Welcome to your baby

What’s inside this issue...

> About babies
> Baby Care
> Being a parent
> You and your partner
## Contents

### About babies
- What are babies like 03
- Your babies brain 04
- Your babies development 06
- Your babies emotional needs/feelings 07
- Your babies wonder weeks 10
- What is attachment 12

### Baby Care
- Feeding your baby 15
- Your baby’s food 16
- Bathing your baby 19
- Sleep and settling your baby 20
- Safe sleep 21
- Nappies and contents 23
- Tummy time 25
- Head shape 27
- Play 28
- Dummies, thumbs and other comforters 29
- Colic 30
- Crying 31
- Spillings, vomiting and reflux 32
- Your baby’s teeth 33
- Keeping your baby safe 34
- Protecting your baby from the heat 35
- Safety and the car 37
- Smoking and your baby 38
- Dogs and cats and your baby 39
- Immunisation 40
- When to see your doctor 41
- When to get help 42

### Being a parent
- Being a mum 43
- Being a dad 44
- Discipline 46
- Older children at home 47

### You and your partner
- Looking after yourself 49
- Parental relationships 50
- Your sexual relationships after childbirth 51
- Postnatal depression and the baby blues 53
- Tackling the hard things 54
What are babies like?

From birth, babies take on their own particular personalities and a remarkable range of abilities. You can get to know your baby in the same way you would get to know anyone, by watching, touching, talking, responding and spending time with her. Here are some of the things new babies can do.

**Hear.** Your baby has been hearing since well before birth. He is familiar with your voice and the sounds of your household. You may notice he tends to calm to quiet sounds and startle or cry at a loud noise.

**See.** Your baby can see you at birth, especially close up. She will be able to see your face and will soon learn to recognise you. Her vision for more distant objects will become clearer over the first few months. Some babies can “fix” or stare at faces from soon after birth and even follow a small movement, others take a few weeks to do this. It is common for young babies to look “cross-eyed” at times but most of the time they should have their eyes looking in the same direction. If they still cross their eyes some or all of the time after the first few months, see your doctor about it.

**Smell and taste.** Babies are born with a sense of smell and taste. They begin to recognise the smell and taste of their own mother’s milk in the early days after birth. They may react to unpleasant tastes, such as some medicines.

**Move.** New babies can’t control most of their movements. They are born with several reflexes, movements they make when touched, or stimulated in certain ways such as the startle reflex where their whole body moves, or the sucking reflex when something is placed in their mouth. They are not aware of separate body parts as yet and cannot deliberately move their head, arms or legs.

Babies gradually gain more control over their movements as their nervous system matures. The first smile is eagerly awaited by parents, and is certainly very rewarding. Most babies will smile by six weeks, sometimes earlier, especially if you spend plenty of time smiling at them. If the baby's smile is in response to yours, and she is looking at you, it is not “wind”, however young the baby is.
Baby’s skin

While the skin of many babies is soft and smooth, some babies look quite red and wrinkly at first, and may take a few weeks to “plump up”. Some newborn’s skin can be dry and look as if it is peeling. This gets better by itself, but you can rub in some sorbolene or baby oil if you like. Some babies have a lot of fine hair on their bodies. This will all disappear quite soon.

There may be birthmarks that you will want to ask the doctor about. Some sorts of birthmarks will go away by themselves and others are more permanent.

Rashes are common too. Most babies will have some spots on their face, and sometimes on their body in the early weeks. Usually this will gradually clear and does not need treatment.

Check with your child and family health nurse or doctor if you are concerned about your baby’s spots.

Lumps and bumps

Your baby’s head may look squashed in the early days after birth. The bones of the skull move a little during the birth process, but soon even out.

The soft spot (fontanelle) on the top of the baby’s head may swell when the baby cries and look flat or even a bit depressed at other times. Don’t be scared to touch this area. The skin and coverings of the brain are strong and you won’t hurt the baby by washing or brushing his hair.

A few babies have a soft swelling on the skull from the birth, called a cephal-haematoma. It is due to bruising and goes away in a few weeks. It is not a problem.

Some babies (boys as well as girls) have puffy genitals and swollen breasts, with a firm lump under the nipple. There may even be a little discharge from the breasts. This is a response to the mother’s hormones and settles down without treatment.

Some babies have a swelling (or hernia) under their belly button (umbilicus). This may get a lot bigger when the baby cries. This may look alarming, but does not cause any health problems and nearly always goes away by itself after some months. A lump in the groin area, however, may be an inguinal hernia, which does need treatment. See your doctor if you notice this.

You may notice little white lumps like tiny pearls in the baby’s mouth, especially on the gums. These Epstein’s Pearls are normal and go away as the baby grows. They are not related to the teeth.
About babies

Did you know that every time you hold, touch, talk to or sing to your baby you are helping her brain to grow?

Recent research shows that the first three years of life are the most important for brain development. What you do with your baby helps to build the brain cells and the pathways between them. If you give your baby lots of love, talk to her and comfort her when she cries, you are helping build strong pathways. If a baby is afraid or parents don’t respond to her, talk to or hug her, she will miss out on some of the things that make her brain grow.

It is the caring that you give to your baby that sets the pattern for the future. A baby who is loved will learn to feel safe and secure; a baby who has things to look at, touch and hear will be a baby who is already learning a lot and wanting to learn more. A baby who is stressed is likely to go on feeling stressed, and a baby who is often afraid is likely to be easily frightened and not want to try new things as she grows.

If there are family stresses, get help with them so they don’t affect your baby. Babies can sense tension and stress, and produce stress hormones as a result. These stress hormones affect your baby’s brain as well as other body organs.

Your baby needs to feel secure and have her needs met to give her the best start in life.

Things you can do to help your baby’s brain development

> The first thing your baby needs is to feel safe, warm, fed and loved.

> When your baby cries, try to find out what she needs. This way your baby will learn that the world is a safe and happy place to live in and explore. If you can’t stop her crying, just holding and comforting her will show her she is safe and loved.

> Learn to know your baby’s signals and how to respond – whether it is food, comfort, sleep or play. This often takes time so don’t be worried if you don’t catch on at first.

> Make eye contact with your baby – babies love to look at faces.

> Make your baby’s world interesting at waking times. Babies don’t like to lie in a cot looking at a blank ceiling any more than adults do. Go for walks, put different things to look at near her cot, put the cot in a different room.

> Keep your baby near you when she is awake. Have little “conversations” with your baby. When your baby makes a little noise, copy it and then wait for her. This is the start of learning to talk and read. You can do it with actions too – when your baby pokes out her tongue or wrinkles her nose you can copy and wait.

> For babies everything is new – even nappy changing. Let your baby know what you are doing, talk about what you do as you do it. Let your baby know when you are going to pick her up. Do it the same way each time so she learns to know what to expect, for example by saying “Up we go.”

> Babies learn by watching, listening, trying new things and practising the new things they have learned. Follow your baby’s lead and do what she enjoys. Stop when your baby wants a rest, looks away or shows that she does not like it.

> Enjoy your baby’s achievements. There is new learning every day in the early weeks and months. All this helps your baby’s brain to grow well.
Your baby’s development

Development of feelings

A young baby does not understand that he is a separate person inside his own skin. In the first few months, babies can’t decide to make you do anything, they can only act how they feel and show you what they need.

They don’t know about feelings, they just know they feel good or bad. They feel good when a feed goes well or they hear your soothing voice, and they feel bad when they are hungry or frightened.

If your baby hears a loud noise for instance, or the person holding him is tense or stressed, he has no way to know if what he feels comes from inside him or outside him. This can be hard because you can’t hide your feelings from your baby. Whenever you are tired and frazzled, for example, you will find that your baby is hard to settle. If you are calm, he is likely to feel calm; if you are tense he is likely to be jumpy and easily startled.

The next thing to remember is that every baby is very different. You have heard that before, but it is really true. It means that every baby has different health, feelings and personality, and your baby may be very different from you.

Some babies are easygoing and placid. Some are much more excitable, or have many other ways of responding that you will be learning about over the early months.

Even a quiet and sleepy baby wants to be with you and learn to know your voice and your face. You are the most important thing in his life. A big part of early learning is about getting to know and remember faces. Looking into someone’s eyes is the first step for learning to love. So look into your baby’s eyes and talk gently to him right from the start.

Don’t feel upset if he looks or turns away, tiny babies often get tired and need a rest even with people they love.

Learning

Babies are very busy with their bodies. Everything is brand new and never been used before – it takes the first three months to get their feeding working well and nervous system running smoothly. You can tell by her face that for a lot of the time she is thinking about what is going on inside herself. Babies have new things happening to them all the time. They can easily get upset when they feel overwhelmed with the stimulation of so many sounds, colours, shapes and touches.

During the first two years of life, you and your baby will experience huge changes in her development. Sometimes your baby may cry more, be more clingy, have trouble sleeping or not feed well. You may notice that she has learnt something new and these changes can be daunting for her. If she is growing well, you might consider that she is getting used to these changes in his world and she is getting ready to show you a wonderful new skill. Read more about this on page 12 under ‘Your baby’s wonder weeks’.
Sight, movement and speech development

What your baby can see

Newborns can see patterns of light and dark, but the things they look at are probably blurred. In the first few months they like to look at bright things with strong colours, stripes, dots and patterns, especially black and white.

During the first four months, your baby should begin to follow slowly moving objects with his eyes. The human face is the first thing he will get to know, as he learns that the eyes, nose and mouth make up a face. During the first few months, he will begin to know special faces and other special things in his world like his special toy and the breast or bottle.

Things you can do:

> Change your baby’s position so that he has different things to look at on each side of his cot.

> String faces and simple toys above his cot to give your baby practice at trying to control his hands to touch things. Place some safe toys within his focus (about 200-300mm) away.

> Babies learn to control their eye movements by watching gentle movement, such as leaves in the breeze, washing on the line or if you move something slowly where he can see it.

> Talk to your baby as you move about the room so he learns about movement, distances and directions as he sees and hears you.

Your baby’s movement

In the early weeks, most of your baby’s movements just happen and are out of her control. In her third month, your baby watches her hands and begins to wave a hand towards your face or some other desired object.

She may be starting to get the idea that she can do things, like hitting a rattle and making a noise. By about eight weeks, she will lift her head when lying on her tummy, and kick her legs. She will also get her hands moving so she can touch something she wants. The two sides of the body do things separately at first. Your baby may use her right hand and foot for a few days or weeks, then her left side for a time.

Between the age of four and six months, your baby will achieve a wider range of movement. She will:

> Begin to find out that her hands belong to her and play with her fingers (three to four months), grab and play with her toes when lying on her back (four to five months)

> Hold something in her hand for a short time at three to four months and bring a toy to her mouth if it is put in her hand

> Try to hit dangling objects (three to four months), but usually miss

> Topple over if put in sitting position (until five to six months)

> Grab for a toy or rattle at five months

> Hold her own weight when supported on her feet

> Grab at hair, glasses, and other things like badges or chains when she is being held.

Speech and language

By seven or eight weeks, your baby will begin use his voice and make cooing noises and vowel sounds. Make these noises back to him so he can hear from you the sounds he is making. He will be encouraged to make more sounds and this will be the beginning of your baby talking with you.

He will begin babbling at three to four months, and start talking to toys when he is five to six months. He will also look for where a sound is coming from, for example turn and look for a voice he recognises when he can’t see the person.
Activity and play for your baby’s development

Activities for the first three months

- Make a happy face mobile and hang it, facing her, above her cot.
- Stroke different parts of her body to see how she likes to be touched – talk about what you are doing.
- Speak to her gently and use her name.
- Play music, but not too loud.
- Sing to her.
- Hold her a lot.
- Give her different things to look at.
- Rock her.
- Lots of drinking and hopefully sleeping.
- Take her for walks in the pram or baby sling.
- Give her play time on her tummy when she is awake (always stay with her while she is on her tummy). This helps to make her muscles strong.

Activities for when your baby is three months to six months old

- Talk to your baby all the time, about what you are doing and what different noises are, and show him pictures in books.
- Make him laugh and sing to him.
- Give him tummy time when he is awake (always stay with him while he is on his tummy).
- Place baby on the floor without a nappy to allow freedom to kick.
- Provide him with bright objects and toys to look at (within his reach). If he touches them by chance at first, he will try to do it again. He is learning to control his hands.
- Provide him with different things to do. Either change what he is looking at or move him to a different spot so he has something else to look at.

Every baby is different, but if you are worried that your baby is out-of-step with things that most babies do, it is a good idea to have a check with your doctor. If there are any problems getting help early is important, and if there isn’t it will be reassuring to know that all is well.

See www.cyh.com Growing And Learning With Babies for more ideas about play with babies.

The information on what your baby can see was adapted from the pamphlet “Your Baby’s Eyes” produced by the Optometrists Association Australia.
How can you help your new baby grow into a confident, happy, responsible child who makes friends easily and can recover from life’s setbacks and disappointments? We want to show you a circle map that we think will be helpful. Follow your child around the circle.

Circle of security

This is a map not only of what babies in this country do, but babies all over the world – and not just human babies, but a lot of animal babies too. Some families have known about this all the time, but now research over the last 30 years backs it up.

The map shows us that when babies feel safe and secure and have what they need, they’re bursting to explore their world and learn things they need to know to grow up.

All babies love to explore. When babies are newborn, they may just explore by looking at a light or looking at you to learn about your face. As they get older they are able to crawl and walk and they will move further out to explore things and the circle will get bigger.

On the map:

The hands

The hands are you – ready to hold, support and care for your baby. They are the baby’s safe home base.
The top part of the circle
This part of the circle is about your baby exploring and learning new things. As they go out from you (their secure base) and explore -- on the top part of the circle -- they need you.

> To start with, they need you to let them explore and most of the time to just be there in the background while they do it, so you watch over them.
> Or sometimes they need help with trying to reach something they can’t quite get (they start to look frustrated) and you just move it a little closer and leave them to it again.
> Or sometimes they need you to enjoy with them: they find out how something works and they are pleased with themselves and they’ll look at you and laugh and you laugh with them.
> They need you to let them take the lead in exploring.

The bottom part of the circle
After a while they will have explored long enough and their sense of you they carry inside will have all been used up – so they start to miss you. They may get tired or may hurt themselves or be unsure of something they find. Then they need to turn back to you, their safe haven, their security in the world. And when they turn back to you -- on the bottom part of the circle -- they still need you.

> To start with, they need you to let them come back and be with or connect with you, to touch you or look into your eyes.
> Sometimes they need you to comfort them if they are hurt.
> Or they need protection if they’re frightened or unsafe.
> Babies also don’t yet know how to organise their feelings, like when they are too tired or over excited and they don’t know how to rest. They need you to show them how to recover from that – how to pause and rest, how to become calm and be soothed.

Tip
In the early weeks and months babies need to learn from you that their world is safe and that there are people to care for them. They know this when you meet their needs for food, comfort, warmth and love.

Some of us have been told that letting a baby come back into us when they feel lost out there exploring in the big world, will spoil them. We are now sure that exactly the opposite is true. The more often and the sooner we can let our children come back in to us and get comforted and reassured, the more quickly they will be confident to go off out and try something again or find something new to achieve. Welcoming them in on the bottom of the circle builds their strength and confidence.

Of course, none of us are going to be able to comfort our child in the way he or she needs every time. Sometimes we are too tired or upset. But, as long as we really try to do it when we can, our child will know.

There will also be times when we cannot just follow our child around the circle. There are many times when you need to take charge of a situation when there is danger – for example to stop a child touching a knife or to strap children into a car seat when they do not like it. We know better than they do about the dangers and consequences of things in the world – the big picture. Some times they need to feel safe when their emotions are out of control, like during a tantrum. It helps if the parent stays calm.

Here is another way of saying all that.
Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child’s need.
Whenever necessary: take charge.

Your baby’s wonder weeks

Researchers are finding that babies will have weeks throughout the first two years of life when there will be big changes in development. During these weeks a baby may be more unsettled and fussy than usual, but the good news is that after these ‘wonder weeks’ your baby will have developed in some new way, such as knowing you still exist even though they cannot see you or have a new physical skill (be able to use their thumb and finger to grasp an object) or have some new word skills (saying more words such as ‘mama’, ‘dada’ and ‘no’).

The bad news is that it is often difficult for your baby to handle these big changes in what they can do, how the world looks, or what they understand about it. It might be a surprise or a little scary. You might find that just when you thought things were settling into a routine, your baby might be more unsettled, cry more, be more clingy, have more trouble sleeping, perhaps not feeling like eating.

After these ‘wonder weeks’ many babies will have calmer and happier weeks – sometimes called ‘sunny weeks’.

The unsettled weeks might be hard for you to cope with, but sometimes if you know they are coming and they mean your baby is growing well, it is easier. Remember, it means your baby is getting ready to show you a wonderful new thing they can do and you will be full of wonder about how smart your baby is!

The Wonder Weeks are likely to be:

Week 5 – world of changing sensations: able to focus for longer, more interested, more alert, awake for longer, smiling more.

Week 8 – world of patterns: able to recognise simple patterns in the world around them, and in their own body – includes all the senses, not just vision.

Week 12 – world of smooth transitions: jerky movements become smoother and more controlled, head movements also.

Week 19 – world of events: ability to understand more of the world around them and developing new skills such as being able to reach for a toy, grab it, shake it run it around and put it in their mouth.

Week 26 – world of relationships: understanding more about things happening in their world, eg that certain noises mean that mum is in the kitchen or that another noise means that water is running for a bath.

Week 37 – world of categories (36-40 weeks): trying out new things, like squishing a banana to see how it feels, picking up tiny specks from the floor.

Week 46 – world of sequences: now realising that their may be an order of doing things, such as getting dressed. Looks to see which things go together and how they go together.

Welcome to your Baby – Edition 4, 2011
What is attachment

Attachment is the feeling of love and safety that babies have for their parents or the people who care for them most. When all goes well in the early months babies develop secure attachment – they feel safe and loved – and this sets a pattern for the future.

Babies with secure attachment do better in many ways as they grow older. They know they will get support to explore and learn and get comfort when they need it. They expect things to go well and they can cope better when things go wrong.

Attachment seeking is when babies and toddlers try to get comfort and protection from the person who cares for them. All human babies have this behaviour in order to protect themselves from danger. They do this by:

> smiling and cooing
> crawling and following
> holding out their arms
> crying
> and many other signals that parents and carers learn to know.

When a parent responds to the baby’s signal by making eye contact, smiling, touching or giving a cuddle, the baby feels safe and the attachment seeking behaviour stops. The child is free to relax, play, explore and learn again.

If the parent does not respond, the baby still feels anxious or afraid and the attachment seeking goes on. This can happen if the parent ignores the baby’s signal or becomes angry. Some babies who are very afraid give up trying.

Helping children to feel safe first is the best way to encourage them to be brave.

Being calm and gentle with babies is hard in our busy lives. It means that we must slow down at least a bit. This may mean that we have to make changes to our own lifestyles. Then we can be with our baby at a pace she can cope with and we can notice and respond to what she needs.

How can we help our babies to have secure attachment?

The first thing is to get to know your baby’s signals or cues so you know what she needs. This takes time and at first you will be unsure as to what your baby’s needs are, but in time you will know just what she means.

When you respond to your baby’s cues, it helps to build secure attachment. Even young babies give signals that they need you, and signals that show when they need you to do something different.

To show she needs attention your baby may:

> look at you
> make little noises
> smile
> copy your gestures
> look alert
> cry.

To show when she needs a break or perhaps a different or gentler approach your baby may:

> look away
> shut their eyes
> try to struggle or pull away
> yawn
> look tense and unhappy
> cry.

Your baby needs you to respond to these signals. This says to her that she has been heard. It is the start of her learning to be a person.

All babies are different and will have their own special ways of showing what they need and the things they love to do with you.
Separation and sleep

Babies who have slept well for the first six months or so, but then start to wake at night or not want to go to sleep, may be feeling separation anxiety.

This happens because they are afraid when their special people are not there, especially at night. They cannot understand that you are still nearby if they cannot see you. Babies also don’t understand when you say you will be coming back soon or in the morning. To them it can seem like forever.

If this is the problem you will find that your baby will sleep well as long as she knows you are near. It is recommended that your baby sleeps in a cot in the same room as you, for the first 6-12 months. After this time if your baby is in her own room, you might find it helps to put a mattress or a recliner chair near her cot and lie down near her when she wakes at night. Some people find that it is best to have their baby sleeping in the parent’s room until she is older.

What you need to know

Much research has gone into looking at the best ways to give babies a good start in life. Here are some things that have been found to be most helpful:

> Have realistic expectations of what babies can do. Find out about babies so you don’t expect them to do things that they can’t. For example some parents think that babies are trying to make the parents pick them up when they cry at night. But young babies don’t know that you are there when you are out of sight. They cry because they need something. If you come when they cry and comfort them they learn, in time, to know that the world is safe and they cry less.

> Be willing to take time to be with your baby. Learn to understand her messages. Young babies often give very small signals for what they need. Your baby needs carers who learn to know her signals and how to respond to them.

> Think about your baby as a separate person with her own needs, wants and feelings. Think about how it feels for your baby to be suddenly picked up without warning and put down somewhere else, or to have her nappy changed or be handed to a stranger.

> Get support. Have someone to talk things over with. You need someone to encourage you when you are doing well and to give you a break when you need it. It is often much harder than you think to learn about and respond to young babies. Parents need support too.

> Think about when you were a child and your experiences with your parents and how your parenting affects the way you feel about and care for children.

Tip

New parents get different advice from all sorts of people. If it feels right for you and your baby is happy it is probably OK to try. If you are in doubt, ask someone with current knowledge about babies eg 24 hour Parent Helpline 1300 364 100 or a community child and family health nurse (call 1300 733 606 for an appointment).
When your baby is very young, feeding will seem to be the main thing you do during wake times. It is an important time for you and your baby to get to know one another, so take your time and enjoy being with your new little person. For some babies feeding goes well from the start, but for others, learning this new skill takes time and practice. Be patient, and ask for help if you need it.

Breastfeeding

We now know that breastfeeding is the normal and natural way to ensure your baby is healthy and develops well, and it is good for the mother’s health also. Once established, breastfeeding is very convenient, so it is worth a bit of time and effort at first for both of you to learn how to do it.

You will need to hold your baby closely, with your baby’s body facing you and their nose opposite your nipple. This way the baby can take a good mouthful of the nipple and the surrounding areola (brown area). If your baby is not attached (latched) properly, you may find your nipples are sore or your baby doesn’t suck well. If you are unsure, get someone to check.

In the early months, your baby can have from eight to twelve breastfeeds in 24 hours. This is because breast milk is easy to digest. Feeding frequently can make sure that you have plenty of breast milk. All young babies feed at night and at least 60% are still having night feeds at seven months.

Babies show you cues that they need a feed; these include searching for the breast, mouthing and sucking their hands, or becoming restless. Crying is the last cue that your baby needs to be fed, not the first.

Offer both breasts at each feed time, although to start with your baby may only suck on the second side for a short while, or not at all. Start on the other side next time. Breastfeeding is a great way to relax both you and your baby.

When your baby has had enough, he may come off the breast by himself, or he may go to sleep, in which case you can put your finger in the corner of his mouth to gently break the suction and take him off.

Usually feeding takes less time as the baby gets older but it is important to work out what suits your baby. Again, some babies like to feed quite often, and others like longer sleep times – they are all different.

Breastfeeding the early weeks

When you first go home you will be much busier than in hospital and your baby may demand more feeds to boost your milk supply.

Remember that your breasts produce milk on the demand and supply rule – the more the baby feeds, the more milk you will make. You can give a top up breastfeed if your baby seems hungry before sleep time.

When breastfeeding is going well your nipples should not be sore. The most common cause of persistent sore or cracked nipples is when your baby is not attaching (latching) well. See your midwife, child and family health nurse or Australian Breastfeeding Association (ABA) counsellor for help if sore nipples persist.
Playing and interacting with your baby after the feed or when she is awake is a good ‘getting to know you’ time. Babies love faces and the sound of your voice. Reading to babies helps them to develop their brains.

Not all crying is hunger. Your baby may need a cuddle or a walk in the pram. He may cry because he is tired if he has been awake for an hour or two. Try settling him to sleep, and feed again when he wakes.

**Looking after yourself**

Try to get as much rest as possible in the early weeks, as this can help you adjust to life with your new baby.

Accept all offers of help from your partner, family and friends.

You may like to join a new mothers group for support.

**Expressing and storing breast milk**

After the early weeks you may not be able to be with your baby all the time, so it is important to know how to express your breast milk for others to give to your baby. If you have a very premature baby or need to go back to work, this is very important.

You can express milk by hand, or with a pump. There are many types of pumps available, some worked by hand and some with an electric motor. Express after a feed, or instead of a feed if your baby is not with you. See your local child and family health nurse, ABA counsellor, lactation consultant or [www.cyh.com](http://www.cyh.com) website for further information about how to express.

For fresh breast milk cover the milk (store in a disinfected container) and put it in the back of a fridge – not the door (so it is kept at 4°C or lower). It will keep for up to 3-5 days, but it is better to use it within two days. If no fridge is available fresh breast milk will keep for six to eight hours at room temperature (less than 27°C).

You can freeze breast milk well. Label the container with the date, and always use the oldest milk first. You can chill freshly expressed milk in the fridge and then add to milk in the freezer, but only keep it for as long as advised for the oldest milk. Frozen milk will keep for:

- two weeks in a freezer compartment inside a fridge
- 3 months in freezer section of the fridge with a separate door
- six to 12 months in a deep freeze (-18°C or lower).

Thaw milk in the fridge or by standing it in warm water. If thawed in the fridge use within 24 hours. If thawed in warm water use within four hours. Never refreeze thawed breast milk and do not thaw or warm breast milk in a microwave as some of the breast milk goodness may be damaged and also heating this way can cause hot spots in the milk which could burn your baby’s mouth. Once your baby has started to feed from a bottle of expressed milk, any leftover milk needs to be thrown out. Clean and disinfect bottles after use.

Many mothers feel disappointed if they have not been able to continue breastfeeding. Any length of breastfeeding is giving your baby a good start. This is a normal feeling. Remember that your formula fed baby will grow and develop normally. You can still have lots of skin to skin time with your baby while you are bottle feeding.

If your baby is not having breast milk the only safe alternative is infant formula.

You can find out more information about making up infant formula, how to bottle feed and cleaning and disinfection from your midwife, child and family health nurse or [www.cyh.com](http://www.cyh.com) website.
Balancing breastfeeding and work

Going back to work doesn’t have to mean the end of breastfeeding. There are lots of ways to combine the two. Here are some ideas.

> Use your maternity leave. Take as long as you can to recover from the birth and get breastfeeding well established.

> Work part time, at least at first, or try to fit your working hours around your baby’s needs. Do some work from home if you can. This is increasingly becoming an option with computers.

> Work-based childcare would be great if it is available.

> You can express milk at work, store it in a fridge then take it home to be fed to your baby the next day. The carer can use a cup or a bottle for this. You and your baby can continue to enjoy breastfeeds when you are home.

> An older baby may be fine with milky solids while you are at work, with some water from a cup. Your baby may be happy to have more breastfeeds before and after work. This is a great time to have together after a day apart.

Remember, if you have any worries about breastfeeding, or it is not going well, get help early from your midwife, child and family health nurse or Australian Breastfeeding Association (ABA) counsellor or your doctor.

Tip

High chairs should be fitted with straps between the legs, over both shoulders and around the waist. (You can buy the harness separately from the chair). Make sure that the high chair is strong and will not tip easily.
To grow normally and enjoy good health, it is important that your baby eats healthy foods. He will develop his eating habits from what he learns from you and his other carers (for example at child care). These habits are likely to continue into adulthood and his health both now and in the future is affected by what foods he eats.

It is important to be a good role model to your baby. Even when he is very young (aged less than six months), and he is not eating other foods yet, your baby will watch your family eating. He will learn what you eat is normal for your family. If your choices are a variety of food from the five food groups every day, he will develop a good attitude towards healthy eating habits.

Starting solid food

Starting solid foods is a big step for your baby and it often takes a while to get used to this new way of eating. If you watch for your baby to be ready and take it at his pace, he will probably soon enjoy trying new foods and tastes.

Be ready for mess – learning to eat is always messy!

When to start

Breast milk or formula provides all a baby needs for healthy growth and development for the first 6 months and continues to be the most important food for 12 months or so.

Babies are ready to have solids (other foods) as well as continuing their milk from about six months of age. By this stage they are able to learn how to swallow other foods and their digestive systems are able to cope with different foods.

How to start

Eating solids is linked to your baby’s development. We can think of the process in four stages.

Stage 1 First tastes – smooth foods, around 6 months to about 7 months
Stage 2 Learning to chew – soft lumps, around 7 months to 8 months
Stage 3 Self feeding – finger foods, firmer lumps, 9 months to 12 months
Stage 4 Family diet with some changes, from 12 months on

For much more information have a look at the topics Foods For Babies on the website www.cyh.com

Making food for your baby

> Wash hands
> Cook food well
> Do not add salt or sugar
> Mash or purée soft fruits and vegetables
> Cook, then mash or purée hard fruits, vegetables and meats
> Throw out leftovers
Bathing your baby

Bathing your baby is a great time for smiles and talking with your baby. Most babies enjoy their bath time. Here are some helpful tips for you.

When to bath your baby

A good time to bath your baby is when your baby is settled and calm. This may be after feeding her. Your baby may find having a bath very relaxing and have a good sleep afterwards. Sometimes a bath will soothe an unsettled baby but this may not always work.

What to use

> You can use a baby bath, sink or basin.
> Put cold water in first, and then add hot, then some cold (this cools the tap). Test the water before you put your baby in. The water should be like body temperature or a little cooler than most adults would like.
> Only fill the bath to the level of the knuckles on your hand.
> You don’t need to use anything but water, however, baby shampoo and baby bath lotions are OK. Some people use sorbolene cream. Talc power is not recommended as babies can breathe in the powder.

How to bath your baby

> While your baby is very small you can wash her face and hair before you put her in the bath. Hold her securely, face-up, with her body under your arm and head and neck supported over the bath, to rinse her hair. Once she is older and easier to hold, it is usually quicker to do this in the bath.
> Some babies don’t like the feeling of being undressed for the bath. Try wrapping your baby in a towel or cloth nappy, then letting this float away once she is in the water. Support her securely with your arm and hand and gently move her in the water to allow her to get used to the feel of it.
> Your baby may like to be turned on to her stomach so she can float in the water with your hand under her chin for support, with her head turned to one side.
> Older babies enjoy going into the big bath, and love wetting the bathroom (and you) with their splashes.
> You can also bath or shower with your baby, but this is best done with another pair of adult hands to help.
> Never leave your baby unattended in the bath or bathroom.
> Sometimes babies cry when they come out of the bath. Have a dry and warm towel close by to wrap your baby in, and dry her gently. You may like to massage her with some oil or sorbolene cream.

Soon you will find that bath time is one of the most enjoyable parts of the day.

Remember, you don’t need to bath your baby everyday. You can use wet cotton balls or a face washer to wash her face and bottom between baths.
Sleep and settling your baby

About sleep
Every young baby wakes at night. Many babies wake several times a night when they are six months old, and some still wake one or two times a night for the first year. One of the biggest challenges for a parent is coping with lack of sleep. Babies are a 24 hour a day job. New babies have no idea of day and night, and most will wake regularly around the clock, for feeding, comfort and security especially if they feel unwell or unhappy. Many babies sleep between feeds for the first few weeks, but some have lengthy wakeful periods from the start.

Babies do not have the same sleep times as an adult.
Babies have shorter sleep cycles and lighter sleep, sometimes waking about every 45 minutes. After the first few weeks, your baby may sleep up to five hours at night, and this is called ‘sleeping through the night’. Just like us, different babies have different sleep needs. You will get to know your own baby’s needs and also realise that his needs change as he grows.

Help your baby develop a day/night pattern
Many babies will do this by themselves after a few weeks, tending to have one longer sleep at night of perhaps four or five hours, and settling more quickly after night feeds. If your new baby seems to have day and night confused, you may be able to gently guide him to learn the difference between night and day.

> Play with your baby after day feeds by talking to him, showing him things, or giving him some floor time. He won’t stay awake for very long at this stage.
> Make sure he gets plenty of feeds during the day. If he tends to have a long sleep during the day (that is, goes longer than four hours between feeds), try to gently wake him a little earlier.
> Settle your baby to sleep during the day in a brighter place with some noise. Extra daylight during the day may help him learn the difference between day and night sleeps.
> Keep night feeds quiet, with little talking and handling, and help your baby to settle straight away afterwards. Keep the lights low and nappy changes to a minimum.
> It may take a week or so for things to change around, so be patient and consistent.

Tip
Babies usually have a lighter period of sleep after about ¾ hour. Be ready to give them a rock or pat to re-settle.
Where should babies sleep?

Provide a safe sleeping place night and day in a cot that meets the Australian Standards for Household Cots (AS/NZS 2172) and is positioned away from blind cords and other hazards. The safest place to put your baby to sleep is in a cot next to your bed for the first six to twelve months. This also makes it easier for feeds and settling during the night. Don’t try to keep things too quiet during the day as babies can cope with normal household noise. Young babies spend a lot more time than adults in active sleep, so they move around and make noises quite often. This does not mean that anything is wrong.

Ways to settle your baby to sleep

Some babies drift off to sleep very easily after a feed or while being held and then stay asleep for an hour or so. Others find it much more difficult to fall asleep, especially after the first few weeks. These babies can get overtired and quite cranky, and they really do benefit from your help to settle to sleep.

Babies are able to recognise the pattern of how you put them to sleep. These patterns can be begun in the early months and can include a feed, bath, massage, story, special music, a bedtime song, rhyme, special cuddle or a prayer. Different babies respond to different things, so you may wish to try several of these. As your baby gets older, try to develop a consistent way of settling that he can learn to expect and to respond to.

As parents you will feel more confident if you know some ways to get your baby to go to sleep, even if they don’t work every time.

> Make sure your baby is tired, but not too overtired before trying to settle him. Signs of tiredness include frowning, grizzling, clenching fists and tense, jerky movements. A tired baby does not easily smile or respond to you.

> If your baby is upset, calm him in your arms and wait until he is drowsy before putting him down in his bed. Place him on his back and rock or pat him on his tummy with a cupped hand at heartbeat rate, slowing the rate as he calms. Some babies need patting or rocking until they are fully asleep.

> Wrapping your baby in a sheet may be a good way to settle your baby. It makes many babies feel more secure.

> Safe sleeping bags designed for infants have the benefit of keeping the baby warm as they cannot kick off their bed clothes and they seem to make some babies feel more secure. Make sure that the sleeping bag does not cover your baby’s face or head.

> Sucking is very soothing for babies. You may like to try offering a feed if your baby is hard to settle. Some babies like to suck their thumb or finger (if so, you’ll need to leave one hand free if you wrap your baby), and others have a dummy. Avoid using a dummy while you are establishing breastfeeding (usually the first four to six weeks), as your baby needs to do plenty of sucking at the breast. A formula fed baby could have a dummy at an earlier age.

> If your baby needs a lot of resettling and you have other things to do, you may find it helpful to use a baby sling. There are several different styles so find which one suits you. A sling is a great way to give your baby the closeness he needs while you play with the toddler or grab a bite to eat.

> An unhappy baby may respond to movement. One way to do this is to rock him in a pram over a bump. The idea is to start off fairly rapidly, then slow down as he calms. You can get the same effect by taking your baby for a walk in the pram outside. A trip around the block will help you feel calmer too. If your baby falls asleep in the pram, don’t leave him unsupervised.

> Many babies respond well to noise, especially if it is rhythmic or repetitive. Try a CD of womb music, quiet classical music, or machine noises such as a clothes dryer/washing machine. Singing a lullaby may be very effective, even if you can’t sing in tune. Some babies seem to respond better to music with a regular louder beat, such as rock music.
Welcome to your Baby – Edition 4, 2011

> Upset babies find it easier to calm if they are held in a flexed position. Holding him flexed, that is with his body bent forwards into a “C” shape, overcomes his tendency to arch backwards when crying and gives him the chance to calm down. Try bending his legs up, with his arms and head forward while holding him in the crook of your arm, let him hang over your arm facing the floor, or let him lie over your shoulder. Then try rhythmic patting on his bottom while you sway or bounce. The topic Crying Baby on www.cyh.com has suggestions and diagrams of how to settle babies.

> A deep bath and a massage can be very relaxing for a baby, and worth making part of your settling routine. Many babies will have a good sleep after a bath.

> If you are feeling that you can’t cope, put your baby somewhere safe for a few minutes and if possible speak to a friend or a health professional (see the Colic in Babies and Crying Baby topics on www.cyh.com for more information).

Safe Sleep

There is a risk of death if babies sleep in the same bed with an adult. This is called co-sleeping. The main cause is that baby’s head gets covered by the bed clothes or a pillow.

> The risk is higher if parents smoke, have drunk alcohol or used drugs which cause them to sleep more heavily.

> Do not sleep on a sofa with your baby. It is very easy for babies to get stuck between the seat and the back and be unable to breathe.

> SIDS & Kids recommended to place baby’s cot in your room next to your bed until your baby is 6 to 12 months old. This way your baby is also close to you for feeding and settling at night.

> Babies should not share a bed with another child.

> Wherever your baby sleeps you need to make sure he is safe. You can find out more information www.cyh.com Sleeping With Your Baby.

Sudden Unexpected Deaths in Infancy (including SIDS)

Many parents worry a lot about the chance that their baby might die from SIDS (Sudden Infant Death Syndrome). SIDS means that babies die suddenly, without warning, while they are asleep and where no cause can be found. SIDS is now less common. In South Australia in 2007, no babies died from SIDS out of around 19,800 births.

However, Sudden Unexpected Deaths in Infancy (SUDI) have not decreased recently. These include deaths from asphyxiation (suffocating) and injuries. The most common causes of SUDI are fatal sleep accidents (for example a baby getting covered by bedding while asleep in a parent’s bed). Fatal sleep accidents have not decreased in recent years.

There are five main ways to lower the risk for your baby. There is strong evidence to support these.

1. Sleep baby on the back from birth – never on the tummy or side
2. Sleep baby with head and face uncovered
   i. with baby’s feet at the foot of the cot
   ii. with bedclothes tucked in securely so bedding is not loose or use a sleeping bag that is the right weight for the season and fits the neck and arm holes firmly
   iii. without quilts, doonas, duvets, pillows, cot bumpers, sheep skins and soft toys
3. Avoid exposing babies to tobacco smoke before and after birth
4. Sleep baby in their own cot in the same room as the parents for 6-12 months
5. Provide a safe sleeping place night and day in a cot that is compliant with the Australian Standards for Household Cots (AS/NZS 2172) and positioned away from blind cords and other hazards.

Other factors which may contribute to deaths include:

> Co-sleeping with your baby
> Baby being too hot or too cold
> Baby sleeping on a sofa
> If you have a ribbon attached to your baby’s dummy make sure it is no more than 10cm long
> It is best not to use hanging toy mobiles with stretch or elastic cords over your baby’s cot.

For more information see Sleeping with your Baby on www.cyh.com.

Much of the information in this topic comes from the SIDS and Kids publication ‘Sudden Unexpected Death in Infancy (SUDI) – Frequently asked questions’

**What do babies sleep in?**

For safe sleep it is best to only use a standard cot for everyday use. Cots must meet the Australian Standard AS/NZS 2172. It is illegal to sell cots (including second hand cots) that do not meet the Standard. The Standard does not apply to, or address safety issues for bassinettes, rocking cradles or toddler beds.

If you cannot fit a standard cot in your room or you are travelling, you can safely use a cot that is compliant with Australian Standard AS/NZ 2195:2010 Folding Cot Safety Requirements. Look for the label on your cot or contact the manufacturer.

Make sure that the mattress is the right size for the cot.

It is important to make sure that your baby’s face and head are not covered when he is asleep. Babies do not need to wear hats or beanies to go to sleep or whenever they are inside the house or in a warm vehicle.

**Wrapping your baby**

If you wrap your baby for settling, use a thin cotton sheet over light clothing, and only a light covering, unless the room is really cold. Babies can get quite warm when wrapped. There is more information in the topic Wrapping Babies on www.cyh.com.

**Sleeping bags**

A safe sleeping bag is made in such a way that baby cannot slip inside the bag and become completely covered. The sleeping bag should be the correct size for your baby with a fitted neck, armholes and no hood. Sleeping bags keep your baby warm and there are no blankets to kick off or any risk of bedding covering his head. When using a sleeping bag make sure that your baby is dressed according to room temperature and do not use blankets.

If you are not using a sleeping bag, your baby may wriggle out of his covers, so he needs to be dressed warmly in cold weather. Avoid overheating – as a rough guide your baby needs about as many layers of clothes and blankets as you do. This applies in winter as well as summer.

**Use of pillows**

Pillows are dangerous for babies and can cause suffocation, either by the baby turning face down and burying his face in the pillow, or by getting his head under the pillow. A pillow is not needed until he moves from the cot into a normal bed (usually at two to three years of age).

Babies must not be left on adult sized u-shaped pillows while they are sleeping or left alone there while they are awake.

There have been a number of baby deaths in South Australia associated with using adult size U-shaped pillows.
Nappies and their contents

You will spend quite a lot of time changing nappies now you are a parent. Here are some of the questions often asked about this topic.

Is my baby’s poo normal?

Babies’ poo varies a great deal in colour, how soft or hard it is, and babies vary in how often they pass poo. Usually this is not due to any health problem

Breastfed babies have soft or runny poo that may look a bit like seedy mustard. It is often a yellow or yellow-orange colour, but sometimes it can be greenish. It may shoot out with some force and may look frothy at times. In the first few weeks, breastfed babies usually pass poo often, perhaps every feed time. After a couple of weeks or months, this may change to once or twice a day or even once every few days or so. The poo is still soft. The smell of poo will vary a lot with how your baby is fed. The poo of a breastfed baby who is not getting any other milk or food usually smells quite sweet. It changes to a more unpleasant smell only when other foods or milks are given.

Bottle fed babies tend to have firmer poos and pass them less often when the baby is young. They vary a lot in colour and how firm they are. They may be anything from fairly runny to toothpaste-like to very firm and dry.

Any change in formula or the addition of new foods to baby’s diet is likely to change the poo for a little while. This is quite normal. When an older baby is having solids, especially vegetables, these can come out the other end looking quite undigested. Again, this is normal and will gradually change.

Is my baby constipated?

Babies often appear to put a lot of effort into using passing poo. They can go red in the face, grunt or cry and strain with great concentration, and then pass a normal soft poo. This is not constipation, and as your baby gets older she will have less of a total reaction to passing poo.

Constipation is when the poo is so hard and dry that it is difficult to pass and your baby may become upset. It looks like firm pebbles and sometimes you may notice a streak of blood on the poo from a small tear in the anus. If this happens, talk to your doctor or child and family health nurse.

Fully breastfed babies rarely get constipated, but it is more common with babies on infant formula. Make sure the formula is being made up correctly (not too strong). If your bottle-fed baby is constipated, you can try giving some cool boiled water or an extra feed. If your baby is exclusively breastfed, she does not need any extra boiled water but an extra breast feed may be helpful. For more ideas have a look at the topic Constipation on www.cyh.com.

How do I know if my baby has diarrhoea?

When babies are having a lot of runny poos anyway, parents often wonder about this. It may be diarrhoea if the poos become runnier and are passed more often than normal for your baby. They may be quite watery, like wee. This may mean an infection in the gut (gastroenteritis) or elsewhere in the body. When babies have diarrhoea they usually show other signs of being unwell such as vomiting or not feeding normally. It is important to seek medical help quickly if diarrhoea continues or is severe, especially if there is vomiting.
How many wet nappies will there be each day?

Young babies pass wee very often, ten times or more a day, and will often wee as their nappy is taken off or as you go to put a dry one on. Babies have no control over this at all and they are not doing it on purpose. They wet less often as they get older, but still at least six to eight times a day. Plenty of wee is a sign that your baby is getting plenty to drink. Disposable nappies can absorb a lot of moisture without feeling wet, so how wet a disposable nappy feels is not always a reliable guide to whether she is getting enough to drink. A better guide is how heavy the nappy feels and that the wee is a pale colour. In hot weather, or if your baby is not feeding well for some reason, the wee may be darker and more smelly than usual. An extra feed may help, but if there are other signs that your baby may be unwell such as not feeding well, seek some advice.

How can I avoid nappy rash?

Baby wee is very clean and doesn’t usually smell much unless it remains in the nappy for a while. When a wet nappy is left on, bacteria from the skin or the nappy will produce ammonia from chemicals in the wee. This has a definite smell and can irritate the skin. This is why it is important to change the nappy regularly and wash your baby’s skin. Poo can also irritate a baby’s skin, so a nappy needs to be changed when a baby has passed poo.

Some babies get rashes in the nappy area very easily even when they are carefully looked after. The best way to avoid nappy rash is to change nappies often so that wee and poo is not in contact with skin for too long.

Clean your baby’s skin gently with a wet cloth or wet cotton balls. If you use baby wipes, choose ones made for babies as these do not contain alcohol which causes stinging, especially if a rash is present. After cleaning, put on some zinc cream or other nappy cream to keep wetness away from her skin. It can also help to leave her nappy off for a while during playtime to allow air onto her skin.

Thrush may grow in the nappy area once a rash has developed. This will show as a very red area often with red spots around it. Special creams are available which clear this type of rash quickly, so see your child and family health nurse, pharmacist or doctor if your baby develops a rash that doesn’t clear in a day or so. Have a look at the topics Thrush and Nappy Rash on www.cyh.com for more information.

When will my baby be ready to toilet train?

Most children are not ready to learn to control their poos and wee until they are two years old and some not until they are three. Sometimes boys are later than girls. Control of poo may happen before or after control of wee.

Learning to use the toilet is a big step for toddlers and it can be difficult for some. Some children just seem to train themselves when they are ready, but many need some help from their parents.

Parents can become concerned if toilet training doesn’t go smoothly. It is important that you don’t get upset with your child because this can delay success. You can ask your doctor or child and family health nurse for advice.

Tummy time

Short periods of tummy time every day are very important and should be started from the earliest weeks of life. Tummy time is a simple way to help your baby to develop strength in his head, neck and arm muscles. Gradually your baby will learn to hold his head up when placed on his tummy. Later this will help with learning to roll, crawl and sit.

To make the most of ‘tummy time’, you may like to get down on the floor with your baby, and place toys or objects around your baby that encourage grasping, leg kicking and head lifting. Baby should always be awake and supervised when on his tummy. Never leave baby unsupervised on the floor.

If baby goes to sleep during tummy time, roll him over on his back. To be safe during sleep babies need to be lying on their back.

Some ways that you could hold you baby lying on his tummy, while not on the floor include:

> At bathing and dressing time, you could place your baby on his tummy when doing up and undoing clothes.
> You can do some playful back massage while he is on the change table.
> He can be carried lying on his tummy along your forearm.
> He can lie on his tummy on your chest for good eye contact.
> Placing your baby on his tummy over your knees can be comfortable for relaxation and settling.

Some babies do not appear to enjoy tummy time when they are first put into the position so keep it short at first (just a couple of minutes) gradually increasing as he gets used to it. Encourage and reassure him with smiles, songs, toys or massage.

Avoid placing baby on his tummy soon after a feed.

Tip

Don’t be too proud to ask for help. All parents at some stage find parenting difficult. Getting help when you need it is one of the best things you can do for your baby and you.
Babies who spend a lot of time on their backs will often prefer to have their head turned towards one side much of the time and may develop a flat spot on that side of the back of the head. They may look to one side because:

> They look toward light from window
> That is the direction from which people approach
> There are brightly coloured objects such as curtains and mobiles
> Sound comes through the door

To help prevent a flat spot, place your baby on her tummy more often for play, and the position of the cot in the room or your baby’s position in the cot could be changed often to encourage your baby to look at different things. If you have concerns about your baby’s head shape, talk to your child and family health nurse, your doctor or a children’s physiotherapist.

There is information about a baby’s head shape on the website www.cyh.com.
Play

Play is one of the ways that babies and children explore the world and learn to be doers and thinkers. Even very young babies enjoy play when they are awake and alert.

Watch for when your baby wants to play. If your baby is sleepy or looks away, change what you are doing or take a break and wait for a better time.

Some ways to play with your baby

> Some of the earliest games with babies are mimicking games - you get your baby's attention and do something like poke your tongue out and then wait and see if your baby will take a turn and do it back. Or else you can copy what he does and then wait and see if he does it again. These are your baby's earliest “conversations”.

> Sing simple songs and rhymes while you rock your baby on your knee.

> Young babies like to look at bright contrasting pictures, for example those in the book “Right from the Start”. If you hold your baby close while you both look at pictures and you talk about them, your baby is starting to learn that reading is something enjoyable to do. Again, make sure your baby is enjoying it.

> Babies also like bright mobiles that move gently and they can follow with their eyes.

> After a couple of months, your baby will enjoy things such as rattles that he can hit or pull and make a noise with. These activities can help him to start to learn that he can make things happen.

> The most important play is play with you. It is the holding, touching, gentle baby games that help build your relationship with your baby that will be the best building blocks for the future.

All these activities help your baby to develop important skills that are important for his future learning.

Remember not to play ‘rough’ games with babies, such as throwing him up in the air, pulling by an arm or playing loud music. These could really hurt your baby.

“Right from the Start” is available from the Children, Youth and Women’s Health Service – phone: (08) 8303 1500.

Tip

The secret of play with babies is to watch and learn what your baby enjoys and when is the best time to play. It is only helpful if your baby is enjoying it, so get to know your baby’s signals for what he or she likes and when it is time to stop.
Dummies, thumbs and other comforters

Dummies

Dummies, or pacifiers, are used by babies as comforters and also, in the first few months, to meet needs for extra sucking. Sucking for comfort starts early; ultrasounds have shown babies sucking their thumbs before they are born. The world is a strange new place for babies and meeting their needs for comfort is important in helping them to learn to feel secure and confident. Babies who are always with a parent and can breast feed at any time do not usually use comforters but most babies in Western homes will use a dummy or thumb or a special blanket or toy.

Dummies may lower the risk of SIDS and as long as they are given up by about 3 years old they don’t harm teeth. Dummies are also easier to give up than sucking thumbs. However if you don’t want your baby to use a dummy it is best not to start, because once the baby gets attached to it she may need it at some times (such as bedtime or when she is separated from you) until she is about three or four, when she feels more confident in the world. Children can get very distressed if they are asked to give up their dummy.

If you choose to give your baby a dummy there are some things that you need to know.

> It is not a good idea to give a dummy until breast feeding is working well, usually about 4-6 weeks of age, because it is a different kind of sucking and it can interfere with breast feeding.

> Babies should not be given dummies to make them wait for a feed when they are hungry.

> It is not safe to use a worn dummy that could break and risk the baby swallowing pieces. Replace them often.

> It is not safe to tie the dummy to baby’s clothing if the string is longer than 10cm because it could go around the baby’s neck and cause strangling.

> Never put anything sweet on the dummy, even before the baby has teeth, because this can harm the teeth.

> If you want to use a dummy for early sucking but not continue using it, you can usually stop before babies are six months old. After that they are likely to get very attached to it.

Thumbs

Young babies need to be allowed to suck their thumbs or fingers if they want to as this is one of the ways they get comfort. If you don’t want this to continue you can try giving the baby a dummy before she gets too attached to the thumb.

Other comforters

If your baby has a blanket or toy that he is especially attached to, it is a good idea to buy another the same and interchange them so they both wear at the same rate. This will really help if one gets lost at any time.

Whether you give your baby a dummy or not is a personal choice, however remember that most babies will find an object that gives them comfort until they are old enough to do without it.
When crying is constant and nothing you do seems to help for long, this is often called ‘colic’. It is at its worst at about six to eight weeks and usually settles by three or four months. Nearly all babies have this pattern of crying more for the first few weeks and then getting better, but all babies are different and some cry more than others. Despite seeming so very distressed, babies with colic are just as healthy and develop just as well as those who cry less.

The pattern for colic is:

> Baby cries or screams for some hours often at the end of the day
> Baby is hard to comfort
> The distress comes in waves, the baby calms then suddenly starts screaming again
> Baby may arch backwards and either draw the knees up or stretch the legs out stiffly
> At other times of the day, a baby with colic is usually calm.

There are a lot of anti-colic preparations available, but none have been proven to be effective. However, some seem to work for some babies and most are probably harmless. Babies seem to get better whether you use any medications or not. To be safe, check with your doctor or pharmacist before giving any medication.

It is common to blame the baby’s feeding or your diet (if breastfeeding) for colic. However, this is rarely the cause. Breastfeeding mums can eat most foods in moderation. It may be useful however, to reduce the amount of caffeine you have from coffee, tea, cola or other drinks and foods. Babies do not become more settled if breastfeeding is stopped or the formula is changed.

There is no real evidence that giving acidophilus powder to breastfed or bottle fed babies will help them to be more settled.

Colic is certainly hard for parents, especially as it is so often comes at the end of the day when everyone is tired. You can try all the usual settling ideas, but if nothing works all you can do is help your baby feel safe and loved by holding her securely until she eventually settles. A rocking chair is great for this.

Coping with your own feelings

> Remind yourself that it is not your fault and that your baby cannot control her crying, and is not trying to get at you. It’s just part of being a baby. She is not spoilt.
> If there is someone else nearby to help, give your baby to them while you take a break.
> If you are on your own, you may need to have a break if you find angry feelings are building up. Put your baby down in a safe place and walk away. You may need to go outside and take some deep breaths, phone someone or make a cup of tea. When you feel calmer, return to your baby and try again to settle her.
> Put the baby in a pram and go for a walk so both of you can benefit from the fresh air. Getting out of the house can help a lot.

Remember, if you are worried that your baby may be ill do seek help or advice from your doctor.
Crying

Crying is normal for healthy babies. A baby’s cry is the only way babies know how to get their needs met. Babies don’t know how others feel when they are crying – they only know that something is not right and they need help. Babies are programmed to cry in a way that makes parents want to help; that is nature’s way of keeping them safe and cared for. However it can be very distressing for parents because there are times when nothing you do stops the crying.

Young babies need to learn that their world is a safe place to be, and that they can trust their carers to respond to their needs. You can’t always stop the crying, but you can comfort them and this helps them learn to cope with their distress. This is not always easy, especially if you are on your own with your baby, but you need to know that even if they don’t stop crying your comforting is helping them.

There are some things you can try that will help, depending on the cause of the crying. At first it is often hard to work out what it is that your baby needs. Unfortunately, this is not always straightforward. Remember that normal babies often cry for quite long periods in the early weeks, and there doesn’t seem to be anything wrong. They just need you to comfort them.

Here is a checklist for reasons for crying:

**Hunger?** Young babies may need feeding fairly often, especially if breastfed. (Breast milk digests in about ¾ hour.) Even if recently fed, you can try a quick top up at the breast. If it doesn’t work you’ll know that is not the problem.

**Having a bowel action?** Young babies can make a lot of fuss about doing a poo, even when it is soft or runny. (Read more about this in Nappies and their contents.)

**Uncomfortable?** Check whether she is too hot, too cold, needs a nappy change, is wrapped too tightly or too loosely, and clothing is comfortable (especially not too tight around the tummy).

**Surroundings?** Although there is no evidence to support darkening the room during the day to help babies sleep, some babies prefer a quiet dark place to sleep during the day, others like light and some noise and settle better with others around. Night time sleeps should be dark and quiet.

**Wind?** Air in the tummy probably doesn’t cause all the trouble that it is blamed for, but some babies settle better if you hold them upright and pat their back for a bit, whether they burp or not.

**Unwell?** Check for signs of illness, especially if this crying is different from your baby’s usual pattern. Look for fever, coughing, runny nose, a rash, diarrhoea (very runny poo), vomiting or lack of interest in food, and seek help if you are concerned.

**Lonely or afraid?** Babies need physical contact and plenty of time being close to their parents. If you have other things to do a baby sling can help.

**Overtired?** Your baby may be overtired; crying is one of her cues for tiredness. There are many types of cues for tiredness, for example yawning, jerky movements, frowning, eye rubbing, grizzling, back arching, facial grimacing and loss of interest in what is happening around her.

Sometimes rocking your baby in your arms in a rocking chair, and reminding yourself that you are helping your baby to feel better even if she goes on crying, will help you and your baby get through the crying time, and it will help her to cry less over time. (See Settling Your Baby section for ideas on settling.)

**Tip**

Young babies do not learn anything by being left to cry. You cannot spoil a baby by responding to his distress.
Spilling, reflux and vomiting

Spilling
Most babies bring up milk sometimes, and some babies do this often. Babies bring up the milk without any effort, often just after a feed, and this is called ‘spilling’. The amounts are usually quite small, though wetness spreads quickly and makes the spill look bigger than it is. Sometimes the milk comes out through the baby’s nose as well as the mouth.

Spilling makes a mess, means extra washing and it can smell, but usually doesn’t worry the baby. If your baby is reasonably content, growing normally and feeding well, you don’t need to worry. It will improve as your baby gets older.

Reflux
Babies who spill a lot are often said to have reflux. This happens when the muscle at the top of the stomach does not work very well, so milk and stomach acid can go back up and may spill out of the mouth. The milk neutralises any acid so that the mixture does not cause any pain for the baby. Some babies can have reflux without spilling, when small amounts of milk and stomach acid go up and down in the tube connecting the throat to the stomach (oesophagus) without coming out of the mouth. You can hear your baby swallowing it back down.

Most babies with reflux do not seem upset by it, but some babies with reflux are unsettled and unhappy a lot of the time. In some cases the oesophagus (or gullet) can become sore due to the acid and this is called Gastro-Oesophageal Reflux Disease (GORD).

They may cough or have chest problems, or fail to gain weight.

Most reflux is mild, and babies grow out of it. If your baby is bringing up milk in big spurts much of the time or you are worried about your baby’s spilling or behaviour, see your doctor who will work out with you a plan to manage the reflux.

Vomiting
When a baby vomits, milk or food is brought up with force, and often in large amounts. This is different from the more common spilling, and often distresses the baby (and the parents!). Most babies will vomit from time to time and are fine, but vomiting may also be a sign of illness, especially if it is repeated. If your baby is vomiting and seems unwell, is irritable, has a fever or diarrhoea, or just keeps on vomiting, you need to see a doctor as soon as possible.

Ways to cope with a ‘spilly’ baby
> Remember that spilling is normal and doesn’t need any treatment if it doesn’t bother your baby.
> Give your baby a chance to bring up wind during and after the feed, but only for a short time and don’t pat his back hard.
> Hold him over your shoulder. Try the settling ‘C’ hold with your baby in a flexed position. A baby sling can be useful, too.
> Try shorter breastfeeds more often (so the stomach is less full and there is less pressure on the muscle at the opening of the stomach).
> If you bottle feed your baby, he may be drinking too quickly. Tighten the cap to slow down the flow.
> Many formula fed babies do well on less milk than is suggested on the formula can. Again, smaller amounts more often may help.
> Your baby’s tummy will get a lot bigger when he feeds. Make sure nappies are not too tight.
Your baby's teeth

Teething

By the time your baby is born all the deciduous (baby) teeth are already formed in her jaw. The time when teeth start to come through varies with each child, some have a tooth at six months, and others don’t start teething until 12 months or later. By the time your baby is aged three years, she will have all of her 20 baby teeth.

Some babies get their teeth without any problems. Some seem to have sore gums every time a new tooth comes through. Her gums might be red and swollen and if you touch her gums with your finger you can feel the hard point of the tooth underneath.

When your baby is teething, she can sometimes be a bit out of sorts. She may want to bite on things, or she may go off her food and may dribble. She may wake more often at night for comfort. You can help by giving your baby something firm to bite on such as a cold teething ring. Some babies like something firm to chew on such as rusks, others like mushy food for a while. Some babies seem helped by a teething gel. Avoid teething gels which have aspirin in them. If your baby seems very uncomfortable you could try using paracetamol. Don’t use lemon juice in her mouth because it can damage tooth enamel.

If your baby is unwell when teething, for example she has a fever, gets a rash or diarrhoea, it is not caused by teething and you should check with your doctor.

Cleaning your baby’s teeth

You need to start looking after your baby’s teeth right from the start to ensure healthy teeth as she grows. Start cleaning her teeth with a clean cloth as soon as they appear. As soon as possible switch to using a small, soft toothbrush in the morning and before bed at night. Do not use toothpaste until your baby is eighteen months old.

Starting at your baby’s six month health check, and continuing until the preschool health check, your doctor or child and family health nurse will examine your baby’s teeth for tooth decay. By using the simple ‘Lift the Lip’ screening check list developed by SA Dental Services, they will look for dental caries (decay) and refer your child to dental services if treatment is needed.

The SA Dental Service encourages all parents to ‘Lift the Lip’ every month. This is as easy as lifting your child’s lip and looking at her teeth for signs of early dental decay. Ask your doctor or child and family health nurse what to look for.

Caring for teeth

Sugar or food acids can damage your baby’s teeth. Don’t put anything sweet on your baby’s dummy and don’t let her suck on a bottle with juice, milk or formula in it for long periods of time.

If your baby has a feeding cup, or likes to suck on the bottle between feeds, use tap water to avoid tooth damage. Don’t give fruit, or fruit juice or anything sweet at bedtime after teeth cleaning.

For more information see www.cyh.com Teeth – dental care for children

When your baby’s teeth are likely to come through

One of your most important responsibilities is to keep your baby safe. When you bring your new baby home, do a safety check of your house, and then do another one when your baby begins to roll over, and when she starts to crawl.

**General safety:**

> Home is where most accidents happen because it is where you spend a lot of time with your baby. You should make sure:
>
> Smoke alarms are installed and batteries changed regularly.
>
> All poisons (including medicines that you or your baby may be taking) are kept locked up out of reach.
>
> You know what to do in an emergency
>   - have emergency numbers for police, ambulance, fire brigade (000) and poison information (13 11 26) near the phone
>   - learn how to give first aid.
>
> That an Earth Leakage Circuit Breaker is installed in your fuse box. This will cut off the electricity supply if there is a fault.

Do a check of grandparents’ homes if your baby spends time there too.
When your baby starts moving around you need to make sure that:

> You cover all power points with a child safety cover.
> There are no small or sharp objects that your baby can reach. Your baby will put most things she picks up into her mouth.
> You lock away all poisons, including things like dishwasher detergent from under the sink and medicines from your bedside table and your handbag.
> Tablecloths and dangling cords are removed from reach, and that saucepan handles do not overhang the stove where a child can reach them.

> There is no uncovered water in the house or garden. This includes nappy buckets, grey water collection and any pots that might fill with water after a rain. Babies can drown in only a few centimetres of water.
> Parents are strongly advised not to use baby walkers as these can easily cause head injuries from running into things or tipping up.

Remember never to shake babies or handle them roughly.

For more information about safety for babies and children see [www.cyh.com](http://www.cyh.com) home safety and safe sleep.

**Tip**

Babies usually like being bathed by their fathers too. This can be an enjoyable time for both.
Protecting your baby from the heat

Babies can get stressed by the heat and need extra care in very hot weather. If you feel uncomfortably hot, your baby will need special care too.

Some helpful hints to keep your baby from feeling stressed are:

> Your baby may need extra breastfeeds during hot weather, but she usually does not need extra drinks of water. If she is bottle-fed, she may need extra formula or small drinks of cool boiled water if she seems thirsty.

> A ‘tepid’ bath can help keep your baby cool on a very hot day. The water needs to be warm enough to be comfortable; cool or cold water should not be used.

> Put your baby in the coolest part of the house with a fan going. Don’t point the fan towards her – use it to keep the air in the room moving.

> Dress your baby with the same type of clothes that you need to feel comfortable – you might only have her in a singlet and nappy, or covered with a light sheet in the cot.

> If it is very hot you can try putting a wet towel in front of the fan so that it cools the air. Keep a watch to make sure your baby does not get cold.

> If you have air-conditioning, make sure the room does not become too cold. A room temperature of about 24 to 26 degrees would probably be low enough.

> Dress her lightly, but cover her arms and legs if she is outside.

> Avoid travelling in the hot weather if possible, or do it early in the day. Babies can overheat very quickly in cars. Never leave a baby alone in a car, even if the car is in the shade.

> Make sure your baby is in the shade in the car when you are travelling, as a baby’s skin can burn in sunlight which has passed through car windows.

> If your baby starts to be floppy or more irritable, this could be a sign of heat stress. You will need to give more drinks and take your baby to be checked by a doctor.
Babies in the sun

A baby’s skin is very thin, and does not have much natural protection from the sun. It will burn and get damaged from the sun much faster than an adult’s skin.

Babies under 12 months do not need to be out in the sun. In Australia they will get all the sunlight they need for healthy development from reflected sunlight, for example being outside in the shade – unless all of their body is covered all of the time.

When you are outside, keep your baby in the shade as much as possible, but if you need to take your baby out into the sun, protect her from the sun’s harmful rays by shading her pram or stroller with a light sheet. Cover your baby’s body, arms and legs with clothing, and put a wide brimmed hat on her.

If parts of your baby’s skin, such as hands and face, cannot be protected by shade or clothing, use a sunscreen made for babies or toddlers. Sunscreens appear to be safe for babies and should be used rather than risking sunburn. Use a 30+ broad spectrum sunscreen made for babies and reapply it according to instructions on the label.

Safety and the car

Whenever you travel in a car, it is important to make sure that your baby is safe. By using a capsule (for the first six months), your baby will have the best possible protection when travelling in a car.

When you are choosing a capsule make sure that:

> It is fitted before your baby’s first trip in the car
> It has the Standards Australia label on it
> You know how to use the restraint properly

If you are using a second hand baby restraint, check that:

> That is has the Standards Australia label on it
> It has no signs of wear and tear
> The adjusters and buckles work properly
> The outer shell is not cracked
> It has not been in a car crash

If the capsule has been damaged it may not protect your baby in a crash.

In South Australia, the Red Cross and some private firms operate a baby restraint hire scheme.

It is recommended that you change to a forward facing seat when your baby is 6 months old. Before the baby is moved into a safety seat, the baby should also be able to sit, and control her head. Make sure that you follow the instructions provided.

Other things to consider for your baby’s safety:

> Never place a rear-facing baby restraint in the front seat of a car with a passenger airbag. Airbags can cause serious injury to a baby or death.
> Ensure there are no loose heavy or solid objects in the car that can crash onto your baby. If you have a station wagon, a cargo barrier will prevent items (like the stroller) moving forward.
> Protect your baby from the sun by shading the windows with a screen that blocks the sun, but still allows you to see out of the car.
> Never leave your baby unattended in a car, even if you have parked in the shade.
> Keep your car smoke free.
Smoking

One of the best things you can do for your health (and for your baby’s health too) is to quit smoking.

If you smoke near your baby, your baby smokes too, which means he inhales the toxic chemicals found in cigarette smoke, and these have unwanted effects on his body. This is called ‘passive smoking’. This will increase your baby’s chances of getting sick.

**Smoking increases the risk of the following illness in children:**

> Chest infections
> Coughing and wheezing
> Ear infections
> Asthma
> SIDS (Sudden Infant Death Syndrome)

According to the World Health Organisation, children exposed to passive smoking have an increased risk of developing heart disease and diabetes, and it may also be a factor contributing to learning difficulties and behavioural problems.

Children are more likely to start smoking if they grow up in homes where parents and families smoke. Make sure that nobody smokes in the same room or car with your baby. It is now against the law (in South Australia) to smoke in a car if there are children in the car.

Every step you take to protect your baby from passive smoke will help improve his health.

When you want help to stop smoking talk to your child and family health nurse or call the Quitline on 137 848.

**When you quit smoking, you will experience the following benefits:**

> You will make more breast milk
> Your baby won’t be getting nicotine and other poisons from tobacco in your milk
> You will have more energy
> You and your baby will be healthier.

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Dogs, cats and your baby

Household pets can be very special for children and a good way to learn about taking care of a pet. However pets and babies don’t mix.

Pets don’t understand babies. Even very friendly dogs can become jealous of a baby. Cats have been known to sit on a baby in a cot, which can smother the baby.

If you have a pet, you can help it to feel good about your baby by feeding and petting it when your baby is with you. Here are some important points to consider:

> Babies don’t understand pets and may hurt pets without meaning to.
> Make sure your baby is never alone with your pet (or anyone else’s) even if it has never bitten before.
> Make sure to treat your pet for worms and fleas.
> Wash your hands after handling the pet.

Check the website [www.cyh.com](http://www.cyh.com) for more ideas about helping children and pets live happily together.
Why is immunisation important and why does my child need it?

Immunisation is a simple, safe and effective way of protecting your child and yourself against several harmful diseases.

Vaccines ‘turn on’ the body’s natural defences to help them fight diseases which can cause serious illness and even death.

What vaccines are given?

The National Health and Medical Research Council (NH&MRC) recommends that babies and children are immunised against the following diseases:

- Diphtheria, tetanus and whooping cough
- Poliomyelitis
- Measles, mumps, rubella (German measles)
- Haemophilus influenza type b
- Chicken pox
- Hepatitis B
- Meningococcal C
- Pneumococcal infections
- Rotavirus

These immunisations are funded by the Australian Government and are free of charge, available from your local doctor, many local council services or your Child and Family Health Service.

When should I immunise my child?

Your baby’s first vaccination (hepatitis B) will be given in hospital. His next vaccination is due at two months of age. Before your child is immunised the doctor or nurse will ask you some questions to make sure your child is well enough to receive immunisation.

Speak with your doctor, council immunisation nurse or child and family health nurse for information about immunisation services or any concerns you may have.

Your child needs immunisations at birth then at 2, 4, 6, 12 and 18 months and again at 4 years of age. Aboriginal children need additional immunisations at 18 months and 2 years of age. If these immunisations are not given at the right time your child may not be protected against harmful diseases.

Additional immunisations may be required for babies born prematurely and children with some long-term illnesses. Talk with your immunisation provider.

Will there be any side effects?

Vaccines are like any other medicine and can have side effects. Most reactions are only mild, short lasting (such as redness at the site of the injection), and do not require special treatment. Your immunisation provider will explain what reactions there might be after an immunisation and what to do if you are worried.

Very rarely a child may have a severe allergic reaction. Your immunisation provider is trained to recognise and manage any immediate severe reactions.

Information about the possible side effects of immunisation can be confusing. If you would like further information, call the Immunisation Section, SA Health, on 08 8226 7177 or the 24 hour Parent Helpline on 1300 364100.

You can also read the Immunisation Myths and Realities, 4th Edition booklet at www.immunise.health.gov.au/ The National Centre for Immunisation Research and Surveillance (NCIRS) www.ncirs.usyd.edu.au also has information.
When to see your doctor

You are the one who knows your baby best, so you are likely to notice if something is not right. If you are worried about his appearance or behaviour, it is best to check with someone. Don’t be afraid to seek help or advice from a health professional.

You can ring the Parent Helpline on 1300 364 100, your local doctor or hospital for advice, but if you think your baby may be ill, you will need to see a doctor who can examine the baby. It is not usually possible to work out what is wrong over the phone.

You always have the right to seek the help of a doctor, even if the doctor then tells you nothing is wrong. You can be reassured by a visit to the doctor.

If your baby has some of the symptoms on the list below, he may be sick. It is strongly recommended that you see a doctor as soon as possible if your baby:

> Is limp, looks pale, is more drowsy than usual and does not wake or feed normally.
> Is finding it harder to breathe than usual. Your baby may be breathing very quickly, or making grunting and wheezing noises. His chest may also be drawn inwards during breaths as his muscles have to work harder.
> Is vomiting up more milk than usual, or having runny poo (diarrhoea). If your baby is drinking less and losing more fluid by vomiting or having diarrhoea, he can become dehydrated (body fluid is lost). Having fewer wet nappies (less than 8 per 24 hours) can be a sign of this. (This can be harder to tell if your baby is wearing disposable nappies – you will need to take notice of how heavy the nappies are).
> Feels hotter or colder than usual (he has a temperature of more than about 38°C or less than about 36°C). This can be a sign of an infection.
> Has an unusual rash.
> Has a seizure (a fit) with jerking or trembling of his limbs.
> Has vomit that is bile stained (green) or contains blood.
> Has some streaks of blood in the bowel motion (poo).

Most infections such as colds, ear infections, tonsillitis and sinusitis are caused by viruses which are not helped by antibiotics. Your doctor will know if antibiotics are needed and will prescribe them if they are. Your baby’s immune system will fight viral infections and many other infections successfully without antibiotics.
When to get help

See your doctor or child and family health nurse if you are having trouble managing with your baby or if you are worried about your baby’s health or her development. Some things you could seek help with include:

> If your baby cries a lot of the time and you can’t get her to become calm
> If your baby is not feeding well
> If your baby is not developing or growing well
> If you are unhappy or tired a lot of the time.

The early months are important and getting off to a good start is vital to you and your baby – put yourselves first.
Being a parent

Becoming a mum

Having a new baby is probably the biggest event that can happen in your life. Not only are there major changes and efforts physically, but there are also emotional and mental changes. Some of these are obvious straight away, but most unfold over the coming years. It is not possible to be completely prepared for all these changes, but it helps to know what to expect.

Here are some of the changes new mums can expect:

> Your relationships change. Now you are someone’s mum. If you have a partner, you are now a family, not just a couple.

> You have someone who is dependent on you for their survival. This can be exciting but also demanding and scary.

> Many mums have some worries about how well they are doing in their new role. Lots of people seem to feel free to give advice to new mums. This might be helpful, but sometimes it may make you worry more about how well you are doing. You could also have beliefs and feelings about what you should be like that come from your own childhood. You may not even realise that these feelings are having an effect on you.

> Your life needs to slow down with a baby. Especially at first, newborn babies rarely fit into the kind of life their parents keep. Slowing down for many of us who have stressful, busy lives can be as hard as being too busy.

> Changing hormone levels, sleep patterns and the whole role readjustment process may make you feel more vulnerable, sensitive and easily upset.

> A lot of hopes and dreams come to the surface at the time of a new baby coming into your life. That can mean some disappointments and a lot of ups and downs in emotions for a while.

Our culture does not always place enough emphasis on the importance of the role of mothers. But we all know the tremendous gift we give a child by doing the best we can to care, love and help them grow.

Looking after yourself and knowing that being a mum brings about changes and a time to grow personally are important. Most of all you need to be loving and gentle to yourself and look for caring support in doing this most valuable role.
Welcome to your Baby – Edition 4, 2011

Becoming a dad

The wait is over, you have your baby. But how do you relate to this new little person? You don’t have to wait until your baby can talk or kick a footy to enjoy being a dad. Being a dad starts right from birth.

Fathers are vital to babies even though babies may not seem to respond much in the early months. As you spend time being involved with your baby he will get to know you and begin to trust your care. Now you are a father, you have an important role in raising your child. Studies have shown when the father is involved in raising children; these children do better in life. This includes better relationships, educational outcomes, employment and health. As a father, you have a unique role in raising your baby.

The way you interact with your baby helps wire his brain for future success. As a father, you are involved in creating safe and nurturing surroundings for your baby and this promotes your baby’s development and sets him up for being able to learn and relate to others.

Babies enjoy interacting with their dads. You can:

> hold your baby
> talk to him
> read to him
> feed him
> change his nappy
> bath him
> walk around with him and show him things (you could wear a baby sling)
> settle him
> play with your baby
> touch him

Supporting your partner

The other really important thing you can do for your baby and your relationship (if you are together) is to support your partner.

An important role for fathers is to help support mum while she concentrates her energy into settling into a pattern with baby. Some things that are a great help include:

> Giving lots of encouragement eg for breastfeeding.
> Cooking and washing up.
> Making sure there is food in the house.
> Washing and ironing.
> Cleaning up.
> Changing nappies.
> Caring for the baby for a while every day so mum can have some baby-free time to do some shopping, have coffee with a friend or just some time for a sleep.
> Supporting her to get professional help if she is not coping

Discuss with your partner what will be most helpful. It is helpful for both parents to lower their expectations about how much housework can be done, particularly in the early stages when parenting can be at its most stressful.

Fathers and post natal depression

Sometimes fathers can feel down and isolated after the birth of a baby. It is meant to be a special time but sometimes all the changes can get on top of you and it may be hard to talk about. It will help to talk about how you are feeling to your partner and GP.

Balance work and family life

Your financial contribution to the household is an obvious way that you are able to support your family’s extra needs after a baby is born. Try to avoid work taking you away from home more than it needs to. If possible, take some time off from work at important times such as just after the birth when your baby has come home from hospital or if your partner or baby is unwell.
Make time for each other

New parents often become so focussed on their baby that they may lose sight of each other and their own relationship. The birth of a baby can create a relationship where each parent cares for the baby but they forget to care as much for each other. This is stressful for the baby as well as the parents, because babies sense and respond to tension in their parents.

Try to work as team in caring for your baby and keep talking. Having time-out as a couple is also an important way to maintain a healthy relationship.

If available, use your extended family or trusted friends to provide occasional baby-sitting, so that you can enjoy a night out together.

Being a dad is your most important job and it starts from birth. Happy fathering.


Discipline

Parents sometimes ask when you should start to discipline a baby. To discipline means to teach and there are many things you will be teaching your baby as you care for him.

Babies are unable to think ahead, understand, reason or remember what you want. Instead, prevent damage (remove things) and prevent danger (remove your baby). Gentleness, loving touches and words are as important as feeding and clothing babies. They need to learn that the world around them is friendly and protective and that they can trust you.

Punishment is not useful for babies as they don’t understand why they are being hurt or left and it is likely to make them afraid when they should be learning to trust. After six months or so you can say “No” and give a simple explanation when your baby does something you don’t want, for example, “No. That hurts,” perhaps if he bites or tries to touch a power point. At the same time move him away from what he was doing. But don’t expect him to understand what to do and not do for many months yet.

For the first year or two, parents need to be watching to keep their baby out of harm’s way because even if he knows what you want, it takes a long time for him to learn to control his wish to try it.

It is very important not to hit or shake babies. Shaking your baby can cause brain damage. If you are feeling very angry, put your baby somewhere safe and take a break until you can get in control of your feelings.

For more information see www.cyh.com.

Tip

Think about your baby as a separate person that you want to get to know with his or her own thoughts and ideas and likes and dislikes.
If you have older children at home

A new baby arriving in the family brings big changes for young children in the family. The birth of a new baby is one of the most stressful events in a toddler’s life, particularly if she is aged two or less. This is because toddlers have not yet formed their strong inner sense of security. There is always less time for your toddler when your baby arrives, and so she can feel less loved. If you can keep your relationship with your toddler positive at this time it will make her life and your life easier. It will also help to build self esteem and confidence.

When mum is in hospital

- Give your toddler as much contact with you as possible. Even if she cries when she has to leave it is better for her to know where you are and to see you.
- It is also helpful if you can make her feel special during visits and for you not to be holding or nursing the baby.
- Many toddlers are helped by having a postcard from their mum arrive in the post.
- Some children get comfort from minding something for their mum while she is away, for example an old set of car keys. Give your toddler a photo of you to keep.
- Sometimes a present from the baby to big sister helps. Your toddler might also like to choose a gift for the baby.
When your new baby comes home

Expect some change to your toddler’s behaviour, no matter how well prepared she has been. It takes time to adjust, especially if this new person seems to be getting better treatment. Your toddler may go back to younger behaviour for a while, such as:

- Wanting a bottle or a breastfeed.
- Wanting you to dress her.
- Wanting to be carried.
- Going backwards in her toilet training.

If you can show patience and let your toddler act younger for a while, it helps her to feel confident with the new family situation more quickly.

Your toddler may also misbehave or show other signs of stress such as tantrums, especially when you are feeding your baby. Your toddler needs to know that you understand her feelings. For example, you could say: “I know you feel cross when I am feeding the baby and you want to play. I wish I could play with you too. We will play (whatever your child likes) soon.” Arrange special activities for her while you feed the baby, for example, a teddy or a doll that she can feed, a special DVD or tell her a story. Read stories about new babies which show the older child feeling both happy and sad about the new baby. This helps her to know you understand how she feels.

Teach your toddler to touch the baby gently, but always be there to make sure your baby is safe. Let your child know that aggressive behaviour is not allowed. If she hits the baby, remove her from the situation with words such as: “You are feeling very cross, but I won’t let you hit.” Don’t let your child hit you either; you need to teach her that hitting is not the way to show angry feelings.

Make a special time just for your toddler every day, no matter how small. Go out with your toddler and have someone else to mind the baby sometimes. Show your toddler that you enjoy being with her.

Tip

If your baby could talk, what do you think she would want to say to you about being in her new home and meeting her new parents?
Looking after yourself

Did you know that one of the best things you can do for your baby is to take care of yourself? It takes a lot of physical and emotional energy to care for a baby.

If you are too tired you may find it hard to look after your baby. If you are worried and stressed, your baby will sense it and will not be settled or relaxed. Don’t feel guilty about taking some time for yourself; you and your baby both deserve it! Here are some ideas:

> Eat well. Have easy, healthy snacks like bread, cheese and fruit. Make sure you have something to eat at least three times a day or more often if you can.
> Rest as much as you can while your baby sleeps. Don’t use all of this time to catch up on other things.
> Get some exercise and fresh air. Take the baby for a walk each day if possible.
> Do something nice for yourself every day. Even something small like having a quiet cup of coffee or a few minutes phoning a friend helps.
> Take a break away from the baby sometimes. Find someone to mind your baby, even if only for half an hour.
> Don’t try to be perfect. Accept offers of help from people you trust. People may feel hurt if you don’t let them give you a hand.
> If you have a partner, let him share the baby care and housework. He may do things differently and you may need to give him time to learn some things.
> Take care of your relationship. Spend some time as a couple talking about something other than your baby.
> Join a group or a gym. Chat with other parents.
> If caring for your baby is getting you down, or you are feeling tearful, can’t shake the blues or are feeling depressed, get some help. Have a talk with your child and family health nurse or doctor.
Will your new baby challenge your relationship as a couple, or make it better?

The arrival of a new baby can be a very special time for both parents. There are many new things to learn – about your baby, each other and working together. You will find some things are very exciting and some will be hard.

For couples living together, now your baby has arrived, it can mean big changes in how you do things as a couple. There is someone else in the family to think about. Your baby does not understand how to fit in with you. Your baby has to get her needs met straight away so she can be sure to survive. You will find that you have to fit things in around her, not the other way around. As a couple, this can mean it is hard for you to find time to do the things together that you used to do and enjoy.

What do you expect?

> How do you find out about what it is like to be a family? Most couples ask their friends and family. Try asking a few different people rather than just one. Try to find a way of being a family that suits you as a couple and your baby. Take advice which suits you, but don’t feel that you need to copy anyone else.

> Who you are, what you need, what you can control, and even what your body is going through are likely to have big changes. You may lose touch with friends, both at work and in your social life. The plans you made may not work out. Sex can change or even not happen for a while. New parents can feel overwhelmed. You may be worried about caring for your baby, experience changing emotions, feel left out, tired and alone or your feelings may be up or down. At the same time, you may feel joyful, loving, good about how well you manage, proud of your baby, and pleased that you are now a parent.

> These changes are happening to you both as individuals, as well as a couple. Both of you are looking to each other for support and love. And both of you will have less energy and time to give to your relationship. This is the challenge for couples.

Tip

Babies need their parents to support each other as well as both loving and caring for the baby.
What happens to couples?

> How to have enough energy, spend loving time with each other and attend to your baby can be very tricky.

> We all rely on our partners for caring, and that involves ‘give and take’. You need to think about your partner’s needs, your own needs and your baby’s needs. This involves more work and less sleep! This can result in one or both of you feeling that things are unfair.

> Being a new parent also brings up your own feelings and memories of what your childhood was like. This includes your experiences of being cared for and loved.

Before baby comes, most parents get some or most of these needs met from each other. This all changes now your baby has arrived. Each of you is struggling to work out how to meet your own needs as well as wanting your partner to help you.

Some qualities found in couples who have successful relationships are:

> A sense of humour and not getting caught up on small things that don’t matter.

> They feel OK about themselves, and even better as a couple.

> They resolve conflict as it happens, rather than burying it so that it doesn’t cause bigger problems later on.

> They find their own special family times and ways of doing things.

> They know that being a couple who care for each other is important for themselves and for their children. Their children grow up knowing this too.

> They can sometimes let go of their own issues and needs for the sake of the other person.

> They make outside friends and join in their local community.

More than anything else, talk about how you feel with your partner, and really listen to how your partner feels. The skill is to listen and not be thinking about what you are going to say next while your partner is talking. This is the best way to understand and explore ways to support each other.

Lastly, we all need to know we will be cared for as we get older and our children grow and make their own lives. Most of us want secure loving partnerships to provide this. Taking care of each other helps to take care of your future and gives a good start for your baby.

These qualities for successful relationships were published by psychologist John Gottman in his book ‘Why marriages succeed or fail and how you can make yours last’ (Bollsbury Publishing, London).
Your sexual relationship after childbirth

Most couples experience changes in their sexual relationship after their baby is born. When you think about it, there are huge changes for both of you. Not the least of these is the reduced amount of sleep you are getting. It’s hard to want to make love if you are always tired! Changes can be a challenge, but if you talk through your feelings and needs with each other, this is a great start.

How a woman responds sexually to her partner, depends in part on how the delivery of the baby went. If you had a difficult birth, it may take weeks or months for you to feel you are able to share your body again. You may feel you lost ownership of your body. If you needed to have stitches, you may be sore for a few weeks.

Your body changed shape during your pregnancy and then again after the birth. Parts of your body you and your partner thought of as sexual parts have developed a new function and are now providing your baby’s perfect food – breast milk. You may feel that your sexuality has been ‘hijacked’ by these functional aspects of your body. You may be amazed how your breasts can leak milk in response to your baby crying, between feeds or when making love. This is completely normal; however you may find it distracting and messy.

On top of all the changes to your body and hormones, you may be struggling with the changes in your life. You may feel you need all your energy to care for and get to know your tiny baby who depends on you totally.

Men experience changes too. It can be difficult for men to know where they fit when the twosome becomes a threesome. If you are working hard to love and care for the baby, your partner may feel left out, as if he does not count. It may be that you shared all your care and loving with each other before the birth and now a lot of that loving care and concern is going to the baby. In addition to this, when he tries to make love again you might not be ready.

A partner may have feelings of hurt and rejection.

In the early months, support and understanding from your partner is needed. At this time many women need a lot of non-sexual love and support. For example a shoulder rub, back massage, or a cup of coffee and chat. While it can be challenging for many partners, it presents a chance for them to explore the caring aspects of themselves and prepare for a lifetime as loving fathers.

Men have an important role in supporting and nurturing their partner and child. This helps the family to do well. The presence of a loving family environment is critical to your child’s development.

Coping with the changes will be different for every couple. This is a very important time for the future of your family, so keep talking to each other to work through the challenges and you will achieve a loving emotional and sexual life together.

Be aware that you may fall pregnant soon after the birth of your baby. If you do not wish this to happen you will need to use contraception.
Post Natal Depression and the Baby Blues

Everyone gets sad
Giving birth to a baby is by no means all joy and happiness. Almost all mothers sometimes feel sad, flat, tired and anxious some of the time after having a baby. It is a normal response to the stresses of sleepless nights and the changes in your hormones after the birth.

Some facts about baby blues
Most women have some level of sadness and distress after her baby is born.
For many it is a short ‘low’ feeling for a day or so. Others feel sad and teary for a few days starting soon after the birth. This is called ‘baby blues’.
For some women, the sadness seems to deepen and take hold – it can extend into weeks and months. This is called ‘post natal depression’.
For a very few, it becomes so severe that a woman loses her sense of who she is. These women have very strong feelings of sadness, even despair that they can’t control. This is called ‘post natal psychosis’.

How do I know if it’s depression?
It’s sometimes hard to tell. Here are some feelings that women feel with post natal depression may have:
> Feeling sad more often than they are contented.
> Worrying that they can’t care for their baby well.
> Crying a lot.
> Not being able to get to feel like themselves again.
> Feeling a little removed from life.
> Having difficulty going to sleep, not sleeping well, or waking early.
> Not feeling like eating or eating more than usual.
> Feeling that there is something very wrong with them.
> Not feeling they have the energy to do anything.
If any of these happen and don’t go away fairly quickly then maybe the baby blues have deepened into a depression. As soon as you become aware of this it is really important to get help.
Everyone needs help sometimes

If you are feeling sadness after having your baby, you need help and support. The sort of help you need depends on how distressed you are. It may be that the warmth and care of a loving partner, family and friends will be enough. It may not.

If the sadness lasts and becomes depression, you need to get help from an understanding doctor or counsellor. If you don’t have a doctor you can talk to, tell your child and family health nurse. If a woman feels extremely sad, strange and unsafe, she may have to go into hospital for a time.

If your doctor thinks that you have depression and prescribes tablets for you to help with the depression, it is important to take them. They take a while to work – ask your doctor what to expect. Depression does not get better just through trying harder. Depression usually passes even if you don’t get help, but it may take several months before you start to feel like your normal self again and it is important not to just wait but to get help when you need it because your baby needs you to be well now.

Why do women get depression?

Sadness is a normal part of life and it is natural to feel sad at very important times of life change. This is partly because all changes have some losses as well as good things.

When a woman has her first baby she is leaving behind many aspects of herself – perhaps herself as a working woman and as a carefree partner. She will build a new identity for herself over months and years, but just when the baby is born she loses her old identity and hasn’t got the new one yet. That may cause loneliness, grief and sadness.

Secondly, having a baby takes a lot of energy and a mother can become very tired. It used to be that the whole family would share that burden and whole villages were involved in the raising of children. This is no longer the case and now it often falls on one woman and one man, or a single parent to do this huge, important job. No wonder it all sometimes gets to be too much!

Thirdly, our society doesn’t give very high status to being a parent. While many of us believe that raising the children is the most important job in the world, often paid work outside of the home has a higher status.

Finally, there are many of very personal factors such as how the woman herself was mothered, and how she has been respected and cared for by men in her life.

All these things affect the way she faces her task as a mother and how she feels about herself. She may have a mixture of confidence and fear, high self esteem or doubts about her value and how well she will be able to care for another human being.

What can you do about it?

You can do many things:

> Talk a lot about your feelings to your partner, your family and friends, your doctor or a health professional.
> Talk to other women and join a group of women to whom you feel you can talk.
> Don’t blame yourself.
> Don’t expect too much of yourself.
> Take your medication if it has been prescribed.
> Go through the motions of your life even if you don’t always feel right.
> Have faith and patience that you will get better and good things will come.
You and your partner

Tackling the hard things

Is your relationship with your partner OK?

Time of change for both of you

Most of us dream that the birth of our baby will mean a new and closer relationship with our partner, whether living together or not. With time, if both people want it and work at it, this can happen. In some cases, the stress of caring for a baby, having less time for each other, plus a lack of sleep can put a strain on the best of relationships.

Both parents need to remind themselves that this is a whole new phase in your life that will take time and patience to grow into. That can mean being gentler on yourself and your partner, taking time to talk about your needs and wishes, and to listen to each other’s views and ideas.

Sometimes relationships which have not been working well before pregnancy become worse or problems start during the pregnancy or shortly after the birth. Your baby will be affected by the relationship that you have together, as it can influence his growth and development. Knowing this, and with good intentions from both of you, people can work things out even if it is hard. You may need to get outside help if you can’t work things out between you. It is very important for your own sakes and the baby’s sake for both parents to feel OK with each other as well as with the baby.

When you might need help

No-one should feel unsafe or put-down in a relationship. These things are bad for both partners, and harmful to children, even little babies. Some things that are signs that you need to make changes are:

> If you feel fearful of your partner’s reactions or are worried that he/she will see you as not being able to cope and blame you when things go wrong.

> If your partner is jealous of time you spend with others and doesn’t want you to go out to meet or talk with friends.

> If your partner is jealous of the time you spend with the baby.

> If your partner does not give you enough money to manage, or wants to control all your finances. Both partners need to work together to make a budget that works. If one partner stops a paying job to care for the baby this is a big change. She or he still needs to have a say in the money matters.

> If your partner continually calls you names, puts you down or criticises you.

> If your partner loses his or her temper and shouts, yells, threatens or damages things.

> If your partner blames you for what he or she does, for example, “It is your fault I shouted at you, or hurt you.” Everyone is responsible for his or her own actions.

> If your partner checks up on you all the time, wanting to know where you are.

> If your partner hits or hurts you or destroys your possessions.

> If your partner forces you to do sexual things you don’t want to do.

> If you are afraid of your partner or what he or she will do.
You and your partner

If you answered yes to any of these questions you could be in an abusive relationship – often called domestic violence. You do not need to be physically hurt for it to be domestic violence. What we know about domestic violence is that one person is trying to gain power and control over their partner. This is not what a baby needs if he is to grow and thrive and feel safe and loved.

We know that from birth babies are aware of and affected by what is going on around them. Babies suffer if the parents who are caring for them are stressed and tense.

Help to change

The sooner you get help with problems the more likely it is to work out well. Sometimes people keep hoping that things will get better, and then find it is too late. This happens when one person has given up and no longer wants to make things better. Two things need to be worked on – problems in the relationship and the abuse. The abuse needs to stop before you can work on the relationship. The person who is doing the abusing needs to find other ways to express his/her needs and feelings.

When you have a new baby is a good time to make changes because most parents want to give their baby the best start they can. Knowing that abuse can badly affect children is one of the reasons for seeking help.

Support if you need it

The Domestic Violence Helpline (telephone 1800 800 098) The Domestic Violence Helpline offers help and support to people who are being abused. It is OK to phone them just to talk about what is going on. You don’t have to give your name. You may want to know where to get counselling or legal advice. There are many services that the Helpline can put you in touch with. They help people to find individual counsellors or groups to understand and help them to change. It is very hard to change abusive patterns without outside help.

If you need emergency housing for yourself and your children you can phone the Domestic Violence Crisis service on 1300 782 200. They will offer support and help you to find somewhere to stay if you need it.

Crisis Care – weekends and public holidays 24 hours
All other days 4.00pm – 9.00am
Tel: 13 16 11

Nunkuwarrin Yunti, for Aboriginal women and men
Tel: 8223 5011

Nunga Mi Minar Shelter
9am to 5 pm Monday to Friday
Tel: 1300 782 200

If you or the children are in danger call the Police on 000. The Police Child and Family Investigation Units are there to help you if there is physical violence. You can also contact them through your local Police Station.

You can ask your local community health centre for groups or personal support to help you. This takes courage, but it is worthwhile for your baby as well as your relationship.

Domestic violence is never the fault of the person who is being abused, but sometimes if you are being hurt you can feel that you are to blame. If this is how you feel, seek help for your baby’s sake as well as your own. Domestic Violence tends to get worse, not better over time. You don’t deserve to feel this way and your baby deserves to live in a home where there is peace. Domestic violence is a real risk to your baby’s present and future well being.
For more information

Child and Family Health Service
295 South Terrace
Adelaide SA 5000
Telephone: (08) 8303 1522
www.cyh.com

For appointments at a Child and Family Health Centre
call 1300 733 606

Non-English speaking: for information in languages other than
English, call the Interpreting and Translating Centre and ask them
to call The Department of Health. This service is available at no
cost to you, contact (08) 8226 1990.