



NOTE: Refer to module outline for goal, objectives, class outline, equipment, resources required and references.

If this is the first class:

- Welcome participants to class.
- Housekeeping: bathroom, breaks, length of session, ground rules/respect.
- Have each couple or individual pair up with another couple or individual and introduce themselves to each other. (Consider including name, due date, something they are looking forward to, something they are nervous about and/or anything they would like to share about the pregnancy). Then have the pairs or individuals introduce each other to the rest of the group.
- Provide the choice of prenatal handout (depending on your organization, this may be *Healthy Beginnings* or *A Healthy Start for Baby and Me*) for each expectant mother.
- Provide a list of community resources.
- It is best to advise participants during the first session that you have a duty to report any concerns about the safety or well-being of a child (including the witnessing of abuse of the mother) to child protective services. (This is only applicable if there are children in the home already.)

**Suggestion for Facilitator:** on a flip chart, list the topics to be discussed in this session.

- Newborn characteristics.
- Skin-to-skin.
- Newborn care after birth.
- Routine newborn screening.
- Circumcision.
- When to visit a health care provider.
- Baby care activity.
- Car seat, crib and sleep safety.
- Crying and sleeping cues.
- Attachment.

## Newborn Characteristics

- o Molding
- o Fontanelles
- o Lanugo
- o Eye colour
- o Skin
- o Vernix
- o Cradle cap



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### Speaker's notes:

The average baby weighs around 7 pounds and is about 20" long. Here are some other interesting facts about newborns:

- The head looks large compared to the rest of the body and may be molded (cone-shaped or longer than normal) from the birth process.
- There are two 'soft spots' (fontanelles) on the head, which are areas where the bones of the skull have not completely fused together. Gentle washing and handling are not harmful. (Note: Educators could show where these are and their shape by using the model of a newborn.)
- The newborn may have a full head of hair or no hair at all. Parts of his body may be covered with soft, downy hair (lanugo) which disappears in the first few weeks.
- Permanent eye colour is usually known by about six months of age.
- After birth, the newborn's skin may be blotchy and bluish, but colour evens out over time.
- Newborns may have milia and other rashes, which are generally not a concern. A white, waxy substance (vernix caseosa) that protected the baby's skin in utero may be present after birth, particularly in skin folds. It will go away on its own.
- Your baby may get a scaly or flaky scalp known as cradle cap. It usually does not need to be treated, but you can ask your health care provider.

*(continued next slide)*

## Newborn Characteristics

- Stork bites
- Swollen genitals
- Swollen breasts
- Umbilical cord
- Reflexes



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### Speaker's notes:

Other interesting facts about newborns (continued):

- Some babies have 'stork bites', which are reddened areas on the forehead, eyelids, nose, or back of the neck caused by tiny blood vessels near the skin's surface; they often go away in the first year, although some may be permanent.
- The newborn's breasts and genitals may appear enlarged and swollen. The breasts may leak fluid (both girls and boys). Baby girls may have some vaginal discharge due to exposure to the mother's hormones during pregnancy. These conditions resolve on their own without treatment.
- The umbilical cord is 1-2 inch (2-5 cm) long and typically dries and falls off in the first couple of weeks after birth.
- The baby is born with numerous reflexes that are indications of a healthy nervous system—startle reflex (Moro), grasping, stepping, sucking, swallowing, and rooting. Many of these early reflexes disappear as the baby matures.

## Skin-to-Skin



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### Speaker's notes:

- Place your baby skin-to-skin right after birth for at least one hour or until your baby has finished breastfeeding for the first time. Ask your health care provider to assist with this if it is not the usual practice in your place of birth.
- Your baby will be dried off, and a warm blanket will be placed around both of you. Your baby will look at you, start to look for your breast, and may start to breastfeed.
- It is best to wait and weigh your baby after this first feed.
- To hold your baby skin-to-skin, place your baby wearing only a diaper in an upright position on your chest. When your baby is skin-to-skin, he is more likely to:
  - Latch on.
  - Latch on well.
  - Maintain his body temperature.
  - Maintain his heart rate, respiratory rate, and blood pressure.
  - Have a normal blood sugar.
  - Cry less.
  - Indicate to you when he is ready to feed.

Holding your baby skin-to-skin also promotes:

- Better milk flow and production.
- Bonding (the process of developing an emotional connection to your baby).
- Skin-to-skin contact at any time has benefits for both you and your baby. Fathers, partners, and support persons can also hold baby skin-to-skin.
- Skin-to-skin cuddling and breastfeeding before and during painful procedures can reduce pain experienced by your baby. Ask your health care provider to assist with this if this is not the usual practice in your place of birth.

## Newborn Care after Birth

- Apgar
- Blood work
- Weight
- Height
- Vitamin K
- Eye drops



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### Speaker's notes:

- Most newborn assessments and interventions can be done while skin-to-skin.
- At both one and five minutes after birth, the health care provider does a brief newborn assessment known as the **Apgar score**, which quickly identifies whether the baby requires any special care. The assessment is based on five indicators - baby's heart rate, breathing, muscle tone, reflexes, and skin colour. Each indicator is assigned a score of 0 to 2, with 0 being the poorest response and 2 being the best response (maximum score of 10). Any score over 7 at five minutes after birth indicates a healthy baby.
- Blood cord sampling may be necessary for a variety of medical reasons (i.e., RH status).
- Babies are not born with enough vitamin K. This puts them at risk for bleeding. Babies are given an injection of **Vitamin K** within 6 hours after birth to stimulate blood clotting. Breastfeeding while this is given will help the baby feel less pain from the needle.
- **Antibiotic eye drops** are administered to prevent infection in case the newborn was exposed to harmful bacteria, such as gonorrhoea or chlamydia, during birth. Currently this treatment is mandatory in Ontario. The Canadian Paediatric Society has issued a position statement that may change this practice in the future. Parents should talk to their health care providers for more information.
- Both the Vitamin K and eye drops administration can be given after mother and baby have had a chance to be skin-to-skin uninterrupted for the first hour after birth or longer. Ask your health care provider to delay these procedures if this is not the usual practice.
- Your baby may be tested for jaundice with a blood test or a monitor placed on the forehead. Some babies develop jaundice, usually in the first 3-5 days of life. Jaundice can be more serious for newborns who were born before 37 weeks' gestation, weighed less than 2500 g (5 lb 8 oz) at birth, have bruising or swelling from the birth, have a blood group that is incompatible with their mothers' blood group, have a sibling that had severe jaundice at birth, developed jaundice during the first 24 hours, and are not feeding effectively.

Jaundice is caused by the build-up of bilirubin (a break-down product of red blood cells) in the newborn's bloodstream, causing the skin and whites of the eyes to turn yellowish in colour. It is important to breastfeed the baby frequently, as bilirubin is excreted in the stool. While jaundice often resolves without any treatment, phototherapy (special light that reduces bilirubin levels) may be required in some cases.





#### Speaker's notes:

- Approximately 140,000 babies are born every year in Ontario. While the vast majority of these babies are healthy, some have rare and potentially life-threatening diseases. When these diseases are detected in the newborn period, treatment can begin immediately. Early treatment may prevent growth problems, health problems, mental retardation, and sudden infant death.
- Newborn Screening Ontario currently screens every baby born in Ontario for at least 29 diseases to ensure that every baby has the best start in life. Some of these include cystic fibrosis, congenital hypothyroidism, and sickle cell anemia.
- The newborn screen is performed by taking a blood sample from the baby by pricking the baby's heel. Skin-to-skin and breastfeeding before and during this procedure can reduce the pain for the baby. The blood is collected on special filter paper and sent to laboratory. The newborn screening sample should be taken between one day (24 hours) and seven days after the baby is born. If the initial newborn screening sample is taken before 24 hours of age, the health care provider or the hospital where the baby was delivered should arrange a repeat test within five days.
- It is important to note that newborn screening does not provide diagnoses for babies. The "screen" itself identifies babies who MAY have a problem. Follow-up diagnostic testing confirms whether or not the problem or disease is truly present.
- A "screen negative" result means that a baby is at a greatly reduced risk for the diseases tested for.
- A "screen positive" result **does not mean** that the baby has a disease, it shows they have an increased chance of having a disease and further testing is needed.

(Taken from [www.newbornscreening.on.ca](http://www.newbornscreening.on.ca))

## Ontario Infant Hearing Program



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Ontario's Early Childhood Program  
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### Speaker's notes:

- Screening is the first step in finding babies who are deaf or hard of hearing. Every year in Ontario, approximately 4 in 1000 babies are born deaf or hard of hearing or will develop early progressive childhood hearing loss.
- The Ontario Infant Hearing Program has been put in place to find all these babies as early as possible and give them the help they need. The earlier they are identified, the more time there is to take advantage of early intervention. With support, children who are deaf or hard of hearing can grow up learning language and how to communicate.
- Screening is simple, safe, and only takes a few minutes. Ask your health care provider where and when the hearing test will occur. A small earphone is placed in the baby's ear and soft sounds are played through it. The ear's response to these sounds is measured and recorded.
- Most babies will receive a 'pass' result which means their hearing is normal. A small number of babies will receive a 'refer' result which means a second test is required.
- A slight cold or stuffiness, ear wax, fidgeting, or even noise in the room are the most likely reasons for the 'refer' result. The second test will be done in the hospital or in a community centre.

(Taken from [www.health.gov.on.ca](http://www.health.gov.on.ca) *Children's Health: Infant Hearing Program*)

## Circumcision



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### Speaker's notes:

- Circumcision of baby boys is a surgical procedure that removes the layer of skin called the foreskin that covers the head of the penis.
- Circumcision is not a medically necessary procedure and is currently not recommended by the Canadian Paediatric Society.
- Some parents choose to have it done for cultural, religious, or social reasons. If you are considering a circumcision for your baby boy, discuss this with your health care provider. Circumcision is not covered under the Ontario Health Insurance Plan so you will need to pay for the procedure.
- It is usually done during the first few days after birth. Ask your health care provider about how to care for your baby after the procedure.





**Speaker's notes:**

- Starting at two months of age, your baby will need immunizations for various communicable diseases.
- Breastfed babies will produce more antibodies in comparison to formula-fed babies.
- You can breastfeed your baby during immunization to reduce pain and help soothe your baby.
- Immunization is the most effective way to protect your baby and your family against some very serious infections. Vaccines cause the body to produce antibodies that will protect your baby from diseases and even death.
- It is important for your baby to receive these vaccines in order to enter child care and school.
- Your health care provider will provide you with the necessary information, as well as a booklet to record the vaccines received. Make sure you keep this booklet in a safe place.
- You can keep track of your whole family's immunizations at <http://www.immunize.ca/en/app.aspx>.

Photos taken from immunization website.

[http://www.health.gov.on.ca/en/public/programs/immunization/static/immunization\\_tool.html](http://www.health.gov.on.ca/en/public/programs/immunization/static/immunization_tool.html).

## Seeing a Health Care Provider

Take your baby to see a health care provider when your baby:

- Gets a well baby checkup and needs to be immunized.
- Has a fever.
- Appears jaundiced (yellow in colour).
- Has a rash that won't go away.
- Has signs of dehydration.
- Has vomiting or diarrhea.
- Shows any other signs that he/she may be sick.



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**Speaker's notes:** Take your baby to see her health care provider for well baby check-ups and immunizations.

Babies can get sick quickly. If you are worried about your baby, take your baby to see a health care provider.

- If your baby seems sick, check his or her temperature. The best way to check your baby's temperature is by gently placing a clean thermometer in the opening of their bum. The next best way to check a baby's temperature is underneath their armpit. If your baby has a temperature greater than 38.0° C (100.4° F) when taken in the bum, this is a fever. If your baby has a temperature greater than 37.3° C (99.1° F) underneath the armpit, this is a fever.
- Mercury thermometers are not recommended, because of the toxic nature of mercury. You and your baby can be exposed to this if the thermometer breaks.
- Take your baby to see a health care provider right away if your baby:
  - Has a fever.
  - Appears yellow in colour or the whites of the eyes are yellow.
  - Has a rash, especially in and around the diaper area that does not go away.
  - Feeds poorly or will not feed.
  - Has a dry mouth, lips, or tongue.
  - Normally has regular bowel movements but suddenly stops.
  - Has less than six wet diapers in a 24 hour period (age 5 days or older) or has dark yellow urine.
  - Vomits more than twice in one day.
  - Has diarrhea (watery, more frequent bowel movements than usual).
  - Has black or bloody stool that is not meconium.
  - Has grey or chalk-coloured stool.
  - Has a cough that won't go away.
  - Is hard to wake or seems very weak.
  - Has lips or ear lobes that are blue or grey.
  - Has difficulty breathing or breathes very quickly.
  - Is shaking and not responding to you (having a seizure).
  - Shows any other signs that he or she may be sick.

## Baby Care Activity – Baby Care Grab Bag



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### **Suggested Activity: Baby Care Grab Bag.**

#### **Purpose:**

- To get couples thinking and talking about newborn care.

#### **Materials:**

- Baby bathtub, a doll, and a washcloth
- Diaper bag with following items:
  - Rubber ducky
  - Q-tips
  - Diaper
  - Digital thermometer
  - Gripe water
  - Brightly coloured toy (e.g., baby rattle)
  - A baby sleeper, onesie (one-piece undershirt/underpants)

#### **Instructions:**

Ask participants to briefly describe their item and its relevance to baby care. Ask a volunteer to demonstrate the baby bath, cord care, etc., using a doll. See the module outline for teaching points which can be explained. The following slides provide a visual of some points that may come up.

## Diapering and Bathing

### Diapering

- Wash hands before and after diapering baby.
- Keep one hand on baby.
- Wipe from front to back
- Girls: clean the folds of labia.
- Boys: clean under the scrotum, foreskin does not need to be pulled back.

### Bathing

- Choose an area that is safe and easy to bathe baby (baby bathtub, sink, or basin).
- Bath water should be warm, not hot. Test the temperature with your wrist or elbow.
- Keep one hand on baby.
- Wash eyes and face first, without soap.
- Clean from cleanest to dirtiest.

### Note to facilitator:

- See module outline for the details related to diapering and bathing as part of the Baby Care Grab Bag activity.

## Baby Care Activity – Baby Olympics



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### **Suggested Activity: Baby Olympics**

#### **Title: Baby Olympics**

**Time:** 30 minutes

**Purpose:** To review common baby care tasks like diaper changes, bathing and soothing.

#### **Materials:**

- Diapering station (wipes, diapers, bum cream).
- Bathing station (infant bath tub, wash cloths, towel, baby soap).
- Soothing station (rocking, shushing, holding close).
- 3 baby dolls.

#### **Instructions:**

Participants are divided into teams between the 3 stations. It's ok if the teams have uneven numbers (for example: Group 1 has two couples and starts at Station 1. Group 2 has three couples at Station 2 and Group 3 has two couples at station 3. Each group begins at one station (1-diaper changing, 2-bathing, 3-soothing) and one couple from each group are provided with a baby doll. The couples must complete their "task" at their starting station and once complete, pass their baby doll on to the next couple from their group. The group will proceed to the next station and the couple who has the baby doll will complete that task. The process is repeated for the third station.

Prior to starting the race, the prenatal educator should review "best practices" for each activity. For example when bathing a baby, you should always clean the eyes with warm water and wipe from the inside corner to the outside corner. Use a different end of a clean cloth, or a separate cloth to prevent any bacteria from transferring to the eyes. Have all items ready prior to bath and never leave your baby unattended, etc.

*Source: Adapted with permission from the Institute of Childbirth Educators.*

## What's wrong with this picture?



### Speaker's notes:

Ask participants to describe what is unsafe about this sleep environment for the baby.

### Points to highlight:

- Bumper pads.
- Pillows.
- Stuffed toys.
- Comforter.
- Lamp close to crib: once baby is older could pull lamp into crib.
- Dressers close to crib: could pose climbing and fall hazard when baby is older.
- Mattress support needs to be lowered as baby grows and develops- i.e. pulling self to sitting position, standing.



## Safe Sleep Environment



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### Speaker's notes:

- Newborns spend an average of 12-18 hours a day sleeping. It is important for parents to provide the baby with a safe sleep environment to protect him from preventable injuries and to help prevent sudden infant death syndrome (SIDS). SIDS is the sudden and unexplained death of a healthy infant under one year of age.

### Ways to create a safe sleep environment

- Breastfeed your baby to reduce the risk of SIDS.
- Provide a smoke-free environment for your baby.
- Keep your baby in your room next to your bed for the first six months; this is called room-sharing.
- Right from birth, always place your baby on his back to sleep, at naptime and nighttime.
- Place your baby to sleep on a separate sleep surface in an age-appropriate crib, cradle, or bassinet that meets current Canadian safety regulations. Keep in mind that:
  - The safest place for your baby to sleep is in a crib, cradle, or bassinet.
  - Adult beds, sofas, chairs and other soft surfaces where you may sleep are not designed with your baby's safety in mind.
  - Baby seats, swings, car seats, bouncers, strollers, slings, playpens, and infant sleeping devices placed into or attached to the side of an adult bed are not approved sleep surfaces for babies.
- Provide a sleep surface that is firm and flat.
- Ensure your baby's crib is free of items such as pillows, comforters, duvets/quilts, stuffed animals, bumper pads, positioning supports or other loose or soft bedding materials that could suffocate or smother a baby.
- If you breastfeed your baby where you sleep, put your baby back to sleep in a crib, cradle, or bassinet when you are ready to go to sleep. The safest place for your baby to sleep is in a crib, cradle, or bassinet in your room.
- Dress your baby in comfortable, fitted, one-piece sleepwear.
- Avoid overheating your baby. A room temperature that is comfortable for you is comfortable for your baby.

## Preventing Flat Head



### Speaker's notes:

- With babies spend so much time each day sleeping on their back, it is important for parents to provide supervised “tummy time” during waking hours. This helps strengthen the muscles of the neck, shoulders and forearms. Place toys in front of the baby to stimulate his/her senses.
- The baby's soft skull may be affected by the constant pressure of lying on his back which may result in a *flat head* (positional plagiocephaly). This cosmetic problem has no effect on brain development. Keeping this in mind, parents should create opportunities each day to play with the baby while he is on his tummy.

To prevent a flat head from forming, you can:

- Hold your baby as much as you want. This will not spoil your baby.
- Switch the end of the crib where you place your baby's head each day. Your baby will naturally look towards the door.
- Alternate the location of a mobile for your baby to look at when in the crib.
- Avoid having your baby in a car seat or stroller for long periods of time when possible.
- Have supervised tummy time when your baby is awake. Do this for 10 to 15 minutes three times a day. It helps if you get on the floor face-to-face with your baby and use this as play time.

## Crib Safety



**FOR MORE INFORMATION,**  
**contact Health Canada,**  
**Product Safety, 1-866-662-0666**  
[cps-spc@hc-sc.gc.ca](mailto:cps-spc@hc-sc.gc.ca)

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### Speaker's notes:

The safest place for a baby to sleep is on his back in a crib in your room. A cradle is also a safe place for the baby to sleep until he is 6 months of age or can sit up on his own.

### In choosing a crib, Health Canada makes the following recommendations:

- Look for a label on the crib that shows the crib was made after September 1986. Cribs and cradles without a label or instructions may not be safe and should not be sold or purchased.
- Cribs and cradles with decorative cut-outs, corner posts that are more than 1.5mm in height, or lead paint can be dangerous for your baby.
- Make sure the mattress is tight against all four sides of the crib. The space between the mattress and the sides of the crib should not be more than 3 cm (1 3/16 in). The mattress should not be more than 15 cm (6 in) thick. The cradle or bassinet mattress should not be more than 3.8 cm (1 1/2 in) thick.
- The spacing between the bars should be no more than 6 cm.
- Replace the mattress if it is not firm or if it is worn out.
- Wood and metal parts should be free of splinters or burrs and there should be no loose nuts or bolts.
- Cribs with visible signs of damage, missing parts, or missing information should be destroyed.
- New regulations prohibit the sale, importation, manufacture or advertisement of traditional drop-side cribs as of December 2016.

The Canadian Foundation for the Study of Infant Deaths recommends a new crib mattress for each baby.

## Crib Safety



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### Speaker's notes:

#### When Using a Crib or Cradle:

- Do not modify a crib in any way. Always follow the manufacturer's instructions for using the crib.
- Check the crib often to make sure the frame is solid. Tighten loose screws regularly.
- If you are still using a crib with drop-down sides, ensure the sides are up and locked securely in position after placing the baby in the crib.
- Move the mattress down to its lowest level as soon as the baby can sit up.
- Remove mobiles and toy bars when the baby begins to push up on their hands and knees.
- Avoid the use of soft pillows, comforters, stuffed toys, and bumper pads in the baby's crib as they can pose a suffocation hazard. These include positioners, promoted to keep the baby on its back.
- Do not harness or tie a baby in a crib and do not leave a baby in a crib with a necklace, elastic band, scarf, or a pacifier on a long cord. These items could cause strangulation.
- Place the crib away from windows, curtains, blind cords, lamps, electrical plugs and extension cords.
- Complete any warranty cards and check for crib or cradle recalls from Health Canada Product Safety.

For more information contact your local public health department or visit [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) and search *crib safety*.

(Taken directly from Health Canada—Consumer Product Safety—Crib and Cradles-2011)

## Car Seat Safety

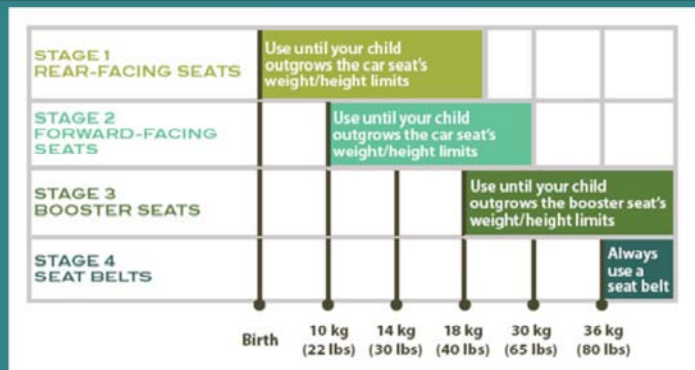


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### Speaker's notes:

- You will need a car seat to take your baby home from your birth place and for any other trips in a car, i.e. well baby check-up, immunization.
- Only use a car seat with the National Safety Mark label on it. Check the packaging or the back of the car seat for this symbol.
- Follow the directions that come with the car seat for installation and use.
- Install the car seat in the back seat at all times.
- Thread harness straps just at or below your baby's shoulders. The chest clip should be at armpit level, and the harness should fit snugly.
- Look for a car seat clinic where your car seat installation can be double-checked by experts.
- Dress your baby in regular indoor clothing. You can use a blanket on top and a hat for warmth if needed. Snowsuits or bunting bags will interfere with buckling up your baby securely.
- Only use a car seat that is undamaged. Any signs of damage can make a car seat unsafe. It is not safe to use a car seat that has been in a car crash, even a minor one.
- Ensure your baby is never left unattended in a car, even for a short time.
- Be aware of the risk of your baby overheating in a car that is too hot.
- Place car seats on the floor (safest place) and not on the counter, table, or other high places. Car seats are unsteady and can easily fall from high places.
- Use a combination stroller/car seat for public transportation. It is the safest option.

## Car Seat Stages



FOR MORE INFORMATION,  
contact Transport Canada

[www.tc.gc.ca](http://www.tc.gc.ca) or 1-800-333-0371



### Speaker's notes:

- The car seat should be used from birth until the baby is at least one year of age unless he exceeds the maximum height or weight requirements for that particular car seat.
- As a *minimum* standard, the law requires that infants are placed in a rear facing car seat until they reach at least 20 pounds (9 kilograms). Consult the manufacturers instructions for specific height and weight limits.
- Remember to complete the registration forms and return to the manufacturers so that you will receive any recall or update notifications.
- Contact your local health department or Transport Canada at [www.tc.gc.ca](http://www.tc.gc.ca) or 1-800-333-0371 for further details about proper car seat use and installation.

### Additional safety tips:

- Infant car seats should not be used as cribs. The Canadian Paediatric Society recommends that babies not be left in car seats to sleep.
- Purchase your car seat in Canada. It must meet the Canadian Motor Vehicle Safety Regulations and must bear the National Safety Mark or have the Statement of Compliance that it meets these standards.
- Check the car seat's expiry date.
- Know the history of a previously owned car seat (has it been in an accident, any recalls, expiry date).



## Crying is Communication



### Ways to soothe your baby:

- Feed your baby.
- Change your baby's diaper
- Burp your baby.
- Change your baby's position.
- Rub your baby's back.
- Hold your baby skin-to-skin.
- Check that your baby isn't under-dressed or over-dressed.
- Talk and sing to your baby.
- Play soothing music .
- Rock your baby.
- Go for a car ride.
- Take your baby for a walk in a stroller.
- Give your baby a warm bath and massage.

### Speaker's notes:

- Healthy babies cry. It is the way they express their needs and communicate with their parents. Babies may cry because they are hungry, tired, in pain, too hot or cold, need a diaper change, or just want to be held close (refer to *What is Shaken Baby Syndrome?* handout for tips on what to do). Now hosted at <http://legacy.oise.utoronto.ca/research/ONF-SBSPrevention/Current%20implementation/Implementation.htm>
- New parents will eventually learn to differentiate their baby's cries and how to positively respond to ensure the baby's needs are met.

### Did you know?

- Most babies cry often—80-90% of babies have crying spells that can last from 20-60 minutes or longer.
- Most babies have at least one fussy period each day, often in the evening.
- Most babies cry more at night, sometimes for an hour or longer.
- Crying starts to increase around 2 weeks of age, peaks about 2 months and starts to subside by 3-4 months.
- Most parents or caregivers will feel angry, frustrated, and will cry themselves.
- Sometimes babies cry for no reason and there is nothing that comforts the baby.
- Responding to your baby's cry will not spoil your baby.
- Constant inconsolable crying can be extremely stressful and may become a dangerous trigger for shaking the baby. Shaken baby syndrome is a condition which occurs when a baby is shaken violently. Infants are more likely to be injured by violent shaking because their neck muscles and brains are not fully developed. Furthermore, the back and forth motion of the brain repeatedly hitting the skull causes bleeding and swelling.
- Parents need to know that it is all right to place the baby in the crib and let him cry for a short period of time while they take a break. This does not make them a bad parent!

## Sleep Readiness Cues



- Quietness
- Loss of interest
- Crying
- Fussiness
- Yawning
- Rubbing of the eyes

### Speaker's notes:

Learn the cues that mean your baby is tired.

- If a baby becomes overtired, he or she can have difficulty falling asleep. Cues that show your baby is tired can include:
  - Yawning.
  - Quietness or a loss of interest.
  - Crying or fussiness.
  - Rubbing of the eyes.
- To help your baby sleep well, it can be helpful if you:
  - Create a bedtime routine.
  - Avoid stimulating your baby too much before going to sleep.
  - Place your baby to sleep in his or her crib, cradle, or bassinet in a room that is dimly lit.

## Senses



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### Speaker's notes:

- Newborns can see clearly about 7-18" away (the distance between the parent's and baby's face when being held) and their vision continues to develop through the early years. It is about 20/30 vision by about eight months of age.
- Babies are intrigued by bright colours and contrasts, patterns, and slow moving objects.
- The eyes may cross at times but this disappears as the baby's eye muscles get stronger. If this continues past 6 months it is something that should be checked.
- During pregnancy, the baby heard the mother's heartbeat, voices, and other noises both inside and outside of the womb. Calm, familiar voices and white noise (e.g., vacuum, dishwasher) may soothe the baby, while loud, unexpected noises will startle him.
- The newborn has a keen sense of smell and is able to differentiate scents--even the smell of his mother's breastmilk.
- A baby can distinguish different tastes but prefers those that are sweet. He will turn away from tastes that are unappealing.
- A newborn loves to be held closely, rocked, stroked, and gently jiggled. Infant massage is a good way to comfort and soothe a baby.

## Attachment

- Respond to your baby's needs.
- Hold your baby skin-to-skin.
- Play with your baby.
- Talk to your baby.
- Listen to your baby.
- Watch for cues and respond.



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### Speaker's notes: change last bullet to say:

You are your baby's most important connection to the world.

- Attachment has become the new language used to describe the bond that babies develop with their parents. Attachment is the emotional connection that children form with their parents that affects their physical, social, and intellectual well being throughout their lives. Positive and secure attachment develops when parents respond to their babies needs in a consistent, loving, reliable manner (i.e. when the baby is hungry—he is fed).
- Healthy emotional bonding and attachment establish positive relationships. Attachment develops as you respond sensitively and consistently to your baby's needs. Babies need to know they can rely on you to respond to their needs.
- The process of attachment begins right at birth and develops primarily during the first year of life. It continues to develop throughout life. By one year of age, the baby has a defined attachment to one or more of his caregivers.
- Secure attachment has been associated with better outcomes in areas such as independence, self-image, empathy and relationships with others in toddlerhood, school-age and adolescence. *(Adapted from the Encyclopedia on Early Childhood Development)*

Ideas for promoting healthy attachment include:

- During the pregnancy, you and your partner can rub your belly and talk to your future baby.
- After the baby is born, respond to the baby's needs affectionately and as needed.
- Nurture, comfort, and respond to your baby. Show your baby that he or she can trust you for care and comfort.
- Have clear expectations of the baby that are appropriate for her age.
- Talk to the baby in an affectionate and positive way, giving her a chance to respond and to initiate interaction and play.
- Accept the baby as a unique individual with her own personality and identity.
- Consider the baby's presence in every aspect of your daily life.

## Ways to Promote Attachment



### Speaker's notes:

Some suggestions to promote secure and healthy attachment with your baby include:

**1. Change the direction of your baby's gaze.** Move your face about 30 cm (12 inches) away from your baby's face, while he is awake. Slowly move your face to the right and then to the left. Observe his response.

**Explanation** – The baby is getting used to recognizing your face and wants to keep looking at you.

**2. Change the sound of your voice and use different tones.** Move close to your baby. Say sentences to him using different intonations: normal voice, high voice, low voice, whispering, nasal voice, etc. Observe whether the baby tries to produce sounds as well.

**Explanation** – The baby is developing an interest in hearing your voice and is discovering the sounds associated with language.

**3. Speak for your baby.** Whenever you are doing something with your baby (changing a diaper, breastfeeding, etc.), imagine you are the baby and speak for him: "I'm a bit cold now," "I want to keep on holding Mummy's sweater," etc.

**Explanation** – You are learning to understand your baby's cues and to be more sensitive to his reactions.

## Growth and Development (0-3 months)



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### Speaker's notes:

#### What Your Baby Can Do

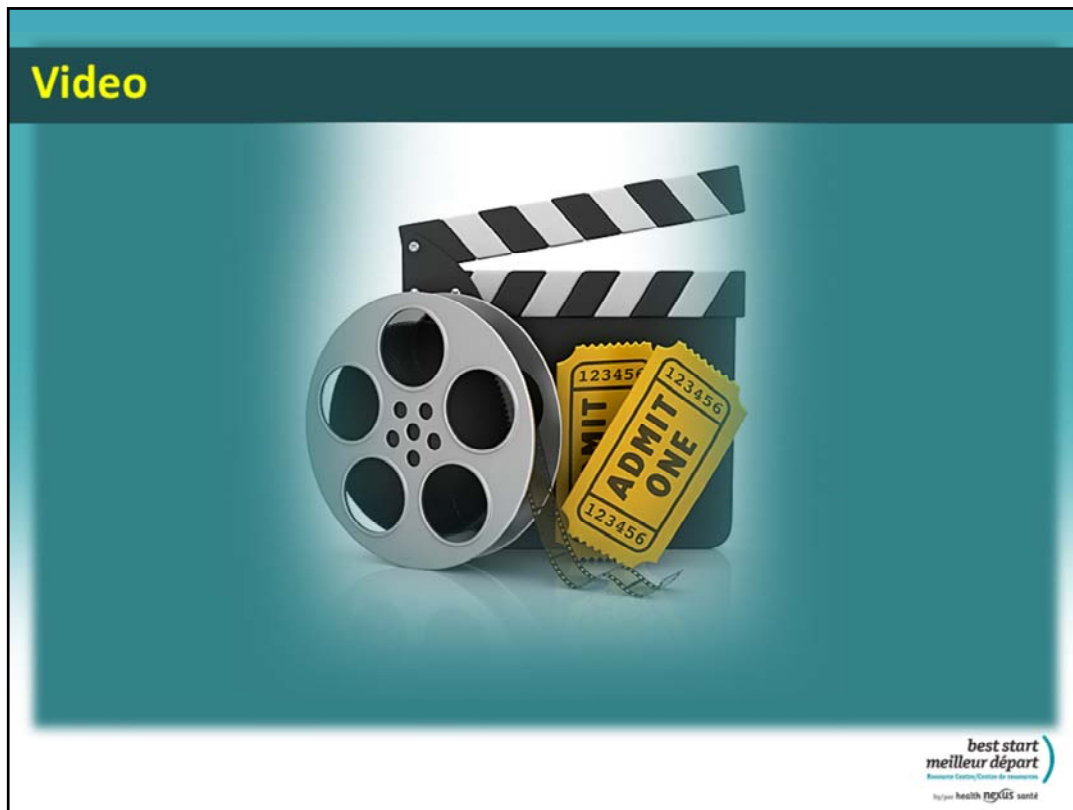
- She likes looking at faces and is starting to smile and coo.
- She likes listening to voices and recognizes the voices of familiar people.
- She cries to express her needs.
- She likes being held and having physical contact with people.
- Being picked up usually soothes her.
- She can clearly see things about 30 cm (12 inches) away or closer.
- She tries to touch your face.

#### What You Can Do

- Breastfeed your baby. Breastfeeding is nature's way of promoting attachment.
- Don't be afraid of spoiling your baby by paying attention to her.
- If you have met all her basic needs and your baby is still crying, pick her up.
- When the baby shows signs of being tired, provide her with a quiet place.
- Smile at, talk to, sing songs to, rock and pick up your baby gently.
- Give your baby a gentle massage.
- Look directly at your baby to help her become used to your face.
- As often as possible, use a baby carrier worn on the stomach (like a mother kangaroo). Do not carry the baby while you are handling hot food or beverages.
- Put your baby in a crib close to your bed, as recommended by the Canadian Paediatric Society ([www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)).
- Use the language of communication you are most familiar with when you are talking with your baby, even if it is different from your partner's.

Contact your local public health department for more information about attachment and healthy child development.





#### Video suggestions:

- *Listening to baby*. Attachment Network Manitoba. 2007
  - The first 14 minutes of the video describe the importance of attachment and being attentive to the baby's cues.
  - There are a number of parent-child interaction scenes. Watch one or two of the scenes that are specific to the newborn period. Each scene has two components—the first clip depicts a parent-child interaction while the second clip depicts that same interaction with the baby's voice identifying her needs.
- Parachute: Guide to installing a rear-facing car seat.  
[https://www.youtube.com/watch?v=GNcho0RS5kk&list=PL7pIcVImnW45mR\\_4Oq1SAbuK0ZM33eLf&index=3](https://www.youtube.com/watch?v=GNcho0RS5kk&list=PL7pIcVImnW45mR_4Oq1SAbuK0ZM33eLf&index=3)
- Healthy Baby Healthy Brain <http://www.healthybabyhealthybrain.ca/love-builds-brains.htm>

## For More Information

- o Best Start Hubs
- o Baby's Breath [www.babysbreathcanada.ca](http://www.babysbreathcanada.ca)
- o Canadian Pediatric Society - [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)
- o Health Canada – Product Safety
- o Parenting programs
- o Health care provider
- o Healthy Babies Healthy Children Program
- o Public Health Agency of Canada - Safe Sleep
- o Local public health department
- o Ontario Early Years and Family Centres
- o The Period of Purple Crying - [www.purplecrying.info](http://www.purplecrying.info)
- o Transport Canada - Car Seats

The information represents the  
best practice guidelines at the time of publication.  
The content is not officially endorsed by the Government of Ontario.  
Consult your health care provider for information specific to your pregnancy.



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[www.beststart.org](http://www.beststart.org)

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