Welcome to your new baby

This document has been formatted to assist people with vision impairment.
Dear New Parent

Congratulations on the birth of your baby! The arrival of a new baby, whether it is your first, second, third or more, is the beginning of an exciting and challenging journey for you and your family. The Western Australian Department of Health is here to support you to raise a happy and healthy child.

*Welcome to Your New Baby* provides easy to read articles on caring for you and your baby in one convenient resource. This second edition of the magazine incorporates feedback from parents and health professionals to better meet the needs of parents with young babies.

The magazine articles have been written with the most up-to-date research and the knowledge and experience of parents, nurses, midwives, doctors, psychologists and other professionals. There is also a list of services to help you connect with additional support you may need. Community child health nurses are employed by the Department of Health and work in local child health centres. As registered nurses with qualifications in child health, they offer an initial home visit to all parents of a new baby in WA, as well as health and development checks at key stages of your child’s first three years of life. They can also assist with the many aspects of parenting and family health and are able to link you to doctors in your community, hospitals and other health professionals when needed.

As Minister for Health, I am committed to providing you with the support and assistance you need in your role as a parent.

I hope you enjoy reading this magazine and find it a useful resource as you undertake this life-changing experience.

Hon. Dr Kim Hames MLA
MINISTER FOR HEALTH
Community Child Health Nurses

Provide information and support related to the health, development and behaviour of babies and young children. They home visit and see families in child health centres, parenting groups and other community venues.

They can help with a range of issues including:

- breastfeeding, infant feeding, introducing solids and family nutrition
- sleep and settling
- growth, development, and play
- injury prevention and child safety
- postnatal anxiety, stress and depression
- immunisations and free access to them
- playgroups and other community resources
- referrals to Aboriginal and ethnic health workers, lactation consultants, physiotherapists and speech pathologists among others.

If you have any questions regarding the information in the magazine, contact your community child health nurse. You can telephone and make an appointment with your nurse at any time.

To find your local child health centre, look in your baby’s purple *All About Me book*, in the phone directory or [www.health.wa.gov.au/services](http://www.health.wa.gov.au/services) and click on ‘Child Health’.

**Parenting Groups**

A great opportunity to meet other parents and share experiences. Join group is a great way to find out about issues related to the age of your baby, as well as information on health and parenting. Contact your community child health nurse for more information.
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Attachment

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

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

Attachment seeking is when babies and toddlers try to get comfort and protection from the person who cares for them.

They do this by:
- smiling and cooing
- crawling and following
- holding out their arms
- crying and many other signals that parents and carers learn to know.

When a parent responds to the baby's signal by making eye contact, smiling, touching or giving a cuddle, the baby feels safe and the attachment seeking stops.

The child is free to relax, play, explore and learn again. If the parent does not respond, the baby still feels anxious or afraid and the attachment seeking goes on. This can happen if the parent ignores the baby's signal or becomes angry. Some babies who are very afraid give up trying.

For example, sometimes a parent thinks a toddler should be brave and will push him to stay with a baby sitter before he is ready. If this happens, instead of getting braver the child will feel more afraid and cling more.

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

Being calm and gentle with babies is hard in our busy lives.

It means that we must slow down at least a bit. This may mean that we have to make changes to our own lifestyles. Then we can be with our baby at a pace he can cope with and we can notice and respond to what he needs.

How can we help our babies to have secure attachment?
The first thing is to get to know your baby's signals or cues so you know what he needs. This takes time and at first you will be guessing, but in time you will know just what he means. When you respond to your baby's cues, it helps to build secure attachment. Even young babies give signals that they need you and signals that show when they need you to do something different.

To show he needs attention your baby may:
- look at you
- make little noises
- smile
- copy your gestures
- look alert
- cry.
To show when he needs a break or perhaps a different or gentler approach your baby may:

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

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

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

**Separation and sleep**

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

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

If this is a problem you will find that your baby will sleep well as long as he knows you are near. You might find it helps to put a mattress or chair near his cot and just lie down near him when he wakes at night, or you could have his cot in your room until he is a bit older.

**What you need to know**

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

**Have realistic expectations of what babies can do**

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

**Be willing to take time to be with your baby**

Learn to understand his messages. Young babies often give very small signals for what they need. Your baby needs carers who learn to know his signals and how to respond to them.

**Think about your baby as a separate person with his own needs, wants and feelings**

Think about how it feels for your baby to be suddenly picked up without warning and put down somewhere else, or to have his nappy changed or be handed to a stranger.

**Get support**

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

**Think about when you were a child** and your experiences with your parents and how your parenting affects the way you feel about and care for children.
Your baby’s development

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

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

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

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

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

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

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

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

During the first two years of life, you and your baby will experience huge changes in her development. Sometimes your baby may cry more, be more clingy, have trouble sleeping or not feed well. You may notice that she has learnt something new and these changes can be daunting for her. If she is growing well, you might consider that she is getting used to these changes in her world and is getting ready to show you a wonderful new skill.

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

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

- Change your baby's position so that she has different things to look at on both sides of her cot.
- String faces and simple toys above her cot to give your baby practice at trying to control her hands to touch things.
- Place some safe toys within her focus (about 20–30 cm away) for her to touch.
- Babies learn to control their eye movements by watching gentle movement, such as leaves in the breeze, washing on the line or if you move something slowly where she can see it.
- Talk to your baby as you move about the room so she learns about movement, distances and directions as she sees and hears you.

Your baby’s movement

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

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

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

- Begin to find out that her hands belong to her and play with her fingers (three to four months), grab and play with her toes when lying on her back (four to five months).
- Hold something in her hand for a short time at three to four months and bring a toy to her mouth if it is put in her hand.
- Try to hit dangling objects (three to four months), but usually miss.
- Topple over if put in sitting position (five to six months).
- Grab for a toy or rattle at five months.
- Hold her own weight when supported on her feet.
- Grab at hair, glasses, and other things like badges or chains when being held.

Speech and language

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

She will begin babbling at three to four months, and start talking to toys when she is five to six months. She will also look for where a sound is coming from, for example turn and look for a voice she recognises when she can’t see the person.
Mum playing ‘peek-a-boo’ with baby.

Activity and play for your baby’s development

Activities for the first three months

- Stroke different parts of her body to see how she likes to be touched – talk about what you are doing.
- Infant massage is a great way to develop your baby’s sense of touch.
- Hold her a lot.
- Lots of feeding and hopefully sleeping.
- Give her play time on her tummy when she is awake (always stay with her while she is on her tummy). This helps to make her muscles strong.
- Speak to her gently and use her name. It’s never too early to read to your baby.
- Sing to her.
- Play music, but not too loud.
- Rock her gently to give her movement sensations.
- Give her different things to look at.
- Start simple ‘peek-a-boo’ with hiding your face behind your hands.
- Take her for walks in the pram.
- Make a happy face mobile and hang it, facing her, above her cot.

Activities for when your baby is three to six months old

- Talk to your baby all the time, about what you are doing and what different noises are. Wait for her to respond with simple sounds and develop a simple conversation.
- Share books with your baby.
- Have fun making her laugh – try ‘peek-a-boo’ games with your hands or a tea towel.
- Sing to her – try Nursery Rhymes where she will learn to expect an action such as tickling in ‘Round and round the garden’.
- Give her tummy time when she is awake (always stay with her while she is on her tummy).
- Place her on the floor without a nappy to allow freedom to kick.
- Provide her with bright objects and toys to look at (within her reach). If she touches them by chance at first, she will try to do it again. She is learning to control her hands.
Provide her with different things to do. Either change what she is looking at or move her to a different spot so she has something else to look at.

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

Play

Play is the main way that babies and children explore the world and learn to be doers and thinkers. Even very young babies want to play when they are awake and alert.

Playing with your baby is fun for both of you! It is a good time to play when your baby is alert, content, and relaxed. If your baby is sleepy, looks away, is grizzling or fussing when you are playing with him, change your plans, settle him, and wait for a better time.

Play is the way that your baby learns. Through play, babies develop their senses and they learn movement, communication, and social skills.

Babies love simple toys – especially things from around the home. Most of all they love playing with their main carer – you! Be involved and have fun!

Your baby will have difficulty developing their skills when the TV is constantly on in the background. They are easily distracted and overwhelmed by the bright, moving pictures. Monitor how much TV is on when your baby is awake – they benefit more from interacting with you. (Note: It is recommended that babies under two years do not watch any TV/DVD’s.)

Play tips:

Play with your baby at their eye level
It is easier to engage them.

Learn to respond to your baby
Following their interest and what they are looking at, play at their pace and keep play simple.

Be involved as much as possible with your baby when they play

Give your baby as much play time on their tummy as possible
Note: The floor is better than the bed or sofa – your baby may roll for the first time when you are least expecting it, so it is safer to provide tummy time on the floor.

Keep toys to a minimum
Too many toys are distracting! Rotate the toys so that a few are available each day.

Use simple toys from around home
The plastics cupboard, plastic bottles, large plastic and jar lids, plastic kitchen spoons, face flannels, empty tins with a secure lid and safe edge, mirrors with a safe edge, sturdy pegs, shoe boxes to open and close, balloons to watch.

Make playful times from daily routines

- **Bathing** – smile and talk with your baby, gently splash and encourage kicking in the water. Once your baby is over three months, add one or two simple toys to the bath.

- **Nappy changing** – sing songs, tickle their tummy, massage legs gently, put a mobile above the change table, or offer a toy to keep them happy.

- **Car rides** – sing songs or use a Nursery Rhyme CD. Talk to your baby about where you are going, or offer a toy to keep them occupied.
Hanging washing on the line – take your baby out in the pram and encourage him to watch the wind moving the washing – talk to him about it!

Read simple books
Hard cardboard picture books with simple, photographic pictures are best to start with.

Allow lots of repetition and practice in play

Join a playgroup
This will help your baby learn important social skills and often provide parents with a great social network as their children grow together.

Join a toy library and visit the local council library and local parks. Have fun together!
For more play ideas see the Play and Learning Program (PAL) Fact Sheets: www.pmh.health.wa.gov.au/health/infant_care/play.htm

Handling your baby

Babies develop their movement skills and control in response to being handled. The way you move, touch, hold and carry your new baby will help her get stronger and develop her muscles to be ready to move and play.

Supporting your baby’s neck and head
Newborn babies have not yet developed head control and for the first few weeks your baby will need you to help support her head and neck. At first, you will need to support her head with your hands or fingers whenever you pick her up, carry her, or lay her down. As she grows stronger, you can let her practise holding her head up on her own.

Be gentle
Newborn babies are not ready for rough play. You should not jiggle your baby on your knee, shake her or throw her up into the air. You can bond with her through your gentle handling and holding, looking into her eyes, stroking her, and talking and singing to her.
Cuddling your baby
Cuddle your baby and carry her curled up with her arms and legs in front of her. Being curled up with her head held in the middle helps to calm and settle her, and it will let her look, talk and play with you.

When you carry your baby over your shoulder or in your arms, make sure her arms are in front of her so she can learn to play with her hands.

Hold your baby close and support her under her bottom and at her chest. Don’t forget to support her head and neck if she needs you to.

Picking up your baby
When picking up your baby, place your hands under her armpits, support her head with your fingers or hand, bring her arms forward and roll her slowly to her side and onto your arm. Then pick her up. As you pick her up, support her under her bottom so she feels safe. Picking your baby up in this way helps her get used to rolling and turning her head from side to side.

Lay your baby on her side to play with you, so that she can curl up, talk with you and play with her hands. This will also help her learn to tolerate being on her side and to roll when she is older.

Every time you lay your baby down, put her on her side first, then slowly roll her onto her back or tummy. When you handle your baby, look into her eyes and tell her what you are going to do. This will help her feel safe and secure.

When your baby is awake, give her plenty of ‘tummy time’ so that she can practise holding her head up and strengthening the muscles she will need for movement and good balance. For more information on tummy time, see page 13.

For further information or advice, speak with your community child health nurse, doctor, or a children’s physiotherapist.

Learning to walk
Your baby will stand and walk independently when she has the balance skills, muscular strength and coordination needed for these exciting milestones. Babies develop the skills for standing and walking as they learn to roll, sit up, crawl, kneel and pull themselves up to stand and walk holding onto furniture (cruising).

To get your baby ready to take her first steps, give her lots of practice time playing on the floor. Your baby will enjoy playing on the floor for longer periods as she gets better at lifting and turning her head, rolling, crawling, sitting, and pulling herself up to stand. Playing on the floor also gives your baby more opportunities to explore the world and enjoy her toys. Safety gates are a good way to restrict your baby’s access to unsafe areas as she starts to really move around the house!

Using a baby walker or suspended jumping toy such as a Jolly Jumper will not help your baby learn to walk earlier. In fact, research shows that walkers delay the development of movement skills that babies need before they can walk, such as rolling, crawling, sitting and cruising. We also know that walkers and jumpers can teach babies to walk on their toes instead of their feet. This is a hard habit to change and often requires treatment. Your baby will learn to walk independently between 11 and 15 months of age and jump independently at around two years. Babies that spend a lot of time in walkers and jumpers also miss out on new experiences that can be provided through play time on the floor.
Safety is also a big concern when using walkers as they allow babies to move too quickly, to reach things you don’t want them to reach, and fall down steps.

Babies usually sit independently between seven to eight months. If your baby needs more support while sitting, place her in a box or clothes basket on the floor. This will give her the support she will need until she is able to sit up on her own. Add new play things for her to explore, such as spoons, cups, and balls. Move your baby around to where you are and talk to her while you work. Your baby’s exciting first steps will come!

Baby sitting in a box.

**Tummy time and head shape**

Babies are born with a variety of movements, many of which are reflex in nature – for example, stroking a baby’s cheek will cause him to turn his head to that side to search for a nipple to latch onto. They also develop movement in response to being handled.

Babies slowly learn to control their bodies, starting from the head down. Newborn babies placed on their tummies on a firm surface will turn their heads enough to clear the nose to allow good breathing. Gradually this progresses to propping up and holding their head up when on their tummy or lifting the head forward when lying on their back.

Tummy time is especially important for your baby because it helps strengthen the muscles he needs to develop good balance and movement. These muscles include those of his chest, back, tummy and bottom. Most of the developmental milestones a baby attains are achieved through the tummy position i.e. pushing themselves up, sitting, early rolling, getting on all fours and crawling.

Tummy time is also important because it takes the constant pressure off the back and sides of your baby’s head.

Babies should always be supervised when on their tummies. Short periods of tummy time should be started from day one. Initially, this can happen at bathing and dressing time, when babies can be placed on their tummy for doing and undoing buttons, and even some playful back massage. Babies can be carried on their tummy along your forearm or they can lie on your own tummy and chest for good eye contact. Placing your baby over your thighs can be very comforting, relaxing and settling.
To help your baby tolerate being on his tummy, make sure his hands are in front of his shoulders. This will help him lean on his arms, lift his head and learn to reach with his arms. A hand on his lower back and bottom is also settling.

Your baby may find tummy time difficult to begin with, but your touching, stroking and talking with him will help him feel calm and safe. There is no need to worry if your baby is a little fussy during tummy time. Tummy time will get easier the more he practises, and you can gradually increase the time as he grows stronger.

When your baby is a few weeks old, start supervised tummy time on the floor. Remember to make sure his elbows and hands are in front of him. You can help make tummy time a little easier by placing a pillow or rolled towel under his chest to lift him up. You can also encourage him to lift his head by lying in front of him and talking.

Safe sleeping habits such as those recommended by SIDS and Kids should always be observed. Babies should not sleep on their tummies.

Newborn babies do not have the strength to keep their heads centred when they lie on their backs, and will turn to one side or the other. The bones of a newborn baby’s skull are quite soft, and babies will develop a flat spot from spending too much time with their head in the same position.

From birth, babies need to vary the position in which their head rests during sleep, as well as when they are awake. There are simple things you can do from day one, to help keep your baby’s head in shape:
1. Always place your baby on his back to sleep, but gently turn his head to a different side each sleep time.
2. Give your baby plenty of tummy time when he is awake.
3. Lie your baby on his side and talk to him.

And after the first two weeks
Change the position of the cot in the room or put your baby to sleep at alternate ends of the cot so he will have different things to look at. Babies often like to turn their head to look towards:
- light from a window
- the direction from which people approach
- brightly coloured or moving objects such as curtains or mobiles.

Varying your baby’s position or the position of things he likes to look at will encourage him to move his head to a different side each time he is in his cot. If you have any concerns about your baby’s movements or the shape of your baby’s head, talk to your community child health nurse, doctor or a children’s physiotherapist.
Did you know that every time you hold, touch, talk to or sing to your baby you are helping her brain to grow?

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

It is the caring that you give to your baby that sets the pattern for the future. A baby who is loved will learn to feel safe and secure; a baby who has things to look at, touch and hear will be a baby who is already learning a lot and wanting to learn more.

A baby who is stressed is likely to go on feeling stressed, and a baby who is often afraid is likely to be easily frightened and not want to try new things as she grows.

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

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

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

- The first thing your baby needs is to feel safe, warm, fed and loved.
- When your baby cries, try to find out what she needs. This way your baby will learn that the world is a safe and happy place to live in and explore. If you can’t stop her crying, just holding and comforting her will show her she is safe and loved.
- Learn to know your baby’s signals and how to respond – whether it is food, comfort, sleep or play. This often takes time so don’t be worried if you don’t catch on at first.
- Make eye contact with your baby – babies love to look at faces and listen to voices.
- Make your baby's world interesting at waking times. Babies don't like to lie in a cot looking at a blank ceiling any more than adults do. Go for walks, put different things to look at near her cot, put the cot in a different room.
- Keep your baby near you when she is awake. Have little 'conversations' with your baby. When your baby makes a little noise, copy it and then wait for her. This is the start of learning to talk. You can do it with actions too – when your baby pokes out her tongue or wrinkles her nose you can copy and wait.
- For babies everything is new – even nappy changing. Let your baby know what you are doing and talk about what you do as you do it. Tell your baby when you are going to pick her up. Do it the same way each time so she learns to know what to expect, for example by saying 'Up we go'.
- Babies learn by watching, listening, trying new things and practicing the new things they have learned. Follow your baby's lead and do what she enjoys. Stop when your baby wants a rest, looks away or shows that she does not like it.
- Enjoy your baby's achievements. There is new learning every day in the early weeks and months.

All this helps your baby’s brain to grow well.

Your baby’s teeth

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

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

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

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

Cleaning your baby's teeth
You need to start looking after your baby’s teeth right from the start to ensure healthy teeth as she grows. Start cleaning her teeth with a clean cloth as soon as they appear. As soon as possible switch to using a small, soft toothbrush in the morning and before bed at night. Do not use toothpaste for children aged less than 18 months.

For children aged 18 months to five years, use a small pea-sized amount of low fluoride toothpaste (children’s toothpaste). Encourage your child to spit toothpaste out, not swallow and not rinse after brushing.
Caring for teeth
Sugar or food acids can damage your baby’s teeth. Don’t put anything sweet on your baby’s dummy and don’t let her suck on a bottle with juice, milk or formula in it fo long periods of time. If your baby has a feeding cup, or likes to suck on the bottle between feeds, use tap water to avoid tooth damage. Don’t give fruit, fruit juice or anything sweet at bedtime after teeth cleaning.

When your baby’s teeth are likely to come through
Upper teeth:
- 8–12 months
- 9–13 months
- 16–22 months
- 13–19 months
- 25–33 months.
Lower teeth:
- 23–31 months
- 14–28 months
- 17–23 months
- 10–16 months
- 6–10 months.

Raising Children Network
Raising Children Network is Australia’s first national quality-assured parenting website. It covers all the basics in the day-to-day work of raising children aged 0–5 years. The information is clear, practical and easy to use.

The up-to-date content covers:
- nutrition
- health and and daily care
- development
- behaviour
- sleep
- safety
- play and learning
- connecting and communicating
- parental wellbeing and family management.

Other features include:
- ‘My Neighbourhood’ interactive maps to connect you with local resources and other parents and carers.
- ‘Parenting in Pictures’ visual guides to key topics, such as newborn sleep safety, breastfeeding techniques and safe bathing.
- ‘Baby Karaoke’ song words and music to share with your baby.
- ‘Parents Like Me’ parents from a range of different family structures share their stories.
- Film clips and practical demonstrations from the Raising Children DVD.
Feeding your baby

When your baby is very young, feeding will seem to be the main thing you do during wake times. It is an important time for you and your baby to get to know one another, so take your time and enjoy being with your new little person. For some babies feeding goes well from the start, but for others, learning this new skill takes time and practice. Be patient, and ask for help if you need it.

Breastfeeding
We now know that breastfeeding is the normal and natural way to ensure your baby is healthy and develops well, and it is good for the mother’s health also. We also know that many mums and babies find this new skill challenging at first. But once established, breastfeeding is very convenient and rewarding, so it is worth a bit of time and effort at first for both of you to learn how to do it.

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

In the early months, your baby can have from eight to twelve breastfeeds in 24 hours. This is because breast milk is easy to digest and babies have small stomachs. The more you feed, the more breast milk your body makes. All babies feed at night and at least 60% are still having night feeds at seven months. Babies show you cues that they need a feed; these include searching for the breast, mouthing and sucking their hands, or becoming restless. Crying is the last cue that your baby needs to be fed, not the first.

Let your baby feed from one breast until he has stopped sucking, then offer the other side. At first he may be quite happy with just one side, but as he gets bigger he is likely to need both, unless he feeds very often. Breastfeeding is a great way to relax both you and your baby.

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

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

Breastfeeding – the early weeks
When you first go home you may be much busier than in hospital and your baby may demand more feeds to boost your supply.

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

Your nipples may be tender in the first few weeks as you and your baby learn to breastfeed, but should improve. The most common cause of persistent sore or cracked nipples is when your baby is not attaching (latching) well. See your midwife, community child health nurse or Australian Breastfeeding Association (ABA) counsellor for help if sore nipples persist.
Playing and interacting with your baby after the feed or when awake is a good getting to know you time. Babies love faces and the sound of your voice. Reading to babies helps them to develop.

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

**Looking after yourself**
Try to get as much rest as possible in the early weeks, as this can help you adjust to life with your new baby. Accept all offers of help from your partner, family and friends. You may like to join a new mothers group and your local ABA group for support.

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

You can express milk by hand, or with a pump. There are many types of pumps available, some worked by hand and some with an electric motor. Express after a feed, or instead of a feed if your baby is not with you. See your community child health nurse, ABA counsellor, lactation consultant or www.raisingchildren.net.au website for further information about how to express.

For **fresh breast milk**, store the milk in a clean, covered container and put in the back of a fridge – not the door (4°C or lower). It will keep for up to three to five days, but it is better to use it within two days. You can chill freshly expressed milk in the fridge and then add to milk in the freezer, but it will only keep for as long as the oldest milk. If no fridge is available, fresh breast milk will keep for six to eight hours at room temperature (less than 26°C).

You **can freeze breast milk** well. Label the container with the date, and always use the oldest milk first. Frozen milk will keep for:

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

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

**Alternatives to breast milk**
Breast milk is the natural food to feed babies, even when they are unwell. If you and your baby are having problems breastfeeding and looking for alternative feeding options, remember to ask your midwife, community child health nurse, ABA counsellor or lactation consultant for help and support. They can provide you with balanced information, explain your options and help guide you when things go wrong.

Seek advice as soon as possible before you stop breastfeeding or decide to use infant formula as this could reduce your breast milk supply.

Many mothers feel disappointed if they are not able to continue breastfeeding. This is a normal feeling. Remember that any breast milk is better than none, and formula fed babies can grow and develop well. You can still have lots of skin to skin time with your baby while feeding him.
If your baby is partially breastfed or not having any breast milk, the only safe alternative to breast milk for the first 12 months of life is infant formula. Cow’s milk is not recommended as a main drink for babies until after 12 months.

Standard cow’s milk-based infant formula is safe for healthy term babies. Other formulas may need to be prescribed for babies with specific health and medical conditions. Talk to your midwife, nurse or doctor for tailored advice on choosing, preparing and feeding with infant formula.

In Australia, infant formula regulations state that feeding with infant formula should only be demonstrated by health care workers and only to those mothers who need to use it. This makes sure that your decision to breastfeed, or not, is an informed one and the feeding advice is tailored to meet your baby’s individual needs.

**Balancing breastfeeding and work**
Going back to work doesn’t have to mean the end of breastfeeding. There are lots of ways to combine the two.

Here are some ideas:
- Use your maternity leave. Take as long as you can to recover from the birth and get breastfeeding well established.
- Work part time, at least at first, or try to fit your working hours around your baby’s needs. Do some work from home if you can. This is increasingly becoming an option with computers.
- Work-based childcare would be great if it is available.
- You can express milk at work, store it in a fridge then take it home to be fed to your baby the next day. The carer can use a cup or a bottle for this. You and your baby can continue to enjoy breastfeeds when you are home.
- Your baby may be happy to have more breastfeeds before and after work. This is a great time to have together after a day apart.
Starting other foods
Introducing solid food at the right time is very important. Babies develop at their own pace but if you start too early (before four to six months of age), your baby is not ready to chew, swallow and digest solid food. If you wait too long after six months, your baby will miss out on important nutrients needed for growth and development.

The best time to start solids is around six months, when your baby is showing an interest in food, including what’s on your plate and putting fingers in his mouth, looks for more food after a full breastfeed or formula feed, opens his mouth when food is offered on a spoon, can hold his head steady, and can sit upright.

Starting solids doesn’t mean replacing breastfeeding; it’s best for your baby to keep breastfeeding along with eating solids until he’s at least 12 months old. Solid foods will not help settling or sleeping problems. Ask your community child health nurse for more information about sleep and settling.

Tips for success:
- Be relaxed!
- Make sure baby is sitting safely and comfortably, and is not too hungry or too tired.
- Use a soft but firm plastic spoon, not a metal teaspoon, or use your clean fingers.
- If your baby refuses first time, try again in a day or so. It takes a few times to get used to new tastes and textures.
- Always stay with your baby when they are eating and avoid foods that may cause choking.
- Sit your baby with the family at meal times to watch and learn.
- Learning to eat is a skill that requires practice, patience and persistence. Be prepared for a mess, it’s part of learning to eat.

How do I start?
- Begin with a soft, smooth or pureed food like rice cereal or pureed cooked pumpkin. Mix a little with your baby’s usual milk or water to a fairly runny consistency at first, then firmer as the baby gets used to it. Start with one to two teaspoons and gradually increase to his appetite.
- Offer one type of food at a time, every few days. There is no particular order that foods should be introduced, but foods with iron should be introduced as soon as he can tolerate the texture to prevent low iron levels.
- Work towards two to three different foods at two to three mealtime occasions a day.
- You can make up a quantity of mashed food and freeze it in ice cube trays. Store the blocks in a food storage bag in the freezer, ready to defrost when needed.
- Gradually increase the texture, amount and variety of foods offered.
- From six to seven months you can continue to try a range of other foods, such as minced meat, chicken, mashed fruit and vegetables, and yoghurts. Move from pureed or well-mashed foods to soft lumps by about eight months, and then try finger foods such as cooked vegetables, breads and cereals. Observe what tastes and textures he likes and keep offering different foods. Never force feed and stop when he’s showing signs that he is full.
- By 12 to 15 months, your baby should be enjoying similar foods to the rest of the family, suitably cut up and avoiding really strong flavours. Encourage and help your baby to feed himself. Remember to always watch babies while they eat and avoid any hard foods that could cause choking.

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

For more information or advice see ‘get connected’ on page 60.
News from the Ngala Helpline

Ngala Helpline offers a unique support service for families with babies and young children in Western Australia. Each year about half of all new parents in WA call us seeking information, reassurance or guidance on the care of their baby or young child.

Most of our callers are parents or carers (mums, dads, grandparents, caregivers) who are seeking a listening ear and some strategies based on sound evidence and research.

“Support via Ngala relieved my feelings of isolation and stress. Problems now seem much more manageable.”

Babies often interrupt the routine of our lives and this requires us to adjust; to allow for new routines and demands. As parents, we all seek the best for our children and often place high expectations on ourselves and our babies.

The most common theme of calls we receive are about crying and sleep. Babies need sleep and so do parents. The demands of a wakeful baby can often find parents struggling to know how to respond and being tired can make it difficult to know what your next step should be.

Crying can be very stressful for parents as well as children. Understanding your baby’s sleeping patterns and how they communicate through their cries is one of the ways we can help.

“My three week old baby cries for long periods and wakes frequently.”

We can help you explore how to make small adjustments in settling routines and how you could seek support from family and friends. We can also offer guidance or reassurance on your child’s individual needs and development at various ages.

“I can’t put my baby down without him screaming. What can I do?”

Providing healthy and nutritious food appropriate to a baby or toddler’s age and development provides many challenges for all parents. We can help you with:
- establishing and maintaining feeding routines
- breastfeeding and formula feeding
- weaning
- introducing solid foods
- toddler’s eating and development.

“Knowing I can call Ngala for help has made my parenting experience even better.”

Helpline referrals to one of Ngala’s Parenting Workshops such as ‘Food Glorious Food’ or ‘Tasty Toddlers’ are one option for obtaining more detailed information and strategies.

If as parents you require assistance with adjusting to the many demands and changes in relationships that can come with parenting young children we can offer assistance or an appropriate referral to help in your local community.

“They gave me suitable advice without judgements and were very understanding.”

You can call the Ngala Helpline seven days a week from 8 am to 8 pm. Simply leave a message with the telephonist or on the voicemail after hours and we will return your call. Interpreters are available for non-English speaking families and there are relay interpreters for those who are hearing impaired.
Sleep and settling your baby

About sleep
Every baby wakes at night and most babies wake several times a night until about six months of age, and then one or two times a night for the first year. One of the biggest challenges for a parent is coping with a lack of sleep. Babies are a 24 hour a day job.

New babies have no idea of day and night, and most will wake regularly around the clock, for feeding, comfort and security, especially if they feel unwell or unhappy.

Many babies sleep between feeds for the first few weeks, but some have lengthy wakeful periods from the start.

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

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

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

Where should babies sleep?
To protect against Sudden Infant Death Syndrome (SIDS), the safest place to put your baby to sleep is in a cot next to your bed for the first six to twelve months. This makes it easier for feeds and settling during the night.

Each sleep time, gently turn your baby’s head to a different side. This will prevent your baby developing a flat spot from spending too much time with their head in the same position.

Very new babies will sleep wherever they are. Don’t try to keep things too quiet as babies can cope with normal household noise. Young babies spend a lot more time than adults in active sleep, so they move around and make noises quite often. This does not mean they are unsettled.

Ways to settle your baby to sleep
Some babies drift off to sleep very easily after a feed or while being held and then stay asleep for an hour or so. Others find it much more difficult to fall asleep, especially after the first few weeks. These babies can get overtired and quite cranky, so really do benefit from being settled to sleep.
Babies are able to recognise the pattern of how you put them to sleep. These patterns can be started in the early months and can include a breastfeed, bath, massage, story, special music, a bedtime song, rhyme, special cuddle or a prayer. Different babies respond to different things, so you may wish to try several methods. As your baby gets older, try to develop a consistent way of settling that she can learn to expect and respond to.

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

- Recognise your baby’s tired signs and ensure your baby is not too overtired before trying to settle. Signs of tiredness include frowning, grizzling, clenching fists and tense, jerky movements. A tired baby does not easily smile or respond to you.

- If your baby is upset, calm her in your arms and wait until she is drowsy before putting her down in her cot. Place her on her back and rock or pat her gently with a cupped hand at heartbeat rate, slowing the rate as she calms. Some babies need patting or rocking until they are fully asleep.

- Some babies settle better if wrapped fairly firmly in a thin cotton sheet with the arms wrapped in, while others do not like this, and settle better if they can use their hands to soothe themselves. The wrap should not be too tight and allow for chest wall, hip and leg movement. Use only lightweight wraps such as cotton or muslin. Ensure the baby is not overdressed under the wrap and has the head uncovered.

- Sucking is very soothing for babies. You may like to try offering a feed if your baby is hard to settle. Some babies like to suck their thumb or finger (if so, you'll need to leave one hand free if you wrap your baby), and others have a dummy. Beware of using a dummy while you are establishing breastfeeding though (usually the first few weeks), as your baby needs to do plenty of sucking at the breast.

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

- Many babies respond well to noise, especially if it is rhythmic or repetitive. Try a CD of womb music, quiet classical music, or machine noises such as a clothes dryer/washing machine. Singing a lullaby may be very effective, even if you can’t sing in tune.

- Upset babies find it easier to calm if they are held in a flexed position. Holding her flexed, that is with her body bent forwards into a ‘C’ shape, breaks her tendency to arch back when crying and gives her the chance to calm down. Try bending her legs up with her arms and head forward while holding her in the crook of your arm, let her hang over your arm facing the floor, or let her lie over your shoulder. Then try gentle rhythmic patting on her bottom while you sway or bounce.

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

- If you are feeling that you can’t cope, put your baby somewhere safe for a few minutes and if possible speak to a friend or a health professional. See ‘Crying and colic’ on page 31 for more information.

**Sleeping with your baby**

Sleeping baby in a safe cot next to the parents’ bed for the first six to twelve months reduces the risk of sudden infant death, including SIDS, as long as the room is smoke free.

There is a risk of death if babies sleep in the same bed with an adult or child. The main cause is that baby’s head gets covered by the bed clothes or a pillow. Adult bedding is unsuitable for babies.
The risk is higher if parents smoke, have drunk alcohol or used drugs which cause them to sleep more heavily.

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

Wherever your baby sleeps you need to make sure she is safe.

Safe Sleep
Sudden Unexpected Death in Infancy (including SIDS)

Many parents worry a lot about the chance that their baby might die from SIDS (Sudden Infant Death Syndrome). SIDS means that babies die suddenly, without warning, while they are asleep and where no cause can be found. SIDS is now less common.

There are six main ways to lower the risk for your baby. There is strong evidence to support these.
1. Put your baby on the back to sleep.
2. Make sure your baby’s head remains uncovered during sleep.
3. Provide a safe sleeping environment (safe cot, safe mattress, safe bedding) day and night.
4. Sleep baby in her own safe sleeping environment next to the parents bed for the first six to twelve months of life.
5. Cigarette smoke is bad for your baby.
6. Breastfeed your baby if you can.

Other factors which may be involved include:
- Bed sharing, if the parents are smokers or affected by alcohol or drugs
- Baby being too hot or too cold
- Baby sleeping on a sofa.

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

What do babies sleep in?

For safe sleep it is best to only use a standard cot for everyday use, not a portable cot, travel cot or any inflatable plastic cots. Cots must meet the Australian Standard AS/NZS 2172. It is illegal to sell cots (including second hand cots) that do not meet the Standard. Australian Standard AS 2195 is a separate standard that applies to portable cots. These Australian Standards do not apply to, or address safety issues for bassinetttes, rocking cradles or toddler beds.

It is important to make sure that your baby's face and head are not covered when she is asleep. Babies do not need to wear hats or beanies to go to sleep.

Wrapping your baby and sleeping bags

If you wrap your baby for settling, use a thin cotton sheet over light clothing, and only a light covering, unless the room is really cold. Babies can get quite warm when wrapped.

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

If you are not using a sleeping bag, your baby may wriggle out of her covers, so she needs to be dressed warmly in cold weather. Avoid overheating - as a rough guide your baby needs about as many layers of clothes and blankets as you do.
Use of pillows
Pillows are dangerous for babies and can cause suffocation, either by the baby turning face down and burying her face in the pillow, or by getting her head under the pillow. A pillow is not needed until she moves from the cot into a normal bed (usually at two to three years of age).

Babies must not be left on adult sized u-shaped pillows while they are sleeping or left alone there while they are awake.
There have been a number of baby deaths in Australia associated with using adult size U-shaped pillows. A safer option is a play donut which is a small ring cushion. It can be used to support your baby during play and to help hold her in a comfortable position for breastfeeding.

Babies should not be left in play donuts for sleep or left unsupervised while they are awake.

For more information or advice see ‘get connected’ on page 60.

Dummies, thumbs and other comforters

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

- It is not a good idea to give a dummy until breastfeeding is working well, usually about four to six weeks of age, because it is a different kind of sucking and it can interfere with breastfeeding.
- Babies should not be given dummies to make them wait for a feed when they are hungry.
- It is not safe to use a worn dummy that could break and risk the baby swallowing pieces. Replace them often.
- It is not safe to tie the dummy to baby’s clothing because it could go around the baby’s neck and cause suffocation.
- Never put anything sweet on the dummy, even before the baby has teeth, because this can harm the teeth.
- If you want to use a dummy for early sucking but not continue using it, you can usually stop before your baby is six months old. After that they are likely to get very attached to it.
- If given up before the permanent teeth come, dummies will not harm your baby’s teeth.

Dummies, or pacifiers, are used by babies as comforters and, in the first few months, to meet needs for extra sucking. The need for sucking for comfort has been found very early on. In fact, babies have been shown sucking their thumbs before they are born!

The world is a strange new place for babies and meeting their needs for comfort is important in helping them to learn to feel secure and confident. Babies who are always with a parent and can breastfeed at any time do not usually use comforters but most babies in Western homes will use a dummy or thumb or a special blanket or toy.

They are also easier to give up than sucking thumbs. However, if you don’t like the thought of a dummy it is best not to start, because once the baby gets attached to it he is likely to be attached to it until he is about three or four years of age, when he feels more confident in the world. Older babies and toddlers use dummies for comfort especially at times when they are not with a parent (bedtime or childcare). They can get very distressed if they are asked to give up their dummy.
Thumbs
Young babies need to be allowed to suck their thumbs or fingers if they want to as this is one of the ways they get comfort. If you don’t want this to continue you can try giving the baby a dummy before he gets too attached to the thumb.

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

Whether you give your baby a dummy or not is a personal choice. Remember that most babies will find an object that gives them comfort until they are old enough to do without it.

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

When to bath your baby
A good time to bath your baby is usually after feeding him. Sometimes a bath will soothe an unsettled baby after a feed. Your baby may find having a bath very relaxing and have a good sleep afterwards.

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

- While your baby is very small you can wash his face and hair before you put him in the bath. Hold him securely, face-up, with his body under your arm and head and neck supported over the bath, to rinse his hair. Once he is older and easier to hold, it is usually quicker to do this in the bath.

- Some babies don't like the feeling of being undressed for the bath. Try wrapping your baby in a towel or nappy, then letting this float away once he is in the water.

- Support him securely with your arm and hand and gently move him in the water to allow him to get used to the feel of it.

- Your baby may like to be turned on to his stomach and floated in the water with your hand under his chin for support, with his head turned to one side. Older babies enjoy going into the big bath, and love wetting the bathroom (and you) with their splashes.

- You can also bath or shower with your baby, but this is best done with another pair of adult hands to help.

- Never leave your baby unattended.

- Sometimes babies cry when they come out of the bath. Have a dry and warm towel close by to wrap your baby in, and dry him gently. You may like to massage him with some oil or sorbolene cream.

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

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

Pictures: Mum supporting baby with her arm during bath time.
Nappies and their contents

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

Is my baby's poo normal?
Babies can produce a great range of colour, consistency and frequency of bowel action and most of it is normal.

Breastfed babies have soft, unformed poos that may look a bit like seedy mustard, often a yellow-orange colour, but sometimes greenish. It may shoot out with some force and may look frothy at times. In the first few weeks, breastfed babies' bowels open frequently, perhaps every feed time. After a couple of months, this may settle to once every few days or so. The bowel action, when it comes, is still soft. The poo will vary a lot with how your baby is fed. The poo of an exclusively breastfed baby smells quite sweet. It changes to a more offensive smell only when other foods or milks are given.

Bottle fed babies tend to have firmer poos and pass them less often when the baby is young. There is a lot of variation in colour and consistency. They may be anything from fairly liquid to paste-like to very firm and dry. Any change in formula or the addition of new foods to baby's diet is likely to change the nature of the bowel action.

This is quite normal. When an older baby is having solids, especially vegetables, these can come out the other end looking quite undigested. Again, this is normal and will gradually change.

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

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

Fully breastfed babies do not get constipated, but it can be common with babies on infant formula. Make sure the formula is being made up correctly (not too strong). If your bottle-fed baby is constipated, you can try giving some cool boiled water or an extra feed. If your baby is exclusively breastfed, he does not need any extra boiled water.

How do I know if my baby has diarrhoea?
When babies are having a lot of runny poos, parents often wonder about this. It may be diarrhoea if the poos become more runny and frequent than normal for your baby. They may be quite watery, like urine (wee). This may mean an infection in the gut (gastroenteritis) or elsewhere in the body, and there may be vomiting as well. Your baby may appear unwell and not want to feed.

It is important to seek medical help quickly if diarrhoea continues or is severe, especially if there is vomiting.
How many wet nappies will there be each day?
Young babies pass urine very often, ten times or more a day, and will often wee when their nappy is taken off or as you go to put a dry one on. Babies have no control over this at all and they are not doing it on purpose. They wet less often as they get older, but still at least six to eight times a day. Plenty of urine is a sign that your baby is getting plenty to drink, which is reassuring. Please note that disposable nappies can absorb a lot of moisture without feeling wet, so how wet a disposable nappy feels, or how often you need to change a nappy is not always a reliable guide to whether he is getting enough to drink. A better guide is how heavy the nappy feels and that the urine is a pale colour. In hot weather, or if your baby is not feeding well for some reason, the urine may be darker and more smelly than usual. An extra feed may help, but if there are other reasons to think your baby may be unwell, seek advice.

How can I avoid nappy rash?
Baby urine is very clean and doesn’t usually smell much unless it remains in the nappy for a while. When this happens, bacteria from the skin or the nappy will produce ammonia from chemicals in the urine. This has a definite smell and can irritate the skin. This is why it is important to change the nappy regularly and wash your baby’s skin.

Some babies seem to get rashes in the nappy area very easily, however often they are changed and cleaned. The best way to avoid nappy rash is to change nappies often so that urine and poos are not in contact with skin for too long.

Clean your baby’s skin gently with water on a cloth or wet cotton balls. If you use baby wipes, choose ones without alcohol to avoid stinging, especially if a rash is present. After cleaning, put on some zinc cream or other nappy cream to keep wetness away from his skin. It can also help to leave his nappy off for a while during playtime to allow air to his skin.

Thrush can grow in the nappy area once a rash has developed. This will show as a very red area with spots around it. Special creams are available which clear this type of rash quickly, so see your community child health nurse or doctor if your baby develops a rash that doesn’t clear in a day or so.

When will my baby be ready to toilet train?
Most children are not ready to learn to control their bowels and bladder until they are two years old and some not until they are three. Control of the bowels may happen before or after control of the bladder. Sometimes boys are later than girls.

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

Parents see toilet training as an important milestone for their children and often become very concerned if it doesn’t all go smoothly. It is important that you don’t get upset with your child over this because it can delay success. You can ask your doctor or community child health nurse for advice.
Crying and colic

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

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

There are some things you can try that will help, depending on the cause of the crying. At first it is often hard to work out what it is that your baby needs.

Unfortunately, this is not always straightforward. Remember that normal babies often cry for quite long periods in the early weeks, and there doesn’t seem to be anything wrong. They just need you to comfort them.

Here is a checklist for reasons for crying:

Hunger?
Young babies may need feeding fairly often, especially if breastfed. (Breast milk digests in about 45 minutes). Even if recently fed, you can try a quick top up at the breast. If it doesn’t work you’ll know that is not the problem.

Having a bowel action?
Young babies can make a lot of fuss about doing a poo, even when it is soft or runny. Read more about this in the ‘Nappies and their contents’ article on page 29.

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

Surroundings?
Some babies prefer a quiet dark place to sleep during the day, others like light and some noise and settle better with others around. Night time sleeps should be dark and quiet.

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

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

Lonely or afraid?
Babies need physical contact and plenty of time being close to their parents. If you have other things to do a baby sling can help.
Overtired?
Your baby may be overtired; crying is one of her cues for tiredness. There are many types of cues for tiredness, for example yawning, jerky movements, frowning, eye rubbing, grizzling, back arching, facial grimacing and loss of interest.

Sometimes rocking your baby in your arms in a rocking chair, and reminding yourself that you are helping your baby to feel better even if she goes on crying, will help you and your baby get through the crying time. Remind yourself that you are helping your baby to feel better even if she goes on crying and that it will help her to cry less over time. (For ideas on settling see the article ‘Sleep and settling your baby’ on page 23).

Colic
When crying is constant and nothing you do seems to help for long, this is often called ‘colic’. Colic is usually thought to be caused by wind or gas in the bowel, but there is no proof of this. Certainly the baby looks to be in pain, but we don’t really know. Colic is at its worst at about six to eight weeks and usually settles by three or four months. Nearly all babies have this pattern of crying more for the first few weeks and then getting better, but all babies are different and some cry more than others.

Despite seeming so very distressed, babies with colic (the ones who cry more) are mostly healthy and gaining weight well and they are just as healthy and develop just as well as those who cry less.

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

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

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

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

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

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

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

Spilling, reflux and vomiting

Spilling

Most babies bring up milk sometimes, and some babies do this often. Babies bring up the milk without any effort, often just after a feed, and this is called 'spilling'. If your baby is growing well and is happy, this is nothing to worry about. The amounts are usually quite small, though wetness spreads quickly and makes the spill look bigger than it is. Sometimes the milk comes out through the baby's nose as well as the mouth. You may both be alarmed at this, but babies do cope.

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

Reflux

Babies who spill a lot are often said to have reflux. This happens when the muscle at the top of the stomach does not work very well, so milk and stomach acid can go back up and may spill out of the mouth. The milk neutralises any acid so that the mixture does not cause any pain for the baby. Some babies can have reflux without spilling, when small amounts of milk and stomach acid go up and down in the tube connecting the throat to the stomach (oesophagus) without coming out of the mouth. You can hear your baby swallowing it back down.
Most babies with reflux do not seem upset by it, but some babies with reflux are unsettled and unhappy a lot of the time. Some feed poorly or have bouts of screaming. They may cough or have chest problems, or fail to gain weight. In some bad cases the oesophagus (or gullet) can become sore and this is called Gastro-Oesophogeal Reflux Disease (GORD).

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

**Vomiting**

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

**Ways to cope with a ‘spilly’ baby**

- Remember that spilling is normal and doesn’t need any treatment if it doesn’t bother your baby.
- Give your baby a chance to bring up wind during and after the feed, but only for a short time and don’t pat his back hard.
- If you do bottle feed your baby, he may drink too quickly. Tighten the cap to slow down the flow.
- Try shorter feed times, shorter breastfeeds more often (so the stomach is less full and less pressure on the muscle at the opening of the stomach).
- Your baby’s tummy will get a lot bigger when he feeds. Make sure nappies are not too tight. Keep your baby fairly upright for half an hour or so after feeds. Hold him over your shoulder or try holding him with his body bent forward into a ‘C’ shape.
- When putting your baby down to sleep in a cot, you can raise the head end by placing books or blocks under the legs of the cot.
When to see your doctor

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

You can ring the free 24-hour health advice line healthdirect on 1800 022 222, your local doctor or hospital for advice, but if you think your baby may be ill, you will need to see a doctor who can examine the baby. It is not usually possible to work out what is wrong over the phone.

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

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

- Is limp, more drowsy than usual and does not wake or feed normally.
- Is finding it harder to breathe than usual. Your baby may be breathing very quickly, or making grunting and wheezing noises. His chest may also be drawn inwards during breaths as his muscles have to work harder.
- Looks pale and is weaker (more floppy) than usual.
- Is vomiting up more milk than usual, or having runny poo (bowel action).
- If your baby is drinking less and losing more fluid by vomiting or having diarrhoea, he can become dehydrated (body fluid is lost). Having less wet nappies can be a sign of this.
- Feels hotter or colder than usual (he has a temperature of more than 38 degrees Celsius or less than about 36 degrees Celsius). This can be a sign of an infection.
- Has an unusual rash.
- Has a seizure (a fit) with jerking or trembling of his limbs.
- Has vomit that is bile stained (green) or contains blood.
- Has more than a few streaks of blood in the bowel motion (poo).

Most infections such as colds, ear infections, tonsillitis and sinuses are caused by viruses which are not helped by antibiotics. Your doctor will know if antibiotics are needed and will prescribe them if they are. The doctor may not prescribe any because he/she is trying to stop bacteria from becoming resistant to antibiotics. One of the most important ways to help stop this resistance from developing is not to use antibiotics where they are not needed. Your baby’s immune system will fight many infections successfully without antibiotics.

Six week check with your doctor

It is important to see your GP (General Practitioner or family doctor) six to eight weeks after giving birth to your baby.

Your GP will:

1. Check your baby

Checks are carried out to make sure your baby does not have any medical conditions, such as:

- hip problems
- eye problems
- heart problems
- developmental problems
2. Check you
The six to eight week check is a good time to see that you are healing well after delivering your baby. Your GP will also check for signs of post-natal depression, and offer help if required. If you have missed any health screening during pregnancy (such as a Pap smear), the six week check is a good time to get it done.

3. Discuss immunisations for you and your baby
4. Discuss family planning
There are a number of choices which will depend on whether you are breastfeeding or have any medical problems.

5. Answer your questions
Remember to take your baby’s purple All About Me book to your doctor’s appointment.

When to get help
See your community child health nurse or doctor if things become too hard or if you are worried about your baby’s health or her development. It’s difficult to know what ‘too hard’ might be if this is your first baby because there are so many adjustments. Some ways to tell are:

- If you are unhappy a lot of the time.
- If your baby cries a lot of the time and you can’t get her to stop.
- If she doesn’t respond to sounds.
- If she doesn’t complain and call out for feeds.
- If your baby is not developing or growing well.
- If you feel as if you are getting no sleep at all.
- If the baby seems fine but you worry about her a lot of the time.

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

There is a list of services at the back of this magazine that may be helpful if you need information or support.

Immunisation
Immunisation is a safe and effective way of protecting your child and yourself from some diseases which can cause serious illnesses and sometimes death. The risk of disease is far greater than the risk of immunisation. If you and your child are immunised, it will prevent you from getting or passing these diseases to other people, especially to young babies who are not yet fully immunised.

All new parents and people who will be caring for newborn babies are recommended to have a whooping cough booster vaccination to help avoid them from passing whooping cough to the baby. Some mothers may also need a booster vaccination against Rubella or Chicken Pox.
The National Health and Medical Research Council recommend that babies and children are immunised against the following diseases:

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

These childhood immunisations are funded by the Australian Government and are free of charge.

**Where can I get my child immunised?**

Your baby’s first vaccination will be given in hospital. His next vaccinations are due at eight weeks of age.

Speak with your doctor, council immunisation nurse or community child health nurse for information about immunisation services.

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**Keeping your baby safe**

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

**General safety:**

Home is where most accidents happen because it is where you spend a lot of time with your baby. You should make sure that:

- Smoke alarms are installed and batteries changed regularly.
- All poisons are kept out of reach.
- You know what to do in an emergency – have emergency numbers for police, ambulance, fire brigade and poison information near the phone and know how to give first aid.
- An Earth Leakage Circuit Breaker is installed in your fuse box. This will cut off the electricity supply if there is a fault.
- Hot water systems are controlled to deliver hot tap water at 50°C.
- Do a check of grandparents’ homes if your baby spends time there too.
- Your pram and other baby equipment should meet Australian safety standards.

**Safe sleeping**

- Your cot and pram should meet Australian safety standards.
- If you have a portable cot, make sure that it is sturdy and meets the requirements of the Australian Standard (AS 2195). Do not put additional mattresses or padding in portable cots.
- Keep your cot away from blinds and curtains with dangling cords and from power points.
- If your baby uses a dummy, make sure the dummy is not attached to his clothing.
- Do not use mobiles or toys with stretch or elastic cords in the cot.
If you have a cradle make sure the locking pin is secured and that your baby or toddler cannot remove it.

It is not safe to put babies on a water bed or bean bag.

**When your baby starts moving around you need to make sure that:**

- You cover all power points with a child safety cover.
- There are no small or sharp objects that your baby can reach. Your baby will put most things he picks up into his mouth.
- You lock away all poisons, including things like dishwasher detergent from under the sink and medicines from your bedside table and your handbag.
- Tablecloths and dangling cords are removed from reach, and that saucepan handles do not overhang the stove where a child can reach them.
- There is no uncovered water in the house or garden. This includes nappy buckets, dogs water bowl, grey water collection and any pots that might fill with water after a rain. Babies can drown in only a few centimetres of water.
- Parents are strongly advised not to use baby walkers as these can easily cause injuries from baby running into things, tipping up or pulling things down on top of themselves.

Remember never to shake babies or handle them roughly. For more information or advice see ‘get connected’ on page 60.

**Safety and the car**

When you travel in a car, it is important to make sure that your baby is safe. Babies are better protected if they travel in a rear facing restraint, either a capsule or a convertible restraint for at least the first six months. Rear facing travel for babies up to at least six months of age will soon be law in WA.

**When you are choosing a restraint make sure that:**

- It is fitted before your baby’s first trip in the car
- Has the Standards Australia mark on it (AS/NZS 1754)
- You know how to use the restraint properly

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

- It has the Standards Australia mark on it (AS/NZS 1754)
- It has no signs of wear and tear
- The adjusters and buckles work properly
- The outer shell is not cracked
- It has not been in a car crash

If you answer no to any of these questions, the restraint may not protect your baby in a crash.

Keep your baby rear facing for as long as possible but at least until they weigh 9 kg and are at least six months old. When your baby reaches these milestones they can be moved to a forward facing seat. Make sure that you follow the instructions provided.

**Other things to consider for your baby’s safety in the car:**

- Never place a rear-facing baby restraint in the front seat of a car, especially if there is a front passenger airbag. Airbags can cause serious injury or death to a baby.
- Ensure there are no loose objects in the car that can fall onto your baby. If you have a station wagon, a cargo barrier will prevent items (like the stroller) moving forward.
- Protect your baby from the sun by shading the windows with a screen that blocks the sun, but still allows you to see out of the car.
- Do not leave your baby unattended in a car, even if you have parked in the shade.
- Do not smoke in the car.

Kidsafe WA offers a comprehensive child care restraint fitting, checking, hiring and advice service.

For more information, see Kidsafe WA in ‘get connected’ on page 63.

Smoking and your new baby

Cigarette smoke is bad for babies. If you are a smoker, one of the best things you can do for you and your baby’s health is quit smoking. If you or other people smoke near your baby, your baby smokes too. This is called ‘passive smoking’. When your baby inhales the toxic chemicals found in cigarette smoke, it will increase the chances of them getting sick.

Smoking increases the risk of the following illness in children:
- Chest infections
- Coughing and wheezing
- Ear infections
- Asthma
- SIDS (Sudden Infant Death Syndrome)

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

Children are more likely to start smoking if they grow up in homes where parents and families smoke. Make sure that nobody smokes in the same room or car with your baby.

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

For help to stop smoking talk to your visiting GP, community child health nurse or call the Quitline on 13 78 48.

When you quit smoking, you will experience the following benefits:
- You will make more breast milk
- Your baby won’t be getting nicotine and other poisons from tobacco in your breast milk
- You will have more energy
- You and your baby will be healthier.

Protecting your baby from the heat and sun

Babies can get stressed by the heat and need extra care in very hot weather. If you feel uncomfortably hot, your baby will need special care too. Some helpful hints to keep your baby from feeling stressed are:
- Your baby may need extra breastfeeds during hot weather, but she usually does not need extra drinks of water. If she is bottle-fed, she may need extra formula or small drinks of cool boiled water if she seems thirsty.
A ‘tepid’ bath can help keep your baby cool on a very hot day. The water needs to be warm enough to be comfortable; cool or cold water should not be used.

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

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

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

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

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

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

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

If your baby starts to be floppy or more irritable, this could be a sign of heat stress.

You will need to give more drinks and take your baby to be checked by a doctor.

**Babies in the sun**

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

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

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

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

To grow normally and enjoy good health, it is important that your baby eats healthy foods from the start. He will develop his eating habits from what he learns from you and his other carers (for example at child care). These habits are likely to continue into adulthood. His health both now and in the future is affected by the foods he eats.

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

If you have a healthy diet, of course you will also benefit. A healthy diet is an important factor in maintaining a healthy weight and protects you from developing certain cancers and diseases.

Having a healthy family diet means:

- Enjoying a greater variety of vegetables, fruits, wholegrains and legumes, such as beans, every day.
- Eating moderate amounts of protein foods from lean meats, eggs, legumes and dairy everyday. Avoid fatty, processed meats.
- Eating less foods that are high in fats, added sugars and/ or low in fibre.
- Eating less foods processed with salt and salty foods.
- Preferring water as a drink. Avoiding sugary drinks.
- If consumed at all, adults should limit alcoholic drinks to no more than two standard drinks on any day, and no more than four on a single occasion.
- Being as lean as possible without becoming underweight, and being physically active for at least 30 minutes every day.

Dogs, cats and babies

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

Pets don’t understand babies. Even very friendly dogs can become jealous of a baby. Cats have been known to sit on a baby in a cot, which can smother the baby. If you have a pet, you can help it to feel good about your baby by feeding and petting it when your baby is with you. Here are some important points to consider:

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

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

Here are some of the changes new mums can expect:

- Your relationships change. Now you are someone’s mum. If you have a partner, you are now a family, not just a couple.
- You have someone who is dependent on you for their survival. This can be exciting but also demanding and scary.
- Many mums worry about how well they are doing in their new role. Lots of people like to give advice to new mums, based on their own beliefs and experience. This can often be helpful, but sometimes it may make you worry more about how well you are doing. You will have your own ideas about the sort of mother you want to be. Let yourself be a ‘good enough’ mother, rather than trying to be perfect.
- Your life needs to slow down with a baby. Especially at first, newborn babies rarely fit into the kind of routines and schedules their parents keep. For many of us who have stressful, busy lives, slowing down can be as hard as being too busy.
- Changing hormone levels, sleep patterns and the whole role readjustment process may make you feel more vulnerable, sensitive and easily upset.
- A lot of hopes and dreams come to the surface at the time of a new baby coming into your life. That can mean some disappointments and a lot of ups and downs in emotions for a while.

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

Becoming a mum involves a lot of change, as well as opportunities to grow as a person. Looking after yourself is important: be loving and gentle to yourself and look for caring support when taking on this most valuable role.

If you have older children at home

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

When mum is in hospital

- Give your toddler as much contact with you as possible. Even if he cries when he has to leave it is better for him to know where you are and to see you.
- It is also helpful if you can make him feel special during visits and for you not to be holding or nursing the baby.
Many toddlers are helped by having a postcard from their mum arrive in the post.

Some children get comfort from minding something for their mum while she is away, for example an old set of car keys. Give your toddler a photo of you to keep.

Sometimes a present from the baby to big brother helps. Your toddler might also like to choose a gift for the baby.

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

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

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

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

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

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

Mum helping her toddler to hold his baby sister.
Being a Dad

During your partner’s pregnancy you’ve probably been preparing for the birth of your baby. Now you’re home, you may be wondering, ‘what now’?

The first thing to remember is to relax and enjoy your new baby. Babies are very intuitive and for the last nine months they have been tuned into mum’s heartbeat, breathing, warmth and feelings, so they are very adept at picking up on relaxed breathing and slow solid heart rates. Try hard to trust what you are doing, for if you trust it your precious child will most likely trust it too.

As a father, being involved in the hands on, day-to-day parenting of a small baby, is one of the most effective ways of ensuring that your child makes the most of future opportunities. Research indicates that it helps a child to be more content and develop the necessary skills to bounce back from life’s future challenges. Your baby’s brain is growing at a phenomenal rate and now, while these important brain connections are being formed, is an excellent opportunity to form some crucial, long-lasting, trusting bonds with your baby.

If one of your roles as a father is to earn an income for the family, take time to consider how much time you can take off work or how you can restructure your work life. These opportunities will probably be limited, so try to talk with the rest of the family about when is the best time to do this. Although it sometimes doesn’t feel like it at the time, your child will only be a baby for a short time and the love, hugs, kisses and comfort your baby needs cost very little and are a very worthwhile investment.

Expectations and reality often differ; both you and the baby’s mother may have different expectations. A really important part of being a parent is to communicate with the rest of the parenting team. We can often make assumptions about what parenting means and communication is a great tool for ensuring that these assumptions don’t get in the way of your child getting the best start he/she possibly can.

Research suggests that differences in handling can stimulate a baby’s learning from a very early age. This can assist your baby in quickly developing improved coordination, which can lead to better sporting skills or physical development.

- Watch your baby
- Wonder at your baby
- Talk to your baby
- Listen to your baby
- Try to understand what your baby is saying. Try not to expect too much of yourself though, you are the expert and you get more and more expert every day by being there and tuning in to what your baby is telling you.

Many people say that ‘parenting is the hardest job you will ever do’ but it is usually followed by saying ‘it is also the most rewarding job…’ Remember you are not alone, talk to your partner, family, friends, workmates, or an appropriate child professional. Most child health professionals know the incredible worth of having a father involved in his child’s life. Nobody was born an expert at parenting and we are all improving every day.

If you have any questions about parenting matters or being a dad speak to your community child health nurse or contact the programs below that provide information and resources on many aspects of fatherhood and parenting:
Discipline

Parents sometimes ask when you should start to discipline a baby. To discipline means to teach and there are many things you will be teaching your baby as you care for him. However, punishment is not useful for babies as they don’t understand why they are being hurt or left and it is likely to make them afraid when they should be learning to trust. After six months or so you can say ‘No’ and give a simple explanation when your baby does something you don’t want, for example, ‘No. That hurts,’ perhaps if he bites or tries to touch a power point. At the same time move him away from what he was doing. But don’t expect him to really learn what to do and not do for many months yet. For the first year or two, parents need to be watching to keep their baby out of harm’s way because even if he understands what you want, it takes a long time for him to learn to control his wish to try it.

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

Child care

Finding out about child care

The Department for Communities can help families find out about child care and help with:

- Finding child care in your area, including family day care and outside school hours care.
- Things to consider so that child care is right for your child and family
- Ideas to help settle your child into child care and develop a positive partnership with your child’s carers.
- Information about support services for children and families, including those with additional needs.

Call the Parenting WA Line 6279 1200 or *1800 654 432
www.communities.wa.gov.au
Click on ‘Children & Families’ and ‘Education and Care’

Types of child care services

Child care centres are licensed to care for children who are mostly below school age. Some centres also offer places for school age children.

Outside school hours care centres are licensed to care for primary school age children from kindergarten age. A small number of centres may offer places for older children up to 15 years and 6 months.
Family day care is licensed to care for young children who are mostly below school age in the carer’s own home. Many carers also offer places to primary school age children. A small number of family day carers are licensed specifically to provide outside school hours care.

In-home care is supported by the Australian Government and is provided by a registered carer who comes to your home. Information regarding eligibility for this service is available from the Child Care Access Hotline.

Crèche services operate in gyms, recreation and learning centres. These services are not usually licensed as parents stay close by and remain responsible for their children.

Monitoring standards and protecting children in child care services

Child Care Licensing and Standards
The Department for Communities’ Child Care Licensing and Standards Unit is responsible for licensing and monitoring child care services in Western Australia to ensure they meet the requirements of the Child Care Services Act 2007 and regulations. If you have any concerns about a licensed child care service please contact:

Child Care Licensing and Standards Unit
6210 3333 or 1800 199 383 (Rural freecall*)
For information about child care licensing and regulations
see: www.communities.wa.gov.au/childcare

Working with Children Check
To help protect children in the community, everyone who works in child care or does child related work such as babysitting on a regular basis must have a Working with Children Card.

www.checkwwc.wa.gov.au
6217 8100 or 1800 883 979 (Rural freecall*)

Australian Government
The mychild.gov.au website has information for families about child care and links to other useful websites.

www.mychild.gov.au

The Child Care Access Hotline can tell you about child care places in your area.
1800 670 305 (Freecall*)

The Australian Children’s Education & Care Quality Authority (ACECQA) can explain early children’s education and care quality standards.
1300 422 327 www.acecqa.gov.au

Assistance with child care fees
You may be eligible for the Australian Government’s Child Care Benefit, a payment to help families who use approved and registered child care. Ask your child care service or contact the Family Assistance Office. Telephone or visit the website to find an office near you:
316 50 www.familyassist.gov.au and click on ‘Find us’

* Calls made from a mobile may be charged at a timed rate.
Parenting WA

The Department for Communities provides a range of free information and support services to assist parents and families in the rewarding and sometimes challenging journey of raising children. Parenting WA provides information, advice, support and referrals to parents and families with children up to 18 years of age. Our trained staff can assist you with:

- What to expect as your child grows and develops
- Ideas to manage typical day to day challenges
- Ideas and strategies to match your child’s personality and temperament
- Ways to find connections and support in your community.

The Parenting WA Line is a 24 hour/7 day telephone service for information and advice about children and parenting from pre-birth through infancy and childhood to the teenage years. 6279 1200 or 1800 654 432 (Rural freecall*)

Local Parenting WA services
Parenting WA provides services in local metropolitan and country areas, including:

- Workshops
- Presentations
- Parenting groups
- Individual parenting programs
- Home visiting (in some areas).

Parenting WA Coordinators may be able to visit your child care service, playgroup, school or community group. For information on local parenting services call the Parenting WA Line.
Parenting WA Library
We also have a free library for parents and families throughout Western Australia. There is a range of helpful books, pamphlets, videos and DVDs on subjects of interest to parents and families with children up to 18 years of age. They are sent to you free of charge, with a reply paid envelope for returns. You can browse the list of library items online at www.communities.wa.gov.au/parents or talk to one of our parenting consultants:
6279 1223 or 1800 686 155 (Rural Freecall*)
parentinglibrary@communities.wa.gov.au

Local Services for Aboriginal Families
Best Start is a family-friendly service for Aboriginal families who have children aged from birth to five years. Best Start recognises Aboriginal ways of bringing up children and works with local communities to build on their cultural strengths and help children grow up strong. These flexible services can include:
- Playgroups and fun activities for young children and their carers
- Nutrition and health education programs
- Early language and numeracy skills
- Linking up with local pre-primary programs.

For information on a service near you please contact:
Parenting WA Line
6279 1200 or 1800 654 432 (Rural freecall*)
(Calls made from a mobile may be charged at a timed rate.)

You and your partner

Parental Relationships
Will your new baby challenge your relationship as a couple, or make it better?
When a new baby arrives, it is very special to both parents. There are many new things to learn – about your baby, each other and working together. You will find some things are very exciting and some will be hard.

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

What do you expect?
How do you find out about what it is like to be a family? Most couples ask their friends and family. Try asking a few different people rather than just one. Try to find a way of being a family that suits you as a couple and your baby. Take advice which suits you and don’t feel that you need to copy anyone else.
Who you are, what you need, what you can control, and even what your body is going through are likely to have big changes. You may lose touch with friends, both at work and in your social life. The plans you made may not work out. Sex can change or even not happen for a while. New parents can feel overwhelmed. You may be worried about caring for your baby, experience changing emotions, feel left out, tired and alone or your feelings may be up or down. At the same time, you may feel joyful, loving, good about how well you manage, proud of your baby, and pleased that you are now a parent.

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

**What happens to couples?**
How to have enough energy, spend loving time with each other and attend to your baby can be very tricky.

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

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

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

**Some qualities found in couples who have successful relationships are:**
- A sense of humour and not getting caught up on small things that don’t matter.
- They feel OK about themselves, and even better as a couple.
- They resolve conflict as it happens, rather than burying it so that it doesn’t cause bigger problems later on.
- They find their own special family times and ways of doing things.
- They know that being a couple who care for each other is important for themselves and for their children. Their children grow up knowing this too.
- They can sometimes let go of their own issues and needs for the sake of the other person.
- They make outside friends and join in their local community.

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

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

**These qualities for successful relationships were published by psychologist John Gottman in his book ‘Why marriages succeed or fail and how you can make yours last’ (Bollsbury Publishing, London).**
Most couples experience changes in their sexual relationship after their baby is born. For some, it is a few weeks with little or no sex due to tiredness and feeling sore after the birth. For other couples, it is a major shift in their life together. This can be a challenge, but if you talk through your feelings and needs with each other, this is a great start.

When you think about it, there are huge changes for both of you. Not the least of these is how much sleep one or both of you are getting. It’s hard to want to make love if you are always tired!

How a woman responds to her sexual self as a result of giving birth depends on many things, one of which is how the birth went. If you had a difficult birth, it may take weeks or months for you to feel you are able to share your body again. If you had stitches, you may be sore for a while. You may feel you’ve lost ownership of your body, especially if you needed medical intervention. These feelings are normal.

Your body changed shape during your pregnancy and then again after the birth. The parts of your body you thought of as sexual parts developed a new function in the birth and now provide your baby’s perfect food – breast milk. You may feel that your sexuality as a woman has been ‘hijacked’ by these functional aspects of your body.

You will be amazed by your body - your breasts may leak milk in response to your baby crying, between feeds or when making love. This is completely normal; however you may find it distracting and messy.

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

Your partner will experience changes too. It can be difficult for your partner to know where they fit when the twosome becomes a threesome. If you are working hard to love and care for the baby, your partner may feel left out, as if they do not count. It may be that you shared all your care and loving with each other before the birth and now a lot of that loving care and concern is going to the baby.

To make things worse, when your partner tries to make love again you might not be ready. Your partner needs to withhold their feelings of hurt and rejection and be gentle and helpful. If they give you support, this can provide you with a bit of a break from the tasks associated with looking after baby and it can be helpful for both of you. Ways to help can be making meals, doing some washing, holding the baby or cleaning the house. Support like this gives you some time to care for yourself and to enjoy your role as a loving partner too.

Many women assume that it is their job to look after the baby and they shut their partner out without meaning to. Mums need to think about encouraging their partner to share in caring for the baby, or asking for their help. This will be a good start for you as a family.

In the early months, a fair amount of support and understanding from your partner is needed. At this time many women need a lot of non-sexual love and support. While it can be challenging for many partners, it presents a chance for them to explore the caring aspects of themselves and prepare for a lifetime as a loving parent.
Your partner has an important role in supporting and nurturing you and the child. This helps the family to do well. The presence of a loving family environment is critical to your child's development.

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

For more information or advice see ‘get connected’ on page 60.

The Great Parents’ Quiz

How well do you REALLY understand how your partner’s finding being a parent?

Do the quiz on this page and find out!

Instructions:
1. Read each question and decide which answer best fits your partner.
2. When your partner has done all the questions, look at their answers. Circle 2 ticks if they were spot on; 1 tick if they were almost right; and a cross if they were wrong.
3. Add up the number of ticks, and see what the score means.
4. Talk about the questions together.
5. Decide on one thing you could do differently that you think your partner would like.

For Mum!
Mum to answer these questions about her partner.

1. He really enjoys being a father
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never

2. He wishes he could relax for just a few minutes when he gets home from work
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never

3. He can’t wait for me to return if he’s been on his own with our baby
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never
4. He feels pressure juggling work and home responsibilities
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never

5. He’d secretly like to buy a Ferrari instead of more toys! Now there’s a birthday present idea… Give yourself two ticks!

6. He feels he gets too much advice from some people
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never

7. He feels overwhelmed by the changes in his life
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never

8. He feels like he is walking on eggshells (trying not to upset me!)
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never

9. He worries about what others think of him as a father
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never

10. He finds it fun playing with our baby
    - Yes, all the time
    - Yes, a lot of the time
    - Some of the time
    - No, not very often
    - No, never

11. After the two of you have chatted about the questions, think of one thing you could do differently that your partner would like…jot it down.

Dad, after mum has done her part look at her answers. Give the answers 2 ticks if they were spot on; 1 tick if they were almost right; and a cross if they were wrong. Add up the number of ticks and record the total score.
What does your score mean?

- **0–1 ticks:** Impossible! Count again – you automatically got 2 ticks for Question 5!
- **2–10 ticks:** OK, you both definitely need to talk about the questions together, so that you understand how he is finding being a dad. Then do the Quiz again in a week or so.
- **11–15 ticks:** Pretty good. But maybe you’re so busy it’s difficult to really understand what it’s like for him too. So go over the questions together to get a better feel for how he’s finding being a dad.
- **16–20 ticks:** Fantastic! You’ve got a really good idea of how he’s finding being a dad.

For Dad!

Dad to answer these questions about his partner.

1. **She really enjoys being a mother**
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never

2. **She feels lonely or isolated**
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never

3. **She is confident in her ability as a mother**
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never

4. **She would like more help from me (e.g. with the evening meal, housework)**
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never

5. **She'd like to sneak away on her own to Paris/Hawaii and be pampered!**
   - OK, no need to guess on this one… give yourself two ticks!

6. **She would like to get out of the house more often**
   - Yes, all the time
   - Yes, a lot of the time
   - Some of the time
   - No, not very often
   - No, never
7. She feels she gets too much advice from some people
- Yes, all the time
- Yes, a lot of the time
- Some of the time
- No, not very often
- No, never

8. She feels overwhelmed by the changes in her life
- Yes, all the time
- Yes, a lot of the time
- Some of the time
- No, not very often
- No, never

9. She worries about what others think of her as a mother
- Yes, all the time
- Yes, a lot of the time
- Some of the time
- No, not very often
- No, never

10. She finds it fun playing with our baby
- Yes, all the time
- Yes, a lot of the time
- Some of the time
- No, not very often
- No, never

11. After the two of you have chatted about the questions, think of one thing you could do differently that your partner would like… jot it down.
Mum, after dad has done his part look at his answers. Give the answers 2 ticks if they were spot on; 1 tick if they were almost right; and a cross if they were wrong.

Add up the number of ticks and record the total score.

What does your score mean?
- **0–1 ticks**: Impossible! Count again – you automatically got 2 ticks for Question 5!
- **2–10 ticks**: OK, you both definitely need to talk about the questions together, so that you understand how she is finding being a mum. Then do the Quiz again in a week or so.
- **11–15 ticks**: Pretty good. But maybe it’s hard to really understand what it’s like for her if you work a lot. So go over the questions together to get a better feel for how she’s finding being a mum.
- **16–20 ticks**: Brilliant! You’ve got a really good idea of how she’s finding being a mum.

For advice or support speak with your community child health nurse, doctor or one of the organisations listed in ‘get connected’ on page 60.

For pamphlets of the complete The Great Parents’ Quiz© or for further information, contact: stephen.matthey@sswhs.nsw.gov.au (Sydney South West Area Health Service) The Great Parents’ Quiz© was developed by Dr Stephen Matthey. Not to be reproduced in any form without written permission.
Postnatal depression, the baby blues and anxiety

Everyone gets sad
Giving birth to a baby is by no means all joy and happiness. Sometimes mothers feel sad, flat, tired or uptight after having a baby. It is a normal response to the stresses of sleepless nights and the changes in hormones after the birth. Most mothers will experience feelings of sadness and worry only temporarily, but for some these emotions can linger and cause problems.

Most mothers feel sad and teary for a few days starting soon after the birth. This is called the ‘baby blues’.

For some (but not all) mothers, the sadness can deepen and take hold, extending for weeks and months and developing into ‘postnatal depression’. It is also possible to feel depressed during pregnancy – this is called ‘antenatal depression’. It is important to note that fathers can also experience depression around the time of the birth.

In very rare cases, some women may experience confusion, delusions, hallucinations and severe mood swings after giving birth. They can lose touch with reality. This is called ‘post natal psychosis’ and requires immediate psychiatric intervention.

Some parents will feel more worried or anxious than sad. They may feel worried about their baby’s health, about finances or about their relationship with their partner.

These worries are common and to be expected. However, if you are finding it very hard to cope with anxious feelings and get on with things, you could be experiencing an ‘anxiety disorder’.

How do I know if it’s depression?
When you’re depressed, you may:
- Feel sad more often than happy
- Cry a lot
- Feel unable to be ‘your old self’
- Feel a little removed from life
- Not sleep well, or wake early
- Not feel like eating
- Feel that there’s something very wrong with you
- Feel that you don’t have the energy to do anything.

If you are experiencing any of these symptoms for at least two weeks, you may be experiencing depression. It is really important to get help early.

How do I know if it’s anxiety?
When you’re really anxious, you may:
- Feel restless, nervous or nauseous
- Find it hard to relax
- Have a ‘racing’ mind
- Have a churning stomach
- Feel a sense of dread.

If you’re finding it hard to cope with anxious feelings, you’re not alone. Anxiety disorders may be more common than postnatal depression around the time of the birth.
Everyone needs help sometimes

If you are feeling sad or anxious after having your baby, the support of a loving partner and family may be enough to help you recover.

If you are finding it hard to cope and think you might be depressed or anxious, help and support is available. It’s okay to ask for help, and the sooner you do, the sooner you can recover.

Talk to a health professional you trust, such as your doctor or community child health nurse. They can give you information, resources and referrals, and may be able to suggest treatment options.

One option is to see a counsellor or psychologist, who can listen to your concerns and show you strategies to overcome your negative feelings. If you are finding it particularly hard to recover from depression or anxiety, your doctor may suggest you try medication for a time. It is important to take medication as directed.

If a woman feels extremely sad or mentally unwell around the time of giving birth, she may need to receive treatment in hospital.

Why do women feel depressed or anxious around childbirth?
Sadness and anxiety are normal emotions and it is natural to feel sad or worried when our lives change. Having a baby is a big change!

One aspect of this change is redefining your personal identity. When you have your first baby, you take on the role of mother and all the responsibilities that come with it.

You may have to let go of other roles like ‘carefree partner’ or ‘career-woman’ (at least for a time). It can take months or even years to grieve the loss of old identities and to build your new one. Be patient with yourself while you go through this period of change.

Secondly, having a baby takes a lot of energy, and when you’re exhausted it’s easy to feel depressed or anxious. It used to be that the whole family would share the burden and whole villages were involved in the raising of children. This is no longer the case and now it often falls on one woman and one man, or a single parent to do this huge, important job. No wonder it all sometimes gets to be too much!

Thirdly, society can take the parenting role for granted. Being a parent is one of the most important and demanding jobs there is, yet we often underestimate the time and energy required and undervalue the role.

Finally, motherhood can bring up personal issues from your past. You may question how you were raised by your own parents and the quality of your intimate relationships. Your past experiences can affect the way you face motherhood and how you feel about yourself. You may feel a mixture of confidence and doubt about your value as a mother and your ability to care for another human being.

What can you do about depression and anxiety?
- Talk about your feelings with your partner or a health professional you trust, such as a doctor or community child health nurse
- Join a group of women whom you feel you can talk to
- Don’t blame others or yourself for feeling this way
- Don’t expect too much of yourself – recovery happens slowly
- If you have been prescribed medication, take it as directed
- Try to keep up your daily routine
- Stay in contact with friends and family
- Have faith and patience that you will get better – you can recover from depression and anxiety.

For more information or advice see ‘get connected’ on page 60.
Looking after yourself

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

If you are too tired you may find it hard to look after your baby. If you are worried and stressed, your baby will sense it and will not be settled or relaxed.

Don’t feel guilty about taking some time for yourself; you and your baby both deserve it!

Here are some ideas:

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

Picture: Mum and dad taking baby for a walk.
Tackling the hard things

Is your Relationship With Your Partner OK?

Time of change for both of you

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

Both parents need to remind themselves that this is a whole new phase in your life that will take time and patience to grow into. That can mean being gentler on yourself and your partner, taking time to talk about your needs and wishes, and to listen to each other’s views and ideas. Sometimes relationships which have not been working well before pregnancy become worse or problems start during the pregnancy or shortly after the birth. Your baby will be affected by the relationship that you have together, as it can influence his growth and development. Knowing this, and with good intentions from both of you, people can work things out even if it is hard. You may need to get outside help if you can’t work things out between you. It is very important for your own sakes and the baby’s sake for both parents to feel OK with each other as well as with the baby.

When you might need help?

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

- If you feel fearful of your partner’s reactions or are worried that he/she will see you as not being able to cope and blame you when things go wrong.
- If your partner is jealous of time you spend with others and doesn’t want you to go out to meet or talk with friends.
- If your partner is jealous of the time you spend with the baby.
- If your partner does not give you enough money to manage or wants to control all your finances. Both partners need to work together to make a budget that works. If one partner stops a paying job to care for the baby this is a big change. She or he still needs to have a say in the money matters.
- If your partner continually calls you names, puts you down or criticises you.
- If your partner loses his or her temper and shouts, yells, threatens or damages things.
- If your partner blames you for what he or she does, for example, ‘It is your fault I shouted at you, or hurt you.’ Everyone is responsible for his or her own actions.
- If your partner checks up on you all the time, wanting to know where you are.
- If your partner hits or hurts you or destroys your possessions.
- If your partner forces you to do sexual things you don’t want to do.
- If you are afraid of your partner or what he or she will do.

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

We know that from birth babies are aware of and affected by what is going on around them. Babies suffer if the parents who are caring for them are stressed and tense.
Help to change
The sooner you get help with problems the more likely it is to work out well. Sometimes people keep hoping that things will get better, and then find it is too late.

This happens when one person has given up and no longer wants to make things better. Two things need to be worked on – problems in the relationship and the abuse. The abuse needs to stop before you can work on the relationship. The person who is doing the abusing needs to find other ways to express his/her needs and feelings.

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

Family Helpline
9223 1100 or 1800 643 000

It is very hard to change abusive patterns without outside help. You can also ask your local community health centre for groups or personal support to help you. This takes courage, but it is worthwhile for your baby as well as your relationship.

Support if you need it
The Domestic Violence Helplines also offer help and support to people who are being abused or at risk of hurting their partner. It is OK to phone them just to talk about what is going on. You don’t have to give your name. You may want to know where to get counselling or legal advice. There are many services that the Helplines can put you in touch with.

Women's Domestic Violence Helpline
9223 1188 or 1800 007 339

Men’s Domestic Violence Helpline
9223 1199 or 1800 000 599

If you need emergency housing for yourself and your children you can phone the Crisis Care Helpline. They will offer support and help you to find somewhere to stay if you need it.

Crisis Care Helpline
9223 1111 or 1800 199 008

If you or the children are in danger call the Police on 000. Your local police station can refer you to a Family Protection Unit to help you if there is physical violence.

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

Get connected

Support for parents

- **Ngala Helpline**
  For families with babies and young children. Telephone: 9368 9368 or 1800 111 546
  Office hours: 8am–8pm, 7 days

- **Parenting WA Line**
  Information and advice for people caring for children and teenagers up to 18 years of age.
  Telephone: 6279 1200 or 1800 654 432
  Office hours: 24 hr, 7 days

- **Family Helpline**
  Confidential telephone counselling and information service for families with relationship difficulties.
  Telephone: 9223 1100/1800 643 000
  TTY/Voice: 9325 1232
  Office hours: 24 hr, 7 days

- **Child and Youth Health Website**
  Information on parenting and the health and development of children.
  [www.cyh.com](http://www.cyh.com)
- **My Child**
  Information about Australian Government early learning and care initiatives and other issues that affect children.
  Telephone: 13 36 84
  TTY/Voice: 13 36 67 and ask for 1800 670 305
  Office hours: 9am–6pm (Monday–Friday)

- **Raising Children Network**
  Information and practical tools that can help parents with the day-to-day decisions of raising children, and looking after their own needs.
  [www.raisingchildren.net.au](http://www.raisingchildren.net.au)

- **Alcohol and Drug Information Service (ADIS)**
  Anonymous, confidential telephone service that provides information, counselling, referral and advice to anyone concerned about their own or another’s alcohol or other drug use.
  Telephone: 9442 5000 or 1800 198 024
  Office hours: 24 hr, 7 days

- **Quitline**
  Advice, counselling, referral and assistance to smokers who want to quit smoking.
  Telephone: 13 78 48
  [www.quitwa.com](http://www.quitwa.com)
  Office hours: 24 hr, 7 days

- **Disability Services Commission**
  Information on services and support available for people with disabilities.
  Telephone: 9426 9200 or 1800 998 214
  TTY/Voice: 9426 9315
  Office hours: 8am–5pm (Monday–Friday)

- **Perth and Districts Multiple Birth Association**
  Information and support for families and carers raising multiple birth children.
  Telephone: 9340 1536
  Office hours: 10:30am–12:30pm, (Wednesday)

- **Translating and Interpreting Service (TIS National)**
  Telephone if you need an interpreter to help you speak with someone at a health centre, hospital or other organisation. You will need to provide the Operator with the name and phone number of the agency that you want to contact. Interpreting is free for non-English speakers in Australia when contacting government services. Please note: some private businesses may not accept TIS National calls.
  Telephone: 13 14 50
  Office hours: 24 hr, 7 days

- **Women’s Information Service WA**
  Telephone information and/or referral for women on all issues including health, finances, legal, accommodation, counselling and domestic violence.
  Telephone: 6217 8230 or 1800 199 174
  TTY/Voice 13 36 77
  Office hours: 9am–5pm (Monday–Friday)
Breastfeeding
Australian Breastfeeding Association Helpline
Telephone help from trained, volunteer counsellors. Local mother/baby support groups and discounted breast pump hire also available. Visit the website for information and email counselling.
Telephone: 1800 686 2 686
www.breastfeeding.asn.au
Office hours: 24 hr, 7 days • Breastfeeding Centre of WA
Telephone counselling service for people experiencing problems with breastfeeding. For women who gave birth at King Edward Memorial Hospital there is a free Lactation Consultant Service by appointment from Monday to Friday.
Telephone: 9340 1844
www.kemh.health.wa.gov.au Click on ‘Services A–Z’
Office hours: 8am–4:30pm (Monday–Friday)

- Obstetric Drug Information Service
  Telephone consultation on the effects of drugs during pregnancy, drugs in breast milk, the effects of drugs on newborn babies and neonatal drug dosages.
  Telephone: 9340 2723
  Office hours: 8:30am–5pm (Monday–Friday)
  Grandparents raising grandchildren

- Grandcare
  Information and practical assistance on raising grandchildren and other services available to you.
  Telephone: 1800 008 323
  www.wanslea.asn.au Click on ‘Our Services’ and ‘Foster Care and Specialist Services’ and ‘Grandcare’
  Office hours: 10am–3pm (Monday–Friday)

- Parent Drug Information Service (PDIS)
  Anonymous, confidential telephone service that provides information, counselling, referral and support for parents and families concerned about their son or daughter’s drug/alcohol issues. Callers can choose to speak to a counsellor or a trained parent volunteer who has experienced their own child’s drug and alcohol issues.
  Telephone: 9442 5050 or 1800 653 203
  www.dao.health.wa.gov.au
  Office hours: 24 hr, 7 days

Family crisis
- Crisis Care Helpline
  Information and counselling for people in crisis needing urgent help.
  Telephone: 9223 1111 or 1800 199 008
  Office hours: 24 hr, 7 days

- Men’s Domestic Violence Helpline
  Information, counselling and referral for men perpetrating or at risk of perpetrating domestic violence.
  Telephone: 9223 1199 or 1800 000 599
  Office hours: 24 hr, 7 days

- Women’s Domestic Violence Helpline
  Information, counselling and referral for women and children experiencing domestic violence.
  Telephone 9223 1188 or 1800 007 339
  Office hours: 24 hr, 7 days
Child health and safety

- **Child health centres**
  Contact a child health centre to make an appointment to see a community child health nurse. You do not provide assessment, early intervention and therapy services to children with, or at risk of developmental difficulties and delay. Services include; audiology, occupational therapy, physiotherapy, psychology, podiatry, social work and speech pathology.
  Telephone: Listed under ‘Child Health Centres’ in phone directory.

- **Central Immunisation Clinic WA**
  Provides childhood vaccinations on the WA Vaccination Schedule, information about immunisation and Australian immunisation standards.
  Telephone: 9321 1312
  Office hours: 8:30am–4pm (Monday–Friday)
  Call for an appointment

- **Kidsafe WA**
  Advice and information to help you keep your baby safe. Covers the areas of home safety, road safety (a comprehensive child car restraint fitting, checking, hiring and advice service), Playground Advisory Service, and school safety.
  Telephone: 9340 8509 or 1800 802 244
  Office hours: 8:30am–4pm (Monday–Friday)

- **Poisons Information Centre**
  Advice on the management of poisoning cases from medicines, household and industrial chemicals, pesticides and other agricultural products, plants, fungi, animal bites and stings as well as general toxicology and drug information.
  Telephone: 13 11 26
  Office hours: 24 hr, 7 days

- **Paediatric Drug Information Service**
  Advice on drug therapy, paediatric dosages, adverse reactions and formulations.
  Telephone: 9340 8703
  Office hours: 8:30am–5pm (Monday–Friday)

- **SIDS and Kids WA**
  Safe sleeping advice and educational resources for new parents to reduce the risk of Sudden Infant Death Syndrome (SIDS) and fatal sleep accidents. Specialist grief counselling for those affected by the unexpected death of a child from conception through childhood.
  Telephone: 9474 3544 or 1800 199 466
  Peer Support Line for Bereaved Parents:
  Telephone: 1800 686 780 (24 hr, 7 days)
  [www.sidsandkids.org/wa](http://www.sidsandkids.org/wa)
  Office hours: 9am–5pm (Monday–Friday)

**Feeling sad or blue**

- **beyondblue: the national depression initiative**
  Provides information on depression (including postnatal depression), anxiety and related drug and alcohol problems as well as referral to a health professional. beyondblue information materials that are available free of charge include: Postnatal Depression and information in 24 different languages.
  Telephone: 1300 224 636
  [www.beyondblue.org.au](http://www.beyondblue.org.au)
  Office hours: 24 hr, 7 days
Emotional Health for Parents During Pregnancy and Beyond
Information for women and their partners experiencing emotional difficulties during pregnancy or after a birth. View online videos, read personal stories from new mums and dads who have experienced emotional difficulties, and find ways to help yourself and your partner.

Mother and Baby Unit, King Edward Memorial Hospital
Inpatient unit for mothers (and babies) who experience mental health problems during pregnancy or after the birth. A registered nurse answers all calls.
Telephone: 9340 1799 or 1800 422 588
Office hours: 24 hr, 7 days

From the Heart WA
Provides support, understanding and information to women, partners and families affected by pregnancy and childbirth related stress and depression. Regular activities include postnatal support groups and phone support. If you leave your name on the answering machine, a volunteer will return your call.
Telephone: 9340 1622
www.fromtheheartwa.org.au
Office hours: 6am-4pm (Monday–Friday)
Health and medical services

healthdirect Australia
Health information and advice on how urgent it is for people to seek medical care. A registered nurse answers all calls.
Telephone: 1800 022 222
TTY/Voice: 1800 555 677
Office hours: 24 hr, 7 days

FPWA Sexual Health Services – Clinical Services
Doctors and advanced practice nurses are available by appointment for confidential consultations on contraception, pap smears and HPV testing, fertility, planned and unplanned pregnancy, period problems and sexual difficulties.
Telephone: 9227 6177
Email: info@fpwa.org.au
www.fpwa.org.au
Check website for clinic hours (Monday–Friday)

Princess Margaret Hospital for Children
Children’s hospital including accident and emergency services for children up to 15 years of age.
Telephone: 9340 8222
www.pmh.health.wa.gov.au
Office hours: 24 hr, 7 days

Sexual Health Helpline
Confidential information and referral service that covers all aspects of sexual and reproductive health; such as contraception options, postnatal depression, relationships and sexuality. Information, advice, straight up.
Telephone: 9227 6178 or 1800 198 205
Email: sexhelp@fpwa.org.au
www.fpwa.org.au
Office hours: 8:30am–4:30pm (Monday–Friday)
Additional service for country callers 8.30am–5pm (Monday–Friday)
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This document is published as general information only. You should always consult a healthcare professional for diagnosis and treatment of any health condition or symptoms.

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For more information on topics in the magazine contact your community child health nurse at your local child health centre. The centres are listed under ‘Child Health Services’ in the phone directory or see www.health.wa.gov.au/services and click on ‘Child Health’.

This document can be made available in alternative formats on request. Please contact: childcommunity@health.wa.gov.au

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