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0-5 Months**

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Relationships - Bonding and Attachment

This topic falls under the domain of **Parent-Child Relationship** and the emphasis is **Attachment/Autonomy: Trust**

Parents support their children's development when they:

- Understand how responsive and sensitive caregiving helps to develop a secure base of trust, allowing children to explore the larger world and other relationships.
- Respond to their babies in sensitive, supportive and caring ways.

Attachment versus bonding

People tend to be familiar with the concepts of bonding and attachment, but are not necessarily clear about their meanings. The term bonding refers primarily to the emotional bonds that form between the parent and the child beginning with the events surrounding birth and delivery.

By contrast, attachment theory focuses on the child's feelings towards the parent. Attachment is a reciprocal process involving two components in the infant-parent relationship:

1. The infant's need for comfort or interaction.
2. The parent's prompt response to those needs.

Attachment behaviors occur when an infant is hungry, upset, physically hurt, or ill. Babies cry and give other cues to let us know that they have a need or are distressed. They seek their parents in order to provide relief and to comfort them. When a parent responds promptly to their baby's cues, the baby learns that they can trust their parents and depend on them to be there for them. Very early on, infants learn how to manage their distress or regulate their emotions depending on their parent's responses. The process of attachment is about communication. How the infant signals needs (cues) and how the parent responds to the cues is a critical part of the process.

What do caring for your baby's needs and loving touch do for this process? They are a necessary part of developing an attachment. It's the beginning of communication between you and your baby. Because you make him feel secure, he learns to trust you and develops an emotional tie to you. Your baby's response to those feelings of security deepens your feelings of love and protectiveness towards him. It is what Dr. T. Barry Brazelton refers to as "*the parent and child "falling in love" with each other*". Attachment forms the foundation for a child's physical, cognitive, and psychological development. The term attachment was coined in the 1960s by British psychiatrist John Bowlby when he proposed a biological-bonding theory between a mother and her baby.

While studying children under age 3 who were separated from their mothers for days or weeks during hospital stays, Bowlby along with fellow researcher Mary Ainsworth found the mother-child bond to be more powerful than previously realized. Bowlby and Ainsworth were struck by the depth of the children's attachment and their despair upon separation.

Bonding - What it Means

Bonding—the term for a close emotional tie that develops between parents and baby at birth—was the buzzword of the 1980's. Doctors Marshall H. Klaus and John H. Kennell explored the concept of bonding in their classic book *Maternal-Infant Bonding*.

A mother's bond with her infant often starts when she feels fetal movements during pregnancy, so bonding is just a continuation of the relationship that began during pregnancy. The physical and chemical changes that were occurring in her body reminded her of the presence of this little person. Birth cements this bond and gives it reality. Now she can see, feel, and talk to the little person whom she knew only as the "bulge" or from the movements and the heartbeat she heard through medical instruments.

Bonding brings mothers and newborns back together. Bonding studies by Bowlby, Ainsworth, Klaus, and Kennell provided the catalyst for our present day family-oriented birthing policies in hospitals. They brought babies out of nurseries to room with their mothers.

Bonding is not a now-or-never phenomenon. Bonding after birth is sometimes delayed due to medical complications that separate the mother and baby temporarily. Hospitals are more sensitive to bonding and encourage the mother or father to hold or touch the baby as soon as possible, even in intensive care units.

From birth through infancy and childhood there are many steps that lead to a strong mother/father-infant attachment. Babies and children who are adopted can develop strong bonds. Many adopting parents, upon first contact with their baby or child, express feelings as deep and caring as those of biological parents in the delivery room.

Father-Infant Bonding

Most of the bonding research has been focused on mothers. In recent years, however, the importance of fathers in the infant bonding process has become the subject of bonding research.

Fathers have taken a more active role in caring for their infants in recent generations. Research has shown that their interaction with their baby has a unique affect not only on the baby but on them too. When a father holds and comforts his new baby, it brings out sensitive emotions in the father.

Dr. William Sears, who is the father of eight children, talks about the important role fathers have in bonding with their children in his book, *The Baby Book*. He refers to studies on father bonding which show that fathers who are given the opportunity and encouragement to take an active part in caring for their newborns can become just as nurturing as mothers. A father's nurturing responses may be less automatic and slower to unfold than a mother's, but fathers are capable of a strong bonding attachment to their infants during the newborn period. Dr. Sears emphatically states that, "Fathers have their own unique way of relating to babies, and babies thrive on this difference."

(Sears, William. and Martha. *The Baby Book*. Little, Brown and Co.. Boston. pp 61-62.)

In summary, Phyllis Porter has combined the philosophies of Magda Gerber and Maria Montessori in describing bonding and attachment:

- Bonding and attachment continue throughout life.
- Bonding is a relationship based on an exchange through sensory experiences -- namely, holding, feeding, and loving -- between parent and child.
- Bonding and attachment are psychological connections between the parents and the baby.
- Attachment is the protective feelings of the parents and the infant's preference for her parents.
- Attachment is what babies need in order to grow and learn how to trust. Babies need parents who are willing to bond and attach with them.
- Attachment has lifelong influences on us as human beings.
- Bonding is an inherent desire to care for and connect with your baby.
- Bonding is the invisible glue that keeps you close.
- Bonding is the need for close physical and emotional contact with the baby, the desire to touch, look at, and respond to the baby's cry.
- Bonding is reflecting your baby's smile so you and the baby feel connected.
- Attachment develops every time you respond to your baby's needs.

Phyllis Porter. www.educarer.com

**Relationships - Bonding and Attachment
Discussion Information**

Discuss the difference between attachment and bonding.

What are some things that can interfere with bonding and attachment?

Give an example of something you do that enhances the bonding and attachment between you and your baby.

How does attachment influence your baby's thinking, feeling and learning?

Can you care for children and meet their needs without spoiling them?

Relationships - Bonding and Attachment At Home Suggestions

Here are some quotes to think about regarding bonding and attachment.

“Making the decision to have a child – it’s momentous. It is to decide forever to have your heart go walking around outside of your body.”

- Elizabeth Stone

“A child is the root of the heart”

- Carolina Maria de Jesus

“Loving a child is a circular business . . . the more you give, the more you get, the more you get, the more you want to give.”

- Penelope Leach

“A baby cannot exist alone but is ultimately part of a relationship.”

- D.W. Winnicott

“There is nothing more thrilling in this world, I think, than having a child that is yours, and yet mysteriously a stranger.”

- Agatha Christie

Parenthood - Transitions

This topic falls under the domain of **Parent Development** and the emphasis is **Role of Parent: Transition to Role**.

- Accept and successfully transition to their new role as first-time parents.
- Determine ways to ease the transition to their new role.
- Explore ways to manage their personal needs with those of their babies.

The birth of a baby brings about changes in the lives of new parents that are often expected, but there are always things that are unplanned or unexpected. No matter how many books you read or advice you received from family and friends, until you bring that baby home you can never anticipate all the changes that will affect you as parents.

Fatigue. Many new parents expect to be tired after their baby arrives, but few are prepared for how physically and emotionally draining the early weeks may be. Sleep deprivation is the biggest concern voiced by new parents. Babies need to be fed every 2-3 hours through the night, preventing the mother from sleeping more than a few hours at a time. Fathers are also awakened frequently, disrupting their sleep patterns. Parents should not ignore the feelings of fatigue. Sleep deprivation can lead to other problems. It is important to get as much rest as you can during the first few months at home with your new baby.

Hormonal changes. With the birth of a baby, a woman's body goes through hormonal changes. These changes can bring on symptoms called the "baby blues". The "baby blues" can happen in the first few days after giving birth and normally go away within a few days or a week. The new mother can have sudden mood swings, crying spells, sadness, irritability, anxiety, restlessness, loss of appetite, and sleep problems. The "baby blues" symptoms are not severe and disappear quickly.

Post-partum depression (PPD) can happen anytime within the first year of birth or adoption. The symptoms are similar to the "baby blues", but are more severe and longer lasting. The difference between the "blues" and PPD is that PPD affects the mother's well-being and her ability to function. Postpartum depression needs to be treated by a doctor. Counseling, support groups and medicines are things that can help.

Parenting advice from practically everyone. People love to give new parents advice. Everyone from family members and friends to the stranger you meet at the park has some advice to share. There are more books written on parenting than any other topic. Then there's the internet and its vast amount of information. How does a new parent determine what is helpful and valuable information? Trust your own instincts. You know your baby better than anyone else. Try to get all the facts you need, then make up your own mind about what's right and what's not. Don't be afraid to consult your doctor. They expect new parents to have a lot of questions.

Feeling incompetent as a parent. We all sometimes wish babies came with their own personal set of instructions that would tell us how to care for them. The trouble-shooting section of the manual would be most helpful in relation to figuring out what to do when they cry! Wouldn't that make our job so much easier?

Parenting takes practice and we learn a lot as we go along from our children. New parents don't have to know everything from the start. Babies are loving and forgiving. If we don't figure out what they need right away, they will keep fussing at us until we get it right. Try not to worry if you feel like you don't know what you are doing. You will gain confidence in your parenting ability as you continue to respond to your baby, learning what they are trying to communicate to you.

Relationships. Having a baby is a life-changing event and ranks high on the list of stressors. The change from a two-person family to a three-or-more person family is a big transition. The shift in focus within the family is stressful, especially with the first baby. Where energy and love had been focused on the primary (mother/father) relationship, now it is focused on the new baby.

New parents may notice big changes within themselves and their partner. It is vital to talk about these changes with each other. Feelings of jealousy, isolation, guilt, and frustration are some of the natural emotions you may feel. Keep in mind that becoming a new parent is a transitional phase and that things will get easier as you adjust to your new role.

Fathers may have even more difficulty in adjusting to life with a new baby. Many feel uncomfortable in handling a newborn baby and uncertain of their role. They may need to assume new household duties as they take on the responsibility of caring for mom and a new baby. They can develop confidence in their skills when the mom allows the dad to care for the baby while she takes a nap or a break.

Relationships with family and friends are also affected at this time. You can no longer be so spontaneous in doing things with family or friends. Any outing requires pre-planning on your part to get your baby and you ready to go and be on time. Family members who live out of town may not understand why you don't want to visit as often. Invite them to come and visit you instead.

You may find that friends who have no children of their own do not understand your new role. Suddenly you don't seem to have as much in common anymore. It is natural to seek out other people who are also new parents so that you can be a support and a help to each other. Joining parenting classes and groups in your community can be educational and supportive.

Back to work or stay at home? Whether you choose to return to work or resign your job and stay at home, your decision will be filled with emotions. The transition to full-time mother can be just as hard to navigate as juggling work and family. Whether you choose to work full-time, part-time, or not at all, you need to find a way to make peace with your decision. (Deborah Kotz, *To Work or Not to Work?* www.americanbaby.com)

Being a working mother adds a new dimension to your job. It takes time to adjust and work out the problems - child care, schedules, breast pumping, routines, and doctor appointments are just some of the changes you and baby have to adjust to. Even if you had planned during your pregnancy to place your baby in childcare, sometimes the emotions of leaving your baby with someone else can be overwhelming and not what you anticipated. These emotions are normal. Seek out support to get you through this transition.

Becoming a full-time mother has its challenges also. There is no one to show you the ropes of your job and there may not be much recognition in the things you accomplish. If you are used to accomplishing a lot in a job, the role of motherhood may be frustrating. Put things in perspective. Caring for a newborn baby is very demanding and time consuming. Seek out other full-time moms and join groups in your community that can help support you and fulfill your need for adult conversation and mental stimulation.

Resources:

Kotz, Deborah. *To Work or Not to Work?* [http:// www.americanbaby.com](http://www.americanbaby.com)

Sears, William and Martha. *The Baby Book*. Little, Brown and Company. New York. 1993.

Zolten, Kristen, M.A. and Nicholas Long, PhD, Dept of Pediatrics, University of Arkansas for Medical Sciences. 1997. *Adjusting to Parenthood*.
<http://www.parenting-ed.org/>

**Parenthood - Transitions
Discussion Information**

1. How has becoming a parent changed you as a person?
2. What new skills or talents are you developing as a parent?
3. How can you support your partner while they (and you) navigate all the changes that a new baby brings to your life?
4. What have you found to be helpful in managing your sleep deprivation?
5. What are some things you have done that are helpful in communicating your feelings about parenthood?
6. How have you managed the changes in your relationships with family and friends?
7. What are some of the difficulties you have encountered in your decision to return to work or become a fulltime mother? How have you resolved them?
8. How do you choose what parenting information is applicable to your situation?

Parenthood - Transitions At Home Suggestions

Suggestions to help new parents adjust to parenthood:

Let other people help! They can cook meals, care for siblings, clean, shop, run errands, and just hold your baby. Most people are sincere in their offer to help. Take them up on their offer, even if they just do little things for you.

Get all the rest and sleep that you can in the first month you are home with your baby. When the baby sleeps, the parents should sleep. Don't ignore the symptoms of fatigue. It is the body's way of signaling its need for rest and sleep. Lack of energy, being tired, exhaustion, weakness, dizziness, difficulty concentrating and "fuzzy" thinking are common symptoms.

Nurture your relationship with your partner. This is a stressful time for couples and so it is important to take care of your relationship with each other. Communicate your thoughts and feelings frequently and find time to be alone together.

Change your expectations of yourself and your partner. New parents should not expect perfection from themselves, their partner or their children. There are many things to learn about caring for a baby that take time to learn. Your roles and routines may change regarding household duties. Dad can be helpful by taking over the responsibility of caring for mom and baby. He may feel left out initially while mom and baby are intensely engaged in getting to know each other. Mom should give dad the opportunity to care for baby as often as she can.

William Sears, author, pediatrician and parent of eight children has this advice for new parents. "Moms are genetically programmed to respond to their baby's cry. It may seem like they are better at comforting the baby, but it's only because the mom has had more practice in soothing baby. Dads need the opportunity to form their own infant attachment and contribute to the development of their baby. It is not greater or less than mom's relationship, just different. Babies thrive on this difference."

(The Baby Book, William and Martha Sears. Little, Brown and Company. 1993. p 62.)

It's OK to say "no". Setting boundaries and learning your limits are important to your mental, emotional and physical self-care and well-being. One of the most difficult transitions is learning that you just can't "do it all". Priorities have to change and commitments may have to be shelved for a while. Newborn babies are demanding and time consuming. It won't be long though, and you will find time once again for other interests.

Learn to trust your instincts. The bond between you and your baby connects you to them in a way that no one else can. As you and baby learn to communicate with each other, you begin to understand their subtle cues and know what to do to meet their needs. Your instincts will help you decide how to filter out baby or parenting advice that somehow doesn't "feel" right.

Alter your housekeeping standards. If you were a neat and tidy housekeeper before baby was born, you may want to seriously consider altering your standards. Reserve your energy for taking care of the baby and spending time with your partner. If you can financially afford it, hire a maid service until you are ready to take over the full responsibilities again. If a friend offers to help, ask them to help with cleaning and laundry. These are also areas where dads can help tremendously, too.

Wear your baby. In many other cultures, parents wear their babies or carry them in a variety of cloth slings. Research has shown that babies who are carried spend less time crying and fussing and more time in the "quiet alert" state which is optimal for learning. There are many different slings on the market. Find one that is comfortable and works for you and your baby.

Get out of the house. If the weather is good, take baby with you for a walk. Otherwise, leave baby with dad and go for a walk. Being in the sun, breathing in fresh air, and getting some exercise is a great stress reliever. The newborn stage is one of the easiest times to take baby places. Dress baby for the weather and enjoy some time together with your partner.

Have lunch with friends or accept a dinner invitation. Many restaurants are "family friendly" to parents with babies and toddlers. It's easy to take baby out to eat, giving you a break from preparing a meal and a change of pace. Dinner out can be a simple date night leaving baby with a trusted sitter for a short time or taking baby with you.

Learn how to care for baby together. Both of you can give baby a bath together so you and your partner can learn how to do it. Take parenting classes that are offered in the evening so you can attend together. Baby massage is a wonderful class to take as a couple. Not only does it enhance your bonding and attachment to baby, it teaches you about sensory stimulation, relaxation techniques for baby and you, and ways for you to relieve colic and digestive problems for baby.

Seek professional advice when needed. Don't hesitate to contact your health care provider when questions arise about your baby's health or yours. Doctors expect new parents to have questions. If you think you may be suffering from post-partum depression, contact your doctor.

Growing– The Amazing Baby

This topic falls under the domain of **Early Childhood Development** and the emphasis is **General Child Development: Process of Development**.

- Understand that child development is a process that:
 - is described and organized by domains that are interrelated,
 - progresses in stages,
 - is universal
 - is individual
 - occurs in predictable patterns, and
 - includes a range of skills and competencies within each domain.

- Understand that babies learn, grow and develop by playing.

“Babies do things in perfect time and in a perfect way,” says Magda Gerber. The ability of this infant developmental specialist to trust babies has grown with time. With many years of observing babies as a professional and parent, she is believable to others who work with infants. Parents, especially first-time parents, have a more difficult time trusting their babies to know when and how to develop or “do things.”

Sure, he is growing. But, is he “growing right?” Is he doing the things he should? Is his development okay? These are the questions all parents have asked themselves - at least once.

“Michael is already four months old and he does not do anything. He just lays there like a lump,” said Carrie. A look at other four-month-olds will reassure her. An overall view of large and small muscle development will give her a sense of awe at what he has already accomplished and what he has yet to do. Magda Gerber would say, *“Use your eyes, observe.”*

He no longer has the bobbing head and jerking movements of the newborn. His newborn reflexes have disappeared. Following sound and motion, he turns his head at will. He focuses and concentrates for minutes. He appears to absorb what he sees and hears.

Researchers with slow motion films have shown that those first jerky arm movements are attempts at reaching a face or an object. Now, at four months, the intent of Michael’s arm motion is clear. His four months of practice have paid off.

In all babies, muscular control begins at the head and works down through the neck, back, shoulders, arms, hands and fingers. The development of the top half of the body is well ahead of the lower half. When the arms have become controlled, the hands can appear and disappear at will. They can go to work. Slowly, the fist unclenches, allowing finger's to hold, examine, chew and bang objects.

Meanwhile, the struggle begins to gain control over the lower half of the body. All the kicking is practice. Those hips, knees and feet need exercise and kicking is the perfect way to practice.

When the hip or the arm don't hang him up, he can roll over. He'll find his feet. If he wants to chew on them, he will.

Head high, rocking on hands and knees, he'll ponder crawling. When will he crawl? When he's ready. How will he crawl? In his own style.

A baby will enjoy what he can do and need minimal help in doing it. Attentive parents, observing a baby struggling to roll over or reach for their face, smile their best wishes. These approving, cheerleading smiles keep him going and growing.

Ignoring those average monthly charts, each baby chooses to grow right for himself. Inner forces and temperament appear to determine a baby's own direction and timetable. Comfortable with trusting baby, parents serve best by providing a safe environment and encouragement for whatever physical developmental task the child is currently practicing.

Physical development does not occur in a vacuum. Concurrently, the baby is developing social skills as he:

- focuses on faces.
- recognizes familiar faces.
- recognizes familiar voices.
- smiles at smiling faces.
- looks at himself in mirror.
- fusses for attention.

Language or communication is developing. He:

- turns to voices.
- watches speaker's mouth.
- vocalizes in response to talk.
- blows bubbles.
- babbles.
- repeats sounds.
- vocalizes several different syllables.

Attempting to make sense of this world, a baby's perception develops. He:

- focuses on objects.
- quiets or smiles at the sound of his parent's voice.
- plays with paper, string, objects.
- looks for dropped objects.
- tracks a dropping object.

He uses his hands and:

- grasps an object placed in his hand with his whole hand.
- swipes at an object.
- grasps an object and puts it in his mouth.
- holds things well.
- shakes a rattle.
- drops a toy when offered another.
- passes a toy from hand-to-hand.

In perfect time and in a perfect way, babies have a busy time in their first months. They are never bored – nor are the parents who use their eyes.

Growing – The Amazing Baby Discussion Information

With his arms and hands, my baby:

-
-
-

With his body, my baby:

-
-
-

With his legs and feet, my baby:

-
-
-

With his mouth, my baby:

-
-
-

With his ears, my baby:

-
-
-

With his eyes, my baby:

-
-
-

Socially, my baby:

-
-
-

Growing – The Amazing Baby At Home Suggestions

Observation

The role of the encouraging observer is the best part of parenting. It is played when baby is fed, dry and awake and when the parents are not distracted by the other roles that they have to play. Then baby can have their full attention.

The rules for observing are simple. It can be practiced for as long as you like:

- Be still, don't intrude.
- Smile.
- Watch.

Watch baby:

- In his crib.
What does he look at? How is he moving his head? Is he up high on his arms?
- On a blanket on the floor.
Is he interested in the blanket? Can he view the whole room? Does he arch to look up high? Is it more fun on his back? How long does he stare at one thing?
- In the crook of your arm.
Does he look at you? Does he fix on your clothing? What does he reach for?
Does he turn to your face?

This habit of encouraging observation allows parents to see the development in the early months. He is changing. There is so much in the home for a baby to absorb and try to understand in these months that adding toys is unnecessary. Wallpaper patterns, buttons, ties, glasses, earrings, hands, crib sides and smiling people are enough.

Later, watch baby:

- when the doorbell rings.
- when a dog barks.
- when a music box or the radio is playing.
- when a voice is heard.

You can see by his face and his movement that he is trying to understand the source and decide what this means to him. Does he frown? Does he turn towards or away from it? Does he cry or smile? Don't quit watching. He's changing.

Learning – Cues, Crying and Comforting

This topic falls under the domain of **Early Childhood Development** and the emphasis is **Social & Emotional Development: Emotional Development**.

Parents support their children's development when they:

- Respond to baby's emotional and physical needs in warm, caring and engaged ways.
- Determine reasons for crying.
- Explore options for comforting.

All babies cry. Crying is a baby's primary form of communication from birth. In the beginning, crying is a baby's natural response to get needs met, usually meaning "I need to be fed" or "I need to be changed". As your baby gets to know you, the crying evolves to include "I need to be held and touched". This evolution happens relatively soon as you build the relationship of trust each time you respond to your baby's cries. Through this ritual of baby crying and parent responding, you begin to see specific cues, to help you solve the problem. For example, one baby may rub his eyes while crying which the parent has learned is the cue for "I am sleepy". What is most important is that the parent sends the message to the baby you are trying to figure it out. As Magda Gerber, infant specialist, would say, you need to convey to the baby, "I hear you."

"I'm trying to understand"

Her goal is not to **stop** the crying but to find the reason.

All parents have difficulty with crying. We are physiologically programmed to respond to our baby's cry. Studies have shown that a mother's heart rate and respirations increase when she hears her baby cry. Today's parents know that it is important to respond to their babies' cries without fear of spoiling. We teach babies, through our responses, that they can trust us to meet their needs. It has been shown that babies who are responded to consistently in the early months cry less and with less intensity as they become older.

How much a baby cries is dependent on many factors including their temperament. Unfortunately, some babies cry a lot in the first three months. Colic, or irritable crying syndrome, affects an estimated 10%-15% of newborns. It usually begins at two weeks after birth, peaks at six weeks and is over at 12 weeks. It is characterized by a baby that cries ranging from almost non-stop to confined to the evening hours. It is important

to keep perspective that three months of crying out of 18 years (or sometimes longer) that a child will be with you is tolerable. If you have a baby that cries a lot, it is important that you take periodic breaks. Find a relief person, like a relative or a neighbor, who can give you a breather.

Comforting a crying baby can be a guessing game. Sometimes the solution is simple through a feeding or changing a diaper. At other times, the cause is more difficult to determine. Parents, in an attempt to help their baby, develop a repertoire of comforting techniques. Generally, this bag of tricks is a multi-sensory approach ranging from rocking, to singing, to tapes of womb sounds. Baby massage has also been found to be helpful prior to a baby's fussy period by lowering the stress hormone cortisol and allowing baby to relax.

Babies also come to us equipped with their own self-soothing devices;

- Sucking a thumb or fist.
- Clasping hands together.
- Tucking into a fetal position.
- Bracing a foot against the side of a crib or bassinette.
- Placing a hand by the face.
- Babies are looking for that womb-like feeling. We can aid them in this process by providing them boundaries also through swaddling.

Through responding repeatedly to your baby's crying, you will develop better parent-baby communication as you learn about your baby's cues, crying patterns and comforting techniques.

**Learning – Cues, Crying and Comforting
Discussion Information**

1. Discuss what you have learned about your baby's crying including; reasons for the crying and if you have determined a pattern in regards to frequency and time of day.
2. What cues does your baby express that helps you to determine what he/she needs?
3. Complete this sentence – “When my baby cries I feel...”
4. What comforting techniques work for your baby?
5. What self-soothing techniques does your baby use?

**Learning – Cues, Crying and Comforting
At Home Suggestions**

- Remember, crying is natural and does not mean your baby is in pain.
- Focus on listening to what your baby is trying to tell you instead of just focusing on trying to stop the crying.
- Sometimes you will figure out the reason and sometimes you will not. Be patient with yourself and your baby.
- If your baby is crying more than you are comfortable with, check it out with your doctor to rule out any health reason.
- Babies have a lot of stimulation to process during the day. Since babies cannot jog around the block or read a good book to relax, crying can be a release for them.
- Find support and ask for help when needed. Being alone in a house with a crying baby can be very isolating and frustrating.
- As baby grows, establishing a bedtime routine can be helpful. Try baby massage or start singing the same lullaby every night.

Sleeping

This topic falls under the domain of **Parents-Child Relationship** and the emphasis is **Nurturing: Physical Care**.

Parents support their children's development when they:

- Provide safe sleeping conditions for their baby.
- Explore ways to manage the baby's sleep needs with their own needs for sleep.
- Consider current research and practices regarding sleep and determine which methods will work best for their family.

When a baby is born, she enters the world with her own unique rhythms that determine when she will sleep and for how long. Some babies have very predictable patterns while others appear to have none. Developmental charts can give you the typical amount of sleep for the average baby, however, your baby may require less sleep or be sleepier than the average baby. Keeping this in mind, the following sleep chart is provided by the American Medical Association: Jodi Mindell, Director of the Sleep Disorder Center, Children's Hospital of Philadelphia.

Newborn – 5 Months	14-18 hours
6 – 12 Months	13-14 hours
1 – 3 Years	10-14 hours

Worried and sleep-deprived parents need reassurance (and an occasional nap) that they are providing a safe sleep environment for their baby. Although bumper pads with little ducks on them may make the crib look cute – they may not provide the safest sleep environment. One of the biggest threats to a baby's safety while sleeping is SIDS (sudden infant death syndrome). To help prevent SIDS, the American Academy of Pediatrics offers the following recommendations:

- Put baby to sleep on his/her back
- Baby should sleep on a firm well-fitting mattress
- The room should not be too warm
- Maintain a non-smoking environment
- There should be no loose toys or bedding where baby is sleeping

Where the baby sleeps is a very personal decision. Many parents throughout the world regularly co-sleep with their infants. While many families safely practice the family bed, it is important to note that most beds and bedding are not designed for the safety of infants. If you choose to have your baby near you while you sleep, you may want to consider placing a bassinet next to your bed or adding a co-sleeping attachment which would greatly reduce the risk of SIDS.

As all new parents know the expression “I slept like a baby”, roughly translated means “I slept for only a few hours at a stretch and often woke up needing to eat, be changed or just be held. Babies actually have three sleep states:

- Drowsy – which like adults, if provided stimulation, can stay conscious, but if put into a calm non-stimulating environment will probably fall asleep.
- Light Sleep – or REM (rapid eye movement) sleep is characterized by body movements such as limbs twitching, face grimacing or smiling and sometimes eyes rolling. This state is very important for brain development since babies are processing a lot of the information that they are learning while awake during this phase. For example, they may continue to practice the skills needed for rolling over while in light sleep. Babies, in the first few months of life, require twice as much of this kind of sleep than adults. In this sleep phase it is easy to be startled awake by body movements.
- Deep Sleep – as the name implies, this state looks like calm, relaxed sleep. In this phase the baby’s body is still and the face relaxed. As months go by, babies tend to spend more and more time in this state which lends itself to more predictable sleep patterns.

Babies will gradually adjust their sleep and awake cycles as their central nervous system develops and their parents help structure the routine and the environment. All babies express signals that let parents know when they are ready for sleep. Some may get fussy others may rub their eyes. As you learn your baby’s sleep signals, this may help you to see a sleep routine emerge. Some babies like to be rocked to sleep while others prefer to be put down as they drift off. Most babies will need some assistance in making the transition to sleep. As they get older and more in control of their bodies, they will develop their own self-soothing behaviors such as sucking on a fist or clasping their hands together.

“When will my baby sleep through the night?” is a question that parents want answered. Unfortunately there is no simple answer to that question. Scientific findings and parental experience suggest that often at around five months, some babies are ready to start phasing out some of the night time feedings. Penelope Leach, child development expert, offers this bit of advice. “Biological adaptation isn’t open to parental “training,” but it is vulnerable to parental interference. In other words, you can’t teach your baby to sleep at night until he’s ready, but you can hinder him from doing so - perhaps by going to him if he makes a sound without waiting to see whether he is distressed”. (Child, October, 1996). This does not mean that we do not respond to baby’s cry, however be a good listener and try to determine the reason for the crying and assist baby when needed. This will help baby develop trust and also the opportunity to try self-soothing techniques.

Sleeping Discussion Information

1. Describe a typical 24 hour sleep cycle for your baby.

2. How does your baby fall asleep? (example – rocked to sleep while nursing).

3. What is your present concern regarding your baby’s current sleep pattern?

4. What resource(s) have you turned to for guidance on the topic of sleep?

5. What techniques or rituals do you use to help get your baby to sleep?

6. What self-soothing behaviors does your baby use to help get to sleep?

7. How do you handle night waking?

8. What signals does your baby give you that he/she is ready for sleep?

9. Have you had a time when you could not get your baby to sleep? Please explain the situation.

10. How do you get your own sleep needs met?

Sleeping At Home Suggestions

There are many things to consider regarding your baby's sleep. If you walk into any bookstore or library you will discover many books written on the subject which may be helpful or add to your confusion. As discussed previously, knowing the typical amount of sleep and how to keep your baby safe, while sleeping, may ease some of your concerns. Also, determining where your baby will sleep is an important consideration. The bottom line is you want baby to sleep and you want sleep too! We know that individual differences, maturity and new development directly impact sleep patterns.

Here are some questions to consider when you are concerned about an aspect of your baby's sleep:

Considering my baby's age and temperament, are my expectations realistic for sleep at this time? If your baby is under 5 months old, he/she does not have many self-soothing techniques developed. Baby's sleep cycles are shorter than adults, which means, more night waking. It is also thought that night waking has a survival function since young babies generally cannot get enough nourishment during the day and need the night feedings. As baby matures, the sleep cycles will be longer and baby will have developed more ways to get back to sleep. Some babies, due to their temperament, are more predictable and may sleep longer than others. Try keeping a sleep journal for a couple of days to see if your baby has a pattern.

Is my baby going through a growth spurt or developmental change that may be contributing to a sleep pattern change? When a baby is working on a new skill, such as rolling over, he/she will practice during the light sleep cycle which can create sleep disturbances. Your baby can get his/herself into an awkward position and will need assistance to get back into a position for sleep. Through this night time practice, baby will eventually learn how to navigate his/her body.

Do I have routines or rituals established that will help my baby sleep?

Some parents rock their baby in the same chair or sing the same song to help get baby to sleep. Think what you would like to incorporate into your baby's bedtime routine. Remember, as baby gets older, you may want to put baby to bed awake so he/she can practice self-soothing behaviors. Research has shown that babies who learn to fall asleep on their own waken their parents less at night. Baby is still waking up at night but has learned ways to get back to sleep and calls for help less often.

Eating

This topic falls under the domain of **Parent-Child Relationship** and the emphasis is **Nurturing: Physical Care**.

Parents support their children's development when they:

- Provide appropriate nutrition for their baby.
- Explore appropriate feeding methods based on baby's stage of development.
- Identify capabilities in baby that signal readiness for solid foods.

Breast milk or formula is the basis for your baby's nutrition for the first year. All experts agree that breast milk is the preferred food. To nurse your baby seems to be the most natural and easy thing to do. Right? For some mothers it is, for others it can be a frustrating endeavor. Some babies learn to latch on quickly and some have more difficulty learning the maneuver. If you are having difficulty breastfeeding, check the resource list at the end of this curriculum for assistance. Some parents due to circumstances or choice prefer to bottle feed their babies. There are a variety of formulas to choose from including milk based and soy based options. Your doctor can help you choose the best formula for your baby.

Between 4 to 6 months of age babies are ready to begin some solid food. However, it is important to wait for signs that your baby is ready to begin eating solids. Up until four months of age, a baby's gag reflex is very sensitive – like a built-in safety hatch. Its sensitivity lessens as a baby mouths her fingers and toys. That is one indication that a baby is getting more capable to handle solid food. Here is a list of other possible indicators:

- Your baby has doubled his/her birth weight or weighs at least 13 pounds.
- Your baby drinks 32 ounces of formula or nurses 8-10 times a day.
- Your baby has achieved head and trunk control needed for eating solid foods.
- Your baby can keep food in his/her mouth (when taking it from a spoon), move it to the back and swallow.

Even though your baby may be ready, remember that learning to eat from a spoon is an involved process as described by Ellyn Satter in her book, ***How to Get Your Kid to***

Eat . . . But Not Too Much:For your baby, learning to eat from a spoon is a pretty complicated business. First, when you are hungry and want nothing more than your nice, soft nipple, you have to learn to tolerate the spoon – that hard, cold, thing with the sharp edges. Then you have to figure out that that stuff in that strange object is for EATING. Very puzzling. Then you have to be willing to take a chance on it. After which you have to figure out how to get the stuff into your mouth. And down your throat. without gagging.

(Below are excerpts from *The Baby Book, Everything You Need to Know About Your Baby – From Birth to Age Two* by William Sears, M.D. & Martha Sears, R.N., Little Brown and Co., Boston 1993, pp. 203-211)

From Chapter 11 — “Introducing Solid Foods: When, What and How”

When to Feed Your Baby:

How do you know when to begin giving your baby solid foods?

- Tongue-thrust reflex is diminished (4-6 months of age). Babies have a tongue-thrust reflex that causes the tongue to protrude outward when any foreign substance is placed upon it.
- Baby is able to sit in a high chair and pick up food with his thumb and forefinger.
- Baby is interested in your food: They reach for the food on your plate, imitate you by opening their mouth wide when you open your mouth to eat. Sometimes babies are more interested in the utensils than the actual food. Try offering just a spoon to play with to see if they are content with the spoon. If they are, then the toy is what they desire and not the food.

“Prior to four months of age, most infants do not have good coordination of tongue and swallowing movements for solid foods. An added sign that babies were not designed for early introduction to solid foods is that teeth seldom appear until six or seven months, further evidence that the young infant is primarily designed to suck, rather than to chew.

Not only is the upper end of baby’s digestive tract not designed for early solids, neither are baby’s insides. A baby’s immature intestines are not equipped to handle a variety of foods until around four to six months, when many digestive enzymes seem to click in. Pediatric allergists discourage early introduction of foods especially if there is a strong family history of food allergies. Maturing intestines secrete the protein immunoglobulin IgA, which acts like a protective paint, coating the intestines and preventing the passage of harmful allergens. (Cow’s milk, wheat and soy are common examples of foods

causing allergies when introduced early.) This protective IgA is low in the early months and does not reach peak production until around seven months of age. As the intestines mature, they become more nutritionally selective, filtering out offending food allergens. Babies whose systems tend to be allergy-prone actually show delayed willingness to accept solids — a built in self-protective mechanism.” (p. 206)

What to Feed Your Baby:

Favorite first foods:

Rice cereal	Peaches
Barley cereal	Applesauce
Bananas	Carrots
Pears	Squash
Avocados	Sweet potatoes

Start with solids that are the least allergenic and the closest to breast milk or formula in taste and consistency. Example, rice cereal mixed with breast milk or formula or mashed bananas (soupy consistency) as a test dose. Progress from a fingertip full to a half-teaspoon to one teaspoon, then a tablespoon, then around two ounces, or half a jar.

Dr. Sears and his wife advise that your baby's first spoon be your finger. It is soft, at the right temperature, and by this stage baby is very familiar with its feel. Metal spoons hold the heat in, so each bite takes longer if you have to blow to cool it.

The consistency should be soupy at first, then gradually becoming pasty and then lumpy. Your goal is to introduce baby to the new taste and touch of solids, not to stuff baby. (p. 208)

Place a fingertip full of banana on baby's lips, letting her suck your finger. Once she is introduced to the new taste, gradually increase the amount and thickness of the food, placing a glob toward the middle of baby's tongue.

Watch baby's reaction. If the food goes in accompanied by an approving smile, baby is ready and willing. If the food comes back at you accompanied by a disapproving grimace, baby is not ready.

Babies have to learn the developmental skill of sealing the mouth shut, sweeping the food from front to back and then swallowing. If your baby just sits there confused, her mouth open, with a glob of food perched on her tongue, her persistent tongue-thrust reflex is giving the developmental clue that she is not ready for solids. (p. 207)

When to Feed Your Baby:

Offer solids at the time of the day when your baby seems hungriest, bored or when you need a change of pace. Choose a time of the day that is most convenient for you; when you are not hurried or rushed. Feeding babies is very time-consuming and they are typically dawdlers and dabblers.

“If breastfeeding, offer solids when your milk supply is lowest, usually toward the end of the day. Feed your baby solids between breastfeedings. Recent nutritional research has demonstrated that solid foods may interfere with absorption of valuable breast milk iron if both solids and breast milk are fed at the same time.” (p. 208)

Strategies:

- Talk to baby when feeding. Tell him about the food, and imitate what you want them to do. Example, tell baby to open his mouth, and then you open your mouth wide too. Typically, babies will mimic your facial gestures.
- Let baby feed himself.
- To keep baby from grabbing at the feeding spoon, give her something to hold like another spoon or toy.
- Teach by example. Take a few bites of baby’s food yourself and exclaim “Ummmmm.”
- Rotate foods so baby does not become bored.
- Introduce single foods rather than several foods mixed together. It is easier to identify any food allergens. Once you know certain foods are OK, you can combine them in one meal.

Signals baby is full:

- Closed mouth.
- Turns head away.

Pass on the salt and skip the sugar:

Babies accustomed to artificially sweetened and heavily salted foods develop lifelong desires for these unhealthy tastes.

Eating Discussion Information

1. Share your baby's current eating pattern.

2. Do you have any concerns regarding your baby's eating?

3. If you have begun solid foods, share how you began feeding and how the process is going.

4. What resource(s) have you used when you have had feeding questions?

The Wonders of the Brain

This topic falls under the domain of **Parent-Child Relationship** and the emphasis is **Attachment/Autonomy: Brain Development**.

Parents support their children's development when they:

- Understand that early interactions and experiences have a decisive impact on the architecture of the brain and on the nature and extent of adult capabilities.
- Appreciate fundamentally how the brain functions.
- Determine how parents can influence brain development.

Every parent, as they marvel at their baby, wonders what he or she is thinking and how baby learns. The baby's brain is equipped with many, many more brain cells than a human being could ever possibly use. This is by design so a baby's brain can develop individually based on each child's unique life experiences. The most critical period, for optimum growth potential for the brain, is the period from pre-birth until about the third birthday. Maria Montessori called this phase the "absorbent mind". (La Monte del Bambino, Montessori, 1953). The baby's brain, like a sponge, absorbs all of life's experiences, building skill upon skill towards mastery, whether learning the specific composition of his parent's face or rolling over. Experiences, through repeated exposures, will create a connection and become "hardwired" in the baby's brain. A natural "pruning" process occurs to those brain cells that do not make connections. Between birth and eight months, there may be as many as 1,000 trillion synapses, or possibilities for connections, also known as neural pathways.

The brain is divided into two hemispheres, each having very specific functions. Some of the functions of the left hemisphere include; logic and rational thinking, language and verbal skills and mathematical abilities. Right hemisphere functions include; intuitive thinking, muscle coordination and creativity. However, to say a person is either "left brain dominate" or "right brain dominate" is an oversimplification of how the brain functions as a whole. Most researchers believe that the hemispheres work together when processing any stimulation. There is also no conclusive research that supports that gender is related to right or left brain dominance. Scientists generally agree that gender-specific behavior is a complicated mix of nature (genetics) and nurture (environment).

Brain development does not occur on its own. In fact, a baby can only develop healthy brain connections and social skills in the context of a loving, responsive and predictable relationship. Parents may think that the responsibility of providing the environment for “optimum growth potential for the brain” is a daunting task requiring extraordinary skills and many “educational” toys. However, daily life, with a loving, responsive parent, provides baby with what he/she needs to make these necessary connections. In fact, Dr. William Staso, an expert in neurological development and author of the book “What Stimulation Your Baby Needs to Become Smart” (1999), says there is a real danger in over-stimulating an infant. Dr. Staso goes on to say, “Some people think that any interaction with very young children that involves intelligence must also involve pushing them to excel, but the “curriculum” that most benefits young babies is simply common sense.” The “At Home” portion of this section will provide you information regarding what should be included in this “common sense curriculum” for infant brain development.

The Wonders of the Brain Brain Quiz

True or False

1. Basic brain connections are laid down before birth.
2. Babies are born with the ability to learn all languages in the world.
3. A human baby's brain has the greatest density of brain cells connectors (synapses) by age 3.
4. Because the brain is making so many connections pre-birth to age 3, the first three years of life are the most critical for brain development. After age 3, the "window of opportunity" closes.
5. Good nutrition is one of the best ways we know to aid healthy brain development.
6. Reading to a newborn infant is the best way to help a child learn to read in the future.
7. Living in an orphanage as a baby will likely result in negative, long-lasting effects on the brain.
8. There are times when a negative experience or the absence of appropriate stimulation is more likely to have serious and sustained effects on the child.
9. The large majority of what we've learned about the brain comes from research conducted on animals rather on humans.
10. Brain research has been misunderstood and misapplied in many contexts.

*Quiz taken from the zerotothree.org website. Answers will be provided during parent discussion.

At Home Suggestions

In the video “Ten Things Every Child Needs” (WTTW Chicago, The Chicago Production Center, 1997) information is provided regarding what is important for infants in order to help their brain develop. They are:

1. **Interaction** with a loving, responsive and predictable adult. Think about how you provide this for your baby through your daily activities.
2. **Touch** is as critical to an infant’s brain development as good nutrition. Even in utero, a baby is massaged by the amniotic fluid every time the mother moves. Each time you touch your child in a loving way you help lower the stress hormone levels making the brain more ready for learning.
3. **A Stable Relationship** with at least one adult can offset many stressful situations. Daily rituals and routines build security for a child. This can be as simple as singing the same song each night as you put your baby to bed.
4. **A Safe and Healthy Environment** is provided to our children when we are aware of potential dangers and we take measures to protect baby by safety-proofing the environment since babies learn by touching and tasting everything in their path.
5. **Self Esteem** is the feeling a person has about him/herself. Dr. T. Berry Brazelton noted that he can predict by eight months which kids expect themselves to succeed and which ones do not based on their behavior. Children mirror what is around them. If they grow up feeling loved and that they are viewed as capable human beings; they will have a positive feeling about themselves.
6. **Quality Care** whether provided through a parent or other care-giver does not have to be perfect but “good enough”. Only those who want to interact with babies should be allowed to care for them. Some knowledge of child development and how to provide an interesting, safe environment for baby to explore is what is needed for quality care.
7. **Communication** with your baby begins at birth. Babies are preprogrammed to specifically pay attention to the human voice. By six months a baby can duplicate sounds that he/she hears. The more words a baby hears the more connections are made in the brain for future language development.
8. **Play** is the vehicle through which a baby learns just about everything. Observing your baby is the best way that a parent can determine what to provide for baby to aid in this learning process.

9. **Music** is instrumental in the learning process of children. Infancy is not too early to engage children in musical experiences. In fact, they came from an environment that was full of rhythms that exist within the human body. Babies can recognize and respond to beats in music as early as five months of age. Some of the benefits of musical experiences are; physical coordination, timing and it engages aspects of memory, imagination and language.

10. **Reading** to a baby can be very important for brain development. Each time you read you are making connections for language and memory and ultimately you are creating a child who can make a connection between the written page and the spoken word. In the Resource Section, at the end of this curriculum, you will find a list of books for baby to get you started.

See Baby Move

This topic falls under the domain of **Early Childhood Development** and the emphasis is **Physical & Motor Development: Gross Motor Development**.

Parents support their children's development when they:

- Support baby's need to move and be active.
- Provide opportunities for large muscle play.
- Encourage baby to learn and practice large muscle skills.

Large muscle development is the most observable of all the areas of development. It is also often the area that we most want to encourage – even rush. We become concerned when our baby reaches a certain age and has not achieved a certain large muscle skill as seen on a developmental chart. We may even manipulate their bodies or place them in various contraptions to encourage a large muscle skill. As with other areas of development, large muscle competencies for each baby will develop according to each baby's individual timetable.

As Magda Gerber, an infant and toddler specialist, says, *"We should be concerned with the how [a baby moves], not with the when."* Ms. Gerber has a unique perspective on viewing babies and their development. Her philosophy focuses on mutual respect between parent and child. It is respectful to allow the baby to move in a way that the baby wants to move without being manipulated. Parents are respectful of this process when they are careful observers and provide their baby with a suitable environment to practice their skills. For most babies, this is a safe place to lay with room to move and interesting, safe objects to explore.

Magda Gerber calls those who care for infants in a respectful way, "educareres". An "educarer" is defined as the link between the baby and the environment. The "educarer" seeks to find a balance between adult stimulation and independent exploration by the baby. Large muscle skills in particular need time and space for baby to practice and develop competency. The parent, as the "educarer", structures a safe environment for baby to explore. The parent provides a passive presence in case baby needs assistance but does not interfere in baby's practice and learning. No amount of coaxing from a well-meaning parent will speed up large muscle development. The best thing for baby is for his or her parent to sit back – relax - and watch the miracle unfold.

See How They Move Discussion Information

Lay your baby on his or her back and **observe** your baby for 10 minutes watching your baby's large muscle movements. While you are observing your baby do not interact unless your baby needs you. Pay attention to all your baby's movements and keep the following in mind:

- Slow down and sit quietly
- Don't interrupt or distract your baby
- Do not speculate about **why** your baby is moving the way he/she is – pay attention to **how** he/she is moving

Be prepared to:

1. Describe what you observed. Use descriptive not evaluative words.

2. Share how it felt to observe and not interact.

3. Share any questions or concerns you have regarding large muscle development.

See How They Move At Home Suggestions

Here are some “Magda Gerber-isms” from her manual, *Resources for Infant Educators*, to consider concerning large muscle development:

- Don’t push the baby to do things he can’t do on his own (like sitting up before he’s ready). Let him develop on his own at his own pace.
- Give baby plenty of physical freedom.
- Don’t teach the baby -- let him learn.
- Let the baby stimulate himself -- respect him for knowing what is best for him.
- When the baby is going around in circles, or seems stuck, facilitate the smallest step necessary to enable him to solve the problem himself.

Tummy Time

Most young babies are less than thrilled to spend any time on their stomachs. However, since the “Back to Sleep” program was instated, babies need to have some awake time on their tummies. Although babies sleeping on their backs has greatly reduced the incidence of SIDS, it has increased the occurrence of “plagiocephaly” (flattening of a portion of the head). Another issue, of babies being on their back most of the time, is the side neck muscles (torticollis) are not being exercised which can lead to baby’s head tilting to one side.

Tummy Time Benefits

- Provides opportunity to strengthen important back, neck, shoulder and arm muscles.
- Encourages development of large muscle skills for rolling and crawling.
- Provides strengthening for hand, arms and shoulders which allows for interactions with objects.

As your baby matures and becomes stronger (around 5 months), he/she will be able to tolerate and even enjoy more tummy time.

Baby Safety – Inside and Outside the Home

This topic falls under the domain of **Parent-Child Relationship** and the emphasis is **Nurturing: Physical Care**.

Parents support their children's development when they:

- Provide for the health and safety needs of their babies.
- Identify potential hazards.
- Determine strategies to baby-proof the environment.
- Learn strategies that could be employed in case of an emergency.

The time has come for childproofing the home. Most parents think about it when the baby starts crawling. That is too late.

A six-month old baby sitting on a lap can, with the speed of lightening, grab a cup of hot coffee and spill it on himself. A rolling baby can get to an electric lamp cord while you are reading a section of the paper. Or, she can eat another section of the paper -- very quietly.

To childproof well requires a fertile imagination and some understanding of what is remotely possible for a baby to do. Then, effective action can be taken to protect the baby. This is an on-going learning and creative process for parents. It must be designed to meet the needs of individual homes, families and, sometimes, children.

The safest beginning assumption is that the baby will be naturally curious and need to personally check out everything, everywhere. What she can see and reach, she will see and reach and put in her mouth.

Some things to remember about babies of this age are:

- They learn by moving, touching and tasting. Grabbing and chewing leads to their understanding new things.
- They live close to the floor and see things adults do not see: dust, crumbs, paper clips, sewing pins.
- They are attracted to things adults ignore: dog food bowls, bottle caps, coins.
- They forget. Their memory is short. This leads climbers to step off the sofa. Again.
- They are poor at understanding cause-and-effect. Tugging on a table lamp cord or standing up aided by a wobbly floor lamp is not considered dangerous by a baby.

- They are babies. Common sense develops slowly over time. They need time.

Baby Safety – Inside and Outside the Home Discussion Information

What are your safety concerns?

Have you done any safety proofing? If so, what have you done?

Share your solutions for two items on the list and/or share your concerns for two items on the list.

- stairs
- electrical cords
- garbage
- dog/cat food
- medicines
- vitamins
- electrical sockets
- kitchen cupboards
- bathroom vanity
- china or other breakable dishes
- house plants
- yard plants
- fireplace
- toilet
- furniture with sharp edges
- small items such as coins and paper clips
- knives
- scissors
- siblings toys with small pieces
- cleaning substances
- TV
- video/DVD/CD players
- oven
- firearms
- drapery or blind cords
- power tools
- other

Baby Safety – Inside and Outside the Home At Home Suggestions

Car

- _____ Are you using a federally-approved car seat?
- _____ Is the car seat facing rearward at a 30 degree angle until the first birthday?
- _____ Is the car seat fastened correctly with seat belts according to manufacturer instructions?

Kitchen

- _____ Are knives, scissors and other sharp objects kept out of your child's reach?
- _____ Are cleaning supplies stored out of your child's reach or in a locked cabinet?
- _____ Are hot liquids (like coffee) kept out of your child's reach?
- _____ Are back burners used for cooking with pot handles turned towards the back?
- _____ Is your oven anchored to floor or wall?

Bathroom

- _____ Are medicines and vitamins stored and locked out of your child's reach?
- _____ Are electrical appliances (like a radio or hair dryer) used away from water and unplugged and stored when not in use?
- _____ Is your child always watched by an adult when in the bathroom?
- _____ Is the water temperature always tested before placing your child in the tub?

Child Area

- _____ Do windows have secure screens or window guards to keep your child from falling out?
- _____ Are toys free from loose parts, sharp edges or points and long cords?
- _____ Are gates used for stairs? (Accordion-type gates should never be used.)
- _____ Are crib slats no wider than 2-3/8 inches?
- _____ Do crib mattresses fit snugly without gaps?
- _____ Do you have loose bedding or bumper pads in the crib which should be removed?
- _____ Are crib gyms and mobiles removed when your child is over 4 months old?
- _____ Are all electrical outlets covered with plugs?
- _____ Are all electrical cords safely out of your child's reach?
- _____ Is your child always supervised when on a changing table or in a high place to prevent falls?

General Safety

- _____ Are plants, chemicals, medicines and alcohol out of your child's reach?
- _____ Do you have an emergency exit plan from your home?
- _____ Are stairwells, porches and balconies fenced or gated to prevent falls?
- _____ Is your home free of any chipping or peeling paint? (Check for lead paint)
- _____ Are small items (like buttons or coins) kept out of your child's reach to prevent choking?
- _____ Have you taken an infant/child CPR and emergency class?
- _____ Do you have poison control and other emergency phone numbers near your phone?
- _____ Do you have firearms locked up and ammunition stored and locked in a different location?

Safety Supplies

- Smoke detector
- Safety latches
- Fire extinguisher
- Flashlight
- First aid kit
- Electrical outlet plugs
- Carbon monoxide detector

The Meaning of Play and Selecting Toys

This topic falls under the domain of **Early Childhood Development** and the emphasis is **Approaches to Learning: Curiosity**

Parents support their children's development when they:

- Encourage and support baby's interest and excitement in discovery and exploration.
- Determine current developmental and upcoming developmental skills to identify toy selection guidelines and age-appropriate toys.
- Provide a variety of familiar and new materials and activities.

Play **is** how your baby learns. Play is how a baby does the important work of practicing a skill over and over toward mastery. Babies begin this process by engaging all of their senses and motor abilities. The first three years of life are known as the sensory – motor period. Parents help baby “play” through their interactions and the learning environment they provide.

Initially, a baby's favorite toy is you. A baby spends his/her time studying your face, listening to your voice and feeling your loving touch. You are also your baby's vehicle for further learning by providing appropriate playthings in the environment.

A toy, according to the dictionary, is simply stated as “an object for children to play with.” This does not necessarily mean a big, bright, expensive “educational” toy purchased at a store. Rather, this encompasses all safe items that your baby may find fascinating.

Generally, what a baby likes to play with will correspond with blossoming developmental skills. As stated earlier, these skills are usually sensory such as looking, touching, tasting and hearing; or motor such as rolling, sitting, crawling, standing and walking. When a baby is working on a new skill, he can become quite focused on a particular activity which encourages that development. For example, the baby who has just learned to crawl will find batting and chasing a ball great fun. The observant parent will watch and determine what currently fascinates her baby and strategically place those activities in his path.

It can be overwhelming to walk into a toy store these days looking for those encouraging toys. Before you even get to the toy store, here are some things to consider:

- Observe your baby. What skill is she currently working on?
- What does she enjoy playing with?
- What is frustrating for him as he works on a skill?
- Look at the toys you currently have. In what areas of development would you like a few additional play things?
- Look in magazines, newspapers and the internet for ideas and prices. Call to see if the toy is in stock before you venture out.
- A little preliminary work before hitting the toy store will make choosing appropriate toys easier.

Next week we will discuss what to look for when selecting toys. Please bring in a toy your baby currently enjoys or an idea of a play item you are considering creating or purchasing.

The Meaning of Play and Selecting Toys Discussion Information

Share your toy and then answer one of the following questions:

- What did your baby enjoy playing with here today?
- Complete this sentence: The latest skill my baby has accomplished is...
- What does your baby do that makes you laugh?
- What do you see as your role in your baby's play?
- How long is your baby's attention span when involved in play?
- What is your baby's favorite non-traditional toy play object?
- How do you arrange your baby's playthings?
- What frustrates your baby during play lately?
- Complete this sentence: One thing I wish my baby didn't enjoy doing or playing with is...
- What activity do you enjoy playing with your baby?

The Meaning of Play and Selecting Toys At Home Suggestions

Here are some general guidelines for selecting toys:

- Evaluate all toys for safety: small parts, sharp corners and size. Suggested age on packaging can be one additional guideline for safety.

- Consider your baby’s current interests, personality and skills.

- Choose toys that will grow with your baby and can be used in a variety of ways. A ball, for example, can be used by different age children and can be rolled, kicked, thrown and caught.

- Look at all areas of development. Choose a few good toys to enrich each area.

- * Remember when selecting toys, young babies enjoy; bright primary colors, high contrasts, simple designs with clear lines and features.

Here is a list of possible age-appropriate toys to encourage development:

Manipulative Play	Active Play	Sensory Play
<ul style="list-style-type: none"> • Soft blocks • Small hand-held toys • Rattles • Teethers • Light, sturdy cloth toys • Sturdy small books 	<ul style="list-style-type: none"> • Suspended toys to bat, grasp and kick • Clutch balls • Beach balls • Whiffle balls • Texture balls <p style="margin-left: 20px;">balls should be at least 1-1/4 inches in diameter</p>	<ul style="list-style-type: none"> • Wrist and ankle bells and rattles • Tapes and music boxes with gentle, regular beats • Mirrors • Toys that make noise • Bright pictures of face and other familiar objects

Family Celebrations, Traditions and Rituals

This topic falls under the domain of **Family Development** and the emphasis is **Family Traditions & Values: Rituals and Celebrations**.

Parents support their children's development when they:

- Recognize reasons to develop family celebrations, traditions and rituals.
- Establish rituals that are followed within the family that revolve around life events.
- Provide opportunities to feel connected to family history and cultural heritage.

Every family has celebrations, traditions and rituals. They may have become so ingrained in the rhythms of our daily lives that we become less aware of their existence. We may be more aware of big celebrations such as a birthday party but less aware of all the traditions and rituals within that celebration. For example, often a cake is presented to the birthday person with candles ablaze. The person is to make a wish and blow out the candles. Most of us blow out the candle without thinking of where that tradition comes from. It is a tradition because it is a practice that has been passed down from generation to generation.

When a child enters our life, it is a great cause for celebration. We often reflect on our own childhood and the celebrations, traditions and rituals from our family. Our memories may be that of the ritual of a favorite lullaby that was sung to us at bedtime or a traditional food that was served at a holiday. We may wish to pass on some of those cherished traditions to our children. We may also want to establish brand new traditions for our new family.

Family celebrations, traditions and rituals can be fun, meaningful and even silly. However, they do provide a **sense of security** and a **feeling of belonging** for our children. They become important markers in the life cycles of families. Some of the reasons why family traditions and rituals are important is because they:

Create a sense of family identity. Each family will make a celebration unique through their individual traditions.

Provide predictability and stability in a rapidly changing world. To know that every Sunday is pizza night and we always eat together can give the family a chance to reconnect and relax.

Provide a time when different generations can be together. Structuring time for young and old helps preserve family history and traditions.

Encourage a blend of familiarity and creativity. Each new addition to the family enhances the richness of traditions by adding new elements.

Whatever celebrations and rituals you create, your child will have special memories and traditions to pass on to the next generation. Family celebrations, traditions and rituals should create a positive feeling, occur at predictable intervals, and have more significance than our daily routine and activities. They should be a time of **family togetherness not family stressfulness.**

Family Celebrations, Traditions and Rituals Discussion Information

Ritual – *Any practice or pattern of behavior that occurs at a specific interval or time that has special meaning. (Example – Reading “Good Night Moon” every night because it has been requested by your child for whom it obviously holds a special meaning).*

Tradition – *The passing down of the elements of a culture from generation to generation. (Example – Serving Grandma’s “sour kraut surprise” every Thanksgiving because your mother did).*

1. Share your favorite family celebration and why? Can you think of a specific ritual or tradition within that celebration?
2. Share a tradition you would like to pass down to your child.
3. Share a food that you link with a family celebration.
4. Did you have any daily or weekly rituals in your family of origin?
5. What is your favorite holiday to celebrate and why?
6. What tradition would you like to create to be passed down to the next generation?
7. How do you make your family celebrations a time of family togetherness not family stressfulness?
8. Have you started any daily or weekly rituals with your child?
9. If you could create a holiday to celebrate, what would it be?
10. Share a favorite memory from a family celebration, ritual or tradition from your childhood.

Family Celebrations, Traditions and Rituals At Home Suggestions

Here are some ideas when creating meaningful family traditions.

- Consider what is most important to your family during family celebrations. Add traditions to your celebration that connect meaning to the celebration.
- Think about creating a tradition that teaches a lesson like donating to a charity.
- Choose traditions that can include every family member and that take into consideration the needs and capabilities of each person.
- You can have too much of a good thing. Too many traditions and rituals may add stress and reduce their significance.
- Think about your yearly celebrations; holidays, birthdays, anniversaries etc. and consider what traditions are most important to you. They will be easier to accomplish and maintain from year to year if you plan in advance.

Fun and Safety for all Seasons

This topic falls under the domain of **Parent-Child Relationship** and the emphasis is **Nurturing: Physical Care**.

Parents support their children's development when they:

- Identify seasonal safety concerns.
- Determine prevention and/or treatment strategies.
- Discuss family fun opportunities.

Winter Fun and Safety

The Minnesota baby has a unique issue that a baby from California does not have – being bundled up from December through March. It is the rare baby that adores his snowsuit. However, it is one of the realities of their young lives.

Some parents wonder, “How do I dress my baby to insure she stays warm?” Because of your baby's small size, he cannot store as much heat as an adult and can become chilled rapidly. On the other hand, your baby can easily become overheated if overdressed and even develops a heat rash. A baby's most vulnerable areas for heat loss and cold exposure are the head, hands and feet.

Here are some suggestions to help with this dilemma:

- Layers of clothing insure warmth, like insulation keeps a home warm. Two pairs of thin socks are especially helpful since a baby's feet will get colder than the rest of his body.
- A one-piece snowsuit and hat that fits securely over the ears will keep your baby toasty. Look for a snowsuit with attached mittens or ones that fit over the cuffs.
- If you use a scarf to shield baby's face, make sure all ends are tucked into the snowsuit so they cannot get caught.
- To help reduce the chance of overheating, unzip your baby's snowsuit in the warm car and remove hat and mittens if you are indoors (like when shopping). If a baby is overheated, he may get red in the face, feel hot and act fussy.

A properly dressed baby is safe to take outside for brief periods on calm, winter days when the temperature is above freezing. Monitor how long you are out and check baby often to see if she is warm. A baby sitting passively in a stroller needs extra protection such as a blanket to prevent heat loss and a scarf to protect exposed skin on the face.

If your baby is overexposed to the cold, he could develop frost nip or frostbite.

Frost nip is minor damage to the outer layer of skin which appears white and soft to the touch. If your baby develops frost nip, treat in the following manner:

- Do not rub the skin. This could damage the frozen tissue.
- If you cannot get inside immediately, use the heat of your body to gently warm the skin.
- If inside, use lukewarm water and immerse the affected skin.
- Remember that frost nip can quickly turn into frostbite if not attended to immediately.

Frostbite is the actual freezing of the skin. The most vulnerable areas are the tips of the ear and nose, and hands and feet. The affected skin will appear white and waxy and feel hard to the touch. To treat frostbite, begin warming the skin as stated for frost nip and seek medical attention immediately.

We all need to get out during our long winters to avoid cabin fever. Don't avoid the season – just be prepared.

Winter Fun and Safety Discussion Information

Complete the sentence:

- When I think of winter, I . . .
- I avoid cabin fever by . . .
- My greatest winter safety concern regarding my baby is . . .
- I am looking forward to winter because . . .
- My favorite outdoor winter activity is . . .
- If I could escape winter, I would go to . . .
- An indoor place I like to go in the winter is . . .
- A comfort food for me in the winter is . . .
- My dream winter vacation would be . . .
- My favorite winter memory is . . .

Resource List

Books

The American Academy of Pediatrics Guide to Your Child's Symptoms: The official, Complete Home Reference, Birth Through Adolescence (Guide to Your Child's Symptoms) by Donald Schiff M.D., F.A.A.P. Steven P. Shelov M.D., F.A.A.P.; Villard Publishing (January, 1997). (Suggested hardcover copy due to formatting)

The Baby Book: Everything You Need to Know About Your Baby from Birth to Age Two (Revised and Updated Edition) by William Sears M.D., Martha Sears, Robert Sears M.D., Little, Brown: (March 2003)

The Breastfeeding Book: Everything You Need to Know About Nursing Your Child from Birth through Weaning, by Martha Sears, William Sears M.D., Little, Brown (March 2000)

Caring for Your Baby and Young Child (Birth to Age Five) by Penelope Leach, PhD.; Bantam Books (1998)

Child of Mine: Feeding with Love and Good Sense, by Ellyn Satter; Bull Publishing Company (2000)

The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Newborn Baby Sleep Longer, by Harvey Karp M.D.; Bantam Books (2003)

The No-Cry Sleep Solution: Gentle Ways to Help Your Baby Sleep through the Night, by Elizabeth Pantley, William Sears M.D. ; McGraw Hill (2002)

125 Brain Games for Babies, by Jackie Silberg; Gryphone House (1999)

Touchpoints: The Essential Reference (Your Child's Emotional and Behavioral Development), by T. Berry Brazelton M.D.; Perseus Books (1998)

The Womanly Art of Breastfeeding: Seventh Revised Edition (Le Leche League International Book), by Le Leche League International; Plume (May 2004)

Your Self-Confident Baby: How to Encourage Your Child's Natural Abilities –from the very start, by Magda Gerber, Allison Johnson; John Wiley and Sons Inc. (1998)

Becoming the Parent You Want to Be – A Sourcebook of Strategies for the First Five Years by Laura Davis and Janis Keyser, Broadway Books (1997)

Solve Your Child's Sleep Problems by Richard Ferber M.D., Simon and Schuster (1986)

Sleeping Through The Night – How Infants, Toddlers and Their Parents Can Get a Good Night's Sleep by Jodi Mindell Ph. D., Harper Collins Publisher Inc. (1997)

Websites

www.aap.org – The American Academy of Pediatrics website offers pertinent health information and an array of other topics.

www.askdrsears.com – Leading pediatrician Dr. William Sears provides information concerning a variety of topics and features a “topic” and “question of the week”.

www.babycenter.com – Includes a free developmental newsletter based on the age of your baby.

www.educarer.org – Infant specialist Magda Gerber features information on a variety of topics focusing on her philosophy of caring for infants with respect.

www.fathers.com – A broad resource for topics for fathers.

www.ivillage.com –The internet for women providing information on a range of topics from health to parenting.

www.parentsaction.org – Previously named “I Am Your Child”. Developed by Rob Reiner has a unique format that includes these three areas; **Learn** – provides access to important information on a variety of topics. **Share** – contains personal stories from parents, idea exchanges and book reviews. **Act** – provides information on how parents can get involved in issues affecting families

www.zerotothree.org – Includes information on parenting topics from A to Z, tip of the week, brain development and articles from the top child development experts.

MOMS Clubs

The MOMS Club (Moms Offering Moms Support) is a non-profit international organization which provides support for mothers who have chosen to stay home to raise their children, full time or part time. Goals include providing moral support to at-home mothers, providing a forum for topics of interest to women, giving mothers more of a voice in the community, and performing service projects, especially those benefiting children.

To find the MOMS Club nearest your, contact:
International MOMS Club web site: www.momsclub.com

Minnesota Dads At Home www.mdah.org

Minnesota Dads At Home is a network of dads who stay home with their children, some part-time, some full-time.