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Your Healthy Baby



**An Amazing
First Year** p.12

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WELCOME to HealthCentral’s guide to **Your Healthy Baby**. In these pages, you’ll read about the latest research, nutritional recommendations, what to expect at your baby’s checkups, and more. For additional tips and info, go to [HealthCentral.com/HealthyBabyGuide](https://www.healthcentral.com/healthybabyguide).



HOW BABIES LEARN TRUST

THEY’RE NOT BORN KNOWING who should care for them, so how do babies decide who they can trust? It may come down to saliva, according to a study in the journal *Science*. “We have friendly relationships with lots of people,” says Ashley Thomas, Ph.D., who studies children at the Massachusetts Institute of Technology in Cambridge. “But there’s a subset of those who we feel really close to.” Experts call these “thick relationships”—think of who you’d share an ice cream with, Thomas says. To find out if babies evaluate relationships the same way, Thomas and her colleagues let babies watch interactions between human actors and puppets. In one scenario, a woman took a bite of an

orange and fed a puppet some. Later, another woman played ball with the same puppet. When the puppet started crying, the babies looked toward the woman who had shared food with the puppet, indicating that they expected her to offer comfort. Next, a woman placed her finger in her mouth, then into a puppet’s mouth. She then placed her finger on her forehead and touched the forehead of a different puppet. When the woman showed signs of distress, the babies looked toward the puppet she’d shared saliva with, indicating that the babies expected that puppet to comfort the woman. Kisses from Mom and Dad—and ice cream sharing—may give baby a very reassuring message.

3.7M

Number of annual births in the United States

SLEEP WALKING

Babies cry. That doesn’t always mean something is wrong. But it is stressful. Fortunately, there’s an easy method to soothe a restless baby. In a study published in *Current Biology*, researchers found that picking up a crying baby and walking around for five minutes can be enough to soothe the infant back to sleep.

When a mother picks up her baby, the infant’s heart rate drops, and the baby becomes quiet and docile. Called “the transport response,” it’s found in many mammals. But simply holding the baby isn’t enough: Mom has to walk. It doesn’t take long, though. The researchers found that when moms walked around carrying their babies, it took only 30 seconds for the little ones to become calm. After five minutes, all 21 babies in the study stopped crying, and half of them fell asleep. Sitting and holding the babies for five to eight more minutes kept them from waking when they were placed back in their cribs.



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ELECTRONICS ALERT

ELECTRONIC DEVICES LIKE smartphones and TV remotes make life easier, especially when you’re busy caring for a baby. But the batteries that power those gadgets can be deadly for little ones. A recent study in *Pediatrics* found that visits to emergency departments because children had ingested batteries (mostly button-style ones) or inserted them into their ears or nose increased significantly during the last decade. The visits were more frequent among 1-year-olds than any other age group. Congress recently passed Reese’s Law, which requires product safety standards for small batteries. “That’s a huge step,” says Mark Chandler, M.P.H., lead study author and senior research associate for Safe Kids Worldwide, a nonprofit organization dedicated to protecting children

from preventable injuries. “But the legislation doesn’t apply to devices already out there,” he notes. Here’s Chandler’s advice for protecting little ones:
■ **Check all the battery-powered devices in your home.** Make sure the battery compartments aren’t damaged or defective and the battery can’t be easily removed.
■ **Store devices not only out of the reach of children, but out of sight as well.** “When children see something on a shelf, they’re curious,” says Chandler. “They can find creative ways of climbing up.”
■ **Wrap old batteries with tape—first in one direction, then in the other—before placing them in the trash.** This has been shown to reduce the severity of injuries from batteries that were swallowed, Chandler explains.

BREASTFEEDING: LONGER IS BETTER



Breastfeeding is best—at least in most circumstances. But for how long? The American Academy of Pediatrics (AAP) recently released updated guidance to help parents answer that question. One thing hasn’t changed: The AAP still

recommends breastfeeding exclusively for the first six months, adding other foods only after that. But the new guidance supports continuing to breastfeed for two years—or even longer if both mother and child want to. “There is no upper limit,” says Anna Morad, M.D., associate professor of pediatrics and director of the newborn nursery at Vanderbilt University Medical Center in Nashville, Tennessee. Dr. Morad adds that a lot of toddlers wean themselves between 2 and 4 years old. The new recommendations are based on data

showing that breast milk is a significant source of macronutrients and immune system support even after the first year. “The nutritional value of breast milk doesn’t suddenly disappear,” says Dr. Morad. “It’s just that [after six months] the baby needs to have other foods as well.” And the value of breastfeeding is huge. Breastfed children are at less risk for illnesses such as ear and respiratory infections, diabetes, and childhood leukemia. Breastfed babies also have a lower risk of sudden infant death syndrome (SIDS).

83

Percentage of newborns who receive some breast milk

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Nourish Your Growing Baby

Feeding your infant during the first year of life takes some know-how to make sure they get the proper nutrition. Experts weigh in on the best ways to give babies what they need.

By Carmen Roberts, M.S., R.D., L.D.N.

Should you breastfeed your infant? What about formula? And when can your baby start eating solid food? Making decisions about meeting your baby's nutritional needs can be overwhelming—and confusing—for new parents.

Here's the lowdown: The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first six months of life, and supports continued breastfeeding for two years or longer if desired by mother and child. When a mother is unable to breastfeed, iron-fortified formula provides all the nutrition a baby needs for the first six months. Most experts recommend starting solids around 6 months of age. Let's take a closer look at how to give your baby the nutrition needed during their first year.

Breastfeeding

Research supports both the short- and long-term medical and neurodevelopmental advantages of breastfeeding.

It also reduces the risk for sudden infant death syndrome (SIDS) and other illnesses, according to the AAP. Alexandra Bentley, M.D., a pediatrician and co-medical director of the Special Infant Care Clinic at WakeMed Health and Hospitals in Raleigh, North Carolina, agrees that breastfeeding is the best option for full-term healthy babies when possible. She advises feeding infants on demand and stopping when the baby is satisfied and pulls or pushes off the breast. "In newborns, [feedings] can be very frequent—up to eight to 10 times per day," she says.

When breastfeeding, it's hard to tell how much your baby is consuming. If your baby is alert, active, gaining weight, and producing wet and soiled diapers regularly, it's likely that your baby is getting enough nutrition. If the diapers aren't getting wet and your baby seems irritable (even after feedings), contact your pediatrician.

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"As babies age, they will start to spread out their feedings, especially at night," Dr. Bentley notes. "[They] may make up for the increased spacing by taking larger volumes of milk or by clustering their feedings during preferred feeding times."

Formula Feeding

If you decide that formula is the best way to feed your baby, many formula choices are available, says Dr. Bentley. Babies digest formula more slowly than breast milk, so formula-fed babies may have fewer feedings than breast-fed infants. The Centers for Disease Control and Prevention (CDC) recommends that moms not breastfeeding offer their infants 1 to 2 ounces of formula every two to three hours during the first few days of life. The amount your baby consumes and the length of time between feedings will gradually increase during the first few months.

For either breast milk or formula, feed your baby when they show signs of hunger, such as moving their fist to their mouth, opening and closing their mouth, sucking on their hands, or smacking their lips. Your baby will

stop eating when they feel full. "Most babies take 10 to 20 minutes to finish a feeding," says Dr. Bentley.

If you prefer to combine breast-feeding with formula feeding, ask your doctor about the best way to do so.

Hello Solid Food!

Breast milk and formula are sufficient for the first six months, the AAP states. "After that, we recommend introducing solid food, usually pureed food," says Dr. Bentley. "This will help establish good feeding hygiene and oral motor skills that will help your baby learn to eat, chew, and even eventually talk." Food introduction should be one ingredient at a time so any intolerances or allergies can be identified. An intolerance is different than not liking a food, Dr. Bentley notes. Your baby may need to try a food 10 to 20 times before deciding if they like it.

Karen Varga, R.D., a registered dietitian and pediatric nutrition specialist with WakeMed Health and Hospitals in Raleigh recommends starting

with iron-rich foods, including beef, chicken, turkey, pork, fish, beans, eggs, cottage cheese, and iron-fortified infant cereals. "Keep all meals a positive experience," Varga says. Be sure your baby is sitting up in a high chair. Start with 1 to 2 teaspoons of food, and gradually increase according to your baby's appetite. Let your baby decide how much to eat and at what pace. Stop feeding your baby when they show signs that they're done—pushing food away, no longer opening their mouth, or crying, she says.

Around crawling age, often 9 to 10 months, babies are ready for more advanced, soft finger foods or melt-able foods, says Dr. Bentley, such as banana slices, avocado, cooked carrot pieces, or boiled and cut pasta. Once babies reach 1 year of age, solid food becomes their main source of nutrition. You can introduce cow's milk and other dairy—high sources of calcium and vitamin D. If breastfeeding, feed solid foods first and breastfeed if your child is still hungry. ■



For more info, go to [HealthCentral.com/HealthyBabyGuide](https://www.healthcentral.com/HealthyBabyGuide).



BREASTFEEDING MOMS need 330 to 400 more calories a day than they did before pregnancy to support adequate milk production, the CDC says. This number can vary depending on age, activity level, height, weight, and the frequency of breastfeeding.

"Remember to choose a variety of nutrient-rich foods, such as lean meats, eggs,

WHAT SHOULD YOU BE EATING?

beans, fish that is low in mercury [such as salmon, haddock, and catfish], fruits, vegetables, whole grains, and dairy or a dairy alternative," Varga says. Don't forget about water—it's important to keep yourself hydrated to keep up your milk production. "Think about drinking a glass of water every time your infant breast-feeds," Varga suggests.

Here are more examples of nutrient-dense foods:

■ **LEAN PROTEIN:** salmon, tilapia, shellfish, beef, chicken, eggs, and tofu

■ **FRUITS AND VEGETABLES:** berries, broccoli, leafy greens, tomatoes, and citrus fruits

■ **GRAINS AND STARCHES:** whole-wheat bread, sweet potatoes, oats, brown rice, lentils, and beans

■ **HEART-HEALTHY FATS:** olive oil, avocado, nuts, and seeds

■ **DAIRY PRODUCTS:** milk, yogurt, and cheese

Breastfeeding moms also need to consume 15 to 20 more grams of protein each day than they did before they were pregnant. The best sources of protein—and vitamin B12, another important vitamin for new moms—are meat and seafood (7 grams of protein per ounce), eggs (7 grams each), and milk

(8 grams per 8-ounce serving). Talk with your doctor if you are falling short to see if a protein supplement may be needed.

The AAP recommends limiting caffeine and cautions against drinking alcohol while breastfeeding. Ask your doctor about what else to avoid.

Not breastfeeding? While you don't need to consume additional calories and protein, it's important to include the same nutrient-rich foods in your diet in order to keep up your energy levels and support overall nutritional health.

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Doctor Discussion Guide



Talking With Your Baby's Doctor

Being a new mother can be both an exciting and nerve-racking time. There will be a million things going through your head, from your baby's diet and development to their sleep pattern and overall well-being. It's normal to feel overwhelmed and exhausted. Therefore, it's important you have a strong relationship with your pediatrician. This discussion guide is designed to help you have a productive conversation with you doctor and support you as a new mom.

Questions to Ask

At Your Baby's Next Doctor Visit

Is my baby's weight normal? If not, should I be concerned?

Should I follow a schedule to feed my baby?

How many hours a day should my baby sleep?

What is respiratory syncytial virus (RSV), and what are the signs and symptoms to look for?

Is RSV preventable, and what are the available treatments?

Are there additional viruses my baby could be at risk for?

Diaper Bag Checklist

- ☐ Diapers (one for every two hours + a few extras)
- ☐ Cream/ointment
- ☐ Baby diaper wipes
- ☐ Diaper disposal bags
- ☐ Changing pad
- ☐ Hand sanitizer/napkins
- ☐ Formula/bottle/feeding supplies
- ☐ Bibs
- ☐ Toys/books
- ☐ Pacifiers (if using)
- ☐ Change of clothes
- ☐ Hat (for warmth or sun protection)
- ☐ Sunscreen (babies 6-months or older; younger babies consult your pediatrician)
- ☐ Emergency contact numbers
- ☐ Mom's/dad's essentials





Sleep Tight

If you recorded the conversations of parents of infants—from newborns to newly minted 1-year-olds—the word you’d hear the most, by far, would be “sleep.” “Is the baby sleeping?” “Why isn’t the baby sleeping?” “Is the baby sleeping too long?” And, of course, “When can we get some sleep?”

Obsessing over whether your baby gets enough sleep—and sleeps safely—so that you can rest, too, is a time-honored, if perhaps not treasured, tradition among new parents. While every baby is different, average sleep times are 16 hours over a 24-hour period for the first three months or so, 15 hours for 3- to 6-month-olds, and 14 hours for 6- to 12-month-olds.

“Newborns sleep a lot, but most babies don’t sleep through the night until they are at least 3 months old,”

Your baby needs rest to grow and develop. Here are some guidelines for how much sleep babies need—and how to keep them safe while they’re slumbering.

By Patty Onderko

says Dina DiMaggio, M.D., a clinical assistant professor of pediatrics at New York University Grossman School of Medicine in New York City. That’s because newborns generally need to eat every two to three hours, or eight to 12 feedings every 24 hours.

Since babies spend so much of their day snoozing, you’ll want to make sure those hours are safe. It’s scary but important to know that in the United States, as many as 3,500 infants die in their sleep every year from sudden infant death syndrome (SIDS) or accidental suffocation and strangulation in bed, according to the American Academy of Pediatrics (AAP). There are simple steps you can take, though, “to dramatically cut your child’s risk,” says Rebecca F. Carlin, M.D., an assistant professor of pediatrics at Columbia University Medical Center in New York City and a member of the AAP Task Force on Sudden Infant Death Syndrome. Dr. Carlin and her task force colleagues recently updated their guidelines for reducing the risk of SIDS.

■ Get Their Back

The AAP reiterated its lifesaving advice to put babies down to sleep on their back (supine position)—never their stomach or side—every time. While many parents swear their babies sleep more soundly on their stomach, it’s that deep sleep

that might make the prone sleep position more dangerous. “Babies may not be able to rouse themselves awake when they’re in trouble or unable to breathe,” Dr. Carlin explains.

■ Use a Flat Sleep Surface

New to the 2022 guidelines is the recommendation to put your baby to sleep on a firm, flat, non-inclined surface. Unfortunately, that means no napping in swings, U-shaped pillows, bouncers, or strollers (unless your stroller has a flat-lying bassinet). “We know it can be hard to stop babies from falling asleep in these devices, but they should be transferred to a flat surface as soon as they do,” says Dr. Carlin. For example, if you’re in the car, that means moving your sleeping traveler out of the car seat as soon as you reach your destination. Why do so? The inclined position for car seats and other devices compromises infants’ respiration.

■ Get Rid of Blankets

The firm, flat surface should also be clear of soft bedding, positioners, pillows, crib bumpers, and stuffed toys, all of which can be suffocation hazards. To keep your baby warm, you can use a wearable sleep sack, says Dr. Carlin. Once you’re home from the hospital with your newborn, skip the infant hats during sleep, too, as they can overheat your baby.

■ Don’t Share a Bed

Also known as co-sleeping, bed-sharing with your infant increases the risk of sleep-related death by more than 10 times, especially if you’re a smoker, your baby is younger than 4 months old, your sleep surface is inclined, you’re using blankets and pillows, or you may not wake up easily because of sedating medication or new-parent exhaustion.

■ But Do Share a Room for the First Six Months

The safest spot for your baby to sleep is on their own, but near you in your room. Even if you have a state-of-the-art baby monitor with video that picks up the slightest of fusses, being in a separate room doubles the risk of sleep-related death during your baby’s first half year. Why? The hypothesis is that hearing your breath and sleeping sounds keeps your baby in a higher, more arousable state of sleep, says Dr. Carlin. Don’t have room for a full crib in your bedroom? Pack and plays, mini cribs, travel cribs, and bassinets are all safe, smaller options.

One cautionary note: The AAP advises against using cardio-respiratory monitors as a way to reduce the risk of SIDS. Also, no evidence exists to support using commercial products claiming to prevent sleep-related deaths.

■ Final Word

Newborns aren’t developmentally ready to go more than two to three hours without eating, so they won’t be sleeping longer than that at a stretch—including at night. For the first few months, you’ll need to respond to them when they wake at night. Follow your baby’s hunger cues, says Dr. DiMaggio, and feed them as necessary. Change their diaper if needed and make sure nothing else is bothering them.

Starting between 3 and 4 months old, babies “can typically sleep longer at night without needing middle-of-the-night feeds,” says Dr. DiMaggio. You can start treating bedtime—when you put them down to sleep in the evening—more seriously. “Babies love routines!” she says, so create a bedtime routine that will signal to them that it is time to sleep—and hopefully sleep longer. This ritual might include a bath, a feeding, putting on pajamas, playing soothing music, dimming the lights, or whatever works for you. ■



AVOIDING FLAT HEAD SYNDROME

SINCE BABIES SPEND so much time sleeping in a supine position, the back or sides of their still-soft heads can flatten, a condition called flat head syndrome, or positional plagiocephaly. To avoid this, switch the direction of your baby’s head each time you put them down to sleep. If your baby tends to lean to one side of the car seat or stroller, try to position them to the opposite side every other time. And when your baby is awake, practice tummy time with them to strengthen their abdominal and neck muscles so that they can learn to turn their head on their own and eventually roll over, advises Dr. Carlin.

To be honest, babies don’t exactly love tummy time (it’s kind of like abs day at the gym for adults), but they can learn to like it. How to do it: Lay your baby, belly down, on your chest or across your lap and do your best to engage them so that they can practice lifting their head. Start with one minute a few times a day, says Dr. Carlin, and work up to five minutes at a time. As your baby gets older, you can lay them on the floor or a play mat and place toys in front of them to get their attention, building up to as much as half an hour to an hour a day of tummy time. Most important: Never leave your baby unattended during tummy time.

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Baby Checkups: What to Expect

Seeing a pediatrician on a regular basis will help keep your baby healthy. Here's what you need to know about your little one's well-child visits during the first year.

By Stacey Colino

Most parents know they should take their baby to the doctor when their little one is sick. During their first year, it's also important for babies to have frequent well-child checkups, so that a pediatrician can assess their growth and development and provide preventive care, including recommended immunizations.

During each visit, the pediatrician will check your child's vital signs—body temperature, heart rate, and respiration rate—and assess your baby's developmental progress and growth pattern by measuring their height, weight, and head circumference. “We’re looking to see if a child is following their expected growth pattern based on where they started and where they’ve been over time,” says Jennifer Shu, M.D., a pediatrician in Atlanta and co-author of *Heading Home With Your Newborn*. “If a child is not keeping up with the expected trajectory, that would be a red flag—they may not be getting the right nutrients.”

The pediatrician will also conduct a head-to-toe physical examination at every visit and talk with you about whether your baby is reaching certain developmental milestones. An important goal is for the doctor to develop a relationship with you and your baby. “Often appointments are longer during the first year because it’s an investment in the pediatrician getting to know your baby and you,” explains Dr. Shu. Read on for what else happens at each checkup.

1 Week

When your baby is 3 to 5 days old, it's time for the first visit to the pediatrician. Besides performing an exam, the doctor will review the results of the hearing and blood screenings that were done in the hospital, as well as ask about how you're feeding your baby.

1 Month

At this visit, it's important that the pediatrician check for a dislocated hip, Dr. Shu says. The condition isn't common, but if present, infancy is the

QUESTIONS? CONCERNS? THE DOCTOR IS IN

TAKING YOUR BABY to the doctor can be stressful, especially if your little one is fussy or fearful during the appointments. That's why it's important for you to arrive at the pediatrician's office prepared.

Before the appointment, keep a running list of questions you have about your baby's eating or sleeping patterns or other behavior or care-related issues that concern you. Bring the list with you to the visit so you can discuss your concerns with the pediatrician.

“You're going to hear a lot of advice from other people that may be helpful or outdated or even dangerous,” says Dr. Shu. “Recommendations do change over time, so your pediatrician is the best source of advice.”

This is also a good time to ask broad questions about developmental issues, such as how and when to introduce solid foods or deal with tantrums, sleep problems, or other behavioral issues. With potentially touchy subjects,

“you need to be honest, to get the most value out of the well checkup,” says Dr. Brown. If your doctor asks questions, it's important to tell them exactly what's going on—and not what you think they want to hear. “Your pediatrician will be honest with you if there are choices [you're making] that are not healthy or that are potentially a safety risk for your baby, such as co-sleeping,” she adds.

“Your pediatrician is not judging you,” Dr. Brown stresses. Remember, the



doctor's goal is to help you care for your baby and become a capable parent. They have a wealth of experience to draw from to help troubleshoot issues you may be facing with your little one.

best time to correct it. The pediatrician will ask about how the feeding routine is going, how many wet and dirty daily diapers your baby has, and where and how your baby is sleeping. The doctor will also check whether your baby is making eye contact and test whether they can follow moving objects with their eyes and by turning their head, Dr. Shu says. And you'll be screened for postpartum depression, a practice that will continue through the first six months.

2 Months

The pediatrician will ask about how much supervised tummy time your baby gets each day, because this helps the neck and upper body muscles get stronger. They will also look for developmental milestones such as smiling, cooing, brief lifting of the head, and grasping abilities.

4 Months

You will be asked about your baby's mood, sleeping, and feeding patterns. The doctor will also check to see if your baby is able to roll over and control their head well.

6 Months

At this visit, the pediatrician is likely to check or ask about whether your baby can sit up briefly or stand when placed on their feet with support, and whether they're showing a range of emotions (joy, fear, surprise, and the like) or starting to play games like peekaboo. Because of these new skills, the doctor will probably address childproofing measures in your home. And if your baby has their first tooth, the doctor may apply fluoride varnish to prevent cavities, as well as discuss how to provide dental care for your little one, says Dr. Shu.

9 Months

Your pediatrician may ask more detailed questions about your baby's behavior (whether they're crawling, clapping, waving, responding to their own name, and the like). You may even be asked to play with your little one during the visit, so that the doctor can observe what your baby is doing.

It's possible the pediatrician will screen for lazy eye, in which eyesight doesn't develop as it should in one eye, says Ari Brown, M.D., a pediatrician in Austin, Texas, and co-author of the Baby 411 book series. Your baby may also be screened for anemia with a blood test and, depending on exposure risk, for lead levels, says Dr. Brown.

1 Year

Congratulations! Now that your baby is officially a toddler, your pediatrician will ask whether they're starting to walk, say a few words (besides “mama” and “dada”), feed themselves, and show greater interest in exploring their surroundings. The doctor will observe your baby's behavior during the visit to gauge developmental progress. At this age, stranger anxiety often emerges, says Dr. Brown. “I'll examine the baby on the parent's lap—that usually keeps the baby pretty calm,” she says. Dietary advice is likely, such as switching to whole milk if your baby has been on formula, for example. ■



For more info, go to [HealthCentral.com/HealthyBabyGuide](https://www.healthcentral.com/healthybabyguide).

The First Year: Just Awesome

The changes that occur as your baby grows and develops are experiences that you'll never forget. Here are important turning points to watch for.

By Beth Howard

From their first smile to their first tentative step, babies will mark many milestones by or near their first birthday. Besides being amazing for parents to see, these achievements offer important clues about their baby's development.

For instance, if a baby is able to hold a toy that is placed in their hand at 4 months old, it means their motor control is right on target. "Babies learn that their hands are a part of their own bodies, and they have some control over them," says Jennifer Zubler, M.D., a pediatrician at the Good Samaritan Health Center in Atlanta. "By 4 months, babies also watch their own hands and bring them to their mouths, as if they are studying the hands. At the same time, babies are learning to use their arm and shoulder muscles to bat at toys."

Milestones are generally assessed at each well-child appointment. If your infant is not meeting their

milestones, your pediatrician may conduct a formal developmental screening, says Dr. Zubler. If the screening indicates your child may be at risk for delays, the doctor may refer you to specialists, such as a speech therapist or neurologist, for further evaluation and to determine any next steps. "These steps are important so that a child and family can get the services and support they may need as early as possible, when it may be most effective," Dr. Zubler explains.

Keep in mind that babies develop at their own pace. "If delays persist, a referral is needed," says Ashanti Woods, M.D., a pediatrician at Mercy Medical Center in Baltimore. "Close follow-up [usually within one or two months] is key."

Milestones to Track

To help parents learn about what to expect as their baby grows, the Centers for Disease Control and

Prevention (CDC) offers a checklist of developmental milestones by age. Children reach these milestones in how they play, learn, speak, behave, and move, says Dr. Zubler, who is also a pediatric consultant for the CDC's program "Learn the Signs. Act Early." You'll find a link to an app on the program's web page, cdc.gov/ncbddd/actearly/index.html, which you can use to monitor your baby's progress. Here are some highlights:

■ That Smile!

At first, your newborn may seem oblivious to their surroundings or other people. But **by 8 weeks of age**, they will most likely be looking at your face and smiling when you talk to or smile at them. "From the very beginning of infancy, social-emotional development is occurring," says Dr. Zubler. Your baby's senses are also developing at a rapid pace, so they might react to loud noises. And their tiny muscles are getting stronger by the day. By 8 weeks old, they can hold up their head when on their tummy and move their arms and legs.

■ Batting Practice

By 4 months old, your infant is starting to exert control over their environment. "Infant reflexive movements (those they have no control over) become replaced with purposeful movements they can direct," says Dr. Zubler. By the four-month mark, most babies are able to bring their hands to their mouth and use their arms to swing at toys. Babies are also smiling on their own to get your attention and making cooing sounds.

■ Explorers' Club

Your baby's cognitive skills get a big push **at 6 months of age**. "A baby's thinking and problem-solving skills are developing by using their senses and body to explore and learn about people, their environment, and cause and effect," says Dr. Zubler. For instance, most babies are able to put things in their mouth to explore them, reach to grab a toy they want,

and blow "raspberries" by sticking out their tongue and blowing.

■ Sweet Sounds

At 9 months old, your child is becoming much more interactive. "Through social interactions with their caregivers, babies are learning back-and-forth communication with others," says Dr. Zubler. "Even though infants are not yet using true words, they are developing pre-verbal and early verbal communication and language skills." At this age, your baby is likely to look when you call their name and smile or laugh when

you play peekaboo. Babies may also make different sounds like "ma-ma-ma-ma" and "ba-ba-ba-ba."

■ On the Go

What a difference a year makes! Among your child's milestones, **by 12 months** their motor skills may seem the most amazing, as they can be expected to pull up to stand, walk holding onto furniture, and drink from a cup you hold without a lid. They may also be playing games with you, like pat-a-cake, calling you "mama," "dada," or another special name—and generally melting your heart. ■

BABY MYSTERIES—SOLVED!

What to make of the baffling behaviors and body functions of your infant? Our experts crack the code on a few baby "quirks."

■ SUDDENLY EXTENDING THEIR ARMS AND LEGS:

This dramatic behavior—called the startle, or Moro, reflex—can be elicited by a sudden drop or shift in the infant's head position or even a loud noise, says Anthony Hudson, M.D., chief of pediatrics at East Jefferson General Hospital in New Orleans. "A great way to help your child from startling themselves awake is to swaddle them tightly with their arms by their sides," he notes.

■ FAST-GROWING NAILS:

It's not your imagination: Newborns' nails grow much faster than your own because they have a higher metabolism than adults. They can easily scratch

their faces since they can't yet control their movements. Cut their fingernails at least once a week and their toenails a couple of times a month.

■ GAGGING THEMSELVES WITH THEIR OWN FISTS:

Babies learn about their hands by bringing them to their mouth. They also learn about other objects by tasting and feeling them with their tongue, says Dr. Zubler. "Babies can gag themselves when they put their hands in their mouths because they haven't yet learned how far back to go without gagging," she says. Eventually, they learn not to push so far back.

■ TREMBLING OR JITTERS WHEN CRYING:

It may look like your baby is having a minor seizure, but jitters or trembling of the arms and legs while crying is completely normal in



newborns. It should stop by 1 to 2 months of age. Trembling stops with sucking, so try a pacifier.

■ "FORGETTING" AN ACTIVITY THEY RECENTLY LEARNED:

In most cases, the baby is just not that interested in shaking a rattle or performing another trick at that time, "which coincidentally is usually when friends and family are visiting, when parents want baby to put on a show," says Dr. Woods. "If left in the baby's presence long enough—and when the parents are not paying attention—the baby will likely pick up the rattle and start shaking away."



For more info, go to [HealthCentral.com/HealthyBabyGuide](https://www.healthcentral.com/healthybabyguide).

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Q&A

How can I tell if my baby's spitting up is a sign of reflux?

All babies spit up to some degree. Their immature gastrointestinal systems sometimes let the food in the stomach come back up. Spitting up becomes a concern when it's accompanied by extreme fussiness, when it's very forceful, when it's not just milk content or stomach acid, or when it interferes with weight gain; then, it may be a sign of gastroesophageal reflux disease or GERD.

Things that may help with spitting up include changing the way you feed your baby. You can put the baby in a more upright position, pace bottle feedings by taking pauses during a feeding, and use slow-flow bottle nipples. If a mom is breastfeeding and has a fast flow, she can lay on her back and have the baby on top of her breast in a tummy-time position; that way, the baby can pull back their head to take breaks and then go back to feeding. Avoid overfeeding if your baby is spitting up more toward the end of the feeding or immediately after finishing. Also, burp your baby during and after the feeding, and keep them upright for 15 to 20 minutes after finishing to let gravity do its job.

If these measures don't help, see your pediatrician, who may recommend dietary changes for breastfeeding moms or a formula switch. In some cases, acid-lowering medications may be prescribed.

■ How can I help when my baby has gas?

As with spitting up, all babies have gas, and all babies will release gas



naturally. But there are things you can do to try to prevent it or to facilitate its release when your baby seems uncomfortable. With formula feeding, when you're mixing powder formula with liquid, air bubbles can get trapped and lead to gas; it may help to let the formula settle for five to 10 minutes and then stir it to help release bubbles before giving it to your baby. If your baby already has gas, you can do bicycle exercises with their legs—lay the baby on their back, then flex the legs at the hips and move the legs in a circular motion—to help gas work its way out. Giving your baby tummy time when they seem gassy can help, too. If these steps don't help and gas is really bothering your baby, talk to your pediatrician about whether your baby would benefit from over-the-counter gas drops.

■ My baby cries a lot. Does that mean he has colic? And what can I do to give him relief?

Colic is much more than a fussy baby. By definition, colic is crying three or more hours per day, for three or more days per week, for three weeks or more in an otherwise healthy baby. It

usually happens when a baby is 3 to 6 weeks old. To make the diagnosis, a doctor has to rule out other causes of the crying.

If you're breastfeeding, it may help to make dietary changes, like cutting dairy or soy from your diet. If you're using formula, your pediatrician may recommend a formula switch. Swaddling your baby, moving with your baby in a carrier or stroller, or white noise may be calming. Colic is stressful: If a parent is feeling overwhelmed, there's nothing wrong with putting the baby down in a bassinet or crib and taking a break for some deep breaths. Do not be afraid to ask for help when you need it.

■ How do babies get RSV, and what risks are involved?

RSV [respiratory syncytial virus] is a very common viral infection in children. They can get it from an infected child or adult inside or outside the home, such as at day care or a family party. With RSV, your baby may have fever, coughing, congestion or a runny nose, fatigue, and not be feeding normally. It's more serious in premature babies or those with other medical

Colic is stressful: If a parent is feeling overwhelmed, there's nothing wrong with putting the baby down in a bassinet or crib and taking a break for some deep breaths.

—Christine Paniker, D.O.

conditions, such as lung issues or heart problems. RSV upper respiratory tract infection can be more serious when it becomes bronchiolitis, which is an infection that has moved down into the small airways in the lungs. Excess mucus can block airways and increase the baby's respiratory rate or increase the number of muscles needed to breathe. Call your pediatrician or on-call service if your baby experiences a rapid respiratory rate, labored breathing, or exhaustion, or go to your nearest emergency room for evaluation.

■ When is a diaper rash more than simply a diaper rash?

Babies spend a lot of time in wet and dirty diapers, which can make their bottoms red and irritated with little bumps or erosions of the skin. The best approach to diaper rash involves healing and protecting the skin: To heal the skin, use topical emollients like A+D ointment or Aquaphor that soothe the skin. To protect the skin from moisture and rubbing from the diaper, use a barrier cream with zinc oxide, such as Desitin or Boudreaux's Butt Paste. It can also help to use a warm washcloth or WaterWipes to clean your baby's bottom, to have more frequent diaper changes, and to leave your baby's bottom open to air for a while. If the rash isn't improving

after a few days, see your pediatrician. It could be due to yeast or bacteria and may need prescription treatment.

■ It can be scary for parents when their baby has a fever. What should parents know about fever during the first year?

For an infant who is a newborn or up to 2 months old, a fever of 100.4 F or greater is more serious; it should always be brought quickly to a medical professional's attention. For a baby older than 2 months, a fever isn't as worrisome and could be related to a viral or bacterial infection, such as an ear infection. Always reach out to your doctor's office to discuss any fever or symptoms in your baby that concern you.

The most accurate way to take an infant's temperature is rectally: You may use a skin thermometer or another thermometer as an initial screening, but if that temperature is registering higher or lower than normal, it should be confirmed with a rectal thermometer.

■ What aspects of baby care do parents worry about the most in the first year?

Two of the topics I get asked most about by parents have to do with feeding volumes and stools. As far as feeding volume goes, I make sure

parents know that all babies eat differently. Even if this is the parents' second or third child, it's important to remember that not all babies are the same. Some babies can tolerate larger volumes less often, while others need small, frequent feedings. You want to make sure you feed the baby enough to gain weight, but not too much to be uncomfortable. Monitoring weight gain is part of the reason a baby is seen so often in the first few weeks of life, then at regular intervals after two months old. Over time, parents will learn to read feeding-related cues from their baby: Babies usually show cues like rooting or sucking on their clenched fists when they're hungry. When they are full, babies will become relaxed, and there's less rooting or sucking on their fists.

For stools, I let parents know that they can range a lot in color, consistency, and frequency. Some red flags are a lot of mucus in the stool, blood, very hard balls, or infrequent stools—these should be brought to your doctor's attention.

■ What other health-related issues in babies do you wish parents would ask about?

I wish they'd ask me about trustworthy sources of information about caring for their baby or dealing with health issues their baby may be experiencing. If parents are going to use the internet to look things up, it's important to make sure it's from a reputable organization—because there's a lot of false information out there. I recommend **HealthyChildren.org**, which is a website for parents that's run by the American Academy of Pediatrics. ■



CHRISTINE PANIKER, D.O., is a pediatrician at Northwestern Medicine in Glen Ellyn, Illinois.

Being active with your baby has loads of benefits—for both of you.

By Rosemary Black

Play Time!



NOT ONLY IS it fun, but playing with your baby is one of the best ways to help their brain develop. “Play is the foundation of how children learn,” says Sydney A. Rice, M.D., a professor of pediatrics at the University of Arizona in Tucson. “Through play, babies learn cause and effect and abstract concepts, which leads to imagination and creativity.” Here are some ideas for what to do.

■ **Hit the deck.** Do this once your baby is old enough to sit supported: Position yourself on the floor, extend your legs, and place your baby facing away from you and in between your legs for support. Hold some colorful objects in front of them—toy blocks or colorful rings from a ring toss, says Beth Elenko, Ph.D., a pediatric occupational therapist and an associate professor of occupational

therapy at New York Institute of Technology located in Old Westbury, New York. Show your baby how you clap the toys together. Wait to see if they can do this, too. Show them again, or do it with them. “Repetition and practice are very important,” Elenko says.

■ **Play peekaboo.** Babies are quick to get this game and want to keep playing, says Dipesh Navsaria, M.D., an associate professor of pediatrics at the University of Wisconsin-Madison. Lightly cover your baby’s head with a blanket, pull it away, and say, “There you are!” It teaches them cause and effect and strengthens the relationship between you and your little one, says Dr. Navsaria.

■ **Do yoga together.** For the happy baby pose, place your baby on their back and gently hold their right hand and foot together.

Do the same with their left hand and foot. Next, “roll your baby slowly from side to side,” says Patti Ideran, a pediatric occupational therapist at Northwestern Medicine Central DuPage Hospital in Winfield, Illinois. This is great for when a baby is 3 to 4 months old. For younger, smaller babies, try the hug-a-knee position, she says: With your knee bent, place your baby face-down on your leg so that their head rests near your stomach. While holding your child, raise and lower your knee to provide gentle movement. Or, try resting on your back with your baby facedown on your chest. Put both arms around your baby, and roll slowly from side to side a few times.

■ **Sing!** “In the first couple of months of life, your baby starts to recognize the song and the gestures that go along with it,” says Elenko. “The repetition and language build a foundation for what will come later.”

“Your baby will learn to imitate you,” adds Caroline Martinez, M.D., a pediatrician who specializes in developmental behavioral pediatrics at Mount Sinai Kravis Children’s Hospital in New York City. “It is the interaction and the back and forth that make a big difference. Early play is simply a matter of responding to and engaging with the baby—singing, nursery rhymes, and peekaboo are all wonderful ways to play.” ■



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