

Infant Development (0-12 months)



Infant Development (0-12 months)

Presented by *Square One*, a non-profit school readiness initiative in Virginia Beach, Virginia, that provides professional development training to those who work with young children ages 0-5 and their families. *Square One* is a division of the Virginia Business Coalition on Health (VBCH).

Visit www.SqOne.org

VBCH President and CEO: Barbara K. Wallace, EdD.

Square One Director: Martha P. LaGiglia, MEd.

Course Developer: Beverly H. Bullock, MSW, LCSW

* “Infant Development (0-12 months)” Course developed in May 2011.

Infant Development (0-12 months)

This self-paced online training course is designed to provide information on *Infant Development (0-12 months)*, in a one hour format, focusing on the development of an infant age 0-12 months.

It is important for early childhood educators, home visiting agency staff, parents/caregivers and others who work with young children to understand infant development, including developmental milestones.

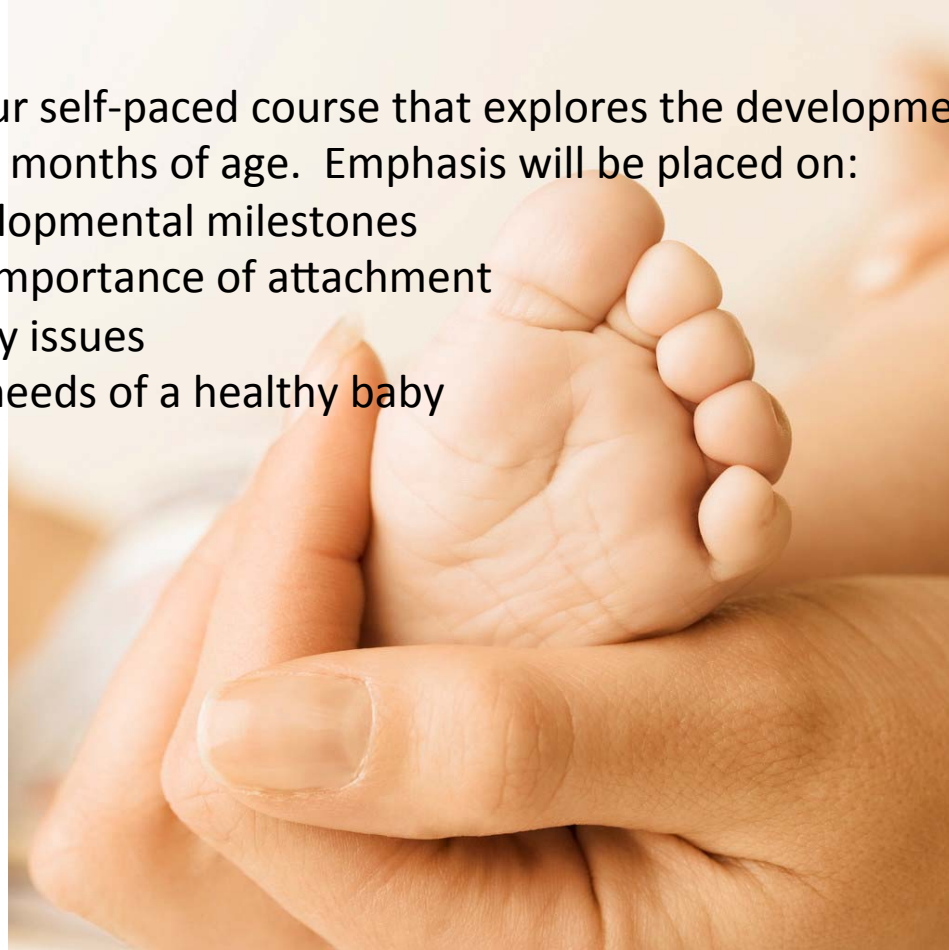
As you progress through this online course, please note the “review” quiz questions will help you “practice” for the final quiz.

You will be asked to follow the link to take the “Final Quiz” on the last slide in this presentation. A certificate will be sent to you after receiving an 80% pass rate.

Infant Development

This is a one hour self-paced course that explores the development of infants from birth to 12 months of age. Emphasis will be placed on:

1. Developmental milestones
2. The importance of attachment
3. Safety issues
4. The needs of a healthy baby



Infant Development

Course Objectives

1. The participant will be able to identify the needs of a “healthy baby.”
 - A. Attachment
 1. Understand the importance of attachment/bonding between parent and child.
 2. Explain the importance of parent/infant bonding in utero.
 3. Explain how attachment impacts brain development.
 4. Recognize cues of attachment
 - B. The benefits of breast feeding
 - C. The importance of “tummy time”
 - D. The need for regular medical care
 - E. The recognition of good nutrition
 - F. Awareness of safety issues
 1. SIDS
 2. Other safety tips

Infant Development

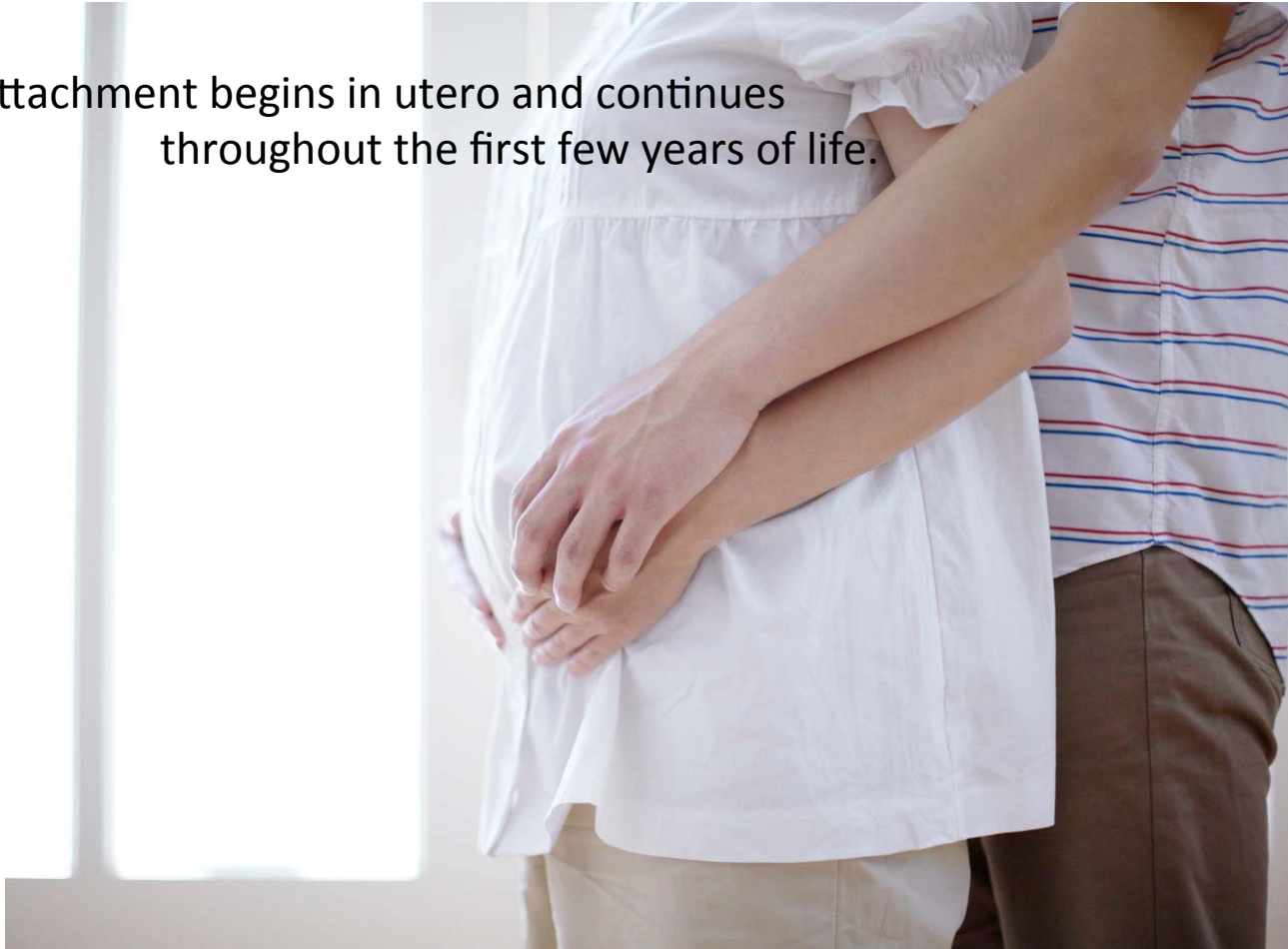
Course Objectives

2. The participant will be able to identify the developmental milestones of infants birth to 12 months
 - A. Physical/Cognitive/Social and Emotional domains
 - B. Signs of Developmental Delays

3. The participant will be able to develop an understanding of infant behavior
 - A. Discover positive options for dealing with difficult infant behavior, such as crying
 - B. Explain normal sleep patterns

Attachment

Attachment begins in utero and continues throughout the first few years of life.



Attachment



Infant Attachment is the deep emotional attachment that an infant forms with the primary caretaker, usually the mother, which influences the later emotional, cognitive, and social outcomes.

Attachment Behavior is exhibited by an infant to seek and maintain contact, or elicit a response from a caretaker, i.e., crying, clinging, approaching, crawling/ walking towards, following, smiling, greeting, reaching, and vocalizing. Culture determines what is appropriate, but the “attachment relationship is universal.”

Attachment

The theory of attachment originated in the early 1950's by John Bolby, a child psychiatrist.

Later, Mary Salter Ainsworth, provided the empirical base and developed a way of “measuring the concept of the attachment figure as a secure base from which an infant can explore.”

She also emphasized the importance of “maternal sensitivity to infant signals” and its role in the development of infant-mother attachment.



Attachment

- When attachment is secure, children learn faster, and make friends more easily
- Touch is very important...so touch your baby
- Bonding is the most critical factor
- The love relationship is the most important thing parents can do
- You cannot spoil a baby



Attachment

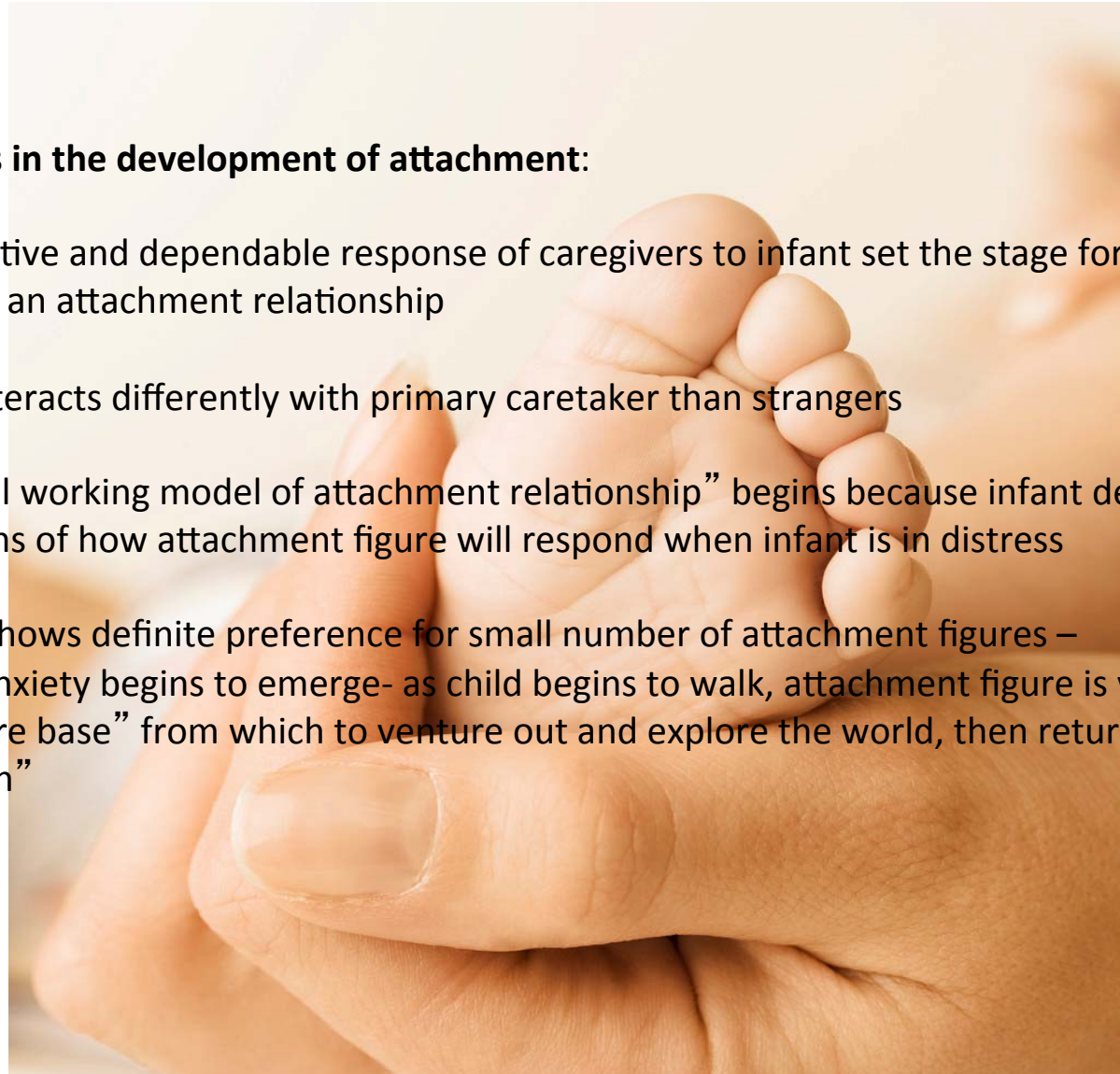
Milestones in the development of attachment:

0-2 months - the sensitive and dependable response of caregivers to infant set the stage for developing an attachment relationship

2-7 months - infant interacts differently with primary caretaker than strangers

4-6 months - “internal working model of attachment relationship” begins because infant develops expectations of how attachment figure will respond when infant is in distress

7-12 months - infant shows definite preference for small number of attachment figures – stranger anxiety begins to emerge- as child begins to walk, attachment figure is viewed as a “secure base” from which to venture out and explore the world, then return to the “safe haven”



Early Brain Development

Brain Development:

- Brain growth is affected by earliest experiences of the world
- Stress has an adverse affect
- Warm, sensitive, responsive and dependable caregiving buffers harmful effects of stress on the growing brain



Early Brain Development

Brain Development facts:

- 90% of brain growth occurs during the first 5 years of life
- The brain grows in a stimulating environment
- Talking, singing, and reading to an infant will stimulate their brain
- Consistent, predictable, nurturing experiences have a profound influence on a baby's brain
- Healthy brain connections depend on healthy human connections (Be an attentive caregiver)

Infant Behavior Cues



Engagement Cues

1. Eyes becoming wide open and bright as the infant focuses on the caregiver
2. Alert face or an animated face with wide open, bright eyes, often accompanied by gently pursed lips as if the infant were saying “ooh”
3. Grasping or holding onto the caregiver or objects in the environment
4. Hand-to-mouth activity, often accompanied by rooting and sucking movements. The infant may also suck on his or her fingers.
5. Smiling
6. Turning eyes, head, or body toward someone who is talking
7. Smooth motor movements

Reprinted from March of Dimes. (2003). Understanding the behavior of term infants: Infant, behavior, reflexes, and cues. Table 11 and Table 12. [On-line] Available:

www.marchofdimes.com/nursing/modnemedial/othermedia/infantBehavior.pdf

Infant Behavior Cues

Disengagement Cues:

- Crying or fussing
- Hiccupping
- Spitting up or gagging
- Jittery or jerky movements
- Frowning or grimacing
- Becoming red or pale
- Agitated or thrashing movements
- Falling asleep
- Averting the gaze (the infant moves his or her eyes or head away from the caregiver)

Reprinted from March of Dimes. (2003).
Understanding the behavior of term infants: Infant, behavior, reflexes, and cues.
Table 11 and Table 12. [On-line] Available:
www.marchofdimes.com/nursing/modnemedial/othermedia/infantBehavior.pdf



Questions/Answers

Question: Why is attachment so important?

Answer: It helps the child have healthy social and emotional development so that trust and establishing relationships are easier.

Question: Why should I sing and talk to my infant?

Answer: Singing and talking to a baby stimulates brain development.

Points to Remember

1. Attachment begins in utero and continues through the first few years of life.
2. Brain development is affected by early experiences but the effects of stress can be buffered by a warm and sensitive caregiver.
3. It is important to understand the cues of engagement as well as the cues of disengagement.
4. Bonding with an infant has a profound affect on a child's life.

Review Quiz

What do you know?

1. Multiple Choice: Attachment begins (a) in utero; (b) during infancy; (c) during the toddler period; (d) all of the above
2. Multiple Choice: _____% of brain growth occurs during the first 5 years of life.
(a) 10%; (b) 25%; (c) 50%; (d) 90%
3. True/False: Hiccapping, turning pale and falling asleep are all signs of “engagement cues.”

Quiz Answers

How did you do?

1. (a) Attachment begins in utero
2. (d) 90% of brain growth occurs during the first 5 years of life
3. False: Hiccupping, turning pale and falling asleep are all cues of “disengagement.”

Infant Development

Course Objectives (cont.)

1. The participant will be able to identify the needs of a “healthy baby.”

B. Understand the benefits of breast feeding

C. Recognize the importance of tummy time

D. Identify the need for regular medical care

E. Identifying good nutrition

F. Awareness of safety issues

1. SIDS

2. Other safety tips

Breast Feeding

Breast milk is the best milk for a baby, and it is the ideal food for a baby's first several months.

Even if you only breastfeed for a short amount of time or part-time, it is most beneficial for the baby.

Nature designed human milk especially for human babies, and it has many advantages over other milk substitutes.

- Breast milk contains the right balance of nutrients
- Breast milk contains nutrients in a form most easily used by the human baby's immature body system
- Breast milk is most gentle on the baby's system
- Breast milk contains antibodies from the mother that help fight infections if the baby were to get sick
- Breast milk does not cost anything!
- Breastfeeding allows the milk to be available at all times and at the right temperature



Tummy Time

Tummy to play--

“Tummy Time”
strengthens the baby’s
head, neck, and shoulder
muscles.

It also helps to prevent
flat spots on the baby’s
head.



Tummy Time

- Provide “Tummy Time” when your baby is awake and someone is watching
- “Tummy Time” can begin at approximately 1 month of age
- It is recommended that an infant have “Tummy Time” each day (Start out with a 5 -10 min. period and then increase it up to 30 min.)
- Get down on the floor with your baby, face-to-face; Talk to them, make faces, and hold colorful toys or a rattle in front of them
- Put baby on your chest for a comfy “tummy time” cuddle
- Place baby next to a mirror or musical box
- Change the direction that your baby lies in the crib from one week to the next to reduce the chance that flat spots will develop on your baby’s head
- Avoid too much time in car seats, carriers and bouncers

Health Care



Babies need regular doctor visits. Follow the recommended schedule given by your pediatrician.

Health Care

Some signs of illness-- You may need to call a doctor if you observe the following:

1. Babies rectal temperature is greater than 100.4 F
2. Fever in a baby less than 2 months old
3. Fever for more than 24 hours
4. Any change in baby's normal behavior or activity, especially excessive drowsiness or irritability
5. Excessive crying that can not be soothed
6. Any unusual or severe rash
7. Umbilical cord has not fallen off after 4 weeks
8. Foul discharge or redness of the belly button



Health Care



9. Pus-like discharge from the eyes
10. Appetite changes
11. Diarrhea
12. Vomiting (forcefully)
(Different from just spitting up a little after feeding)
13. Inability to keep fluids down
14. Any signs of dehydration (lack of tears, dry mouth, decrease in number of wet diapers, and lack of energy)

Poison control: Call 1-(800)-222-1222

Emergency: Call 911

The Needs of a Healthy Baby

Points to Remember....

1. Breast milk is the best milk for a baby. It contains the right balance of nutrients, is easily used by the baby's system, is gentle for the baby and it contains antibodies from the mother that helps the baby fight infections.
2. "Tummy Time" strengthens the baby's head, neck and shoulder muscles and prevents flat spots on baby's head.
3. Babies need regular doctor visits. Call the doctor if you have a concern.

Nutrition

Bottle feeding:

If a parent decides not to breastfeed, or is unable to breastfeed, commercial iron-fortified formula can provide adequate nutrition for an infant.

Infant milk formula contains adequate amounts of protein, calories, fat, vitamins, and minerals for growth.

However, formula does not contain the immune factors that are in breast milk.



Nutrition

Tips for feeding baby....

Hold the baby close to your body during the feeding, so he or she feels safe and can see your face and eyes.

Notice if the baby is awake, sleepy, fussy or crying when you begin to feed. Spend time bringing your baby to a fully awake state.

Talk to the baby, i.e., “This milk is so good,” etc. or try singing or humming.

Touch the baby during feeding with gentle strokes, loving pats, and a few hugs and kisses.



Nutrition

The American Academy of Pediatrics suggests introducing solid foods when your baby is 4 to 6 months old. *

However, not all babies are ready to eat solid foods.

Signs that suggest an infant is ready for solid foods:

- Baby has doubled their birth weight
- Baby consumes 32 ounces or more of breast milk or formula a day
- Baby frequently puts things in their mouth
- Baby is interested in trying new tastes and textures
- Baby sits up with little support

*Always consult a doctor before an infant begins solid foods.

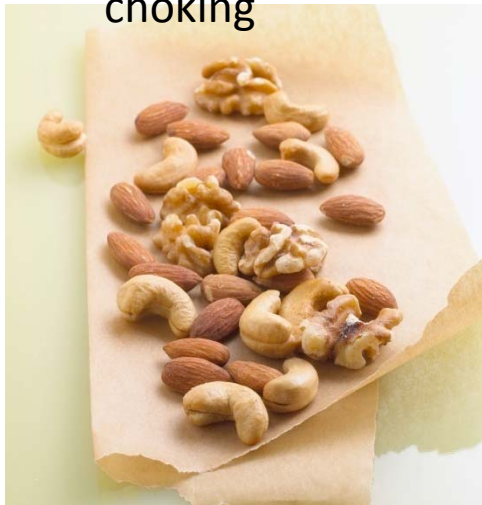


Nutrition

Foods to avoid feeding baby during the first year of life:

Honey - May have spores that cause botulism

Nuts - Can cause choking



Pieces of hot dog-
Can get caught in a child's throat



Eggs - Possible allergic reaction before the first year

Questions/Answers

Question: What is wrong with feeding a baby small pieces of hot dogs or nuts?

Answer: It can cause the baby to choke, as these small pieces of food could get stuck in the baby's throat.

Question: Why should parents wait until a baby is approximately 5 months old to feed them solid food?

Answer: Babies may have an allergic reaction to foods if they are introduced too early, and babies cannot properly chew or swallow solid foods much before 4-6 months of age.

Points to Remember

All about Nutrition...

1. If a parent decides not to breastfeed, or is unable to breastfeed, commercial iron-fortified formula can provide adequate nutrition for an infant.
2. Touch the baby during feeding with gentle strokes, loving pats, and a few hugs and kisses.
3. The American Academy of Pediatrics suggests introducing solid foods when your baby is 4 to 6 months old. Be sure to ask your doctor first.
4. Foods to avoid feeding an infant include honey, nuts, hot dogs and eggs.

Safety Issues

Did you know that nearly 300 children under the age of 4 die every month in the United States because of accidents- most of which could be prevented?



Children learn fast, and before you know it, a child could be wiggling off a bed or reaching for a cup of hot coffee.

Safety Issues

Safe While Sleeping....

All infants should sleep on their backs rather than on their stomachs. This reduces the risk of Sudden Infant Death Syndrome (SIDS) which is the sudden, unexplained death of an infant under 1 year of age.



Safety Issues

Ways to reduce the risk of Sudden Infant Death Syndrome:

- 1) Always place your baby on their back to sleep, for naps and at night.
- 2) Place your baby on a firm sleep surface (crib mattress) covered by a fitted sheet. Never place your baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.
- 3) Keep soft objects, toys and loose bedding (crib bumpers) out of the baby's sleep area.
- 4) Do not allow smoking around your baby.
- 5) Keep your baby's sleep area close to, but separate from, where you or others sleep.
- 6) Think about using a clean, dry pacifier when placing your infant down to sleep.
- 7) Do not let your baby overheat during sleep.
- 8) Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.

**Since the *Back to Sleep* campaign began in 1994, the SIDS rate in the U.S. has declined by more than 50%.

Safety Issues

NEVER SHAKE A BABY

Shaking a baby is the same as dropping the infant headfirst onto a hard surface from a height of 10 feet.

Babies who are shaken suffer permanent brain damage, blindness, and even death.

It is important to ask for help or talk to someone about your feelings if you become frustrated while caring for an infant.



Safety Issues

Car crashes are a great threat to a child's life and health.

Most injuries and deaths from car crashes can be prevented by the use of car safety seats.

Car seats may be correctly installed by your local fire department.

The safest place for an infant to ride is in the back seat of a vehicle in a rear-facing approved child safety seat!

*Check the regulations in your state.



Safety Issues



Babies love to play in water. Be sure to close the lid of the toilet and never leave the baby unattended in the bathtub.

Always supervise a young child- watch them constantly indoors and outdoors to prevent potential accidents.

Safety Issues



878

Do not use a baby walker!

A child could tip it over, fall down stairs or go to places where hot foods or heavy objects can be pulled down on him or her.

Safety Issues



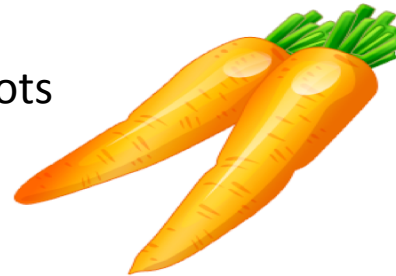
Babies explore their environment by putting anything and everything in their mouth. **Never leave small objects within your baby's reach.**

Never feed your baby hard pieces of food such as chunks of:



Apples

Carrots



Hot Dog

Grapes



Points to Remember

Safety Issues

1. Place an infant on their back for sleeping.
2. Never shake a baby!
3. Most injuries and deaths from car crashes can be prevented by the use of properly secured, approved car safety seats.
4. Babies learn things before you realize it and move quickly. Watch out for water hazards, fall hazards and do not place hot items near infants.
5. Babies explore their environment by putting anything and everything in their mouth. Never leave small objects within a baby's reach.

The Needs of a Healthy Baby

Let's see what you know.... Review quiz time!

1. Multiple Choice: Breast feeding is recommended because
(a) it is more gentle on a baby's system; (b) it does not cost anything; (c) breast milk contains antibodies that help fight infection; (d) all of the above.
2. True or False: Most infant deaths from car accidents can be prevented by the use of approved, properly secured car seats.
3. True or False: Tummy time is only important because it helps babies learn how to play.
4. True or False: It is important for babies to have regular medical check ups.

The Needs of a Healthy Baby

Check your answers:

1. (d) All of the above- Breastfeeding is more gentle on a baby's system, does not cost anything, and breast milk contains antibodies that help fight infection
2. True- Infant car seats, properly secured, help to prevent deaths in car accidents.
3. False- Although "Tummy Time" provides play, the main purpose is to strengthen the baby's head, neck and shoulder muscles and to prevent a baby's flat head.
4. True- All infants should have regular scheduled doctor visits.

Infant Development

Course Objectives

2. The participant will be able to identify the developmental milestones of infants birth to 12 months
 - A. Physical/Cognitive/Language/Social and Emotional domains
 - B. Signs of Developmental Delays

Developmental Milestones

1 month

Physical: Arm and leg movements are reflexes

Cognitive: Begins to trust caregiver; alert 1 out of 10 hours

Language: Responds to voice; begins small cooing

Social: Smiles at faces; recognizes parents' voice

2 months

Physical: Lifts head approximately 45 degrees

Cognitive: Cries if needs aren't met

Language: Gurgles, coo's, and squeals

Social: Responsive smiling

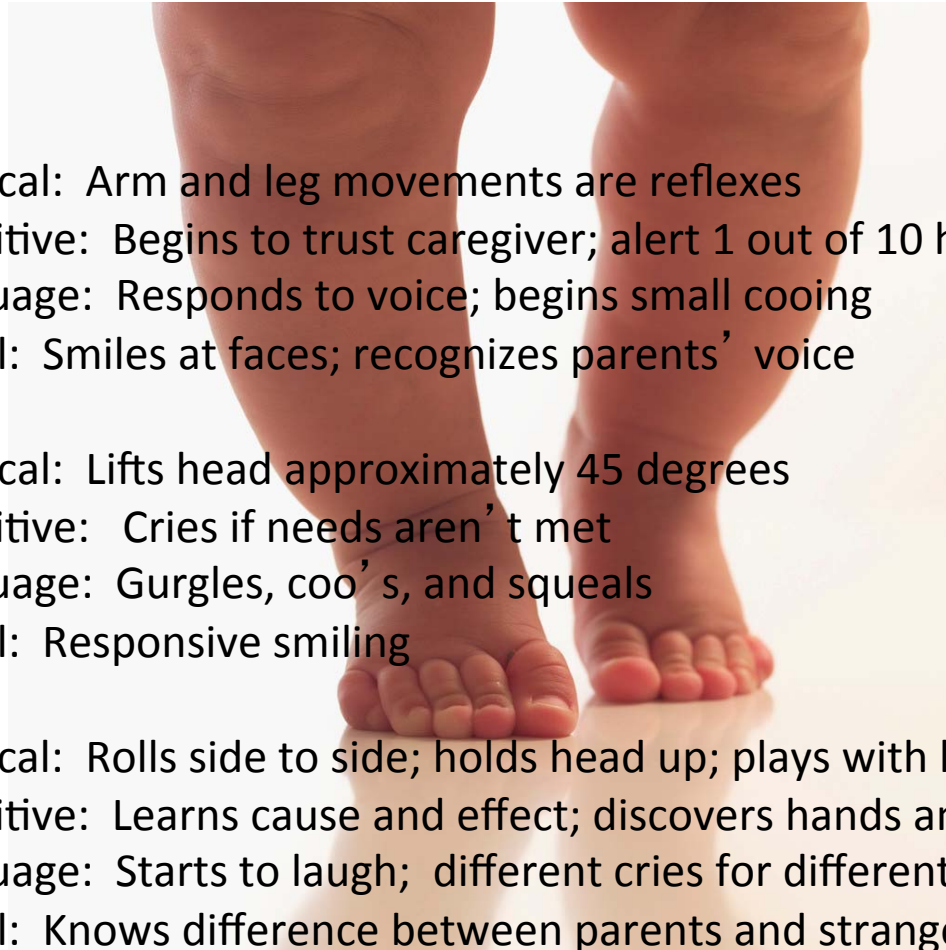
3 months

Physical: Rolls side to side; holds head up; plays with hands

Cognitive: Learns cause and effect; discovers hands and feet

Language: Starts to laugh; different cries for different needs

Social: Knows difference between parents and strangers



Developmental Milestones

4 months

Physical: Stands with help; reaches for objects;

Cognitive: Starts to explore things by tasting them

Language: Changes shape of mouth to change sounds

Social: Laughs when tickled; moves arms to signal “pick me up”

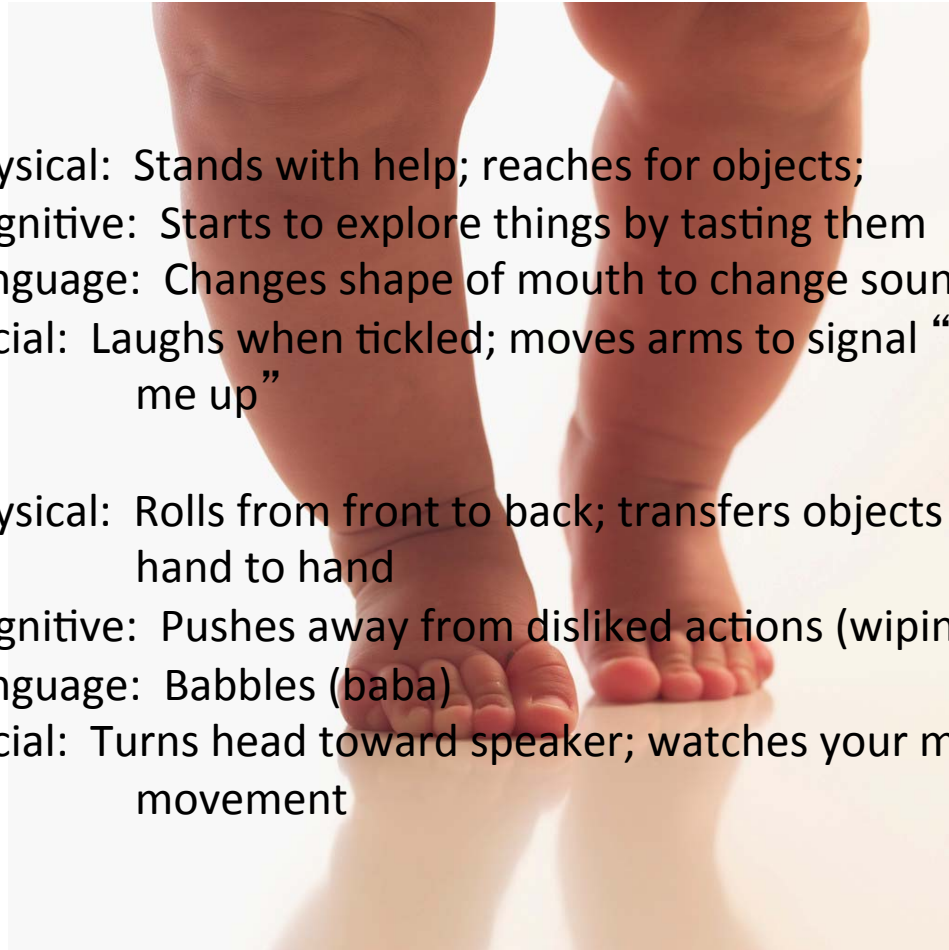
5 months

Physical: Rolls from front to back; transfers objects from hand to hand

Cognitive: Pushes away from disliked actions (wiping nose)

Language: Babbles (baba)

Social: Turns head toward speaker; watches your mouth movement



Developmental Milestones

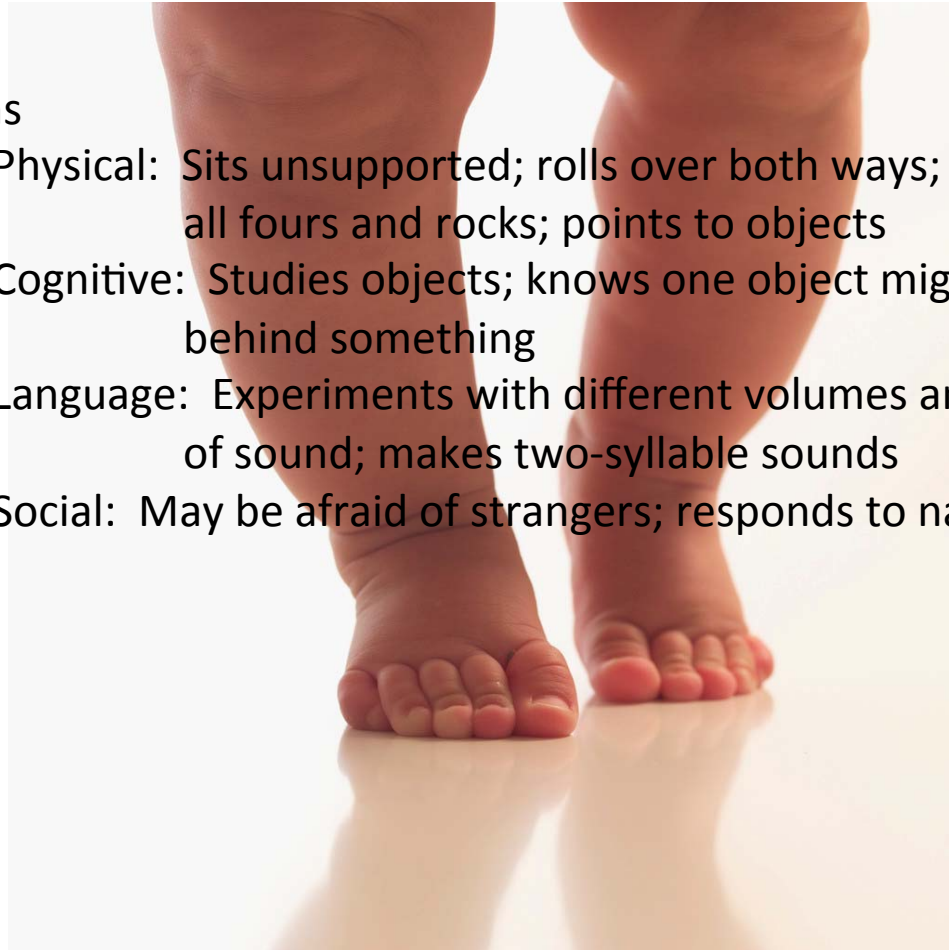
6-9 months

Physical: Sits unsupported; rolls over both ways; gets on all fours and rocks; points to objects

Cognitive: Studies objects; knows one object might be behind something

Language: Experiments with different volumes and pitches of sound; makes two-syllable sounds

Social: May be afraid of strangers; responds to name



Developmental Milestones

9-12 months

Physical: Can stand if supported; masters crawling; climbs on furniture; walks with help; drinks from a cup

Cognitive: Listens to stories; points to objects in books; follows one-step commands

Language: Understands “no;” repeats sounds; imitates animal sounds

Social: Likes games (Peek-a-boo); points to things he/she wants; has a favorite blanket or toy; waves bye-bye



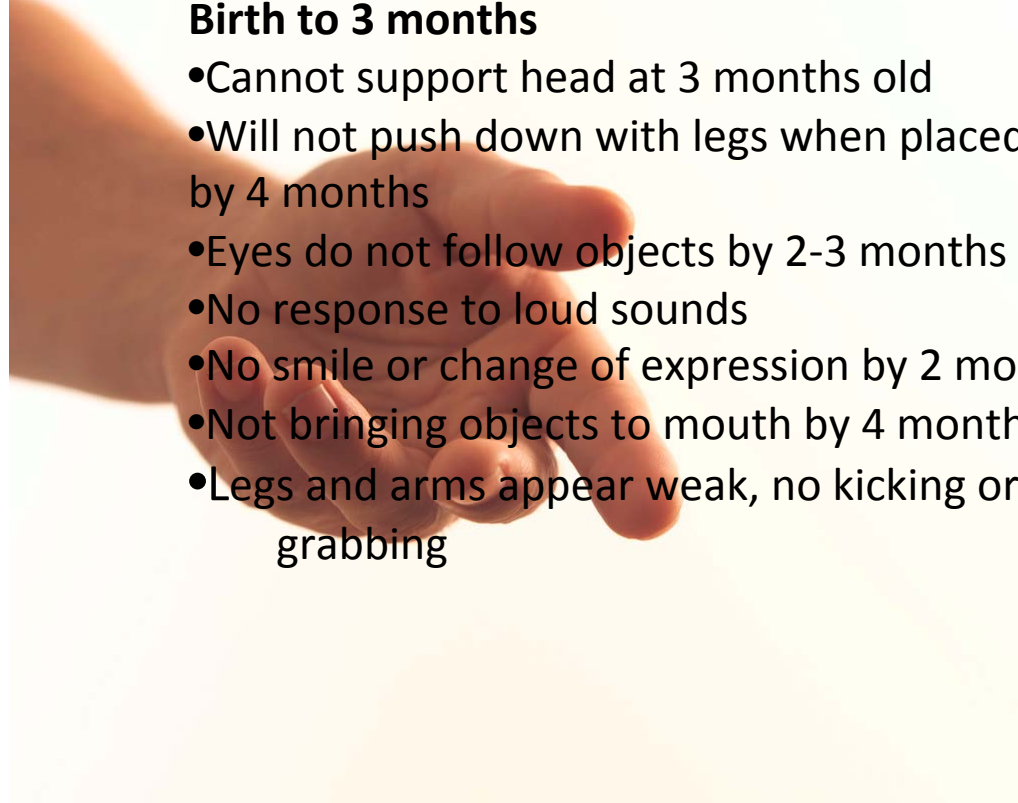
Adapted from © The Children's Hospital of the King's Daughters. The growing child. [On-line] Available:
www.chkd.org/HealthLibrary/Content.aspx?pageid=P02218; www.chkd.org/HealthLibrary/Content.aspx?pageid=P02255;
www.chkd.org/HealthLibrary/Content.aspx?pageid=P02166; www.chkd.org/HealthLibrary/Content.aspx?pageid=P02167;
www.chkd.org/HealthLibrary/Content.aspx?pageid=P02168; www.chkd.org/HealthLibrary/Content.aspx?pageid=P02165
(Excerpted with permission)

Developmental Milestones

Signs of Developmental Delays

Birth to 3 months

- Cannot support head at 3 months old
- Will not push down with legs when placed on floor by 4 months
- Eyes do not follow objects by 2-3 months
- No response to loud sounds
- No smile or change of expression by 2 months
- Not bringing objects to mouth by 4 months
- Legs and arms appear weak, no kicking or grabbing

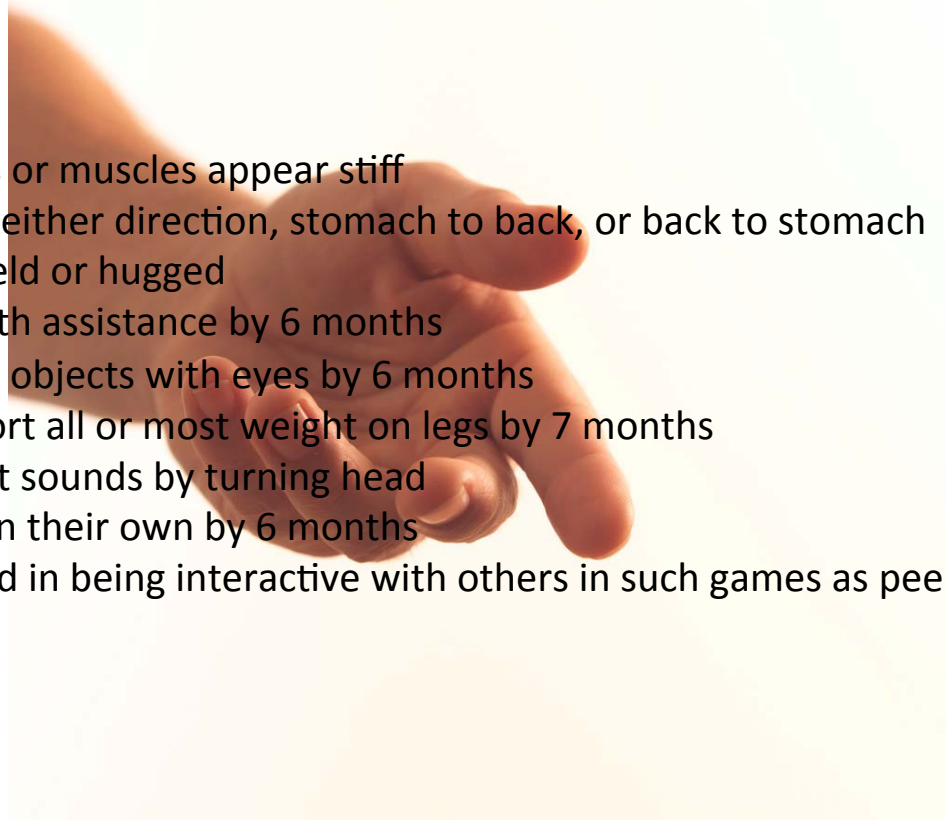


Developmental Milestones

Signs of Developmental Delays

4-7 months

- Tight muscles or muscles appear stiff
- Not rolling in either direction, stomach to back, or back to stomach
- Will not be held or hugged
- Not sitting with assistance by 6 months
- Not following objects with eyes by 6 months
- Cannot support all or most weight on legs by 7 months
- Not looking at sounds by turning head
- Not smiling on their own by 6 months
- Not interested in being interactive with others in such games as peek-a-boo



Developmental Delays

Signs of Developmental Delays

8 to 12 Months

- Not crawling
- Not standing with support
- Drags or favors one side when crawling
- No babbling by the time the infant is 9 months old
- Not saying single words such as “Mama” or “Dada”
- Not using simple gestures such as ... wave.... Bye-bye
- Cannot go from sitting position to crawling position unassisted
- Not able to put objects in and out of a box

Developmental Milestones

Things to Remember.....

1. There is a standard for development based on physical, cognitive, language and social development for each age called “developmental milestones.”
2. Children do not always develop at the same rate, and may be slightly above or below the standard in certain categories and still be considered to have “normal development.”
3. There are very specific indicators that suggest the presence of a developmental delay.
4. It is important to refer the child to resources designed to assess for developmental delays, if you are concerned that one exists.

Developmental Milestones

What do you know? Review quiz time...

Multiple Choice:

1. Gurgling, cooing and squealing is a language milestone for which age range?
(a) Birth to 3 months; (b) 4 to 5 months; (c) 6-9 months; (d) 9-12 months
2. Learning cause and effect; starting to laugh; knowing the difference between parents and strangers indicate the normal development of which age:
(a) 3 months; (b) 6 months; (c) 9 months; (d) 12 months
3. Climbing on furniture; walking with help; drinking from a cup; listening to stories are examples of normal development for age:
(a) Birth to 3 months; (b) 4 to 5 months; (c) 6-9 months; (d) 9-12 months
4. All of the following represents a sign of a developmental delay except:
(a) Cannot support head at 3 months old; (b) Not sitting with assistance by 6 months;
(c) Not standing with support by 6 months; (d) Not saying single words such as “Mama” or “Dada” by age 9 months

Developmental Milestones

Answers to Quiz—

1. (a) Gurgling, cooing and squealing is a language milestone for ages birth to 3 months
2. (a) Learning cause and effect; starting to laugh; knowing the difference between parents and strangers indicate the normal development for a 3 month old
3. (d) Climbing on furniture; walking with help; drinking from a cup; listening to stories are examples of normal development for 9-12 month olds
4. (c) Not standing with support by 6 months does not indicate a developmental delay; only if this is not accomplished by 9-12 months.

Infant Development

Course Objectives

3. The participant will be able to develop an understanding of infant behavior
 - A. Discover positive options for dealing with difficult infant behavior, such as crying
 - B. Explain normal sleep patterns

Crying

Babies cry to tell us what they need. Cries can mean they are tired, hungry, cold, hot, sick, bored, scared, or they just wanted you to be with them.

A healthy newborn baby can cry up to 2-3 hours a day during the first three months of life.

Crying is a natural instinct. It is how a baby communicates.

When a baby is crying, first check if he/she is wet, hungry, or cold and needs a blanket.

**A baby that cries for hours and hours may have colic symptoms (stomach pain/gas).
In this case, call the pediatrician.



Crying



Tips on consoling a crying baby:

1. Take care of physical problems first (hunger, diaper change, burping)
2. Walk with baby in a sling or in a stroller
3. Rock your baby in a rhythmic, gentle motion
4. Talk and sing softly while holding baby close
5. Gently pat or stroke baby on the back or chest
6. Try swaddling the baby (Wrap blanket around snugly)
7. Play quiet music or tape with rhythmic sounds of a heartbeat
8. Go for a ride in the car
9. Turn on some white noise (vacuum cleaner or washing machine)

Sleepy Time



Babies sleep needs vary depending on their age. Newborns do sleep most of the time, but their sleep is in very short segments. As the baby grows, the total amount of sleep time will decrease, but the length of nighttime sleep increases.

When babies have a difficult time sleeping soundly, soft background music can help. A soft voice, gentle music or a ticking clock may help too.

Sleepy Time



Creating a nightly routine can also help encourage your baby to sleep. A simple routine is to begin with a bath, then rocking or reading, and finally a good-night-kiss.

Until a baby learns to fall asleep on their own, a bottle or breastfeeding may need to conclude the nightly routine.

Sleepy Time

- During the first few weeks, the newborn sleep at least 12 hours a day. The baby may have their days and nights mixed up.
- Try to limit daytime sleeping to 3 or 4 naps and keep baby's room dark and quiet at night.
- Most newborns wake up 2-3 times a night.

By 2 months, your baby may be sleeping 6-10 hours each day.



Newborn- 3 months

Sleepy Time

3-6 month olds usually sleep through the night (about 9 hours), and take two naps daily of 2-3 hours each...



Place a baby into the crib when they're sleepy but still awake. This will give them a chance to learn "self-comforting."

Sleepy Time



7-12 Months

- Daily naps may become shorter- just 1-2 hours each
- At about 9 months, infants may be sleeping up to 11-12 hours at night and skipping the morning nap altogether
- Since an older infant has more mobility, make sure the crib is sturdy enough to hold the active child

Points to Remember

1. Crying is a baby's way of communicating their needs.
2. Babies who are crying can be soothed in a variety of ways including holding them close, gently patting them, or even going for a ride in the car.
3. Newborns sleep at least 12 hours a day, but may have their days and nights mixed up.
4. Putting your child in his/her crib when sleepy will help them learn to self-comfort.
5. As babies approach 7-12 months, they become more mobile so it is important for the crib to be sturdy.

Keeping Babies Healthy

You cannot spoil a baby!



Keeping Babies Healthy

Remember the
importance of
attachment!

Touch, hug, and
cuddle your baby.

Smile at your baby!



Keeping Babies Healthy



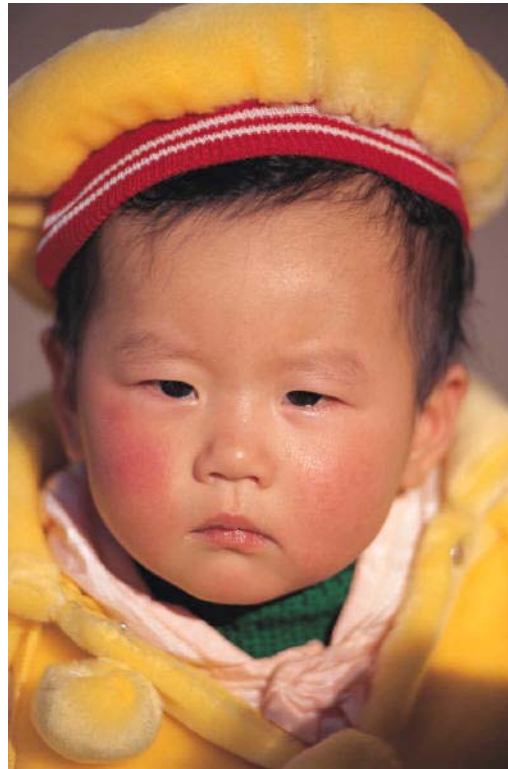
Remember- Always place your baby on his or her back to sleep!

Keeping Babies Healthy

Never Shake a Baby...

Just be patient –

When a baby cries,
they are just trying to
communicate their
needs.



Keeping Babies Healthy



Make sure a baby is ready for solid foods- Ask the doctor first!

Keeping Babies Healthy



An infant's development from birth to 12 months is amazing.
Enjoy young children.... and remember to read to them everyday!

Resource/Immunization Chart

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB			HepB						
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	<i>see footnote³</i>	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴	Hib					
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus ⁶				IPV	IPV		IPV					IPV
Influenza ⁷						Influenza (Yearly)						
Measles, Mumps, Rubella ⁸							MMR		<i>see footnote⁸</i>			MMR
Varicella ⁹							Varicella		<i>see footnote⁹</i>			Varicella
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series	
Meningococcal ¹¹											MCV4	

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/adp-lst.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967. Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Immunizations are important!

Immunizations should be given to children and adults as scheduled.

A pediatrician or family doctor will provide vaccines during an infant's well-baby checkups.

Consumer alert:

Pertussis disease (Whooping Cough) has been on the rise in the U.S. and it is recommended that a booster shot (Tdap vaccine) be given to children and adults.

- Tdap for all children 11-18 years of age
- One dose Tdap for 19 - 64 years of age as part of routine tetanus booster*
(This is very important for parents, grandparents, caregivers and child care providers who care for infants. Research has found that adults have been carriers of the Pertussis disease.)
- Adults older than age 65 should also receive the Tdap booster if they are caregivers of children younger than 12 months old and have not previously had the Tdap vaccine
- Tdap for postpartum women before discharge and for caregivers and healthcare providers of infants (This is being referred to as the “cocoon strategy.”)

* www.cdc.org (Centers for Disease Control and Prevention- See immunization schedules)

Resource/Consumer Alert

FDA Warns Not to Feed *SimplyThick* to Premature Infants

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm256250.htm>

Do not feed the thickening product called *SimplyThick* to infants born before 37 weeks because it may cause a life-threatening condition.

SimplyThick is a brand of thickening agent—available to consumers and medical centers—to help manage swallowing difficulties. It is sold in packets of individual servings and in 64-ounce dispenser bottles. The product can be purchased from distributors and local pharmacies throughout the United States.

Benson M. Silverman, M.D., director of FDA's Infant Formula and Medical Foods Staff—himself a neonatologist—explains that the thickening agent is added to breast milk and infants' formula to help the premature babies swallow their food and keep it down, without spitting up.

(Warning dated: May 20, 2011)

Community Resources

Contact your city and state agencies for help:

- Infant and Toddler Connection of VA (Early intervention services)
- Dept. of Human Services/Social Services
- Public Health Department/Clinic
- Women, Infants and Children Program (WIC)
- Child Development Resources
- Healthy Families, CHIP, Resource Mothers programs
- Parent Resource Centers
- Pediatrician/Family Doctor
- Local Hospitals (Breastfeeding/parenting/childbirth classes)
- Fleet and Family Support Centers (For military personnel and families)
- Public Libraries
- Public Schools (Assessment centers)

Website Resources

www.aap.org (American Academy of Pediatrics)

www.bornlearning.org (United Way of America early learning website)

www.brightfutures.org/ (Georgetown University)

www.cdc.gov (Centers for Disease Control and Prevention)

www.chkdc.org (Children's Hospital of the King's Daughters)

www.dss.virginia.gov (Virginia Dept. of Social Services)

www.infantva.org (Infant & Toddler Connection in Virginia)

www.lalecheleague.org (Breastfeeding website)

www.marchofdimes.com (March of Dimes)

www.mypyramid.gov; www.choosemyplate.gov (USDA Nutrition website)

www.naeyc.org (National Association for the Education of Young Children)

www.nichd.nih.gov (National Institutes of Health)

www.parentsaction.org (Parents Action for Children)

www.text4baby.com (Health info for mothers and other information about babies)

www.vdh.org (Virginia Dept. of Health)

www.webmd.com (Health information)

www.zerotothree.org (Zero to Three: National Center for Infants, Toddlers and Families)

www.211virginia.org (Or dial 2-1-1 in Virginia and get info on community resources)

Bibliography

- Ainsworth, M.D.S. & Bell, S.M. Child development,41. “First connections – Infant attachment- What professionals need to know.” pp.49-67.
- Brazelton, T. B., M.D. (1992). Touchpoints: Your child’s emotional and behavioral development. New York: Perseus Books
- Children’s Hospital of The King’s Daughters. (2004). Coping with crying. CHKD: Norfolk, VA
- Children’s Hospital of The King’s Daughters. Falls – Prevention. [On-line] Available:
<http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02972>
- Children’s Hospital of The King’s Daughters. Feeding guide for the first year. [On-line] Available:
<http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02209>
- Children’s Hospital of The King’s Daughters. Fever in a newborn.
[On-line] Available: <http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02662>
- Children’s Hospital of The King’s Daughters. Infant nutrition.
[On-line] Available: <http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02236>
- Children’s Hospital of The King’s Daughters. Infant sleep.
[On-line] Available: <http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02237>
- Children’s Hospital of The King’s Daughters. Installing and using child safety seats and booster seats. [On-line] Available:
<http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02985>
- Children’s Hospital of the King’s Daughters. Motor vehicle safety. [On-line] Available:
<http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02986>
- Children’s Hospital of The King’s Daughters. (2004) Never shake a baby! Norfolk, VA
- Children’s Hospital of The King’s Daughters. Newborn- Crying.
[On-line] Available: <http://www.chkd.org/HealthLibrary/content.aspx?pageid=P02648>

Bibliography

Children's Hospital of The King's Daughters. (2004) Sleep safety. CHKD: Norfolk, VA

Children's Hospital of The King's Daughters. Sudden infant death syndrome. [On-line] Available:
<http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02412>

Children's Hospital of The King's Daughters. The growing child.

[On-line] Available: <http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02218>;
<http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02255>;
<http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02166>;
<http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02167>;
<http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02168>;
<http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P02165>

Children's Hospital of The King's Daughters. Water safety – Prevention. [On-line] Available:
<http://www.chkd.org/HealthLibrary/Content.aspx?pageid=P03003>

Children's Hospital of The King's Daughters. (2004). Your baby brochure. CHKD: Norfolk, VA

Healy, J. (1994). Your child's growing brain. New York: Broadway Books

Lansky, V. (2001). Games babies play. Minnesota: Book Peddlers

March of Dimes. (2003). Infant behavior, reflexes, and cues. [On-line] Available:
<http://www.marchofdimes.com/nursing/modnemedi/othermedia/infantBehavior.pdf>

National Institutes of Health. Safe sleep for your baby: Ten ways to reduce the risk of sudden infant death syndrome (SIDS).

[Online] Available: http://www.nichd.nih.gov/health/topics/Sudden_Infant_Death_Syndrome.cfm

Shelov, S. P., MD and Hanneman, R. E., MD. The American Academy of Pediatrics. (1998). Caring for your baby and young child: Birth to Age 5. New York: Bantam Books

Shore, R. (1997). Rethinking the brain. New York: Families and Work Institute.

Disclaimer

All health-related information contained within this “online training” is intended to be general in nature and utilized as an educational tool. Every effort has been made to ensure that the material within this web site is accurate and timely as of May 2011.

This information should not be used as a substitute for a visit with a healthcare professional. Your healthcare provider should be consulted regarding matters concerning the medical condition, treatment and needs of you and your family.

Thanks for participating...

Time to take the final quiz....

- You will need to answer 8 out of 10 questions correctly to receive a passing score.
- A certificate for 1 hour of in-service training will be awarded after passing the quiz.
- Go to <http://sqone.org/g/infant> when you are ready to take the quiz.

Good luck!