which increases cortisol, disrupts development of new neural pathways.

References and more information:
www.skintoskincontact.com

INTRODUCTION
“It is easier to build strong children than to repair broken men.”
Frederick Douglass (1817–1895)