

Throughout history parents have taken care of their newborns using the wisdom of the community along with their own parental intuition. This mix of tradition and intuition has served well as many recent studies have confirmed. These studies also provide scientific sources to find answers to many of the questions that parents may have.

Bed-Sharing

Bed-sharing, or co-sleeping, is the practice of parents and young children sleeping in the same bed. There are studies that do show some benefits of co-sleeping such as greater success at breastfeeding and babies falling asleep faster and sleeping with fewer interruptions. In non-western cultures where there are different mattresses and cultural practices, bed-sharing is common and the risk is much lower for the infant.

In western cultures, studies have shown that bed-sharing can result in an increased risk of Sudden Infant Death Syndrome, also known as SIDS. Infants under 4 months of age are particularly at risk of SIDS in a bed-sharing environment. Because of this risk the American Academy of Pediatrics advises against bed-sharing but does recommend sleeping in the same room as your infant.

Safety Risks to an Infant

- *Suffocation by soft bedding, such as pillows, quilts, blankets, etc.*
- *Suffocation by being trapped between the headboard and the wall*
- *Suffocation from lying face down on a waterbed*
- *Strangulation when a baby's head is trapped in a gap in a bed frame*

Most modern cribs do not have these risks and are designed with your infant's safety in mind. It is safer to share a room rather than sharing a bed with an infant. Products such as bassinets will allow your child to be next to the bed without being at risk by being in the bed. Always use the baby's bed for naps and never put the infant in an adult bed alone.

Crying

Crying is something that all babies do. When an infant cries she is trying to tell you something and it is a parent's place to try and figure out what that is. If your baby is crying, go through a check-list to see if you have looked at all of the easy solutions.

Crying Check-list

- *Does your baby need to be fed, burped, or changed?*
- *Is it time for a nap or for some time in a rocking chair?*
- *Is your baby uncomfortable in some way?*
- *Is your baby too cold, too warm?*
- *Is there anything poking or scratching her?*
- *Is there too much noise?*
- *Is she tired or lonely, or does she just want to suck on something?*
- *Does your baby seem sick or is she running a fever?*

If the basic checks don't show a reason for crying, consider secondary actions.

Secondary Options

- *Taking a walk with baby in a stroller*
- *Driving with the baby in the car seat*
- *Calm the environment, remove noise and stimulation*

Remember that it is okay and normal to be frustrated by the crying, but letting your anger get the best of you won't help the situation. The good news is that crying doesn't hurt anyone including the baby. If the crying still won't stop, it may be helpful to know that sometimes babies simply need to cry it out. You are not failing if your baby is crying. If you are alone, put your baby in a safe place and take a few minutes apart from the crying. This time apart will help to calm emotions. Most crying spells stop after the age of 6-8 weeks.

If you find yourself wanting to shake or hurt the baby, stop and get some help. Call in your loved ones to give you a break, or talk to your pediatrician. There is no shame in needing help and you may avoid a lifetime of troubles that come from a few minutes of anger.

Soothing Techniques

Trying to comfort a crying baby can be hard on both the ears and nerves. There are some tried and tested ways that may offer comfort to your baby.

Swaddle your baby in a receiving blanket. These blankets are normally thin and are large enough to wrap your baby a few times. This will help the newborn to feel more secure and may soothe your fussy or colicky baby. It is recommended that swaddling only be used when the child is being observed and never used for night-time sleeping. As always, never place a baby on their stomach to sleep, whether swaddled or not.

Skin-to-skin contact. Skin-to-skin contact with your infant may calm your child. Spend time holding your child against your chest and let them feel your skin when being fed.

Offer a pacifier. If it is not time to feed the baby, offer the baby a pacifier. Most infants are calmed by sucking. Avoid overfeeding the baby as that can make her uncomfortable. Wait at least 2-2.5 hours between feedings.

Sometimes food sensitivity can cause discomfort. If breastfeeding, try cutting back on dairy and caffeine to see if that helps. If there is no change you may resume your normal diet. If your baby is formula fed, try switching the type of formula. It will be helpful to keep a log of your baby's time awake, asleep, eating and crying. This will help your pediatrician see possible issues if your child is unable to be easily calmed.

Burping Your Baby

Most babies will swallow air while being fed, particularly those who drink formula from a bottle. Too much air in the stomach may cause a baby to become uncomfortable and fussy. Burping is necessary to help an infant feel comfortable and reduce spit-up and gassiness.

To burp a baby, make sure their head is higher than their chest and stomach. This can be done with the baby on your shoulder, sitting up on your lap, or laying on your lap with their head held higher. Gently pat the baby's back to help the air work up from the stomach.

Holding a Newborn

The most important part of holding an infant is to support their head and neck to keep it in alignment with the infant's body. A newborn does not have developed muscles and needs constant support to ensure harm is not done to their neck.

To pick up a newborn, place one hand under the newborn's lower back with your wrist under the pelvis. At the same time, use your other hand to cradle the shoulders, neck and head. Then just lift with both hands together keeping the baby's neck in a straight line with their body. Never lift or carry a baby by a single point such as an arm or the stomach. Always provide full support for the body, neck, and head.

Carriers

Chest and Back Infant Carriers: Infant carriers are an easy way to carry your child while on the move. It allows you to be close to your child yet still be active. It is important that you choose the right carrier for your baby's age and then use it according to the manufacturer's instructions. When choosing a carrier, choose one that has padded straps to keep the baby from falling out. Make sure the leg holes are small enough to keep the child from slipping through. Also, ensure that the carrier is made for your baby's age and weight.

Car Seat Carriers: Most infant car seats are able to detach and become carriers for the baby. This is convenient in many ways which makes it tempting to use the carrier as a convenient place to keep the baby throughout the day. Overuse of the carrier risks extra strain on the baby's neck and spine as the baby's head tilts to the side. In addition, too much use can lead to pressure being applied to a single area of the head resulting in flat spots.

Pacifiers

Pacifiers, like most activities, come with both positive and negative effects. Some of the *positive effects* that pacifiers offer are the obvious ones. First, they may help calm a fussy baby. Sucking is a natural reflex in babies and some infants are happiest when they are sucking on something. Pacifiers may also help your infant to fall asleep. A less obvious benefit is that pacifiers may help reduce the risk of SIDS.

In the first few weeks after birth, *the most common complication* is that pacifiers may interfere with successful breast-feeding. A pacifier may cause confusion with the baby's sucking patterns so it is recommended that pacifiers are not offered until a breast-feeding pattern has been established after the first 3-4 weeks. Another drawback of pacifiers is that they may cause trouble if your infant becomes dependent on them for continual sleep. If the pacifier falls out, the infant may wake both himself and you! And finally, studies have shown that the continued use of pacifiers beyond the toddler years can cause dental problems.

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