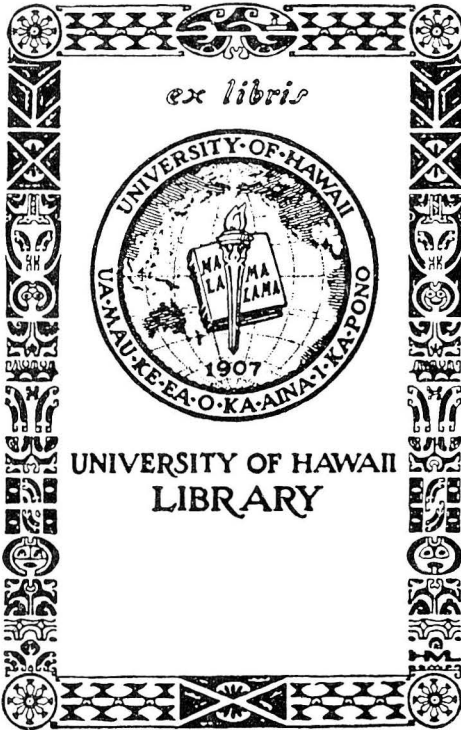


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# Baby's First Year

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## **Introduction**

The baby's first year is very different from all of the years ahead of him. It is very different in terms of his growth and development, his requirements for physical care and supervision, and his needs for loving, personal attention. It is also very different in relation to its effects upon his parents and other members of his family. This is especially so when the baby is the couple's first child.

The purpose of this booklet is to provide parents with basic information to prepare them for making the baby's first year the best possible experience for him and for them.

Because many readers may be first-time parents, the first section of the booklet provides general guidelines to assist them in anticipating and preparing for the various stages in the baby's development. The sections which follow relate to specific aspects and responsibilities of parenthood and the many factors involved in the care, development, and nurturing of the normal infant.



# **Baby's First Year**

Shirley S. Weeks, Ph.D.

Extension Specialist in Human Development

## Some General Guidelines for Behavior and Development in the Baby's First Year

There are three very basic things to remember about the baby's behavior and development in his first year of life:

1. All babies develop two ways—physically and psychologically—right from birth.
2. These two kinds of development are *interdependent*. The development of the normal, healthy newborn baby will depend not only on the way his physical needs are met but also on the love he receives from those who care for him and the help he gets in learning to use his mind, body and senses.
3. No two babies are alike. Therefore, the guidelines given here are guidelines only. Each baby has his own unique pattern of development. A baby may develop slower or faster or according to different patterns from those described in this booklet. Any special questions about the baby's development and behavior should always be referred to his doctor.

After 9 months of life inside his mother's body, the newborn baby spends his first few weeks getting used to living in the outside world.

At first, the new baby seldom has any real pattern of behavior. He may fall asleep and wake up at any time. He may cry without any reason you can understand. The way he responds to light and sound and touch cannot be predicted.

In fact, during his first month, the baby may seem to be "living in a world of his own"—with one exception—his response to food. Food makes the baby relax and feel good, and this is why the way he *gets* his food is so important. At feeding time, the newborn baby should be held close to the body of his mother or whoever is feeding him. In this way, he begins to associate the pleasure of feeding with the comfort and warmth of human contact. It is his first experience in learning to be a social being. Throughout his first year of life a baby needs love and affection shown to him in many other ways, too.

At about the age of 1 month, the baby begins to be able to focus his eyesight and see people and things more clearly. This helps him in learning to feel a part of the world around him and to relate to other people.

At about the same age, the baby begins to lift his head, to respond in predictable ways to touch and sound and light, and may even

give his first smile. When he is awake, stop to pat him gently as you walk by. Take time, too, to hold him and cuddle him at other times besides when he is being fed.

By the time he is about 3 months old, the baby's behavior has begun to change even more noticeably. He wants company and will often complain if left alone for long during his waking hours. Try to keep him near you so he can follow you with his eyes. Placing the baby in an "infant-seat" from which he can watch you while you go about your work will give him pleasure and enable you to keep an eye on him, too.

By this age, he has already begun to notice shapes and sizes and colors. He becomes fascinated with brightly colored moving objects. Dangling objects or toys may be hung by his crib for him to try to reach, to help him to coordinate his hands and eyes. Be sure that such objects are safe for him to touch, and chew, and that they contain no parts he could swallow or choke on.

Also, at about 3 months, the baby becomes more aware of sounds, tastes, and smells. He begins to experiment and respond to people and things with his own voice. Talk to him frequently. He will enjoy this even though he doesn't understand the meaning of your words. Sing to him, too. At this age, or younger, the baby should hear harmonious melodic music as a part of his daily program. Remember, however, that loud music is never suitable for a young baby. It will distract him and may frighten him or cause him to be tense.

In fact, from now on, the richer the baby's physical environment, and the more opportunity he has to safely explore and learn about the world around him, the more contented he will be and the more alert and self-confident he will become.

Between 4 and 6 months of age, the baby becomes able to sit up if his back is supported. He also begins to really notice differences between people around him, and may begin to show fear of strangers. This is an important step in the baby's development. It indicates he is becoming increasingly aware and alert. Never force the baby to be held by someone he seems to fear.

Beginning anywhere from the fifth month on, the baby will become increasingly active and move around more. Up until now, most things he has needed or wanted have had to be brought to him. Also, he has been more interested in people than in things. Now he becomes increasingly independent, and at the same time his interest in his total environment grows. He attempts to go after what he wants. He begins to try to crawl or hitch himself along to reach

an object that is beyond his grasp. He starts to show an interest in trying to feed himself, and he soon learns to sit up by himself without support. From now on, it is necessary to take many more precautions for safety. *Nothing* should be within his reach unless it is safe for him to touch or put in his mouth. Keep him *out of reach* of gas, oil, and electric appliances, electric outlets and cords and hot objects that could burn him. Keep him away from pails of water, water faucets, plastic playpools and swimming pools<sup>1</sup>, and all poisonous substances, and away from any danger of falling. *Read carefully* the section on Accident Prevention at the back of this booklet.

The baby at this age also often begins to show a definite preference for certain toys. At the same time, he becomes much more vocal, too—cooing, chuckling, gurgling, squealing, and even laughing. He also begins to understand much more of what is said to him, and will try to respond in his own language. You may notice that he tries to imitate not only the sounds of your words to him but also your actions. At this age, the baby also shows that he is beginning to remember.

Between 8 and 12 months, the baby's progress in getting around on his own develops rapidly. He learns to creep or crawl easily and quickly from place to place. Before long, he can stand and begin to take a few steps while holding onto furniture or holding the hands of another person. He learns to pull himself up to a standing position. If there are low steps he can safely crawl up and down, he will begin to enjoy this activity, too. The age at which babies stand and walk unsupported varies greatly. Most babies do not walk alone much before 15 months of age, but be prepared for him to take off on his own two feet anytime from about 9 months on.

At about 10 months, or earlier, the baby will also begin to enjoy playing simple games such as peek-a-boo and pat-a-cake.

During these months, as the baby becomes increasingly strong and active and sociable, adults and older children may be tempted to try to play with him in more strenuous ways. Throughout his first year, however, family and friends should avoid "roughhousing" with the baby—tickling or bouncing him excessively or tossing him in the air. All such activity is too exciting for him and may make him fearful, nervous or tense.

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<sup>1</sup>Many parents in Hawaii wish to teach their babies to swim, and carry them into pools or into shallow open water for this activity. However, a baby should never be left *alone* in or near any kind of pool, nor in or near the ocean.

As the baby's first birthday draws near, he will have come a long way from the tiny, completely dependent creature he was at the time of his birth. He can now feed himself to some extent and may also show real likes and dislikes in food. He is interested in helping dress and undress himself. He may even start to say a few words you can understand. One way or another, he gets around under his own power. Above all, he loves human company, although he may still show fear or shyness in the presence of strangers. He often resists going to bed and is eager and ready to be up and about as soon as he wakens in the morning.

Throughout his whole year, next to attending to his physical health and well-being, there is nothing you can do for him that is more important than letting him know he is loved, wanted and enjoyed. The love and acceptance he receives in the family, he transfers to his expectations of others. This confident expectation of good feelings and good treatment from the rest of the world is the best preparation he can have for his childhood in the years ahead.

#### Planning for the Baby's Birth

As soon as a couple decide they want to have a child, they should make an appointment with the doctor they want to care for the mother during and after her pregnancy. The purpose of this visit will be for the doctor to learn about the couple's personal and family history and anything else he needs to know that could affect the health of the mother or baby.

What happens in an unborn baby's development, before the mother even knows for sure that she is pregnant, is so important that the doctor may also ask her to make certain changes in her habits. For example, he may ask her to stop taking certain medicines or to avoid certain kinds of activities. Since every case involves individual differences, a doctor can provide this kind of help only on the basis of individual counseling and examination.

As soon as a woman suspects she is pregnant, she should make an appointment to see her doctor. As soon as her pregnancy is confirmed, she should carefully follow her doctor's instructions in *every* respect. In particular, she should take no drugs or medicines of any kind without her doctor's knowledge and permission, and she should carefully follow his instructions with regard to diet, rest and physical activity.

Nausea may occur in early pregnancy. If it does, tell the doctor about it. He may be able to help control it.

Talk with the doctor well in advance about any special procedures to be followed in relation to the birth. Some doctors prefer to have expectant mothers attend classes to learn exercises to help with the birth process. Some hospitals and clinics also have classes for both expectant mothers and fathers to attend. Some doctors permit the father to be present during the baby's birth. Prospective parents who wish this privilege should discuss the matter in advance with the doctor. If parents want a rooming-in plan (with the baby kept in the mother's room instead of a nursery), discuss this with the doctor in advance. (Not all hospitals have the space and staff to provide for this arrangement.)

Parents should also decide in advance whether, if the baby is a boy, they want him circumcised, and arrange with the doctor about this. (If a boy is to be circumcised, it is very desirable, for psychological reasons, to have this done in early infancy, and before the baby leaves the hospital is the easiest time.)

The doctor will also explain the labor process and how the mother can know when the baby is soon to be born. When that time arrives, the doctor will want her to call him so he can tell her when to go to the hospital.

### **Family Planning**

If they have not already done so, a couple who wish to become parents should also talk together and with their doctor about the number of children they hope to have and about spacing the mother's pregnancies.

Many physicians and others trained in child development, maternal and child health, and family life consider that 3 years is about the best spacing between children in a family. When a new baby arrives before the last one is out of diapers and achieving some independence in his daily routines, the burden on the mother is far greater. Also, by the age of three a child should be sufficiently secure in his feelings about his place in his parents' affections so that the arrival of a new baby is not a serious threat to him. There may also be more specific reasons relating to the mother's health or her age which need to be taken into consideration in determining the number and spacing of her children. In this matter she should always follow her doctor's advice.

In addition to all such factors, many modern couples believe that their own life plans and goals and expectations concerning their future financial position should be considerations in their family planning decisions.



After childbirth, the doctor will instruct the mother as to when she may resume sex relations with her husband. At this time, she should also ask her doctor if there is a need for adjustments in the birth control procedures the couple are following.

### **The Cost of Medical Care**

Although medical care may seem costly, it is so important for both the mother and the baby that it should never be omitted.

If parents are in doubt about what medical costs will be, and this is a concern for them, they should talk it over with the doctor right at the beginning so they will know what to expect and plan for. Ask him the cost of prenatal and postnatal care and for total hospital expenses, as well as for the baby's regular medical examinations and care during his first year of life.

### **New Parents**

For most new mothers and fathers, the arrival of the first baby means great changes in their way of life. New parents need to be prepared for this.

Until they become parents for the first time, most young women and men today have never before been completely responsible for another human life, nor had to put the needs of another human being ahead of their own needs and desires.

The arrival of a first baby means a change in the way the parents use their time, their energy, and their money. This is one reason a baby should always be *wanted*. A couple with an unwanted child often resent having to give up some of their freedom, and these feelings affect their behavior toward the baby. For many young couples, especially mothers, the coming of the first baby represents the first time they have had to be able to make decisions—sometimes instant and very important decisions—affecting the development or even the life of another person. For new fathers, the need to help with the baby's care and take on a greater share of the household tasks can also require some real adjustment. Sometimes, too, a new father feels neglected because the extra work required of his wife in being a mother makes it impossible for her to give him as much attention as before.

These are all things for young couples to think about before they become parents. Once the new baby arrives, however, parents need to give thought to maintaining a happy marital relationship, too. Even with a busy schedule, new mothers should show loving

attention to their husbands and take time to keep themselves attractively groomed and dressed. If it can possibly be arranged, both parents also need some time to pursue their own hobbies, interests, and social life together and with their friends. At this point in the life of the young family, these things are much more important than trying to keep the home in perfect order.

Finally, new parents may need to be reminded not to expect too much of themselves or of their baby. All families have their ups and downs, and some days and weeks will seem to go more smoothly and happily than others. Most important are keeping your baby happy and healthy by giving him the loving care and careful attention he needs, and protecting your own relationship as husband and wife by not neglecting each other or yourselves.

### **Fathers**

Fatherhood, as well as motherhood, should begin during the mother's pregnancy. Besides going with the mother to classes for expectant parents, the father can assume some responsibilities such as helping prepare the baby's room or space in the home and helping select and purchase the equipment and supplies that will be needed for the baby.

After the baby arrives, father, mother and baby all benefit when a father takes some responsibility for helping provide the baby with care and love right from the start. Since many fathers are away at work all day, new parents need to give special thought to providing these opportunities.

Depending on his work schedule, a father might give the bottle-fed baby one or two of his regular feedings during the first few weeks. On days he is at home, the father can also occasionally assist with the baby's care in other ways—changing him, bathing and dressing him.

If the mother works at a job outside the home, the cooperation of both parents is required in sharing responsibility for the baby's care during all the hours the family are together.

Most important of all, the father needs to take time to hold and cuddle the baby. As the baby grows older, a father should talk to and play with the baby, too. This loving communication and mutual enjoyment, that begins between father and baby during the baby's first year of life, forms the foundation for the father-child relationship in all the years ahead.

## **The New Baby in the Family**

The birth of a new baby into a family is a great occasion. This is especially true for both parents and grandparents if the baby is the firstborn child. If there are other children in the family, the coming of the new baby is an important event for them, too.

Plans for the new baby's acceptance by brothers and sisters depends on how old they are. It is not possible to really prepare a child under the age of two for the addition of a new family member. The important things are to try to (1) continue to give him the same love and attention after the new baby comes as he was receiving before and (2) avoid any changes in his regular schedules for eating, sleeping, and play.

For all children under the age of four or so, special efforts may also have to be made where grandparents and other relatives or friends are concerned. Sometimes, even though it is not intentional, great attention is paid to the new baby, and the little child who has been the center of attention before feels left out. This is a major cause of young children's feelings of jealousy toward a new baby in the family. While the new baby is being admired and fussed over, try to pick up and hold the young child so that he feels love and affection for himself.

Occasionally, it is necessary to have a young child in the family stay at the home of relatives or friends while the mother is at the hospital. In these circumstances, make a special effort to take the child for several advance visits to the home where he will be staying during his mother's absence. A better arrangement, when possible, is to have a relative, friend or well-qualified child care employee come to the family home and stay with the child during this period, so that his physical environment remains unchanged.

For children between the ages of two and four, about a month in advance is time enough to begin to prepare them for the new baby's arrival. For the 3- to 4-year-old child who does not already have this information, this is a good time to provide simple facts about human reproduction. Explain to him that the new baby is inside his mother's body. Place his hand on his mother's abdomen so he may feel the baby moving in the womb. Show him where the baby will sleep and the things the new baby will wear. If the child's own baby clothes will be used for the new baby, explain this to him. About 2 weeks before the birth is expected, begin to explain to the child that mother will go to the hospital so the doctor can help the new baby to be born. Some parents will wish to use carefully selected illustrated books to help the child of three or older

to understand the birth process. The Hawaii State Library has excellent materials to aid parents in this teaching.

It is unwise, however, to talk to the 2- to 4-year-old child about having a new baby brother or sister "to play with." The young child should, instead, be helped to realize that the new baby needs lots of care, as he will not be able to take care of himself. After the baby arrives home, ways should be found for the young child to "help" his mother care for the new baby, such as being nearby when the baby is being fed, bathed, diapered, etc. Parents should, however, be alert to any feelings of jealousy the new baby may arouse, and be very cautious about leaving the new baby and the young child alone together.

For preschool children above the age of four, the same general procedures should be followed. Children at this age are usually already so involved in their own developing interests and so secure in their place in the family that they are less likely to need the special reassurance of parental love that the younger child needs when a new baby is added to the family. But they, too, should be helped to feel a sense of happy anticipation about the new baby's arrival and to participate in practical ways in the preparations for and care of the new family member.

### **Equipment for Caring for the Baby**

Despite the vast array of baby equipment on the market, the essentials for a newborn baby are relatively few. Things that are really needed are:

1. A safe, comfortable place for the baby to sleep.
2. Waterproof sheeting with flannel backing on both sides.
3. Cotton blankets for wrapping him in when he is being held or carried.
4. Simple, loose-fitting all-purpose garments, such as "sleepers" that are long enough to cover the baby's feet. Avoid the type with cord or string at the neck.
5. Something to bathe him in.
6. A stroller.
7. Diapers. (Even if a diaper service or disposable diapers are used, extra diapers of the ordinary type should be on hand for emergency use and for use as bibs and when "bubbling" him, etc.)

8. Safety pins.
9. A diaper pail.
10. Equipment for preparing the baby's formula and his water and juice.
11. A suitable child restraint system for use when the baby is a passenger in a motor vehicle.

Enough sheeting blankets, sleepers and diapers will be needed to allow for at least 2 days' supply, so that one set can be in the laundry.

The baby's doctor will advise about the equipment and supplies needed for caring for the baby's nose, ears and skin, the kind of thermometer to get, and any other supplies he wants kept on hand for caring for the baby's health.

When selecting a stroller, check the handle to be sure it is a convenient height for the person who will usually be pushing it. A folding stroller is a great convenience.

As the baby grows older, he will of course need toys, different kinds of clothing, a high chair, or a low table and chair of his own, and probably a playpen. If the baby will go often to visit at other homes or on family auto trips, a folding playpen that can be carried in the car will be a great convenience. It can be used both as a play place and as a place for him to take his nap.

Safety features to look for in strollers, playpens, baby chairs, and child restraint systems for motor vehicles are discussed in the section on Accident Prevention at the back of this booklet.

*Read it carefully.*

### **Birth Registration Is Required by Law**

The laws of the State of Hawaii require that a baby's birth be officially registered with the State Health Department, and this should be done as soon as possible after the baby's birth.

If the baby is born in a hospital, hospital staff will prepare a birth certificate and send it to the proper authorities. If the baby is not born in a hospital, the law requires that the birth be registered by the physician, midwife or other legally authorized person in attendance at the birth. If no such person is present at the birth, the law requires that the birth be registered by one of the parents. Regardless of where in the State of Hawaii the baby is born, the

correct place to register the birth is the local office of the State Health Department.

If a name for the baby has not been selected at the time the birth is registered, it is also important that the name be reported to the State Health Department to be added to the official record as soon as possible.

### **Birth Certificates Are Important**

Be sure to get an official copy of the new baby's birth certificate. He will need this many times throughout his life. When you obtain an official copy of the baby's birth certificate, you will know that the baby's birth was actually registered.

To obtain an official copy of a birth certificate for a baby born in the State of Hawaii, write to Research and Statistics Office, State Department of Health, P. O. Box 3378, Honolulu, Hawaii, 96801, or call in person at their office in the Kinau Hale Building, 1250 Punchbowl Street, Honolulu. A fee of \$2 is required. Checks or money orders for this purpose should be made out to Hawaii State Department of Health.

If the baby was born outside the State of Hawaii, your local State Health Department staff will explain how to obtain a copy of his birth certificate.

### **That Letdown Feeling**

It is not unusual for a mother to feel letdown or even a bit depressed for awhile when she first begins to take care of her new baby, especially if it is her first. Such feelings may develop a few days after the baby is born, or not until several weeks later.

There are several possible causes for these feelings. It is not unusual to feel emotionally drained after the occurrence of any long-awaited event such as childbirth. There are also the many physical and glandular changes that take place in the mother's body at the time of birth that can affect her emotional state. It is not surprising that a mother might have feelings of discouragement as she is faced with the added responsibility and work that a new baby brings, and the new limitations on her personal freedom.

Such feelings are almost always temporary. As the mother regains her physical strength and equilibrium, as she becomes adjusted to the routine that a new baby requires, and as her enjoyment of the baby increases, she usually finds herself feeling quite normal again.

A big help in preventing these feelings of discouragement and depression is for the mother to have household help for a few weeks after she brings the baby home from the hospital. In some families this assistance can be provided by relatives. Just having another woman in the house to talk with and to encourage and share her enjoyment and pleasure in the baby can help keep up the mother's spirits.

Husbands can help at this time, too, by arranging to be home as much as possible for the first 3 months or so after the baby is born—to provide company for the mother, help care for the baby, and assist with running the home.

By the time the baby is a month old, if the mother is not returning to outside employment, she should also arrange to spend at least a short time each day outdoors with the baby, health and weather permitting. On these occasions, care must be taken to protect the baby from sun, rain, drafts, and strong winds. Read carefully the section on Outings and Travel with Baby on page 29.

On rare occasions, circumstances are such that a new mother becomes increasingly depressed after childbirth. In such cases, the help of a psychiatrist should be sought at once.

### **Lightening the Load**

In addition to arranging for extra household help for the mother for a short time after the new baby arrives, the couple should consider other ways to make the task of running the home an easier one.

Automatic laundry equipment in the home or in a nearby laundrette can prevent many hours of extra work. Even if automatic laundry equipment is available, diaper service or disposable diapers for at least a few months will make the mother's workload much easier.

If the household includes other children, or if the mother intends to return to a job outside the home, an automatic dishwasher can considerably reduce the number of hours spent in the kitchen.

Babysitting help, even for just a few hours once or twice a week, during the baby's first year can also do wonders for the mother's morale. The selection of a babysitter is a very important matter. Read carefully the section on Babysitters on page 34.

### **Visitors and Strangers**

It is usual for a couple's relatives and friends to want to call at the



home to see the new baby, and most couples would be disappointed if others were *not* interested in seeing the new addition to the family! For at least the first month or so after the baby arrives, it is often physically tiring for the mother to entertain visitors—even close friends and relatives—for any length of time, and she should not be expected to do this. Also, it is especially important during the early months of his life to protect the infant from exposure to infectious and contagious diseases.

Both parents and visitors should also remember that, anytime after about the age of about 3 months, a baby's behavior toward people he does not see on a regular basis usually changes. Due to his growing awareness and alertness to his environment, he may begin to respond negatively to occasional visitors as well as strangers. He may refuse to smile at them. He may try to hide his face from them. He may even cry as they approach. He may show fear when anyone he does not see regularly tries to hold him. Never try to force the baby to be friendly. He will gradually learn to feel more secure as he grows older and understands more.

Right from the start, it helps if a baby has more than one person care for him. Fathers, older children, and visiting relatives and close friends should all be encouraged to help with the care of the baby. This helps him to learn to trust many people, and makes it easier for him to adjust to social situations away from home.

### **Grandparents**

A baby who has grandparents nearby to give it extra love is fortunate, and so are the baby's parents.

Sometimes, though, grandparents can present a problem—especially for the young mother—by offering more advice than is wanted or needed. Grandparents may also tend to “spoil” the baby.

Young parents can be more tolerant and understanding of the grandparents' behavior if they will remember that the arrival of the new baby is an important event in the lives of the grandparents, too.

On the other hand, grandparents have to accept the fact that the baby's parents are the ones who have the responsibility and right to make the final decisions in all matters concerning the baby.

### **Regular Visits to the Doctor**

Regular examinations by the doctor are important even if the baby

seems perfectly healthy. One main purpose of these checkups is to make it possible for the doctor to prevent trouble before it begins. Some conditions that can become serious if untreated can be detected only by a doctor in their early stages. Let the doctor decide how often he wants to see the baby, and follow his advice.

At the time of the baby's regular checkups, the doctor will also be able to give instructions about changes in the baby's diet, and arrange for the baby to be immunized against preventable childhood diseases. The first series of immunizations is usually given during the baby's first year.

Be sure you understand clearly all the doctor's instructions. If you do not understand, ask him to explain further until you know exactly what he wants you to do.

### **The New Baby's Weight**

Most babies lose a little weight soon after they are born; within a few days they begin to gain it back. As long as the new baby is eating well and being seen regularly by a doctor, it should not be necessary to worry about his weight.

### **Birthmarks**

Any marks or discolorations on an infant's skin should always be discussed with the doctor. These may be entirely normal and, in some cases, will fade as the child grows older.

### **Illness**

When you suspect the baby is having any kind of health problem, even if it is just a mild rash or fever or cold, call his doctor and tell him about it. The doctor can then be prepared to give the baby medical care if the situation gets worse, and he can tell you what to do in the meantime.

Let the doctor know right away if the baby suddenly looks or acts differently, or if he has any of the following symptoms:

- Fever
- Rash
- Vomiting
- Diarrhea
- Constipation
- Listlessness
- Bleeding from any body opening

The doctor should also be notified right away if:

- The baby is burned, including sunburned, has suffered a fall, or is cut or otherwise injured.
- The baby cries constantly for any period of time and seems to be in pain.
- The baby has any breathing difficulty.
- There is anything unusual about the appearance of the baby's eyes or mouth.
- There is any change in the baby's digestion.
- The baby gets a cold.
- The baby has a convulsion.
- The baby is choking.
- The baby has eaten a poisonous substance.
- The baby has an infected cut or sore.
- Some object has become lodged in the baby's nose or ears.
- The baby has been bitten by an animal.

In the case of severe burn, injury and/or bleeding, breathing difficulty, choking, poisoning, or convulsion, have someone else call the doctor and rush the baby to the hospital.

## **Medicine**

*Never* give medicine to a baby without a doctor's advice. This applies to each time the baby is sick or has symptoms indicating he may be getting sick. For example, if the baby gets a cold and the doctor prescribes medicine for him, do *not* give the same medicine the next time the baby seems to have a cold without consulting the doctor and getting his instructions.

## **Keep Him Safe**

A baby's safety should be supervised at all times.

*Never* leave a baby of any age alone in a house or car, or unattended in a baby carriage or stroller. *Never* leave a baby of any age alone in or near any body of water, including a bathtub, a plastic play-pool, or a pail, tub, or open kettle of water, indoors or out.

From the time he first tries to roll over, it is not safe to leave a baby unattended even for a moment unless he is secured by a safety strap or is in a bed or crib with sides that prevent him from falling out and which are made in such a way that he can't get his head stuck between the bars. As he grows older, the sides must also be high enough to keep him from *climbing* out!

As soon as a baby is born, it is necessary to "accident-proof" his

home. Read carefully the section on Accident Prevention at the back of this circular.

You should also have a First Aid Manual. Keep it in a place where you can always find it right away. A First Aid Manual is listed in the references at the back of this booklet, or you may wish to ask the doctor to suggest a good First Aid Manual to buy.

In addition, you should keep beside the telephone a list of telephone numbers for your doctor, hospital, and ambulance service, and for the police and fire departments.

### **The Mother's Postnatal Care**

A mother should always see her doctor for checkups and any needed special care after the baby's birth, and carefully follow his instructions to protect her own health.

### **Feeding the Newborn Baby**

Each mother has to decide whether she wishes to breastfeed or bottlefeed her baby. If she wishes to breastfeed the baby, she should discuss this with her doctor during her pregnancy and learn about breastfeeding and preparation of the breasts for nursing. Printed materials on breastfeeding are listed in the references at the back of this circular. Her doctor may wish to recommend other materials for her to read on this subject. Her doctor and the nurses at the hospital will also instruct her in nursing procedures and the care of the breasts after the baby is born.

If the baby is to be bottlefed, the mother will receive instructions before she leaves the hospital about how to prepare the baby's formula at home and about the baby's feeding schedule. Follow very carefully the doctor's instructions for sterilizing the baby's feeding equipment.

Feeding a newborn baby, whether by breast or bottle, takes patience and practice. The person who is responsible for feeding a baby should expect to spend a considerable amount of time doing this. Some young babies can take only a little milk at a time, and it is not possible to hurry the feeding. Since a baby senses tension, it is also important for the person who feeds the baby to be relaxed.

There is general agreement among doctors today that, in the first few weeks of life, a baby should be fed as much and as often as he wants. He will cry when he is hungry, but it is hard to know whether his crying is from hunger or something else. If it has been some

time since his last feeding—2 hours or more—or if nothing else seems to be wrong when he cries, try feeding him.

When the baby is fed “on demand,” feeding times will be irregular at first, but eventually—usually by 2 or 3 months—a fairly regular 4-hour schedule will work out. Typically, the baby’s feedings are then 6 a.m., 10 a.m., 2 p.m., 6 p.m., 10 p.m. and 2 a.m.

Whether he is fed by breast or bottle, feeding is the newborn baby’s most important learning experience. It is not enough to feed the bottlefed baby by propping the bottle where he can feed himself from it. The baby should learn that another person is responsible for his greatest physical satisfaction—the loss of hunger. He learns this by being held while he is feeding and by actually seeing the face of the person who feeds him.

### **Bubbling**

To help the baby release any air he may have swallowed along with his milk, he should be “bubbled” or “burped.” If the baby stops sucking in the middle of his feeding, try bubbling him at that time. Otherwise, do this at the end of his feeding before you put him back in his bed.

There are different ways to bubble a baby. You can hold him against your shoulder or stomachside down across your knees and gently pat him in the middle of his back, or you can sit him up in your lap and gently rub his stomach. With a little practice, you will find out which method works best for your baby.

Often a little milk comes up with the bubble, so be prepared for this by having a clean diaper or towel handy. Sometimes a baby doesn’t seem to have any bubble to get rid of.

### **Changes in Feeding Schedule**

As previously noted, the newborn baby “fed on demand” usually develops a 4-hour feeding schedule within a few weeks.

There are no set rules for schedule changes. Between the ages of 1 and 2 months, most babies begin to sleep through the night and no longer need the 2 a.m. feeding. Then, sometime between 4 and 8 months, the baby usually also gives up his 10 p.m. feeding. By 6 to 8 months, most babies are on a schedule of three meals a day plus milk, fruit, and toast or zwieback between meals. Also by this age, milk from a cup begins to replace milk from the breast or bottle.

## **Babies Need To Suck**

Many babies need sucking experience well into the second year. The need to suck is a natural part of the baby's development. This is another reason, in addition to just being hungry, that the baby enjoys the breast or bottle. It is also the reason he may suck his thumb or his fingers or anything else he can get into his mouth.

Do not try to prevent the baby from sucking his thumb. Babies differ in their sucking needs, but most babies seem to need the extra sucking that thumbsucking provides.

## **The Baby's Diet**

The newborn baby's diet consists of either breast milk and/or formula. The doctor will give instructions about breastfeeding and/or formula preparation, and also about when and how much water the baby should have and how to prepare it. The doctor will also give instructions about vitamins to give the baby.

As the baby grows older, the doctor will add fruit juice to the baby's diet. Today, it is usual for doctors to recommend that a baby begin to have solid foods at about 3 months, or even younger. Thin, cooked strained cereals, stewed strained fruits, poi, and finely mashed ripe bananas are usually the first solid foods the baby receives, followed by strained, boiled vegetables, strained or "scraped" meats, and mashed egg yolk.

Carefully follow the doctor's instructions for adding new foods to the baby's diet. Remember that it is important to introduce new foods one at a time in tiny amounts so the baby has a chance to get used to them.

By the age of 6 months, a baby can begin to feed himself with a spoon part of the time, although he will still need lots of help. About 6 months is also a good time to begin to give him foods he can pick up and put in his mouth with his fingers, so that he gets used to the feel of solid food in his mouth. By this time, the baby is also enjoying chewing on a breadcrust or a piece of zwieback.

By 9 months, most babies are willing to try mashed and chopped foods. Strained fruits and vegetables can be gradually eliminated. Meats should still be very finely chopped, strained, or scraped, as the baby does not yet have enough chewing power to grind up meat fibers. Never give a baby such foods as popcorn, nuts, corn, raisins, hard candy, or other hard foods. He could choke on them and possibly even inhale bits into his lungs.

As the baby grows and his diet becomes more varied, he is apt to

show some definite food preferences, as well as a few dislikes. It is unwise to try to force the baby to eat foods he definitely dislikes. If there is something on his diet list that he does not want to eat, speak to the doctor about this and find out what can be offered in its place. At this age, the baby's preferences can change rapidly, and a food he does not like now may be offered to him again next week. If he still does not like it, try again in a month or so. Most adults have a few dislikes among foods, and these sometimes develop at a very young age.

What is important is not that the baby eat every kind of food that is offered to him but that he have a balanced diet that includes all the kinds of nutrients he needs for his proper development. While the baby is still young and his diet is still being supervised by his doctor, it is good idea for parents to read up on good nutrition for young children. There are many good sources of information. Some of these are the County Extension Service, the State Health Department, and Well-Baby Clinics.

### **Weaning from the Breast**

The age at which a baby is ready for weaning from the breast varies, but around 9 months seems to be a good time for many babies. Other babies seem to be ready for weaning at 5 or 6 months. A mother should consult with her doctor concerning when and how to wean her baby.

When possible, wean the baby when he is in good health and when no other changes in his routine are planned. Depend on the doctor to explain how to care for the mother's breasts and how to adjust the baby's formula during weaning.

Many doctors recommend that a breastfed baby be given one bottle a day for a month or so before weaning, so that he gets used to taking milk from the bottle. Many doctors also recommend offering the baby milk from a cup for a few weeks before weaning, so that he gets used to the cup, too. By 6 months, a baby can often be taught to hold the cup for himself, and may enjoy having some milk from a cup at each meal. A baby's mug with two handles is easy for the baby to manage by himself.

### **Weaning from the Bottle**

Most babies who are allowed to take their bottles to bed by themselves become more attached to their bottles in the second half of the first year because they use the bottle as a comforter. The baby who is always held while he takes his bottles is often ready to give up the bottle at around 6 months. The mother who does not wish



to be preparing bottles well into the second year or longer may think it is well worth the time to hold the baby during all of his bottle feedings during his first 6 months or so, and then have the task of bottle preparation completely over with.<sup>1</sup> Also, there is evidence that snack feeding by bottle throughout the day and giving the feeding bottle at naptime and bedtime increases the frequency of tooth decay in young children.<sup>2</sup> However, some babies are not ready to give up the bottle entirely before 10 months—others will cling to it even longer.

It will be easier to wean the baby from the bottle if a pacifier is used to quiet or comfort him, rather than using a bottle for this purpose.

To wean the baby from the bottle, give him a little milk from a cup at each meal from about 5 months. Gradually increase the amount of milk he takes from the cup, and gradually decrease the amount in his bottles. Then begin to omit his bottles, one at a time, as his intake of milk from the cup increases, until he is taking all of his milk from the cup. If the baby has been given the bottle to take to bed with him, or if the bottle has regularly been used as a pacifier, he may want to continue it even through his second year.

It is important, during weaning, that the baby does not take so much milk from cup and bottle that he loses his appetite for other foods. Milk is very low in iron, and the older baby who takes only milk will develop anemia.

### **Bathing the Baby**

The baby should be bathed wherever it is most convenient and safe. Many mothers prefer a plastic tub that can be set on a table or countertop at the right height to make bending unnecessary.

The doctor may advise not giving the baby a tub bath until his navel is healed. It is quite all right to continue to give a new baby a sponge bath for a few weeks as long as his face and his diaper area are kept clean.

Gather together in one place everything that is needed for the baby's bath before the bath is begun. Use only mild soap for bathing a baby. The temperature of the bath water should be comfortably warm to your wrist or elbow—never hot.

If a tub bath is to be given, it is still easiest to wash the baby's face and head while holding him on a waterproof sheet on your lap or

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<sup>1</sup>Spock, Benjamin, *Baby and Child Care*, pp. 150-151.

<sup>2</sup>Barnett, Henry L. and Arnold L. Epstein, *Pediatrics*, 14th Edition, p. 1669.

on a flat surface that is padded and covered with a waterproof sheet. Use plain warm water and a soft cloth to wash his face. About twice a week, wash his scalp with mild soap and rinse carefully with clear, warm water. Lightly soap his body and rinse him well in clear, warm water. Be sure to wash and rinse carefully all the creases and folds in his skin. Be very careful not to get soap in his eyes. Pat him dry with a soft towel.

Lotions and powders are not necessary and need not be used unless the doctor prescribes them. If powder is used, be careful that it does not get into the baby's mouth or nose.

Ask the doctor how to care for the baby's ears, eyes, nose, and mouth. If the baby develops a diaper rash or other rash or eczema, consult the doctor about what to do.

During the first few weeks, carefully follow the doctor's instructions for caring for the baby's navel, and for the penis of a baby boy.

### **The Baby's Head**

The baby's head should be handled with care. The bones at the top of his head have not grown together at the time he is born. This soft area, called the fontanel, is covered by a tough membrane. It takes anywhere from 9 months to 2 years for the bone to grow over this area.

There is no danger of hurting the baby by bathing or handling his head gently, but care should be taken that his head does not get bumped or hit by falling or by the rough play of young children around him.

When carrying the baby, always support his head with your arm or hand.

When the baby is out of doors, be careful to prevent his head from getting sunburned.

If a crusty condition, known as "cradle cap," appears on the baby's head, ask your doctor what to do to clear it up promptly.

### **Crying**

(Note also the sections on Colic, Periodic Crying in Early Infancy, and Sleeping.)

When a baby cries for any length of time, there is usually a reason. He may be hungry. He may be cold or hot. His diapers may be wet or tight. He may want to be moved to a new position. He

may have air in his stomach and need to be burped or bubbled. As the baby gets older, he may cry just because he is lonesome or feels frightened at being alone.

When the baby cries, see if he seems to need anything. If he seems tense or fearful, try to stay with him until he goes to sleep.

If the baby begins to cry regularly 2 or 3 hours after his last feeding, it is very likely that he is hungry. If this happens, give him another feeding, but also talk to the doctor about it. If the baby is breastfed, he may need a supplementary feeding. If he is bottle-fed, he may need his formula changed.

If the baby cries continuously, the trouble may be serious, and you should always call the doctor.

### **Colic**

During the first few months, some otherwise healthy babies have great stomach distress after feeding. At such times, a baby will cry very hard. Always tell the baby's doctor about it, even though he may find there is nothing that can be done to prevent it. This condition is called "infant colic." The baby will get over it gradually as his digestive system develops.

### **Periodic Crying in Early Infancy**

There is another kind of crying that sometimes occurs in early infancy that may seem to have no explainable cause. Some babies, especially during the first 3 months, have crying spells that often occur at the same time each day and may last several hours. Unlike colic, these crying spells do not seem to be related to the baby's digestion.

When the baby is going through a period of crying spells, this is not the time to worry about spoiling him. Be sure he is as comfortable as possible. Try picking him up and cuddling him. It is possible that nothing may soothe him and he may just have to "cry it out."

When the baby has crying spells, tell the baby's doctor about it so that he can be sure nothing else is wrong. He may decide that the crying is just a part of the baby's development.

It is not easy to care for a baby who is going through a period of colic or crying spells. It is easy to get cross with the baby, but this is unreasonable and will make matters worse. After checking with the doctor to be sure there is nothing wrong, the only thing to do is to be patient and realize the baby will outgrow it as soon

as he can. At the same time though, parents of a baby who is going through this kind of phase could try to have a babysitter come in now and then so they can get a little change and relaxation.

Another type of periodic crying is the tendency of some babies to cry before going to sleep. If they develop this habit, it usually begins at about the age of 1 month and tapers off between 3 and 4 months.

### **Sleeping**

As long as they are not hungry, colicky, or going through a stage of periodic crying, most healthy babies sleep from one feeding to the next during the early months. But if a baby sleeps less, there is no reason to be concerned as long as he seems to feel well.

As the baby grows older, he will sleep less. By the time he is a year old he will probably be down to two naps a day, although he may still need about 12 hours sleep at night. Try to keep a regular schedule for his naps and bedtime. When he is at home, a baby should have his naps and go to sleep for the night in his own bed.

Sleeping difficulties often occur when the baby is between 7 and 9 months old. He is apt to awaken frequently and be restless in the night. There are three things you can do to help the baby get over this problem:

1. Even though he may have trouble getting to sleep, continue to put him to bed at regular times.
2. Put him to bed to sleep in the same room and the same bed where he will wake up.
3. Try to arrange things so that whoever is going to care for him if he awakens during the night is someone he sees before he goes to sleep.

It is not wise for parents to take the baby into bed with them. This can too easily become a habit and a real nuisance that interferes with the parents' sleep and privacy. There is also the danger that the baby can be smothered in the bedclothes or pillows or hurt by an adult rolling over on him. Besides all this, he is very apt to wet the bed!

Sometimes a new kind of sleeping problem develops after a baby has had colic or a cold or some other ailment that kept him from sleeping and caused him to need a lot of comforting. He becomes used to being picked up and held and carried when he does not feel well. After he has recovered he still wants the same attention

he got before. He may cry every time he is put down to sleep. It is not easy to break him of the habit of wanting constant attention, but for his own sake as well as yours it is important to do so. The best thing to do is simply put him to bed at his usual time, give him his usual hug, say goodnight, and then leave the room. He may cry hard for half an hour or so the first time you do this, but each time he will cry less, and soon he will not cry at all.

### **Diapering**

When diapering the baby, put the most cloth where he gets the wettest and avoid any unnecessary thickness of cloth between his legs.

Fold the diaper in thirds lengthwise. Then fold over about one-third at one end to make an extra thick part. This extra thickness goes on the front of a boy baby. On a girl baby, the extra thickness goes in front if she sleeps on her stomach and in back if she sleeps on her back. Use one safety pin over each hip to fasten the diaper on the baby. When pinning the diaper, slip your fingers under the area to be pinned to be sure you don't stick the pin in the baby.

### **Changing Diapers**

Keep the baby's diaper area as dry as possible. Rubber or plastic pants are not a suitable substitute for dry diapers.

It is a good idea to change the baby when you pick him up for his feeding, and again before you put him back in his bed. If the baby has had a bowel movement, wash his diaper area at the time his diapers are changed. Always be careful not to leave any soap on the baby's skin. If the baby gets diaper rash, ask the doctor for instructions on caring for the baby's skin.

### **Care of Diapers**

Plan to wash diapers once a day. Between washings, keep the used diapers soaking in water in a rustproof pail. If a diaper is soiled with bowel movement, empty the stool into the toilet and use toilet paper to scrape off any particles that cling to the diaper. Then rinse the diaper before adding it to the pail.

Wash and rinse the diapers thoroughly. Drying diapers in the sun is considered to be one way to help prevent diaper rash and to clear up the rash if it occurs. If the baby has diaper rash, ask the doctor about the care of the baby's diapers. He may suggest a disinfectant for you to use in laundering the diapers.

## **Clothing**

A baby is most comfortable when he is dressed very simply and with no more clothing than he needs to keep him warm.

All of a baby's clothes should be washable and, except for outfits for very special occasions, should require no ironing.

## **Laundry**

Soap or detergent remaining in baby's clothes may cause skin irritation. Rinse the baby's clothes, including diapers, very thoroughly after washing.

## **The Baby's Bed**

A baby should have his own bed. If a bassinet or crib is not available, he can sleep in a large box or basket with padded sides. Never use any kind of bed or crib that has slats so far apart that the baby could get his head stuck between them. If the baby is to sleep in a crib with removable sides, be sure the sides lock securely in place.

Use a soft, firm mattress. Old pillows are not safe to use as baby mattresses because a baby may smother in them. A mattress can be made by folding and tufting an old blanket. Even if the mattress is supposed to be waterproof, it is best to cover it with waterproof sheeting that is large enough to tuck in well under the sides of the mattress. The baby should not lie directly on plastic or rubber. If the waterproof sheeting does not have a flannelette backing, place a quilted washable pad over it. The baby does not need a pillow, and it is safer if he does not have one.

*Never* use thin plastic film or thin plastic bags in the baby's bed.

It is more comfortable for the baby to dress him for bed in sleeping garments that are the right warmth for him than to try to keep him warm with blankets. This also makes it unnecessary to worry about his getting uncovered in the night.

The location of the baby's bed depends to some extent on the space available. It is considered unwise to have the baby sleep in the same room as his parents after he is about 6 months old, if other arrangements can possibly be made. The baby who always finds his parents there when he awakens becomes dependent on their company, and the older he gets the harder it will be to move him. Place the baby's bed in a spot that has good ventilation but is free from drafts.

## **Spoiling and Discipline**

Until the baby is about 3 months old, do not worry too much about spoiling him. His reasons for fussing and crying are most often due to physical discomfort, and he really needs attention at these times.

After about 3 months, the normal, healthy baby needs to begin to learn that he will not be picked up every time he frets. It is time for the baby to learn to amuse himself some of the time during his waking hours. When he fusses between feedings during the day, and you are sure he really is getting enough to eat at his mealtimes, talk to him and put a toy near him.

Always respond when the baby cries, just to be sure there is nothing seriously wrong and to help him develop a feeling of security and trust toward the world.

As soon as the baby begins to move about under his own power, remove from his reach all precious breakables and anything else movable you don't want him to get into or that could harm him. At this age, begin to teach him what he is not allowed to do. For example, he needs to learn that the stove, the TV, and electric cords and outlets are not to be touched. When he approaches whatever you do not want him to touch, say "no-no" and then pick him up and move him to another spot. Be very firm and consistent, but be patient, too. It will take time for the baby to really learn what he may and may not do. At the same time, be generous with your praise. Whenever the baby responds to your command to do or not to do something, show your pleasure and let him know you are happy with his behavior.

The spoiled baby who demands and gets constant attention is going to have a hard time adjusting to life as he grows older. Your goals in discipline for him at this age are *never* punishment, but rather to help him become the kind of person who will enjoy and be enjoyed by others, and at the same time begin to learn independence. Keep in mind that, because your baby loves you, he wants to please you, and it is your job to teach him how to do this.

## **Outings and Travel with Baby**

It is good for the baby to get plenty of fresh air. When he is about a month old he will enjoy getting out of doors with you. His skin should be protected from the sun and he should not lie with the sun in his eyes. See that he is also protected from rain, drafts, and strong winds.



The beach is too hot for a baby in his first year unless he is kept in the shade. A young baby at the beach should also be protected from blowing sand.

Try not to take the baby into crowds or groups of children outside the immediate family, or any place where he may be exposed to illness. Even a cold can make a young baby very sick.

If you use a car bed for him, get one that fastens very securely and has a safety strap to hold the baby in. As the baby gets older, use a seat belt or harness for him, or get a car seat that fastens very securely and has a safety strap. *Never* let a baby lie, sit, or stand by himself in a car without a safety strap. A stroller or carriage should have a harness for a baby as soon as he reaches the climbing stage. *Never* leave a baby alone anywhere in a parked stroller or carriage or in a parked car, not even in your own yard.

If the baby is taken on a trip, get a record of his inoculations from the doctor and take it along. If the baby is sensitive to any drugs, take along a statement about this, signed by the doctor.

If you are going to be travelling for any length of time and will not be able to prepare his regular formula for the baby, ask the doctor about a prepared formula you can use. Disposable diapers are a great convenience when travelling with a baby.

### **Using His Hands and Fingers**

The natural tendency of a baby to grasp whatever is put in his hand (which is often referred to as the "grasp reflex") disappears by the time he is about 4 months old, and gradually he begins to learn to reach out and grasp what he wants.

Between 4 and 5 months of age, he will touch and squeeze objects he can get hold of, but without taking firm hold of them. From this age on, he grows increasingly skillful in using his hands and fingers. At about 1 year, he is able to use his thumb and forefinger to grasp objects in much the same way an adult does.

While the baby is learning to grasp, it gives him practice if suitable playthings are held out to him so that he has to reach for them. Another way to help the baby learn to grasp is to hang brightly colored objects above his bed, close enough so that he can reach out and touch them. Small toys can also be fastened to his playpen and stroller. Be sure that any toys or other objects the baby can reach for himself are safe for him to put in his mouth.

## **Playpens and Baby Chairs**

The occasional use of a playpen is a way to keep the baby near you but safe while you are busy with your work. As he grows older, it also provides him with the support he needs to try to pull himself up to a standing position. Sometimes a baby learns to walk by first moving about while holding onto the railing of his playpen. When necessary, a playpen can also be used as a bed for the baby.

The folding variety of playpen has other advantages: it can more easily be carried outdoors and it can be taken in the car with you when you take the baby for a visit or on a trip.

If you plan to have a playpen for the baby, get him used to being in it before the age of 3 months. Even though he will need plenty of freedom to roam around as he grows older, it will be hard to watch him every second, and some time spent in a playpen with a few toys to play with will do him no harm.

A chair for the baby is also an almost necessary investment by the time he reaches 6 months. As with the playpen, he should never be kept in it for long periods of time. Many parents prefer the convertible kind that can be used as a high chair or a low chair. A chair with a tray attached provides a surface for both playing and eating. When the baby is sitting in his chair to play, be sure the chair is in a spot where he can't reach anything that could hurt him.

Remember that a baby needs a lot of exercise as well as a lot of human companionship. This means he should not be restrained more than necessary, even in a playpen or chair, and never in an isolated place where he is out of the sight and/or hearing of others.

## **Physical Growth**

Although a lot is written about the average height and weight of babies, average figures of this kind have little meaning. What is important is that the baby show a weight gain that is satisfactory to the doctor and shows him that the baby is growing properly. The doctor will weigh the baby at the time of his regular checkups and will make the appropriate changes in the baby's diet, as needed, to make it possible for him to maintain the right growth pattern.

## **Sitting, Crawling, Creeping, Walking**

By 7 or 8 months, the average baby can sit without support for a minute or so. By 9 months he can do this for 10 minutes or longer. Sometime between 8 and 9 months, many babies begin to crawl.

By 10 months, many begin to creep on hands and knees. Between 11 and 12 months, many begin to creep on hands and feet.

By 8 months, many babies can stand with help and, by 9 months, may stand holding onto furniture. By 11 months, the average baby walks when led by the hand, and by the age of 1 year he can pull himself up to stand by furniture. The average baby stands alone at 14 months and walks alone at 15 months.

These ages and stages are only averages, and a perfectly normal healthy baby may reach any stage either earlier or later. The baby's own rate of physical development will have a lot to do with the age at which he learns to sit, creep, crawl, stand, and walk. It is not sensible to try to hurry these processes. His opportunity to use his body and to move freely are important, too. As a rule, the baby should be confined only as much as is necessary for his safety and to keep him from getting overtired. His clothing should be simple and should not restrict his body movements. The baby who is free to move about safely will then be able to develop at his own rate of speed.

### **Speech**

For most of his first year of life, the baby's speech consists of babbling and cooing sounds. Toward the end of his first year he may say one or more words you can recognize. Right from birth, however, it is good for the baby to be talked to. He learns to associate the sound of people's voices with their nearness and the things they do for him, and gradually he learns to identify different voices with the different people in his world.

Talk to the baby often. Use simple words, speak distinctly in a pleasant tone of voice, and avoid "babytalk." Talking to the baby also encourages him to respond with sounds of his own and, eventually, to put these words into language.

### **Handling the Genitals**

Usually, during the second half of his first year, the baby discovers his genitals. His great natural curiosity makes him interested in this part of his body just as he is interested in other parts of himself. He is likely to look at and handle or play with his genitals. This is entirely normal behavior at this age and should be ignored. It is also normal for a baby boy to have an erection.

### **Head-Banging, Rocking, Bumping, Jumping**

Some babies get into the habit of banging their heads or rocking

or bumping themselves against the sides of their cribs. As the baby grows older, he may also form the habit of jumping up and down in his crib. Parents may be annoyed by these behaviors if they cause the crib to bang against a wall, and they may also worry that the baby will bruise his head.

Two suggestions for dealing with these problems are: (1) pad the sides of the crib, and (2) fasten the crib in some way so that it does not move about on the floor.

Babies tend to outgrow these habits as they grow older, and there is nothing to be gained by scolding or spanking them for this kind of action. It is also not wise to tie the baby down in his bed.

### **The Baby's Teeth**

The baby's first tooth, which is generally a lower front tooth, comes through at an average of 7 months. By the time he is 1 year old, the average baby has six teeth. The most usual pattern is for a baby to cut six front teeth during the first 12 months—two lower ones followed by four upper ones. This pattern varies a good deal. Once in awhile a baby is born with one or more teeth. Other babies do not cut their first teeth until they are a year old.

Some babies have no teething problems, but many are fretful just before a tooth comes through. It is not unusual for a teething baby to lose his appetite for a few days. He may suck his thumb more than usual, or even his whole fist. Give him something safe to chew on. Be careful that he does not chew or gnaw on things that can be harmful. He may also wake up crying in the night. Even if he has long since given up his night feeding, a warm bottle at this time may be what he needs to help him go back to sleep.

### **Go Slow with Toilet Training**

A good time for bowel training is 18 to 24 months for most children. By that time the child is physically and psychologically ready to learn.

Some mothers wish to start this process earlier. At about 9 or 10 months, when the baby is able to sit by himself, he is put on an infant toilet seat or potty chair at the time of day he usually has his first bowel movement. By this means, it is often possible to "catch" the movement in the toilet or pot. At the same time, the baby begins to get used to having his movement in this setting. Thus, when he is old enough to be trained, he may seem to be more ready for it and more quickly understand what it is all about.

It is not possible to really train a child until his body has matured enough for him to control the muscles of his anus, and this does not usually come until well into his second year. Readiness for bladder training usually does not come until even later, and a child may not stay dry regularly until he is 2 or 3 years old or even older.

A baby should *never* be punished or made to feel ashamed about any aspect of his bowel movement or urination. To do so does not teach him control, and may do real lasting psychological harm.

### **Attitudes and Values**

It may surprise you to think of the development of attitudes and values as part of the baby's first year. Many parents associate this kind of learning with the preschool years, at the earliest. Actually, the baby's attitudes and values toward many aspects of life begin right at birth, and it is important for parents to keep this in mind.

The attitudes and values a baby grows up with, including his feelings about himself, begin in the way he is treated by others. His early feeding experiences, the amount and kind of physical attention he gets, the expressions of love, affection and praise he receives, his freedom to develop increasing independence of action, and the emotional atmosphere in the home—all of these things help determine the kind of baby and child and teenager he will be, and the kind of adult he will be.

These are sobering facts, but they are encouraging facts, too, because they mean that a great deal of your child's future is within your power to determine. By using this power wisely and lovingly, you can assure your baby of a wonderful start toward adulthood.

### **Babysitters**

Anyone you leave your baby with, even for a short time, should be someone you know and trust and who enjoys babies and understands the routines of infant care. If you have no such person available to you, take your baby with you when you go out.

When possible, it is best to have just one or two regular sitters for your baby, so that the baby and his sitters really get to know each other. Except in an emergency, never leave a baby with a person he has not seen before. If possible, have the sitter come to your home a few times and help with the baby's care before leaving the sitter and baby alone together.

Be sure the sitter understands your regular routines for caring for the baby. Depending on the hours and length of time the sitter is

to care for the baby, you will need to explain about diapering, bathing, and feeding the baby and, perhaps, how to prepare his formula.

Be sure the sitter has all the information that may be needed in case of any emergency. It is a good idea to buy a small notebook for this purpose, and list in it the telephone numbers for the baby's doctor, the hospital, the ambulance service, the police and fire departments, the business telephone numbers where you and your husband can be reached if you are to be at work, and instructions for reaching your nearest relative or trusted friend, should that be necessary. Go through this notebook with the sitter, and then put it by the telephone where the sitter can always find it.

In addition, each time you employ the sitter when you are going to a social function or other special appointment, provide the telephone number where you can be reached.

Always tell the sitter what time you expect to be home. If you then find you will be getting home later than expected, *always* telephone and let the sitter know.

Except in a serious emergency, do not leave a sick infant with a sitter.

### **Working Mothers**

Throughout the baby's first year, a stable environment is especially important for him.

A mother of a baby under the age of 1 year should not take a job away from home unless she feels it is absolutely necessary. If she *does* take a job away from home during her baby's first year, she will need to make very careful plans for her baby's care.

When the mother is away at work, it is very desirable to have the same person or persons take care of him most of the time, and in same surroundings, rather than to move him constantly from one babysitter to another.

When possible, arrange for someone to care for the baby in his own home. If the baby is left elsewhere while the mother works, be sure it is a place where adequate standards of safety, cleanliness and sanitation are maintained.

A person who is to take care of the baby on a regular and extended basis needs to be especially chosen for ability to give the baby real love and affection, and should also be one who has the time and energy to do all that the baby needs done for him. This includes

spending some of the baby's waking hours holding him, hugging him, talking to him, and playing with him, just as mothers should do when they care for their babies themselves.

Except where trained nursing help is available, a working mother—or the father if he understands infant care—should always stay at home with the baby if the baby is sick.

### **Television**

The waking hours of a baby during his first year should be spent in interaction with people and objects in his environment, and in activities that will contribute to his total physical and psychological development. Watching television is not a suitable pastime for this age group.

On the other hand, while the mother and/or father are relaxing with television, this provides an opportunity to hold and cuddle the baby.

### **Hospitalization**

Before the age of about 3 months, a baby who requires hospitalization is often able to accept the separation from his parents and the change in routine without much upset. After this age, a baby who is hospitalized is likely to show symptoms of great distress. In such case, the baby's doctor may wish to make special arrangements for a parent or other person the baby knows well to be with the baby and help with his routine during his waking hours. The doctor may even wish a parent to stay at the hospital with the baby full time. In either case, it is important that the doctor's instructions be followed.

## ACCIDENT PREVENTION

As soon as there is a baby in your household—either your own or one you are caring for—you must “accident-proof” your home and its surroundings just as thoroughly as you can, regardless of the inconvenience. Put all medicines, household cleaners and poisons completely out of reach of anyone but an adult. This includes such items as aspirin, cough syrup, and other medicines and drugs of all kinds; all laundry products, cleaning powders, detergents, starches, and soaps, lye, cleaners for drains, toilets, and ovens; insect and rat poisons, weed killers, plant sprays; floor cleaners and waxes, furniture and auto polish; lighter fluid, kerosene, gasoline, benzene, anti-freeze; and cleaning compounds of all kinds including shoe polishes and cleaners and waxes. Such items as tooth powders and pastes, shampoos, home permanent solutions, hair dyes, tonics, and sprays, and other beauty preparations and cosmetics should also be placed out of reach.

And be careful in the disposal of containers of all of these items. Be sure containers are completely empty before they are discarded, and then rinse them to be sure. *Never* store any of the above items in a container which ordinarily holds something else—for example, kerosene in a soft drink bottle, or oven cleaner in a cup. Such practices can cause serious accidents.

At the same time, consider the other steps you need to take to make the baby’s world safe for him to live in and explore. Inspect your electric cords and discard any that are not in first-class condition. Cover unused wall outlets with plugs made for that purpose, so that the baby cannot poke anything into the outlets. There are plug locks that can be installed to keep wall outlets from being pulled, and there are wall outlets in which the openings close automatically when a plug is pulled. Such items are good investments for homes in which there are babies and young children. Do not leave lamps plugged in without bulbs in them. Use gates in front of steps and stairs. Use guards on upstairs windows. Even downstairs windows should be protected in such a way that a baby cannot fall out.

*All* painted items the baby may chew on should be painted with lead-free paint.

Keep sewing equipment, such as needles, pins, and scissors, where the baby can’t get at them. This also applies to knitting needles and crochet hooks.

If you have venetian blinds, cut open the loop at the end of the



cords with which you raise and lower the blinds. This will eliminate the danger of the baby getting his head caught in the cord.

Keep matches where they cannot be reached even by climbing. Never have loaded firearms or ammunition anywhere at all where a baby can reach them. Place broken glass, open cans, both new and used razor blades and all sharp household instruments out of reach. Other things which should be kept out of reach are all kinds of tools and power tools. Keep babies well away from all power equipment when it is in use, both indoors and out.

Be especially cautious with water. Keep wells, pools, tanks and cisterns firmly covered. Be careful with hot liquids of all kinds. Always turn the handles of pots and pans away from the front of the stove. Place hot items in the center of the table, not near the edge. Never leave a pail or kettle of hot water on the floor. Watch to see that electric coffee pots and teapots and other electric cooking utensils cannot be upset by pulling the cord. Keep *all* electric appliances well away from the sink or bathtub or other places where the baby is bathed. Never leave a baby in water—either in the house or outside—unattended. Even shallow pools, such as inflated plastic play pools, can be dangerous.

Never leave a baby alone where there is a lighted stove, a burning fireplace or grill or hibachi, a luau light, a lighted candle, or a lamp using oil or gas.

Be extremely cautious when turning into and driving or backing out of the driveways.

A low table and chair are safer than a high chair for a baby. If a high chair is used, it should have a broad base so it won't easily tip over, a latch to keep him from raising the tray, and a safety strap to hold him in.

Avoid cribs, beds, or playpens that have slats so far apart the baby could get his head stuck between them. Equipment with folding hinges should be made in such a way that the baby can't get pinched by them. If a bed or crib has removable sides, the sides should lock securely in place. Do not use old pillows as baby mattresses. The baby might smother in them. It is safer not to use any pillows in the baby's bed, crib, or other sleeping place. Thin plastic coverings or bags should *never* be used anywhere in the baby's environment.

Use special precautions when you take the baby on outings. A carriage or stroller should have a safety strap or harness. It should also have a strong brake.

Special precautions are required when a baby is a passenger in a motor vehicle. The National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation states that “crash protection for children does not mean holding a child on your lap.” They also point out that “the infant up to 9 months is particularly vulnerable to sudden stops or highway collisions. In the sudden, tremendous force of a highway crash, a parent’s arms are not strong enough to hold the child, even at low speed. Only special ‘packaging,’ designed especially for infant restraint, can provide the protection needed. There are two types: the infant car bed and infant carrier.” In selecting an infant car bed or infant carrier, parents should be guided by NHTSA recommendations and specifications. These are provided in the booklet *What To Buy in Child Restraint Systems*, which is included in the list of references at the back of this circular. As the booklet also points out, most infant carriers designed for household use do *not* provide the kind of protection required by an infant who is a passenger in a motor vehicle, and only infant carriers especially designed for use in motoring should be used for that purpose.

For the child from 8 or 9 months to 4 years, the NHTSA recommends a child car seat or child harness. Specifications for this equipment are also provided in the NHSTA booklet. For older children riding in motor vehicles, NHTSA recommends *both* a vehicle lap belt and a vehicle shoulder belt.

Never leave a baby alone in a house, in a parked carriage or stroller, or in a parked car.

Keep babies away from strange animals.

Ask your doctor to recommend a good First Aid Manual, and keep it in a place where you can always find it.

Keep beside the telephone a list of telephone numbers for your doctor, hospital, and ambulance service, and for the police and fire departments.

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