First we would like to wish you a very…

Second, we would like to say a massive THANK YOU to you and your children for your continued support for the research. It’s been 14 years since we recruited the first family into the study and with your support we have collected a wealth of data which can help inform our understanding of how best to promote positive child development.

Due to COVID-19 and funding changes we’ve been collecting questionnaires only in recent phases and have asked for your support in getting the study children to complete these from home. We appreciate that this is adding to school work and other demands, but it is increasingly important for us to get your child’s perspective so we are incredibly grateful for your help with this.

We are applying for further funding to do another face to face assessment in adolescence as we would love to see you all again, and one of the strengths of WCHADS is the rich observational and biological data that we collect.

We began data collection prior to the pandemic and then relaunched the wave to allow us to capture important information on the impact of the pandemic on families. Using this data we have been able to show the negative impact on mental health for mothers and young people during the lockdown. A total of 729 mothers and 707 children provided data, some of you completing multiple questionnaires, so thank you!

This wave launched in July 2021. Thank you very much to everyone who has taken part so far—we have had completed questionnaires from most of the sample with some families yet to respond. This will allow us to examine the impact of COVID-19 a year later and find out whether the mental health impacts we identified last year have persisted.

Even without the pandemic, adolescence is a period characterised by heightened emotions for all. For some young people this reduces over time but for others this represents an exacerbation of previous difficulties or the start of difficulties. The lifetime data we have collected on your children and the important information families are providing now on their peer relationships, school experiences, as well as pubertal development and emotional and behavioural problems, will help us to understand what factors are associated with positive outcomes during adolescence and beyond.
Cross-cultural research is important because it allows us to look at whether the same processes operate in countries with very different settings, allowing us to make conclusions about processes. As most research is conducted in High Income Western Countries, there is a tendency to assume that things operate the same way in Low Income Countries, but we need research to test whether this is the case.

In our sister study in Bangalore we have been gathering information about parenting, just like in WCHADS. We recently compared maternal speech during a play task at 6 months of age. We found striking differences; the speech of UK mothers included more comments about their infants thoughts and feelings (“mind-minded comments”) whereas Indian mothers gave their infants more instruction during play and also used more positive comments. This work has been submitted for publication. Our next step is to examine the links between parenting approaches and later child outcomes in the two cultures.

We reported that postnatal depression symptoms are associated with higher levels of frustration proneness in one year old infants. However, for female infants, this varied depending on whether the mother breastfed during the first few months of life. Contrary to what you might expect from messages about the importance of breastfeeding given to new mothers, we found that the daughters of mothers who had higher levels of postnatal depression symptoms and were breastfed had the highest frustration proneness at age one. This may be due to exposure to the mother’s stress hormones through breast milk.

Of course, we need more evidence before we can make this conclusion, so we are now seeking to repeat the analyses we did in other samples of mothers and children to see if we see the same pattern of findings. We also plan to look at breastfeeding in relation to other child development outcomes in WCHADS.

Recent research findings

We have now published 32 academic papers and are preparing a recommendation paper for NHS England on how best to assess early mother-infant interaction.

Here’s a description of some of our recent research outputs (full papers can be accessed on our website):

**Sex-specific effects of breastfeeding on infant temperament**

We reported that postnatal depression symptoms are associated with higher levels of frustration proneness in one year old infants. However, for female infants, this varied depending on whether the mother breastfed during the first few months of life. Contrary to what you might expect from messages about the importance of breastfeeding given to new mothers, we found that the daughters of mothers who had higher levels of postnatal depression symptoms and were breastfed had the highest frustration proneness at age one. This may be due to exposure to the mother’s stress hormones through breast milk.

Of course, we need more evidence before we can make this conclusion, so we are now seeking to repeat the analyses we did in other samples of mothers and children to see if we see the same pattern of findings. We also plan to look at breastfeeding in relation to other child development outcomes in WCHADS.

**Pregnancy-specific stress and labour progress**

We were able to use a combination of your reports during pregnancy and birth records from Arrowe Park to show that contrary to widespread belief anxiety during pregnancy is unrelated to the progress of labour. However, pregnancy-specific worry was associated with epidural use, which in turn was associated with risk of augmentation of labour and longer stage one labour. The findings suggest that assessment of pregnancy-specific stress could help to identify women for whom psychological interventions could improve birth experience.

**Cross-cultural findings**

Cross-cultural research is important because it allows us to look at whether the same processes operate in countries with very different settings, allowing us to make conclusions about processes. As most research is conducted in High Income Western Countries, there is a tendency to assume that things operate the same way in Low Income Countries, but we need research to test whether this is the case.

Like the Wirral cohort, we assessed the Bangalore cohort during the first COVID-19 lockdown and are currently preparing a paper comparing experiences in UK and India.

Researchers at La Sabana University collected similar data to WCHADS on 3 and 5 year old Colombian children. Colombia is a Low Income Country characterised by high rates of violent crime. In a recent paper using data from both studies we showed that the mechanisms for persistent aggressive behaviour in preschool age children were the same in both the UK and Colombian setting.

Don’t forget to help us stay in touch with you by letting us know of any change in address, phone number or email address. You can call us on 0151 795 1114, text us on 07956297412, email us at first.steps@liv.ac.uk or write to us at First Steps Study, The University of Liverpool, Eleanor Rathbone Building, Bedford Street South, Liverpool, L69 7ZA

Study website: https://www.liverpool.ac.uk/population-health/research/groups/first-steps/about/

Follow our twitter: @theWCHADS