



A guide for expectant parents

Our first 1001 days together

NSPCC

 Sandwell
Metropolitan Borough Council

Foreword

⇒A special thanks⇒

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Introduction



Having a baby can be an amazing and joyful time. At the same time, it might feel overwhelming and perhaps even scary – especially if the news that you are having a baby came as a surprise.

It can also be a confusing time, with contradictory advice from family members, friends and online.

Over the coming weeks and months there will be many changes, not only for you but for your body and the baby growing inside you. The biggest change will be meeting and learning to care for your new baby.

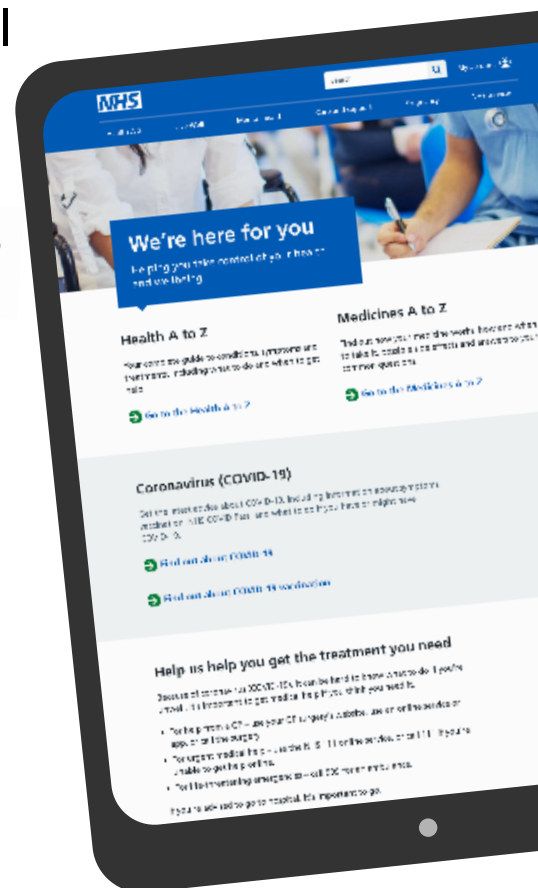
We know that needing to learn so much at once can cause extra stress, so we've collated all the best advice to help make this time easier.



From pregnancy until your baby's second birthday, this can be your go-to source of information. It provides lots of practical advice, hints, and tips to help support you. It should be used together with the **NHS Choices website**.



We hope this advice will help you understand some of the basics – but no doubt you will still want to speak with friends, family and professionals as your child grows and you continue to grow into your new evolving role as parents.



We will cover main topic areas such as:

✱ Pregnancy basics and how to stay healthy for you and your baby

✱ Caring for your child's physical needs, including

- Food and nutrition
- Housing and home environment
- Clothing and dressing
- Hygiene
- Health

✱ Keeping your child safe

- At home and while visiting friends or family
- Out and about
- When using electronic devices

✱ Emotional health and wellbeing

✱ Supporting your child's social, educational, and emotional development

You will see a colour-coded traffic light when we give examples.

The aim of these codes is to help you notice where things are being done well and where they could be done differently. Some things must be done in a certain way to ensure your child's safety. Look out for the traffic light code to show you what these are.

The **green light** will show when something is positive, safe, supportive, and healthy for you and your baby/family.



The **red light** will highlight things which are likely to be a concern, are known to cause harm or damage, and/or be unsafe for you and your baby/family.



And also look out for these

The **exclamation mark** is a warning – something you should not do.



This lightbulb is a **'top tip'** – something we know has helped other families.



You will find a **glossary** in the back – this will list some of the words used in chapters with an explanation of what they mean.

You will also find a **'search terms'** section. We know that links for sites can quickly become outdated, so we have included some trusted sites as well as suggested search terms to help you find the information you want quicker.

Supportive information

This guide is yours and we want you to use it however you wish. It should provide new information and help you think of questions to ask your health professionals.

Consider keeping a notepad with you while you read (or starting a note on your mobile phone), so you can list any questions or things you want to find out more about.



People who are there to help you

There are many different professionals that you might come across while pregnant and as a new parent.

The main ones we discuss here are the midwife and health visitor. We've included a brief description of each role here.

Midwife

Someone who has trained to work specifically with babies and expectant parents. They provide care throughout your pregnancy, ensuring you and your baby are healthy. They can refer you to a specialist if you need any extra care.

Midwives also support you through labour and when your baby is born, usually until about 10 days after their birth. They can help with feeding and ensure you are healthy and coping after the birth.



Health visitor

A nurse or midwife who has undertaken training to care for and support families with children under five.

Health visitors sometimes start working with families during their pregnancy and visit regularly once the baby has been born. They support you as a family to learn about becoming a parent, and how to raise a healthy and happy child. They weigh babies, provide advice, undertake development checks and are there to answer any questions new parents may have.

Having appointments with your health visitor also provides an opportunity for you to share any concerns about your own mental or physical health.

Other people you will possibly meet include

- **Sonographers**
Who conduct scans while the baby is in the womb
- **Consultants/Obstetricians**
Doctors who specialise in pregnancy care
- **Paediatricians**
Children's doctors
- **Family partnership nurses**
Community nurses who work with younger parents
- **Social workers**
Who support families to ensure children's needs are fully met
- **Family support workers**
Who support the family with practical advice and activities.

Look at the **NHS Choices** website to learn more about these roles in detail. All these professionals help to keep you, your baby, and your family healthy. You may also meet other professionals that we haven't mentioned – if you don't know exactly what their role is, remember it's OK to ask them to explain.

Remember we said we'd point out important information using traffic lights – green for positive parenting choices, and red for things that would be concerning or be unsafe? Here's our first one:

Make sure you attend all your appointments. This is a good way to meet all the people who can help and support you. If you miss an appointment, make sure you rearrange it so that you don't miss out.

Don't miss appointments. If you keep missing appointments, you may miss important information that will help you ensure your baby is as healthy as possible.



What do you think about becoming a new parent?

It's totally natural to have worries and questions about becoming a parent but hopefully, using this guide will help put you at ease. If your worries ever feel overwhelming, try speaking to someone. Midwives are a great resource for help.

Have a think

Are there parts of parenting you are particularly looking forward to? What are they? Are there parts of becoming a parent you are nervous about? Have you any worries about becoming a parent?

Make a note of these somewhere easy to remember for when you see a professional.

Top tip

Use your list to remind you when you see your midwife when they ask if you have any worries/questions.



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A healthy pregnancy



Having a healthy pregnancy will help you have a healthy baby. How you look after yourself in pregnancy can have a direct impact on your child's physical and emotional wellbeing when they are born and as they grow.

A healthy pregnancy can also help you get back to how you were before pregnancy quicker and help you remain healthy once your baby has arrived.

It's important you are as healthy as you can be whilst you are pregnant. This is supported by eating well, managing any medical or potential medical issues, and looking at your lifestyle to see if there are things that may affect the baby. It's crucial that you discuss any of these issues with your midwife.



Critical areas:

Smoking

If you or anyone in your home smokes you are advised to stop smoking. There are lots of helpful aids, including nicotine replacements, which can be prescribed for free.

Smoking and second-hand smoke can cause health issues for your baby that can continue into their adulthood, so it's important to try and reduce the chances of this happening. It is important to ask anyone who visits your home to not smoke indoors or near you and your baby when they are born.

Take a look at:
[nhs.uk/live-well/quit-smoking](https://www.nhs.uk/live-well/quit-smoking)

Lots of people are able to stop smoking once they find out they're going to have a baby, so your GP and midwife will know how to get you the right help and support.

Speak to your midwife or GP and take advice about a suitable method to help you to stop smoking.



Continuing to smoke when pregnant – remember smoking will have a negative impact on your baby – even if you can't see it. Smoke can affect how well your baby develops when growing inside and once they are born.



Top tip

Changing your routine can help reduce the association of doing an activity and smoking. Try avoiding places or situations where you typically smoke, or feel smoking urges.



Medication

If you are on medication, you will need this reviewed by your GP to ensure it's safe for the baby. If it needs to be changed, your GP will explain your options and help you.

If you are buying medications 'over the counter' ie direct from a pharmacy you will need to check the suitability by letting the staff members know you are pregnant – double check with your GP if needed as some are only suitable under GP prescription.

Abusing over the counter drugs (e.g. co-codamol/sleeping tablets etc) is damaging to your unborn baby. Just like the use of illegal substances, they can seriously impact your child's health, especially if you develop a dependency.

If you use any drugs, or regularly take any medication, make sure you discuss this with your midwife or GP. They will be able to get you the right kind of help and support so that you and your baby are as healthy as you can be.

Top tip



If you take any medications, including for things like anxiety, depression, or other health issues – these should be reviewed by your doctor. **Don't just stop taking them as this can be more harmful than continuing.** Always speak to your GP before changing the way you take your medications.



Alcohol and drugs

There are no known safe limits of alcohol when pregnant so it's best not to have any at all to ensure you and your baby's safety. There is no safe time during pregnancy to drink alcohol either. Your baby's brain continues to develop the whole time that you are pregnant so consuming alcohol could cause irreversible damage to your baby at any time in your pregnancy.

Top tip

No alcohol = no risk to your baby, don't take the chance.



Dads and partners have an important job here too. It is just as important for them to stop smoking and to consider the impact of their smoking, alcohol and or substance use on the baby. They also have a role in supporting you to make changes, this may include not drinking or swapping to 0% alcoholic drinks for example, so you don't feel left out.


Using alcohol or taking drugs can influence your mood, and potential capacity to care for the baby once they are born. All these things can increase risks of sudden infant death syndrome. The [NHS website](#) has areas on pregnancy, drugs and alcohol which offer great advice and links to other trusted sources of information.




Illegal drugs and substances can be extremely harmful to both you and your baby. They can be damaging to your growing baby and make it difficult for you to look after your baby safely.

During pregnancy, and if you decide to breastfeed, drugs can influence your baby directly through your blood supply. That is why it is so unsafe and can cause developmental problems. Health professionals looking after you in labour also need to be aware of any drugs you have used to ensure they don't prescribe anything in labour or after your baby is born that could cause an overdose or unwanted interactions.

It's helpful to understand that babies can suffer from withdrawal, just like adults. This can happen at birth, and they need special care as it can make them very uncomfortable – this is another reason it is important to be open and honest about any drug and or alcohol use in pregnancy.



Make sure you share information about your lifestyle with your health and social care professionals, even if you are concerned you could be doing something that is harmful. This way they can ensure you and baby get the correct support. Always follow advice and guidance from professionals.



If you don't share information about your alcohol and/or drug use, professionals looking after you will be concerned. Make sure you take up the help, support and guidance you are offered so that professionals can make sure the care given to you and your baby is suitable for your needs.

Caffeine

Tea, coffee, and energy drinks contain caffeine, and too much can be harmful for your baby during pregnancy and breastfeeding. Try to reduce your caffeine intake if you love your tea, coffee, and energy drinks. This can easily be forgotten or overlooked but it's important – aim to have no more than 200 mg per day.

Typical caffeine amounts in drinks:

- ✘ 100mg in a mug of instant coffee (so you would be allowed 2 cups per day)
- ✘ 140mg in a mug of filter coffee (roughly 1.5 cups per day)
- ✘ 75mg in a mug of tea (roughly 2.5 cups)
- ✘ 40mg in a 330ml can of carbonated juice eg Coke, Pepsi (roughly 5 cans – but don't forget how sugary they are – try sugar-free ones)
- ✘ 80mg in a 250ml can of energy drink (roughly 2.5 per day).

Top tip

Decaffeinated drinks are very easy to swap to and often the taste is close, if not the same, as you would expect from your regular drink. There's even decaffeinated tea bags.



Natural remedies

This can be a confusing area – just because something is ‘natural’ or ‘alternative’ doesn’t mean it’s safe. This includes some essential oils used for massages, in baths or for burning. Some are perfectly safe, but some are only safe during certain weeks of your pregnancy. Some are never safe and can cause miscarriage and other complications so it’s best to check with someone who is qualified to give advice.

Top tip

Speak to your midwife first. If they are not trained in natural remedies, they might suggest you approach a herbalist or an aromatherapist for more information. Always make sure anyone you ask for advice is aware you are pregnant and always keep your midwife informed about what other advice you’ve been given.



Work

It might be that your work could impact your health – lifting heavy goods or having a very stressful job, for example. Your manager must arrange for a work-based risk assessment for all pregnant women. Make sure you have discussions with your manager to ensure you are safe whilst at work.

There are some rights and requirements to do with pregnancy and the workplace. You have a legal requirement to tell your employer about pregnancy at least 15 weeks before due date.

You have the right to reasonable time off with full pay for pregnancy-related ‘antenatal’ appointments and care before you have your baby. Pregnancy and maternity are also protected characteristics under the Equality Act 2010. You can find out more about the various rights you have at gov.uk or with the Citizen’s Advice Bureau.

Money

If you have any problems managing your money or have money worries your midwife can offer support and guidance. They can also bring in other services who can help support with benefits, debts, or anything else that is impacting on your financial situation.

Maternity leave and pay

You can start your maternity leave from 11 weeks before the expected week of your baby’s birth. You are entitled to 52 weeks leave, but you do not have to take them all and you might like to use Shared Parental Leave with your partner.

Employers may offer maternity pay and benefits. Regardless of your employer’s policy, everyone is entitled to statutory maternity pay by law. You get 90% of your average weekly earnings (before tax) for the first 6 weeks. Then £151.97 weekly OR 90% of your average weekly earnings (whichever is lower) for the next 33 weeks (values correct at time of publishing).

Diet

Along with ensuring you are eating the right food and avoiding potentially harmful ones, make sure you don't fall into the trap of 'eating for two'. Contrary to common advice, you should 'eat for you NOT for two'.

Don't forget – you should take healthy start multi-vitamins for pregnancy which include folic acid and vitamin D. This is important for your health and baby's development. But be careful what types and quantities of supplements you are taking. Too much Vitamin A supplement can cause birth defects – if you have any doubt check with a health professional.

Top tip



When you are in your first trimester you don't usually need any additional calories. Nutritionists recommend increasing eating by an extra 200 calories in your third trimester. You can read more at [firststepsnutrition.org](https://www.firststepsnutrition.org)

For more information on what's safe to eat and what's not – search 'NHS Pregnancy'. It's full of great information to help you understand why some foods aren't safe such as raw eggs, unpasteurised cheese and undercooked meats and how to make better food choices during pregnancy.



Exercise and weight gain

Weight gain in pregnancy is to be expected, and some people put on more weight than others. There is a healthy expected amount of weight gain, but this varies depending on your starting weight and BMI. Most women gain between 10 and 12.5 kg or 22/26 lbs.

For most women it is safe to exercise during pregnancy. If you have had an exercise regime before becoming pregnant, it is usually safe to continue until the pregnancy is quite advanced. That said you should always check with your own midwife with regards to the type of exercise you do. If you go to a class or to the gym, always let the instructor know you are pregnant so that they can make any adjustments to keep you and your baby safe and comfortable.

Vaccinations in pregnancy

During pregnancy a woman's immune system is compromised, and you may be more susceptible to certain illness.

For this reason, it is recommended that pregnant women are given certain vaccines to help their immune system, or that of their baby. Your midwife, GP or maternity vaccinator at the hospital will provide up to date advice on your immunisation needs.

If you don't regularly exercise now is a great time to start a gentle form of exercise like walking or swimming. Walking is a great form of exercise for pregnant women and swimming is a great low impact form of exercise too. Again, check with your midwife before making any big changes to your lifestyle. Many areas have classes or online groups for pregnancy exercises such as yoga and pilates – some even offer post-partum classes for you and baby to take part in together.

If you feel like you are overweight when you become pregnant and want to ensure your weight gain in pregnancy is healthy, speak to your midwife or GP. They can either help or refer you to someone who can support you with this.

If you are struggling with weight gain or changing your exercise regime (for example, due to a current or previous eating disorder) please speak to your midwife so they can support you.

Monitoring foetal movement

You should start to feel your baby move between the week 16 and 24. If this is your first baby, you might not notice the movements until around week 20. If by 24 weeks you haven't noticed the baby moving contact your midwife and they will usually listen into your baby's heartbeat and check their movements. Other people around you will not be able to feel the early movements as soon as you do, however as the movements and kicks get stronger, they should be able to – this is a lovely way to help others bond with the baby.

If you have been told you have an anterior placenta (where the placenta is behind where your belly button is) you may not feel your baby's movements as often or as easily, but don't let this put you off letting your midwife know if you are worried.

Your baby will develop their own pattern of when they have periods of movements, and all babies are different. You don't need to count the number of kicks, but you should try and become aware of their patterns of movement.



Warning

Call your midwife or birthing unit straight away:



- ✘ If there is a change to your baby's usual pattern of movement
- ✘ If you cannot feel your baby moving any more

If you are concerned do not wait until the next day. Call straight away once you recognise the reduction or change – even if it's the middle of the night. This could save your baby's life.

Do not use a home doppler (heartbeat listening kit) to try to check the baby's heartbeat yourself – it's easy to pick up your own heartbeat and mistake this for your baby's. This is not a reliable way to check your baby's health. Even if you hear a heartbeat, this does not mean your baby is well and could delay professionals assessing your baby's wellbeing.

Bleeding

Bleeding can be common in pregnancy, however you should contact your midwife if you experience any. If it is heavy and fresh red blood you should contact your midwife or dial 111 or 999 for advice in an emergency. More information about this can be found in the 'unexpected events' chapter.

If you notice changes to your baby's movements speak to your midwife, they will want to check your baby's movements and heartbeat. If the movements change dramatically, it could be a sign of an infection or another problem.



Seeing your midwife

Hopefully you will look forward to seeing your midwife and as time goes on, getting to hear your baby's heartbeat and having help to plan for when your baby arrives. For some people, these appointments can be stressful for a variety of reasons but it's important that you attend all your antenatal appointments. Midwives and maternity services are there to support you and identify any developing issues with you or the baby so it's vital to attend when you are invited for appointments. Midwives work hard to support you in as many ways as possible.

What can your midwife help with?

When you become pregnant, you will be allocated a midwife or small team of midwives who will look after you and your baby throughout your pregnancy and the early stages after your baby has arrived.

After this point your care will be handed from the midwife to a health visitor. Health Visitors are there to help and support you in looking after your baby's needs as they grow until they go to school.

Attend appointments and rearrange if you are unable to make appointments.



Do not miss appointments: Missing appointments or not letting your midwife know if you are not going to attend will make midwives and other professionals concerned as they can't be sure you and your baby are safe. If you are regularly missing appointments, midwives and others around you will want to find out why, and might get other professionals involved to investigate and support.



Top tip

If you are struggling for any reason to get to your appointments – for example, if they clash with picking up an older child from school, speak to your midwife or GP to try and work out what would help you be able to attend.



Emotional support

Your midwife is there to support your feelings and mental health as well. This can include discussing how you feel about the baby – excitement, nerves or other concerns you might have.

Pregnancy can be a complex time. You may feel more emotional, experience mood swings, or you might have worries and feel anxious.

Your relationship with your baby grows throughout your pregnancy, but if you are worried you don't feel a bond, your midwife is a good person to support you with this. Occasionally, parents have feelings of anger, rejection, or fear towards their baby. If you don't feel able to talk to your midwife, talk to someone who will listen, such as your GP, or a family member or friend. These feelings can be talked about and helped, but it's important you let people know, so that you can get the right kind of help and support.

Being pregnant may bring up feelings and memories from your past. This might include if you have ever needed input from additional services such as children's social care, even if you have moved area or it was a long time ago. You might remember things about the way you were raised or be thinking about the kind of parent you do or don't want to be. It's important to discuss these things too because they can influence how you respond to your baby. Anything that may affect how you relate to your baby or how you can care for them is important to share. It might feel hard at first but sharing these things will help you be clear what's on your mind, cope better and get the support you want or need.

Talk to someone who you can trust to listen, that might be a professional like your midwife, GP, health visitor, social worker, or mental health worker. Or it could even be a friend, family member or neighbour who can help you find a professional to talk to.

Pregnancy can have an impact on your partner's emotions too. This is just as important to discuss with your midwife as mental health issues for dads or partners are common. They can impact on the whole family's wellbeing and support is available for them too if they need it. If you have concerns about them, it's important to share these so you can get the right support.

Relationships

Pregnancy is a time for change, and this may have an impact on your relationships with partners or family members. Even though these are not directly related to your baby, your midwife can still offer support for you about your personal relationships. There are further details about relationships later in this chapter under 'becoming a parent'. If you have any concerns about the physical safety of yourself or your baby, it's vital you speak to a professional as soon as possible.

Top tip

lullabytrust.org.uk/wp-content/uploads/The-Lullaby-Trust-Product-Guide-Web.pdf



Baby equipment

Midwives can help you understand what equipment you need for the baby, what is optional and what is a waste of money. They can also put you in contact with organisations or free recycling services that may be able to help get what you need for your baby if you are worried about being able to provide everything.

Top tip

You might choose to use local selling sites to purchase things for the baby – this can be a great way to get all the stuff you need. Remember, if you arrange to buy something, make sure someone knows where you are going and try to meet in a public place to make this as safe as possible.



Warning

Never buy second-hand car seats online or from a person when you don't know the history, previous accidents can impact their integrity and stop them working correctly.



Planning for birth

Planning for the birth of your baby can feel equally exciting and daunting.

It can feel like there are many choices or in some cases not as many as you had hoped for due to complications.

It's going to be important to speak to your midwife about what you would like – such as place of birth, who will be with you (are there people you don't want to have access to see you or information about you?), pain relief options, position for labour and birth, and what should you take into hospital.

The other thing that you will need to really consider carefully is if you have other children who will look after them when you go into labour?

This is especially important if you are a single parent as most hospitals and birthing units will not allow children on labour ward or overnight on the postnatal wards, so you need to make plans for a few days in case you need to stay in for any reason.

Plan to give birth in a place and way that is both safe for you and your baby, ensuring you have adequate provision for other children in the family. Ask professionals for help if you identify a problem such as not having a suitable carer for older children.



Make sure you follow all the advice. Choosing to not take on any advice from professionals especially if you have health complications that could impact on the wellbeing of your baby.



Top tip

Remember, if it is suggested you have a caesarean section this doesn't mean that all the things you potentially wanted to happen can't still go ahead. Your chosen person can usually still be present, they can often still cut the cord, you can ask for certain music playing, you can still have skin-to-skin and breast feed for example.



General advice

You probably have lots of general questions for your midwife who will be happy to help answer queries, if you aren't sure what questions you might need to consider, we have made a few suggestions listed below:

Morning sickness questions:

- ✳ How to manage morning sickness?
- ✳ When will it stop?
- ✳ When should I be worried?

Food questions:

- ✳ What can I eat?
- ✳ What do I need to avoid?
- ✳ How much more do I need?

Drink questions:

- ✳ Can I still drink caffeine?
- ✳ Fizzy pop?
- ✳ Alcohol?

Over the counter drug questions:

- ✳ Can I still have paracetamol?
- ✳ I have a cold – what should I do?
- ✳ I've got hay fever what can I take?

Top tip

The NHS has some great web pages with current up to date advice which you know is safe such as [NHS choices](#).



Work questions:

- ✳ When should I stop?
- ✳ Do I get any maternity pay?
- ✳ Is my job safe?

Sleep questions:

- ✳ I can't sleep, I can't get comfy.

Sibling questions:

- ✳ How will they get on with the baby?
- ✳ Will they be jealous?
- ✳ Where will they go when I'm in labour?

Vaccines questions:

- ✳ Do I need my flu, pertussis and Covid vaccine?
- ✳ Why is it important?
- ✳ When can I get it?

What vitamins do I need?

- ✳ healthystart.nhs.uk/getting-vitamins

Becoming a parent

Whether this is your first pregnancy or not, every pregnancy and transition is unique and will bring with it its own highlights and challenges.

With some preparation and thought you can hopefully keep the challenges to a minimum (or at least know where to go for support) and keep the highlights to a maximum. To do this we need to know not only how to look after our baby but also ourselves. As becoming a parent is complex, we have tried to separate some of the different changes into sections below.

Your family

Families come in all different shapes and sizes, and whatever the makeup of yours you will want to get it off to a good start.

While you or your partner are pregnant this can be a good time to think about the type of parent you want to be – this doesn't mean you will always get it right, nobody ever does, but thinking about it beforehand helps you navigate some of the bumps. If you know there are things you want to avoid, it's a good time to check out how to do them in a different way before the baby arrives. If you are going to be raising your baby with another person or people, pregnancy is a good time to think about who does what, how roles might change, how an average day might look – this again will help you see what might need to change but also supports a more positive experience as you know you are working towards the same goal.

If you are parenting alone, now might be a good time to consider if you have anyone who you could ask for help, or start to think about how you can make your jobs manageable once your baby arrives.



Parenting can be stressful

Sometimes we know why we get stressed because it's obvious. Maybe we're tired, or too busy, or are struggling to cope with all the different demands of raising a baby. But sometimes we can feel stressed, angry or upset without fully understanding why. These are sometimes called triggers. It can be good to reflect and understand what your own triggers for stress are so you can try to plan ahead, get help and reduce the impact of them on you and your baby.

Things that commonly trigger stress are things like having too much to do but not enough help, or having worries about money, work, pregnancy symptoms, housing or relationships. These might be ongoing stresses from before pregnancy, or new things related to the pregnancy.

For some families, this can be a difficult time. Lack of sleep (which is common in pregnancy) mixed with other worries can make the challenges feel worse and that can lead to stress. This isn't helpful for parents or babies. Stress changes the hormones in a mother's body and these hormones, in large amounts, can cause problems later on for the baby. Stress in parents can also change the way they respond to their baby, so professionals want to help parents manage their stress as best they can.

Top tip

Stress can be helped by having some go-to ways to relax, this is individual but could include taking a warm bath, going for a walk or doing something you enjoy.



Sometimes stress can become too much to handle. But when you're pregnant, or have a baby or older children, it's more important than ever that you can recognise when you need to take action to relieve your stress.

If you have a support network such as family or friends, they might be able to help. Look online if you are able for support and information, these are useful sites:

[nhs.uk/pregnancy/keeping-well/mental-health/](https://www.nhs.uk/pregnancy/keeping-well/mental-health/)

[tommys.org/pregnancy-information/im-pregnant/mental-wellbeing/10-tips-relax-pregnancy](https://www.tommys.org/pregnancy-information/im-pregnant/mental-wellbeing/10-tips-relax-pregnancy)

You could practice mindfulness which really helps reduce stress once you have got used to having the quiet time to do it, it doesn't have to take long even a couple of minutes is beneficial.

There are a number of free apps and YouTube videos available online. Whilst it can seem pointless or boring at first, stick with it or change the type you are trying. It's something that can take time before you feel the effects.

Getting out to have a walk or do an activity that you love can help you feel less stressed or overwhelmed.

Top tip



Make sure to save any mindfulness videos you like on your YouTube profile so it's easy to find them again.

Being stressed is not unusual when you're becoming a parent, but it isn't helpful either. Make sure you actively seek help and support or put things in place where you can to reduce the impact of stress. Take time to think about what triggers your stress and work out what help you need.

It's concerning when parents don't find ways to reduce their stress, especially if this starts to impact on your ability to be sensitive and responsive to your baby.

Difficult relationships

Pregnancy can change relationships – some relationships start to become difficult for the first time during pregnancy, whilst other times the relationships might already be strained and being pregnant makes this worse.

Sometimes in relationships arguments can escalate, where you might feel frightened or controlled and worried about speaking to anyone. These arguments and feelings of being controlled might not always be coming from a romantic partner but could be from a wider family or community member. Sadly, this isn't uncommon, but you must try and speak with someone you trust privately, as it's not good for you or your developing baby, and there might be a risk of someone getting hurt.



If you are arguing regularly, it can be detrimental not only to you but to the baby. This can be long lasting into their adult life especially if this becomes regular and severe including being physically hurt. It can also be dangerous if babies and children get caught up in arguments and fights because they can get hurt and injured. Therefore, it is important to get advice and support. The link below will provide useful information.

[nhs.uk/live-well/healthy-body/getting-help-for-domestic-violence/](https://www.nhs.uk/live-well/healthy-body/getting-help-for-domestic-violence/)

It is important for you to know there is help. This could come from a trusted friend or relative, or a professional you feel able to talk to. They will be eager to help you feel safe and supported and get you the right kind of help.

Where you feel safe to – discuss the changes in the relationship.



A relationship displaying these behaviors could be a cause for alarm. The link below will provide useful information: [thehotline.org](https://www.thehotline.org)



Are you in a difficult relationship?

If you have experienced any of the following with your partner you may want to consider if you are in a difficult relationship and if you need to seek help:

- ✘ Embarrassing or putting you down
- ✘ Looking at you or acting in ways that scare you
- ✘ Controlling who you see, where you go, or what you do
- ✘ Keeping you or discouraging you from seeing, or contacting your friends or family
- ✘ Taking your money or refusing to give you money for expenses
- ✘ Preventing you from making your own decisions
- ✘ Telling you that you are a bad parent or threatening to harm or take away your children
- ✘ Preventing you from working or attending an education setting
- ✘ Blaming you for the abuse, or acting like it's not really happening
- ✘ Destroying your property or threatening to hurt or kill your pets
- ✘ Intimidating you with guns, knives or other weapons
- ✘ Shoving, slapping, choking or hitting you
- ✘ Attempting to stop you from pressing charges
- ✘ Threatening suicide because of something you've done
- ✘ Threatening to hurt or kill you
- ✘ Pressuring you to have sex when you don't want to or do things sexually you're not comfortable with
- ✘ Pressuring you to use drugs or alcohol
- ✘ Preventing you from using birth control or pressuring you to become pregnant when you're not ready.

Bonding with your baby

Before they arrive

Thinking about starting a relationship with a baby that you haven't yet met could seem a bit strange but it's worth giving it a go. If you can bond with your baby before they are born, it can help make the bonding process when they arrive that bit easier and supports the development of a loving and warm relationship with your baby.

There are some lovely films of babies recognising voices very soon after they are born of those people who have been speaking to them before their birth.

Stroking and rubbing your baby bump increases your oxytocin hormone levels – oxytocin is the 'hormone of love' and this helps deepen your bond, this is also a great thing for other people who are close to you to do if you don't mind them touching your bump.

Top tip



You can start the bonding process before your baby's born by talking to your "bump" – your baby can hear you and will fall in love with your voice. Chat to your baby as if they can see and hear what you can see or hear. Tell your baby what you are thinking, doing and feeling – as if they are there with you. Imagine you and your baby having this special one to one time together to get to know one another. Tell your baby what you're looking forward to once they've arrived.

Top tip



If you can think of a name for your baby that can help too – either the name they will have, or a nickname will work – be as creative as you like. What will you call your baby?



After they arrive

Every pregnancy is unique, and this means your journey to bond with your baby will be different every time. You might worry that you won't bond with your baby or that if you have older children you might not love this new baby as much – this is normal to think about these things.

Sometimes it can take a little while to bond with your new baby, many new parents don't feel that immediate rush of love when the baby arrives, instead it grows over time and that is fine.

Sometimes parents can also experience having negative thoughts about their baby. This can seem really scary, but speaking to your midwife will feel helpful and enable you to talk things through.



There are a few things you can try to build on the bond that hopefully started during pregnancy:

✳ Have lots of skin-to-skin contact – touch and smell are two of the most important senses in the bonding process. This doesn't just have to happen when your baby is born. This can happen lots after that, at home, in the bath, during feed times. This is not just for mums either – this can be for dads and partners too, even siblings and other people who are close to you and your baby. Skin-to-skin is not only good for bonding but helps regulate your baby's heart rate, blood pressure and temperature.

✳ Smile, talk, sing, cuddle and play with your baby as much as you can. This can seem odd when you start but your baby won't feel this way – even though they can't speak back, watch them and they will let you know they like what you are doing. As they get bigger, they will start copying you.

✳ Learn some baby massage techniques – this could also come in handy when you're trying to calm a crying baby.

✳ Look at your baby's facial expressions and when they want to make eye contact – this could also help you to tell what mood your baby is in.

Top tip

Look in your local area for baby massage groups, often there are free ones run by local family centres and they are also a great way to meet new friends with babies too.



Don't worry if you don't feel like you have bonded straight away, it can be normal for this to take time to build and grow, much like when we fall in love when we are in other relationships. If you are worried though, don't feel scared to talk to your midwife or health visitor – they will be happy to listen to your concerns.

Supporting the bond between you and your baby will be beneficial for them for years to come, laying the foundations for how they grow and develop long into their adult life.

We have come to the end of the healthy pregnancy section, everything we have covered should help you have a healthy pregnancy.

You might find there are other things you want to learn about or have questions about. Why not make a list and ask your midwife or other pregnancy health professional? Or use the internet, but make sure you use a trusted source such as [NHS Choices](#). If you read something on the internet in a group or non-NHS site, try to check out a couple of sites to see if the answers are consistent. It's easy to come across untruths on the internet.



3

A home environment



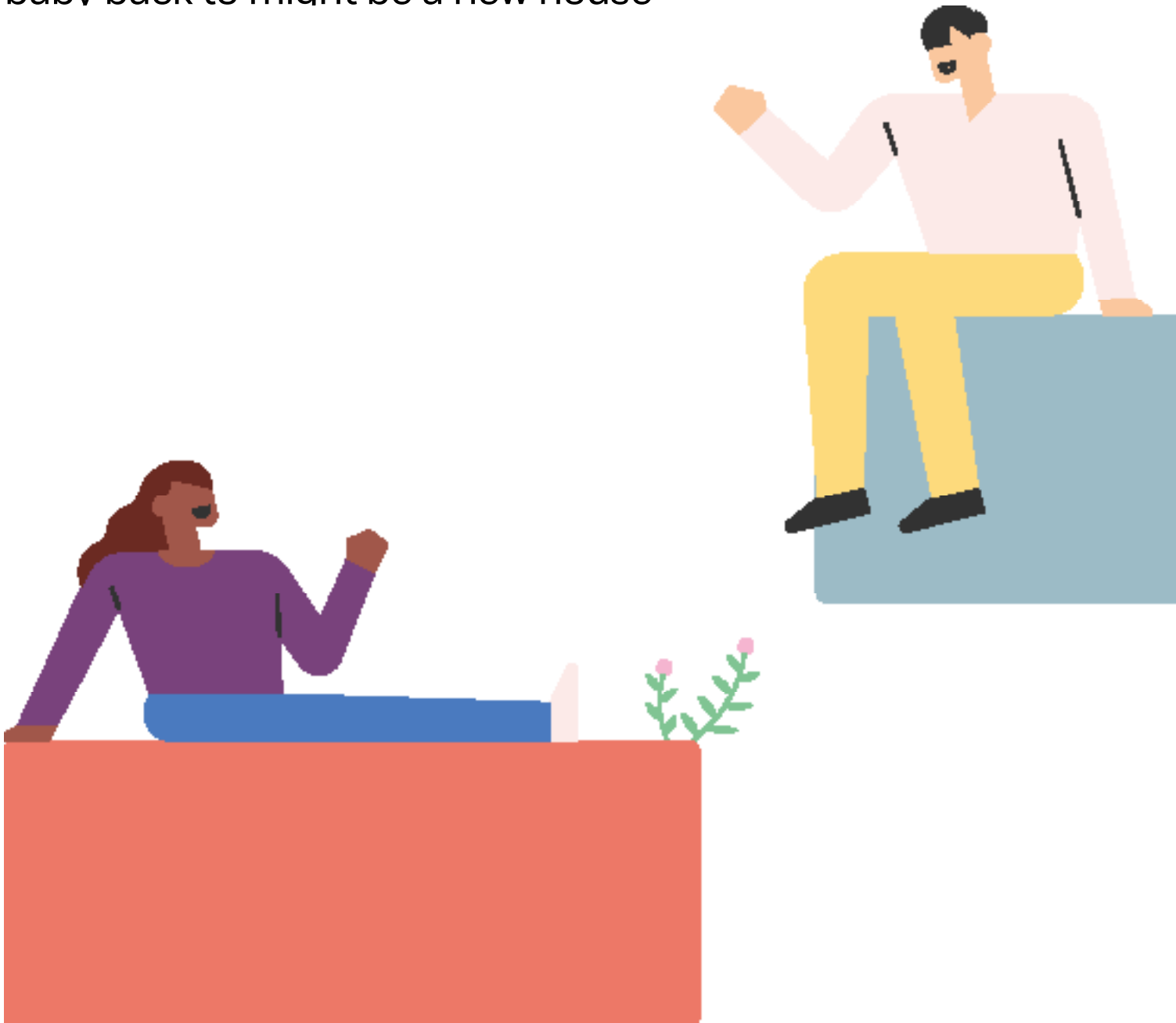
Home environment and home safety are very closely linked so it will be important to read both chapters. This chapter will cover more detail around your actual home and living space, the safety chapter more around the details of keeping areas safe, storage of products etc.

The home environment can be one of the things that needs a lot of attention when you are pregnant, especially when you've never had a baby before. It can be hard to know what to change or stay the same.



Our home environment is important to our physical and mental wellbeing. It's a place where we hopefully should look forward to returning to and feel relaxed and settled there.

The home you are bringing your baby back to might be a new house



Having the home newly decorated with the most up to date furniture is not important. But, having everything you need to live day to day is, such as heating, suitable sleeping arrangements and a place to cook and wash etc is, but you will know that already.

If you feel your current housing doesn't have that and not all will, now is the time to speak to your midwife. **You will need somewhere safe, clean, and warm to bring your baby back to.** Your midwife will help you assess this by doing a home check which is standard for everyone, and they will give you advice if some things need changing.

If you need support to buy new items there will often be local agencies which can help, start by asking your midwife, local children's centre or foodbanks, who will have good links to local support networks. Whilst you are pregnant is a good time to look and make the required changes. If you need to move to a new property, your midwife can support you with finding someone to help you find a suitable place to live.

Once you have a property that has everything it needs, you need to make sure that it's all safe and suitable for when you have a baby in the home. So, let's have a look at some of the areas you will want to ensure are checked and changes made if needed. Some changes might need doing straight away to be safe, others you can take your time with and add to your new home when you are able to. Don't forget to contact local citizens advice, Shelter (charity) or local authority if you need help.



You will probably want to consider where you will be doing day to day caring activities for your baby such as bathing and nappy changing.

Lots of parents find it helpful to have a space in their living room to have nappy changing things such as a mat, wipes, nappies and nappy bags. It makes it easier to have everything together – maybe in changing bag, box or basket.

If you choose to have a nappy changing station with a changing table – ensure this is safe and that you never leave your baby on there alone even for a second in case they manage to roll off – sometimes a basic changing mat on the floor is the safest option. Have a think about your floors and if they will be ok for when baby starts moving –

Top tip

The temperature of the rooms should be around 18 degrees celsius. It's easy to check this by getting a cheap room thermometer.



Warning

The chance of sudden infant death is higher in babies who get too hot so try not to let the room temperature go above 20 degrees celsius and consider the amount of bedding you are using.



do the carpets need a clean? Will the hard floors be too hard or cold? Do you need a rug, or baby activity mats to make being put on the floor for tummy time, etc comfortable for them?

Consider basic things like lamps for feeding in the night so the 'big light' doesn't need putting on, but you remain safe from tripping over in the dark and maybe a few extra cushions/blankets in areas you might do night feeds, etc as it could get cold.

Any fires, radiators or heaters will need to be in good working order, so they don't pose a risk. Also ensuring you have the correct safety measures in place such as a guard for fires will be important. You can get pipe covers and radiators covers too if they become particularly hot. Any covers should be fixed to the wall so they can't topple over onto your baby.

Furniture such as cabinets, bookcases etc should all be fixed to walls with appropriate fixings – these often come with the furniture. This might sound over the top however it's really easy for these to fall over especially as babies grow into toddlers and pull themselves up and try climbing and it can happen really quickly.

A clutter-free home is a safer home, and it would be worrying if the basic facilities weren't present, or it was smelly and dirty.

Your home should be clean and tidy and not have excessive clutter as this can become a dangerous slipping and tripping hazard. There will be a risk items can fall on toddlers in a cluttered home when they start exploring, and they can easily get hurt, choke or get trapped as well as it being unhygienic. It helps to try and get organised whilst you are still pregnant.



You can do this a bit at a time to make it feel more manageable. If you share your home, it is a good idea to chat through how tasks and chores in the house will get done once baby has arrived as that might change. It's much better to have a plan to reduce sources of arguments about dishes and laundry, etc. The plan can always change as times goes on as it isn't fixed.

If you live alone just remember to do little and often when you can as it can be overwhelming when everything feels messy. Don't be afraid to ask for help if you have people around you who can give you a hand.

Top tip

Choose small tasks to complete each day rather than thinking of doing it all in one go, this will help keep on top of the tasks and stop it from becoming overwhelming. There are lots of free apps and pages to help you do this.



When a baby is first born, up to the age of six months they need to share your room – so make sure you have a suitable place for them to sleep and that your room is suitable.

Once they are old enough, baby's and toddler's rooms are often something parents really aspire to get just perfect. That can feel like a big burden especially if you don't have as many freely available funds as you would like. However, clean, warm, and tidy with the right sort of bed and bedding for their age is most important.

If you do decorate the room, it is nice to consider what your baby or toddler might like. Their bedroom should reflect their age and needs, and don't forget to implement safety tips from this section like fixing furniture.

Don't forget to ensure you have fire alarms in your home, and carbon dioxide detectors are necessary too. The safety section discusses this in more detail, but your local fire department can advise. If you are in rented accommodation speak to your landlord/housing provider.



Animals are a big part of many families – this is often not concerning, and they can develop very strong bond with the babies and children in the family.

✳ **DO:** Ensure they are house trained. If they are not this would not be acceptable and will cause health problems especially once the baby has arrived.

✳ **DO:** Ensure they are supervised at all times. Animals such as dogs should never be left alone with your children. It only takes a split second for a dog to become spooked and end up hurting your baby and the results could be devastating.

Never let babies and children sleep with any animal in any sleep space.



✳ **DO:** Ensure cats and dogs don't have unrestricted access to the baby's room as they often like to sleep where its warm and could smother the baby.

✳ **DO NOT:** Pregnant women should not change cat litter trays where possible due to the risk of toxoplasmosis. If you must change it yourself ensure you have gloves and follow good hygiene such as washing hands afterwards. Preferably clean/ change the litter trays daily.



We have covered smoking already however remember having a smoke-free place to live is very important.

Smoking anywhere in the house poses risk to everyone's health and wellbeing and puts the baby at increased risk of sudden infant death syndrome. Visitors smoking also pose the same risk – let them know in advance you won't be letting them smoke inside or near you, and that the same rule will apply when the baby has arrived.

If you, or your partner/other household member need help to stop smoking there is lots of help speak with your midwife or health visitor who will be able to help. Encourage other relatives too – when they see how well you are doing, they will want to follow suit to help keep your baby healthy.

Top tip



Smoking outside in a specified jacket which you remove before coming in the house can help, ensuring you wash your hands and don't go and hold your baby straight away will also reduce the impact of the smoking on them.

Hopefully this chapter has given some food for thought and can help steer you in the right direction of how to get your home environment ready for the baby.



4

Safety



So, this section does what says on the tin – it's all about how to keep you and your family safe.

We will look at a whole range of different things that you are encouraged to do to reduce risks, to make your activities at home or when out and about as safe as possible.



From day one of becoming parents, you will worry about your child's welfare, and you will want to make sure they are safe.

This section will help you consider what is dangerous and how to make it safe. To do this you need to be:

- **Aware of the safety issues related to your child's age** – we cover some of these below, but you always need to be one step ahead of your inquisitive baby/toddler
- **Practical** – to ensure the environment both inside and outside your house are safe.



As your child grows and develops, they will be exposed to new, exciting and some potentially unsafe situations. Your role as a parent is to be aware of potential accidents happening and hopefully stop them by being one step ahead.

Stairs

Stairs can be one of the most dangerous places in the home for small children as it can be so easy to trip and slip on them especially when your toddler is just learning to walk.

They are also hazardous because you can slip on them when carrying your baby or walking with them.

So, it's important to think about how you can reduce the risk of slips, trips and falls for all of you.

Basic safety would include:

- ✘ Have and hold a handrail
- ✘ Have baby gates fitted at the top and bottom of the stairs
- ✘ Using the gates correctly, opening them not trying to stride over them
- ✘ Clear the stairs of trip hazards such as shoes, toys and those bits that are meant to be taken upstairs
- ✘ Don't run or rush on the stairs
- ✘ Stay alert – don't be checking phones/reading letters etc.
- ✘ Take one step at a time.

A stair safety fact sheet is available to download from the link below:
stairs.bwf.org.uk/stair-safety



Cleaning products and household agents (rospa.com)

These include detergents, bleaches, oven cleaners, glues, de-scalers etc.

You may or may not know that ingestion of cleaning products is a major cause for children being taken and admitted to hospital. Babies and toddlers are so inquisitive – even though the products smell and taste bad, the bright colours and lack of awareness of danger combined with their natural desire to explore with their mouths put them more at risk. They also like to copy what they see the grown-ups doing and this includes touching these dangerous substances.

Top tip

Don't store cleaning products in the typical 'under the kitchen sink'. Consider moving them to higher cupboard babies can't reach.



Warning

Little children could easily mistake dishwasher and laundry tablets as sweets or toys – these are dangerous if ingested and can also cause irritation to the eyes and would need immediate medical attention.



Ways to reduce the risks of this happening include:

✘ DO:

- Keep a close eye on babies and toddlers around the house
- Keep chemicals and products out of site – preferably in a locked cupboard. This is the same if you have a shed/garage
- Replace lids and put them away straight after use
- Store them in a different place to food and medicines.

✘ DON'T:

- Mix cleaners as this can cause dangerous gases to form
- Leave mop buckets with water in them where babies can access them
- Swap containers of cleaners – just use the original to reduce the risk of these being confused.

Poisoning

This usually happens due to children ingesting medicines, cleaning products and cosmetics – it could also happen if children get access to pet products such as flea and worming products, plant products like fertiliser and pest control substances also pose a risk.

Prevention:

- ✳ Keep medicines and chemicals out of sight and reach of children, preferably in a locked cupboard and remember the random ones in your bag too
- ✳ Wherever possible, buy products in child resistant containers
- ✳ Always store chemicals in their original containers
- ✳ Dispose of unwanted medicines and chemicals safely.

Top tip

You can take unused/old medicines back to the pharmacy.



Top tip

Avoid buying plants with poisonous leaves or berries or those that can irritate the skin because we know children are inquisitive and explore with their mouths.



Blind cords

Once you have a baby blind cords can become problematic. Babies and toddlers are sometimes left for short periods alone in places where they could have access to blind chords – for example the bedroom.

Cords on blinds and curtains that are in the home should be kept short and out of reach of children.

Top tip

Don't cut the looped cords, even as a short-term solution, because they could become more dangerous. [Look at rospa.com](http://rospa.com) for more detailed information.



Choking and suffocation

Small babies and children can swallow, choke, or inhale many different things from around the home. These can be things we have given them and other things they have just managed to get their hands on.

Some of these things can be obvious, like plastic bags. But remember, nappy sacks (or dog poo bags) don't make as much noise so are harder to notice if your baby gets hold of one, making it easier for them to suffocate.

As mentioned before, babies and toddlers learn about the world by putting things in their mouths – this puts them at a higher risk of choking.

- ✘ Choose toys appropriate to the age of the child so they have no small parts
- ✘ Make sure small objects are kept out of reach of children
- ✘ Keep older children's toys away from their younger siblings
- ✘ Small food such as grapes, cherry tomatoes, blackberries and other soft fruits should be cut into quarters (not halves) and preferably length ways to prevent choking
- ✘ Keep the cot free from bumpers, pillows, and soft toys
- ✘ Ensure your child is the right age for the cot or bed
- ✘ Keep blind cords short and out of reach of children

Batteries

Batteries are extremely dangerous, and they are in so many toys that babies and children have. Batteries contain acid that can leak from them as they age. Battery covers often get misplaced – making it easy for them to be accessed or fall out of the toys.

Warning

If you suspect your child has swallowed a battery, then medical attention is needed urgently because the battery acid can leak into the stomach and other organs causing corrosion which can be life threatening. You should visit a hospital as soon as possible and they will undertake investigations to see where the battery is and what treatment is required.



Button batteries are especially dangerous as they are just the right size for babies to not only choke on but swallow whole.

Fires

House fires pose huge risk to babies and children, but there are some things you can do to try and reduce the risk.

- ✘ Keep matches and lighters out of reach, especially from older children who might be intrigued and want to play with them
- ✘ Washing machines, dryers and phone chargers are known fire risks. Advice is to not use them when you are not in the house or are asleep as you wouldn't notice the start of the fire
- ✘ Make sure you have a fire alarm fitted – check it regularly, make sure the batteries work
- ✘ Have an escape route planned, practice it just in case
- ✘ Use a fire guard and attach it to the wall
- ✘ If you smoke make sure you put cigarettes out properly and dispose of them once cold.

Top tip

Many local fire departments will support you with a plan including getting appropriate alarms fitted. This is often a free service.



Water safety

Everyone knows that water can be really fun. But it can also be really dangerous, and accidents in water still happen. Children always need supervising when in or near water at any time, but especially babies and toddlers – children can drown in less than 3 cms of water.

There are times where you will come across water unexpectedly such as when out walking – like rivers, lakes, ponds, and canals. Don't let toddlers walk towards the edge or too far in front even if with older siblings as they might not know what to do if an accident occurred. Same as with the bath tips – always keep at arm's length, you never know when you might need to grab them, a slip or trip can happen in a matter of seconds.

Prevention:

Never leave:

- ✘ A running bath – toddlers sometimes climb in unattended
- ✘ Children or babies in the bath unsupervised, no matter how long for
- ✘ Uncovered bowls or buckets of water around the home.

Always:

- ✘ Ensure paddling pools are emptied and stored away when not in use
- ✘ Use extreme caution near swimming pools – they are harder to cover so be extra vigilant if there is one in the vicinity
- ✘ Fence off or fill in garden ponds while children are small. Take special care when visiting other people's gardens – ask if they have a pond and if it has a safety cover over it.



Burns and scalds

If you were to sit and have a think about all the different ways a baby or toddler could get burnt or scalded, you might be surprised at how many you come up with – maybe it would be a good idea for you to do that for your house as everyone would have subtle differences.

Burns and scalds are the cause of many children visiting the accident and emergency department, and their recovery can be long and painful. Baby's skin is much more delicate than adults and this can impact on the severity of the burn.

They can easily come into contact with hot fires, cookers, lighters, cigarettes, hair curlers, straightening irons, clothes irons and any other hot surface you can think of.

When considering how a child could get burnt, it's really important to remember the sun as a cause.

Top tip

Use factor 50 sun lotion.

It's easy to get sunburnt and children's skin is more sensitive than adults'.

If the temperature is warm, even if it's cloudy, you should still use sun lotion and hats, for babies under 6 months also try and keep them in the shade.



When we think about scalds, again there are many different ways this can happen.

Obvious ones would be from hot drinks – how often do we have hot drinks and make them whilst we multitask? This could be a recipe for disaster. Most scalds in children under five are from hot drinks.

Try getting a doll, holding it how you will your baby and make a hot drink. Notice what is hard about it, what could be risky for the baby and how it makes you feel.

Prevention:

- ✘ Never leave your child in the bathroom alone
- ✘ Run your hot water system at 46°C or fit a mixer tap
- ✘ When running a bath turn the cold water on first and always test the water temperature with a bath thermometer. You could use your elbow or inner arm if you don't have a thermometer. Always do this before letting a child get into the bath or shower.
- ✘ Put hot drinks out of reach and away from the edges of tables and worktops
- ✘ When cooking always use rear hotplates and turn the pan handles away from the front of the cooker
- ✘ Keep small children out of the kitchen whenever possible or ensure they are safe in a highchair or other suitable place
- ✘ Keep your hot irons, curling tongs and hair straighteners out of reach even when cooling down.

Top tip

Ideally you will not be holding your baby and can arrange a safe space close by for them to be placed while you make your drink.



Warning

Bath water scalds are extremely dangerous and cause many admissions to hospital – these types of burns can be fatal.



Now you've seen all the areas we need to ensure are safe, it's worth doing a check of your home.

A good way to consider if your home is safe is to get down onto your baby's level. Try and imagine you have never seen all the exciting things before and consider what might attract their attention, what they could pull, poke, lift, burn themselves on. Or what might get in your way when suddenly you are sleep deprived and one hand is usually holding a baby and then rectify it.

Top tip

Don't forget to do this more than once as your baby goes through the different development phases and see how you need to adjust to continue to make your environment safe. The table below gives a rough guide to development milestones to help accident proof your home.



Age	Stage	Tip
0–6 months	Wriggle and kick, grasp, suck, roll over.	Do not leave on a raised surface.
6 months – 1 year	Stand, sit, crawl, put things in mouth.	Keep small objects and dangerous substances out of reach.
1–2 years	Move about, reach things high up, and find hidden objects, walk, and climb.	Never leave alone, place hot drinks out of reach, use a fireguard and stairgates.

Here’s a handy table which you could print out and complete to help you identify potential problems in your home. Start by sitting on the floor at a child’s level. Ask yourself what they can reach or climb onto to reach things, to open or pull at where they could get access to some of the following items which may cause them harm – do this for each room and in the garden too. The first column has already been done with some common examples to help you get started.

When it comes to the solution column, you may find it helpful to ask yourself: how do I baby proof the space? What needs to change? Or, how do I make the space safe? Could you write a shopping list?

Potential problems	Problems found	Solution
<p>Poisonous substances Medicines, cleaning products, bleach/toilet cleaner, make up, glue, washing powder/pods, dishwasher tablets, plants with berries.</p>		
<p>Suffocating/choking Small nuts, marbles, toys, plastic bags, nappy sacks, heavy quilts, cot bumpers, cuddly toys.</p>		

Potential problems	Problems found	Solution
<p>Strangulation Blind pull cords (especially in child's bedroom), anything hanging from bed, highchair.</p>		
<p>Scalds Kettle position, your hot drinks, water temperature (run cold water first).</p>		
<p>Cuts Knives, scissors.</p>		

Potential problems	Problems found	Solution
<p>Falls Access to windows (furniture nearby that they can climb), do they open, stairs.</p>		
<p>Drowning Ponds, standing water, baths (never leave your child in the bath even for a second – pick them up and take them with you – what’s a bit of water between parent and child?).</p>		
<p>Batteries In drawers, check remotes and toys etc.</p>		

This section was a hefty one! And that is because there are so many hazards in your home and when out and about, many that you wouldn't even think of until you become a parent.

Really try to ensure you work through this section, checking your home and other environments to really reduce the risk of anything happening that could be life changing. **So as a reminder...**

Taking into consideration all the risks, checking your home and outside areas, noting any risks down and making the changes to make these safe. Also considering this when out and about too. Asking for advice if you aren't sure how to make something safer.

Not doing any checks to find out what might be dangerous or pose a risk. Alternatively, knowing something is dangerous and leaving it where it is putting your baby at risk of harm.



Safer sleep

Helping your baby sleep safely is an important task.

Many of you will have heard about cot death or sudden infant death syndrome. Although there is no known cause for this, we do know there are some things we can do to reduce the risk of this happening.

Having your baby sleep in a safe way is one of them.

So, let's have a look at what safer sleep looks like, it's not just about what position they sleep in but the environment too. When we put our babies to sleep, we should follow these simple guidelines every time to reduce risk.

✘ DO:

- Place your baby on their back to sleep, in a cot in the same room as you, for the first six months
- Place your baby in the “feet to foot” position, with their feet at the end of the cot or Moses' basket
- Have a clear space – no pillows, quilts or duvets, bumpers, pods, nests, or sleep positioners
- Have the temperature of the rooms around 18 degrees celsius
- Consider what your baby is wearing and the type or how many blankets your baby has alongside the room temperature – room thermometers can help with this
- Make sure your baby is not too hot or too cold – looking into 'baby togs' might help you understand this and work out what your baby needs
- Keep your baby's head uncovered, this includes hats indoors. Their blanket should be tucked in no higher than their shoulders.
- Take your baby out of their car seat as soon as they reach their destination and place on a firm flat surface to sleep (lullaby trust).



✘ DON'T

- Don't let your baby sleep alone for the first six months
- Don't smoke during pregnancy or when feeding your baby, and don't let anyone smoke in the same room as your baby
- Don't let your baby get too hot or cold – cots and Moses baskets should not be placed in front of windows, where there is a draught or in front of heat sources such as radiators.

Sudden infant death risk is halved in babies who are breastfed for at least two months. Partial or combination feeding (breast milk and formula) and exclusive breastfeeding have been associated with lower sudden infant death rates.



✘ Parents should NEVER:

- Sleep on a sofa or in an armchair with a baby
- Sleep in the same bed with your baby if either you or your partner smokes
- Share a bed with your baby if you or your partner has drunk alcohol
- Share a bed with your baby if you or your partner has taken legal (prescribed or unprescribed) medication/drugs that make you sleepy or taken illegal drugs
- Sleep with your baby if they are premature or low birth weight.

This is because these actions are particularly associated with increasing the risk of a sudden infant death.

Reference: lullabytrust.org.uk

Warning

If you co-sleep, speak to a health professional and follow the advice to make this as safe as possible.



When we don't use advice on safer sleep, we are putting our baby in direct harm and the risk of a baby dying can be significant dependent upon the situation. That is why it's so important.



Baby hammocks, swings and baby bouncers, swing chairs, chair rockers

It is not safe to use products like baby swing chairs, bouncers, chairs, chair rockers and hammocks as sleep spaces as they are not firm and flat and any padding can cause overheating. Babies should not be left unattended in these when awake. If your baby falls asleep in any of these they should be put in their own clear, separate sleep space such as cot or Moses basket.

Top tip

Once a baby is able to move themselves freely about the cot there is no need to keep putting them on their back when they are asleep, however in the first weeks and months babies sometimes manage to get themselves into a position they can't get out of so it's important to put them back onto their backs.



Top tip

No matter how many times someone tells you cot bumpers and nests etc. are safe because nothing happened to their baby – remember they are actually very high risk.



Following the above guidelines every time you put your baby to sleep – this is wherever and whenever you put your baby to sleep, even if it's not at home or different environment in your home.



Not following guidelines and not asking for support, especially when you have increased risk already, such as being a smoker or having a premature baby.



Co-sleeping

Some parents sleep and share their bed with their baby. When this is done for most of the night and not just for comfort or when the baby needs feeding, this is known as co-sleeping. This can be done purposefully or by accident.

When it's done by accident this is often because parents for example could have fallen asleep when feeding their baby or after they have soothed them to sleep.

Sometimes parents choose to do this as one-off because they have gone to visit friends or relatives and have no travel cot or space for a baby to have their own bed.

Some parents choose to do this every night as they have decided it works best for them and their baby. Speak to your health visitor about doing this as safely as possible but remember the safest place is in their own cot or moses basket.

Top tip



You might consider putting the mattress on the floor – this will help avoid a situation where the baby can roll off onto the floor whilst you are sleeping. Babies have a knack of being able to roll even when they haven't really learnt how to do it.

When co-sleeping, there's a risk that a sleeping adult could roll over and suffocate a baby, and for this reason it is safer to place your baby's cot by your bed or a mattress by their cot if you want to be close to your baby at night.

It's important for babies to have a clear sleeping place which is easier to create when they have their own cot/moses basket.

NEVER sleep with your baby on a chair or sofa. This increases the risk of sudden infant death by up to 50%.





However, we know that families do share their beds and there may be times when you feel this can't be avoided. So if you decide that you want to have your baby share a bed, or even if it were to happen by accident, there are some simple rules you can follow to ensure your bed is safe for co-sleeping.

- ✳ **Keep pillows, sheets, blankets away from your baby or anything else that could obstruct your baby's breathing or cause them to overheat.** We know that a high proportion of infants who die because of sudden infant death are found with their head covered by loose bedding.
- ✳ **Follow all the usual safer sleep information mentioned earlier** to reduce the risk of sudden infant death such as sleeping baby on their back
- ✳ **Do not let pets or other children sleep in the bed** – they won't have as much awareness as you do
- ✳ **Make sure baby won't fall out of bed or get trapped between the mattress and the wall** – don't put the mattress against the wall or use pillows to try and keep them from falling off.

✳ **It's especially important never to share a bed with your baby if you or your partner:**

- **Smoke** – no matter where or when you smoke and even if you never smoke in bed or in the bedroom
- **You have recently drunk any alcohol**
- **You have taken any medication or drugs** that make you sleep more heavily
- **Or if you feel tired**
- **Your baby was born premature** (37 weeks or less)
- **Your baby was born at a low weight** (2.5kg or 5½ lbs or less).

Following guidance and asking professionals if you are unsure BEFORE deciding and acting upon it. 

Not taking on advice regarding safer sleep despite professionals giving clear and up to date information about your circumstances which could increase risks. 

Slings

Many parents now choose to use slings when they have their baby as they find it helps keep their baby close, they feel their baby settle and feel comforted by being so close.

Slings can be a great way to enable new parents to get out and about, get jobs done in the house and feel close to their baby.

Top tip

Getting advice about the sling that is best for you and your baby, and information, how to fit it correctly.



Top tip

When you're wearing a sling or carrier, don't forget the 'T.I.C.K.S':

*** Tight:**

Slings and carriers should be tight enough to hug your baby close to you as this will be most comfortable for you both. Any slack/loose fabric will allow your baby to slip down in the carrier which can hinder their breathing and pull on your back.

*** In view at all times:**

You should always be able to see your baby's face by simply glancing down. The fabric of a sling or carrier should not close around them, so you have to open it to check on them. In a cradle position your baby should face upwards not be turned in towards your body.

*** Close enough to kiss:**

Your baby's head should be as close to your chin as is comfortable. By tipping your head forward you should be able to kiss your baby on the head or forehead.

*** Keep chin off the chest:**

A baby should never be curled so their chin is forced onto their chest as this can restrict their breathing. Ensure there is always a space of at least a finger width under your baby's chin.

*** Supported back:**

In an upright carry, a baby should be held comfortably close to the wearer so their back is supported in its natural position and their tummy and chest are against you. If a sling is too loose, they can slump which can partially close their airway. (This can be tested by placing a hand on your baby's back and pressing gently – they should not uncurl or move closer to you). A baby in a cradle carry in a pouch or ring sling should be positioned carefully with their bottom in the deepest part so the sling does not fold them in half, pressing their chin to their chest.

Photos of the correct positioning are also provided at: [lullabytrust.org.uk/safer-sleep-advice/swaddling-slings](https://www.lullabytrust.org.uk/safer-sleep-advice/swaddling-slings)

Car seats

Buying a car seat can feel like a real mission.

There are different categories, type, fixing – how do you know which is best?

Using a car seat is the law, this is to help keep babies and children as safe as possible when travelling.

We know that babies and toddlers need a different level of protection when travelling in a car which helps keep them safe in the event of a crash. Children's car seats are designed specifically to help protect their developing bones and internal organs at each stage of their development so it's important you get the right one.

Babies need their outside clothing such as coats and snow suits removing when travelling in the car seat.

Warning

Those who are fastened into their car seats with outside clothes such as coats and snow suits, are at risk of not being restrained tight enough, this means if there was a crash the baby can slip out of the clothing and be ejected out of their seat.



Choosing a car seat needs to be done carefully as not all seats fit every car. Buying second hand might feel easier as they often cost less, but this needs to be done with caution as you do not know if the seat has been in an accident, and this could compromise its safety. Be aware to look for the correct safety labels if you do buy second hand. Info about this is available on the government website: gov.uk/child-car-seats-the-rules



It is also vital that you know how to correctly secure the seat into the car and then your baby safely but comfortably into their seat. Most hospitals will only discharge you home once your baby is born if you have an appropriate car seat.

REMEMBER never buy second-hand car seats online or from a person when you don't know the history, previous accidents can impact their integrity and stop them working correctly.

Top tip

All babies start with a rear facing car seat. The best way to make sure you have the right one is to seek advice from well-known providers who usually offer this for free.



Ensuring you have a suitable car seat that is always used when your baby is travelling in vehicle that is fitted correctly.



Not using a car seat, having your baby on your lap, or sat on a seat with no protection in case of a crash.



Car seats and sudden infant death

We have just looked at how important it is to use a car seat when travelling.

However, there are some recommendations about how to make the use of car seats safe, along with getting the right one.

It is recommended that you try and avoid travelling in cars for long distances with preterm or young babies.

There is some research into the link between car seats and sudden infant death syndrome which showed babies could be at risk of breathing difficulties if they are travelling in the upright position for too long.

Top tip



Speak to your midwife or health visitor and ask them their advice as they will know you, your baby, and your situation.

There is no evidence that has been published about how long a baby should stay in a car seat when travelling. That said, most health professionals, safety experts and manufactures would advise babies should be in a car seat no longer than two hours and that they should be taken out frequently to stretch out. You will need to stop regularly and remove your baby for at least 15 minutes.

Ideally on long journeys you would have another adult in the back to keep a check on the baby, if not have a mirror so you can see them clearly. If your baby changes position and is slumped forward you should stop immediately and change their position back upright.



Babies that get too hot are at a greater risk of sudden infant death.

Reduce risk by removing any hats or outdoor clothing like snowsuits and coats once your baby is in the car.

Car seats are designed to keep babies safe while travelling, not as a main sleeping place. **Car seats should only be used for transport and not as an alternative for cots or highchairs.** If your baby falls asleep in a car seat when travelling that is ok, but they should be taken out as soon as you get to where you are going, and placed onto a firm, flat surface to sleep following the usual safer sleep guidance.

Using the car seat only as intended and installed correctly.



Disregarding health and safety advice about using a car seat appropriately and how to fit it. This includes allowing your baby to sleep in a car seat when not in the car, as an alternative to a cot or Moses basket.



Babysitting/Childcare

Most parents at some time need to leave their child with someone else even if only for a short period. Deciding who to leave your child with is important; it is your responsibility to choose a responsible person who will ensure your child remains safe whilst in their care.

You need to think about if the person has the ability to look after your baby to the high standards you would expect – this is not only ensuring they are fed, changed, kept safe and played with but that they would know what to do in an emergency.

Always make time to meet the person before you have to leave your baby with them the first time.

Babies can become very upset at being left with someone they don't know, so it's a good idea to have "settling visits" with a new childcarer or babysitter. This helps you to be sure the person can soothe your baby if they get upset and helps your baby get used to this new person.

There is no legal age for a person to look after your child however it is generally thought 16 years or over is acceptable as it is felt that at this age a young person would be aware of dangers and could act responsibly in an emergency.

If you leave your child with anyone under 16 years old, if anything were to go wrong it is likely you would be held responsible. This could include any action from police and social care. ([gov.uk/law-on-leaving-your-child-home-alone?](https://www.gov.uk/law-on-leaving-your-child-home-alone?))



Top tip



These are some links that you might find helpful – some of this is covered towards the end of the resource also.

Recommend childminders registered with Ofsted Find a registered childminder – GOV.UK: [gov.uk](https://www.gov.uk)

Help paying for childcare: Free education and childcare for 2-year-olds – GOV.UK: [gov.uk](https://www.gov.uk)

30 hours free childcare – GOV.UK: [gov.uk](https://www.gov.uk) (3–4 year olds)

Warning



NEVER leave your baby with someone who you feel uncomfortable about – listen to your gut feelings, they are there for a reason.

Top tip

Leave contact details in case of emergency and make sure you have theirs too. Agree to discuss any accidents or anything unusual that happens whilst you aren't looking after them.

Leaving your child with an appropriate caregiver who to the best of your ability and knowledge you know to be safe and responsible. This means you will have spoken to others if it is someone you don't know, and they come with recommendations.

Make sure you tell whoever is looking after your baby about their routines, what they like and don't like – it can be scary for babies when they are first left, even if they know the person, so routines being kept will help them feel settled.

Remember – babies and toddlers should always have someone looking after them and should never be left alone, even for short periods.

Letting anyone look after your baby, or letting someone look after them who will not be responsible such as someone too young, or those under the influence of drugs or alcohol; this includes people who you know have been, or you feel have the potential to or are a known danger to children for example by showing aggressive behaviour.

This chapter may feel quite overwhelming but that's because there are so many things in and around our home and environments that pose a risk.

However, if you have taken time to read this, done the little activity checking in your home you should feel confident you have made a good start.

Don't forget that as your baby grows it will be good to do the activity as some of the risks will change i.e., they will suddenly be able to reach things they couldn't when they weren't able to stand.



5

Emotional care



In this section we will look at different things that can impact upon your baby's emotional wellbeing and how you can support them to grow to be happy and healthy.

You have an important role in helping your child's brain development. How you talk to and respond to your baby really does shape how their brain develops, and that affects their development, learning and mental health in later life.



What you do in their early years to help your baby be happy and healthy has a big effect on how happy and healthy they are throughout their life.

During their first year, 1 million connections are made every second in your baby's brain.

Because this development is happening so quickly, good or bad experiences can have a bigger effect than you might imagine.

Their brain grows from around 400g to 1000g in the first year, and then keeps growing at a fast rate until around their second birthday when it will weigh about 80% of an adult brain – that's a lot of learning and growing! That's why it's so important to play, read, sing, chat and have fun with your baby during their early years – because all of those interactions are helping your baby's brain grow and your baby be as safe, happy and healthy as possible.

For babies to have good emotional health it is really helpful for their parents to feel emotionally healthy too or have other caring adults around them to help you both if you are struggling.

Having good social and emotional care as a baby and toddler will allow them to feel safe and support them in wanting to explore, learn and have fun, building foundations for a great future.

Babies and toddlers experience emotions but they haven't worked out what they mean yet. They have been hearing everything whilst in the womb from around week 20 of your pregnancy. Sometimes they might have felt unsure what was happening, and they will often have learned how to make themselves feel better by self-soothing – usually sucking their thumb or fingers. They are then born ready and waiting to interact with you. They have many ways of giving us hints about how they feel – crying is just one of them and usually they have tried other ways, even if fleetingly to let you know they need something before they cry. These early signs can be easily missed if we don't know what to look out for.

Body language

Babies use their body language – facial expressions, moving their arms and legs, noises and grumbles to communicate with you, this is their body language. These are called ‘cues’ and they signal if a baby is coping with what is going on around them or if it’s too much.

Babies give you cues about lots of things, but it can take some time getting to know what your baby’s cues are.

Let’s have a look at some of them.

When they are hungry:

- ✖ Be wriggly and a bit fussy
- ✖ Hands are tight like fists
- ✖ Have their arms up and hands towards their face
- ✖ Suckle, lick their lips.

When they have had enough to eat or drink:

- ✖ Arms down by their sides
- ✖ Hands relaxed, more open.

Top tip

Think of a clock face at lunch time – hands up hungry, hands down full.



When your baby wants to connect, talk, be held, or be fed they will:

- ✖ Turn their eyes or head towards you
- ✖ Lift their head
- ✖ Gaze at you
- ✖ Have a wide-eyed and bright expression
- ✖ Babble
- ✖ Move smoothly rather than jerkily
- ✖ Reach out to you
- ✖ Coo
- ✖ Smile
- ✖ Stop moving.

When they need a little break they will:

- ✖ Arch their back
- ✖ Breathe more quickly
- ✖ Cough
- ✖ Show changes in skin colour
- ✖ Be a bit sick
- ✖ Have a dull expression on their face
- ✖ Cry and fuss
- ✖ Fall asleep
- ✖ Frown
- ✖ Hiccup or sneeze
- ✖ Look away
- ✖ Pull away
- ✖ Squirm or kick
- ✖ Turn their head away
- ✖ Yawn
- ✖ Flinch or startle.

It can be hard to see your baby look away when you are trying to play and be nice to them, but it's not personal. Your baby is learning so many new things that sometimes their brains can't process it as quickly as they are experiencing it. They sometimes need a small break and to look away to let their brains catch up, once this has happened, they will turn back to look at you – hopefully to see your face waiting to re-engage them.

It's not always easy to learn your baby's 'language' and cues, so that's why you need to take time every day to be relaxed together, looking at each other's faces so that you can start to learn how your baby lets you know what they do and don't like. Spending relaxed face to face time with you like this is your

Top tip

Think of your baby – which cue or signal have you noticed them doing? Try looking out for some you haven't seen yet and see if you notice them starting to do them? If you haven't had your baby yet, shopping trips can be a good opportunity to start practicing by observing what cues you notice other people's babies showing.



baby's favourite activity and will help you learn more about how your baby's cues communicate to you.

Crying

Most people know that babies cry, but until you have your own baby it can be hard to imagine how you might feel when your own baby cries. Everyone is different – some babies cry more than others and it might be harder to manage than you expected.

Babies cry for lots of reasons, they are born ready to communicate and do so in many ways – crying is just one of them. Crying can be very normal, and the amount a baby cries usually gradually increases from birth to when your baby is about three months old. At this point it peaks and then gradually reduces again. The NHS has some good information – soothing a crying baby – NHS ([nhs.uk](https://www.nhs.uk)).

When a baby cries it's because they are trying to communicate with you – that could be that they need something like food, a nappy change or a nap – or just to let you know that they are overwhelmed and stressed and need a loving cuddle.

Crying causes a hormone called cortisol to be released in the baby's body. When a baby is soothed and helped to calm down, cortisol release stops and the baby feels back to normal again. But, when a baby's cries are ignored, cortisol can continue to be released even after the baby has given up crying.

This situation of leaving a baby to cry for long periods can be quite damaging; cortisol is not good for a baby's developing nervous system, and they might also start to think that no one is there to look after them. That is why it is important to try and soothe them as best you can to help them feel safe and secure again.

Health Visitors have a lot of good advice about how to soothe crying babies so do get in touch with your health visitor for help about how to respond to your baby's crying.

Crying is a natural reflex for young babies – like when we pull away from something hot. Babies often cry most in the late afternoon and evening. This could be because over the day they have become overwhelmed with the experiences of the day.

When babies cry they are trying to tell us they need us to help them feel better – usually the crying can be linked to being hungry, hot or too cold, a wet or dirty nappy, being tired, being overwhelmed or overstimulated, needing to be held and sometimes pain or discomfort.

If you think that your baby is crying more than normal, or that there might be some kind of underlying reason, please speak to your health visitor as soon as possible to get help and support.

Top tip



Spend time working out what soothes your baby – this is probably best done when your baby is not crying when you have a clear head. Maybe make a note in your phone of what works so you can look back on it.



You will hear some parents talk about how their baby has a different cry for different things. Don't worry if you can't understand your baby's different cries – it can take a while to hear the subtle differences – that is if there is a difference in your baby's cries.

It is also normal to find a baby's cries stressful to deal with, especially if the crying seems to happen a lot. In fact, a baby's cry is supposed to make us feel uncomfortable – nature's way of making us act to fix the problem.

When your baby cries it might make you feel frustrated and unsure of what to do. It can feel overwhelming. Parents can sometimes feel themselves getting angry with their baby. It's important that if you feel yourself getting angry with your baby you have ways to calm yourself down. The stress, strain and exhaustion that comes with having a newborn baby can mean parents find it hard to cope when their baby cries. See [page 86](#) for how to cope.

It's good to understand and try and remember that your baby isn't doing it on purpose and that they are really needing some help to feel better. If you start to feel angry or upset and overwhelmed, it is ok to put your baby somewhere safe such as in a cot and walk away for a short period to calm down. Remember it's ok to take time to calm down when your baby is crying, and it is starting to feel like it's all too much.

This is a quick checklist of reasons a baby might be crying:

- ✖ Full nappy – wet or dirty
- ✖ Overstimulated, too noisy or bright
- ✖ Hungry?
- ✖ Tired?
- ✖ Too hot?
- ✖ Too cold?
- ✖ Needs winding?
- ✖ Wants a cuddle or a quiet break?

The same thing probably won't work for every situation but try to remember to stay relaxed when it feels too much and think back to what has worked before.

Talk to other parents and see how they soothe and calm their crying baby. There are also online groups such as Netmums where you will probably see suggestions from other parents on there too.

When things get too much

You will probably have heard about shaken baby syndrome – where a baby has received injuries to their brain from being shaken and you might have wondered how a parent could ever do that to their baby. Many of these injuries occur because a parent has had lots of stress compounding over a few days and weeks, mixed with reduced sleep, and then baby cries or is sick and the parent is at breaking point and ends up hurting them without planning on doing so.

This is why if you do get angry at your baby it is really vital you walk away after you have put them somewhere safe. That's because in a moment of anger it's really easy to hurt your baby in a moment of rage. Sadly, many babies have experienced injuries from their parents shaking them. The injuries sustained can be anywhere on the body, but often are caused by the baby being shaken. This usually has a major impact on their brain. Your baby's brain is still growing and while you're interacting with them, millions of connections are forming. It makes your baby able to learn faster than at any other stage in their life but it also makes them vulnerable to head injuries.

A baby's brain is fragile and shaking a baby will mean their brain moves around, back and forth in their skull and can be squashed up against it. This causes damage to their brain. The damage is caused when the head is moved rapidly forwards and backwards and causes bleeds on the brain. The injuries that can result from shaking a baby can be considerable and long term or even life threatening.

You might worry that gently rocking your baby to sleep or winding them might cause shaken baby syndrome – this is not usually the case if done gently. If you are worried if you are doing these activities right, ask someone for advice such as your health visitor or an experienced trusted parent you know.

Recognising when things are getting just too much and putting your baby somewhere safe while you regain your composure. Talking to a professional or family and friends if this is happening often so you can get some support.

Things you can do if it gets too much:

- ✳ Place your baby somewhere safe like their cot
- ✳ Walk away – don't go too far, close enough you can still hear your baby and check in on them until you have calmed down
- ✳ Slowly count to ten, trying to calm your breathing into a regular and slower pattern
- ✳ Go and make a cup of tea
- ✳ If you have friends or family close by that could help call them.

Top tip

REMEMBER **ICON**:



I: Infant crying is normal and it will stop.

C: Comfort methods can sometimes soothe the baby and the crying will stop.

O: It's OK to walk away if you have checked the baby is safe and the crying is getting to you.

N: Never ever shake or hurt a baby.

ICON is a great source of support for information on babies crying. They have produced the above tip, for more helpful advice visit iconcope.org

Not asking for help and support. Getting overly angry at your baby and shaking or hurting them. Not letting anyone know if you have shaken your baby. Leaving your baby to cry for long periods and not helping them feel settled and comforted. Getting angry at your baby and not trying techniques to sooth them or calm you down and not seeking support.

Cry-sis is a UK charity you can call for support, it is open 7 days per week and is open 10 an until 9 pm 08451 228 669.

Your Toddler

As your baby grows into a toddler, it becomes much easier to understand what their emotions are and what they are telling you – even if sometimes you think their reaction is irrational or over the top.

Just remember their brains are still growing and key parts of it which control emotions are still very immature, so they will have outbursts and become easily overwhelmed and tired. Many experiences are still new and can be a lot to take in.

To help their development it is beneficial for you to put their experiences into words so they can start to learn how to say what they feel.

To do this imagine you are them and what it might feel like or what might be bothering them, then put it into words.

This could be something like ‘wow! you look like you are having so much fun on that swing’, ‘playing with your car has made you very happy’.

Or, ‘Oh no! You have dropped your toy and that has made you feel really sad. It’s ok, I can pick it up for you’, or, ‘I know you are tired and it’s making you feel grumpy, let’s go home for a nap’.

When your baby/toddler knows you have seen their distress, and you have shown them you can cope and make it better – it makes them feel much better and helps build a positive attachment.

Bonding and emotional attachment with your child

We have already looked at how to start to bond with your baby when pregnant, but it’s so important we are going to look at it again.

Here we will look at how to bond with your baby once they have been born and as they are growing.

The bonding and attachment process starts even before your baby is born (as you will have read about earlier). Talking to and about your baby, imagining and planning for your baby is all a part of your developing role as parents to this new baby.



You show your emotional connection with your child by:

- ✦ **Sensitivity:** Looking out for your baby's cues and communications about what they want or need.
- ✦ **Responsiveness:** Helping them by providing what they need or by helping them meet their own needs (for example, by having a nap when they're tired)
- ✦ **Warmth:** Responding kindly and helpfully when they are communicating with you.

It's also important that you both get enjoyment from your relationship and that you start communicating and interacting with your child from birth.

How do you do this? You need to focus on your baby – face to face time is really important, so that you can smile and gaze at one another and read each other's facial expressions do this while holding them close.



Your emotional relationship with your child underpins all the other things you do as a parent from how much effort you put into preparing food to how you set routines and discipline your child.

Building a good relationship with your baby is one of the most important things you can do for your child – even more than what you buy or what you can give your baby. A child understands their current and future world from how you respond and interact with them. It's how they know that the world is a safe and wonderful place.

Top tip



Holding, looking, stroking and singing to your baby from birth will help to release natural hormones that will support bonding. This means it is a good thing to do even if it is something you find difficult. This will also allow you to pick up those subtle communication signals from your baby and learn how they are communicating with you. Talking to professionals will also be helpful if you are worried about connecting with your baby.

Communicating with your baby

Your baby communicates in many ways. Some ways are subtle and can be hard to recognise initially. The way most people recognise a baby communicating is by hearing them cry. Crying is the most powerful way that a baby can communicate. It's also a significant way of letting you know that something's making them unhappy – but as we have discussed it's not the only way.

A crying baby can be upset for many reasons. For example they may be too hot or too cold, hungry, windy, have a full nappy, over stimulated or need some attention. Try to look at the situation and surroundings from your baby's perspective – has it been a long time since their last feed, nappy change, or nap, has it been too hot, cold, noisy or bright in the room, or has your baby had a lot of stimulation or sudden changes to cope with?

What to do

Your baby needs help to learn how to cope with these situations so it's important you don't panic – try to stay calm and think about what your baby might need. Talk to your baby softly and hold them gently.

It's worth going over the basic reasons a couple of times before you decide you don't know what's up. However, if you can't find what's making your baby cry, see if there's anything else you can do to calm them down, like:

- ✱ Talk to them calmly, with your hand gently on their tummy to help them feel safe
- ✱ Gently hold their arms to the middle of their chest to help them feel still
- ✱ Hold them still on your chest to see if that helps
- ✱ Rock them gently in your arms
- ✱ Take them somewhere quieter and darker
- ✱ Sing a song – maybe one they might recognise, like one you played when you were pregnant. Or, for older babies, sing a song they might have heard you sing before
- ✱ Give them a baby massage
- ✱ Go for a walk to change the surroundings.

Sometimes a baby just needs to know you are close and a cuddle is the best thing for them.

Once your baby is born there are a few things you can try to support a stronger bond:

- ✳ Have lots of skin-to-skin contact – touch and smell are two of the most important senses in the bonding process
- ✳ Take every chance you can to smile, talk, sing, cuddle and play with your baby
- ✳ Learn some massage techniques. This could also come in handy when you're trying to calm a crying baby
- ✳ Make eye contact – this could also help you pick up on your baby's mood.

Signs your baby is bonding with you:

✳ **0–3 months:**

- Smiles back to you
- Turn towards you when you speak
- Shows interest in your face
- Follow objects and movement.

✳ **3–6 months:**

- Shows joy when interacting with you
- Smiles a lot during playtime
- Makes sounds like babbling cooing or crying – when happy or unhappy.

✳ **4–10 months:**

- Smiles, giggles and babbles
- Has playful exchanges with you
- Starts to have back and forth gestures – giving and taking, sounds and smiles.

✳ **10–18 months:**

- Plays peek-a-boo and patty cake with you
- Uses sounds like ma, ba, na, da and ga
- Uses gestures to show needs – pointing, waving or giving
- Recognises their name.



✳ **18–20 months:**

- Knows and understands ten words
- Uses words to communicate needs, pointing at something, leading you to something.

✳ **24 months:**

- Uses at least 50 words
- Uses two or more words together
- Shows more complex pretend play, like feeding ‘want milk’
- Responds to questions about familiar places or objects or people not present by looking for them.

✳ **36 months:**

- Puts thoughts and actions together – ‘sleepy, want blanket’
- Enjoys playing and talking with other children
- Talks about feelings
- Answers who, what, when and where questions without much trouble
- Pretend play – dressing up or acting with dolls and toys.

All children develop at different rates and these are just a guide.

If you are concerned speak to your Health Visitor who can advise and support.

How you can support attachment as your child grows:

Eye contact

Children love to gaze at you so look at your child affectionately. They will pick up on the positive emotion conveyed by this nonverbal signal, and feel safe, relaxed, and happy. Maintaining comfortable eye contact also plays an important role in sustaining the flow of conversation between you and your child. Get down to their level and hear what they are saying.

Facial expression

Your face is able to express countless emotions without you saying a word. When talking to your baby ensure your expression is calm and attentive when you communicate with your child, so that they will feel secure.



Tone of voice

Even if your child is too young to understand the words that you use, they can understand the difference between a tone that is harsh, indifferent or preoccupied, and a tone that conveys tenderness, interest, concern, and understanding. When talking to older children, make sure that the tone you use matches what you're saying. You should consider how important your words are, they should be used to celebrate and encourage positive self-worth. What you hear about yourself as you grow is what you believe.

Touch

The way you touch your child conveys your emotional state. The way you wash, lift, or carry your baby or the way you give your older child a warm hug, a gentle touch on the arm, or a reassuring pat on the back can convey so much love to your child.

Body language

The way you sit, move, and carry yourself communicates a wealth of information to your child. Try and be relaxed, sitting in a comfortable position.

Sudden, aggressive movements might frighten a child, whereas calm body language will help a child listen and feel safe, and they will feel what they're saying matters to you.



Pace & timing


The pacing, timing, and intensity of your speech, movements, and facial expressions are important and need to be matched to your child's.

An example of how to do this is to play with your baby simply by letting them take the lead – copy noises and faces they make, patiently wait after your turn to see and hear what your baby does next. This is turn taking, sometimes called mirroring, and is often a favourite with babies because it shows them how interested you are in them.


Children's cues and movements are often slower and less forceful than your own.

Babies especially need time to process everything that is going on around them, this could mean that you are having a lovely moment together and they look away.

Parents can become upset by this, but this is the baby just having a pause – their brain making sense of what they are taking in all around them. They will soon look back and be ready to re-engage – so it's important that you are waiting there with a smile and warm tone of voice, ready to receive their cue that they want to carry on.



Taking time to learn how to communicate with your baby, and practising even if it's uncomfortable talking to them, singing and describing your day. Letting them have their turn and take the lead in your 'conversation' even if you have no clue what story they are telling you.



Not wanting to communicate with your baby, or only doing so when you have to. Shouting at them, using loud and angry tones. All these will be distressing for them and will lead to them having a distrust of you and being scared.

Play

Play is so important to your baby or toddler's wellbeing. Babies and toddlers need to play, it's one way they learn about the world!

No matter how old your baby is, whether it's bath time, bedtime or you're washing up, playing with your baby, using silly voices, or even singing can build their brain right from birth. It's a great way to have fun while making your bond even stronger.

It's good to understand how to know when your baby is ready to play, and also what they might like to do, and why it's good for their development.

Babies have 6 different phases or states – these are called arousal states – learning about these will help you get to know your baby better, and will also help you decide when to undertake an activity at a time when your baby is most ready to participate.

Doing things when your baby isn't in a receptive state is likely to make things much harder. An example would be understanding that your baby is most likely to want to play when they are in the quiet alert state, but trying when they are drowsy might make them upset.



The 6 states of arousal:



1. Deep sleep

This is the stage where your baby is asleep and still, but barely responds to stimulation from the environment around them such as noise or touch, and is possibly difficult to wake up.



2. Light sleep

This is the state in which your baby is asleep but easily disturbed by noise or touch.



3. Drowsy

This is the stage between waking and sleeping when your baby will be stirring, may well be moving their limbs, and opening and closing their eyes.



4. Quiet alert

During a quiet alert phase your baby will be lying calmly and absorbing the world around them. They may watch you intently and enjoy looking at you, being held by you, hearing your voice and smelling you nearby.



5. Active alert

During the active alert phase your newborn will be moving their limbs and squirming about. They might fuss or whimper a little.



6. Crying

Crying is a baby's most recognised method of communication and whilst unpleasant for you, it's not always a sign of distress for you baby. Your baby can cry to tell you they are hungry, they need their nappy changed, they want to be picked up or they are just tired.

Top tip



Activity: It might be good for you to look at the pictures above and see if you have noticed your baby looking similar. Maybe you could encourage other people who might look after the baby to notice too, for example, 'look, this is their quiet alert stage – it's the best time to try and play'. Or, 'this is their drowsy state, they like having the chance to wake up before we try and sing to them'. Add in whatever you have noticed about your baby and their states as it will help them feel content when other people look after them.

Small babies are usually ready to play when they are in the quiet alert stage – this is when they will most enjoy playing with you. Trying to play in other stages will probably lead to you both feeling overwhelmed when it doesn't work out as planned.

Older babies will have regular awake periods. Its best not to start new activities you want them to join in with if they have just woken or are getting ready to nap – that said you will learn what your baby or toddler likes.

If you notice your baby is ready to play and interact you could try singing, using familiar tunes, and changing the words to describe things you're doing. It might take some getting used to, but give it a go and find the way that you like. It's easy to learn nursery rhymes now by using the internet. You might notice if you sing along to a song you played a lot when you were pregnant they might relax, calm down and even fall asleep. Or, they might even get a bit animated depending on their baby state when you play it. What music might your baby recognise?

Try playing peekaboo, mess about with bubbles in the bath, or even turn sorting laundry into a game! When babies are smaller you can hide behind the t shirts as you fold them, and even gently sweep softer fabrics over their skin for them to feel a new sensation. As they get older you can maybe add a few simple words like 'is this red?' Over time, you can add playful moments throughout the day.

It's easy to make your own fun toys such as rain makers. By filling old bottles with rice or pasta and securing the lid well – the noises will be fantastic when rolled or shaken.

Normal household items like wooden spoons and a pan will be an incredible little drum kit. Natural sponges, fabric – lots of normal bits can provide lots of fun and interaction.

You are your baby's favourite toy over anything that could be bought or made for them. So remember anything where you are joining in they will love.

It can feel a little weird at first singing and playing games with a new baby and as they grow, especially if you haven't spent much time around children, or just have never had the opportunity to learn what to do. But, start by doing it at home when nobody is around if that makes it feel easier.

Books are a fun and helpful activity with children from birth. Picture books help very young babies listen to your words and share your attention, which helps them develop concentration, babbling and pointing, all important developmental steps. Chat with your baby about what you can see on the page and leave gaps for your baby to point and babble or make noises. As your baby gets older, listening to you read books with words will help get your child ready to learn to read, so enjoy a book together as often as you can.

Having fun and engaging in play. Playing when your baby is ready and not too tired or hungry! Age appropriate play – not expecting too much, and not getting upset if your baby doesn't want to do that activity right now.

Not allowing play or not supporting age appropriate stimulation through shared activities/use of age appropriate toys, can prevent your baby from learning and reaching their full potential.



Toddlers

As babies develop into toddlers, they find new ways to test boundaries and express themselves. So, when your toddler gets upset, they might scream, cry or even kick, hit or bite.

This is normal, but it can be very stressful for parents.

The first time this happens can be upsetting and if it occurs in public it can also be embarrassing. You might feel that everyone is looking even though they usually aren't, and if they are they are likely empathising with you having been there themselves!

All children misbehave at times. It's a normal part of learning the rules.

Like babies, toddlers communicate using their behaviour. Often a tantrum is their way of letting you know that they don't understand, they are overwhelmed, or they can't manage something. Young children also find it very hard to remember rules even if they've heard them before. It can take many times to remember what is expected because their brains are still developing, and it can be really hard not to act on their impulses at this age.

You might be wondering how to respond to toddlers' tantrums and the truth is it will be different for every child, but it helps if you are feeling as calm as you can in this situation. Often, the things that trigger your stress can make a young child feel frightened without you realising that, so it's important to be in control of yourself before you try and help your child.



If you're feeling at the end of your tether, take five and follow these steps:

- ✘ **Stop**
- ✘ **Breathe**
- ✘ **React calmly**

When they start screaming in the supermarket or having a meltdown at mealtimes, it's normal to feel frustrated. But reacting angrily could lead to emotional and physical harm, and this is never OK.

Children respond to how we react, which can affect their behaviour in the future. So, try to react calmly.

Even though they may have grown and have learnt to talk, your child is still using their non-verbal behaviour as a way to communicate. As before, try looking at the situation and circumstances through your child's eyes. If you can't find an immediate reason for the tantrum (maybe they're hungry, tired or need a little love), there are things you can try to calm them down.

You could try:

- ✘ Creating a distraction using something like a book
- ✘ Draw their attention to something else happening nearby
- ✘ Let them know you're trying to work it out, that you understand how they feel, and that you're going to try and work it out with them.

You could say;

- 'Oh no – it looks like you are feeling really frustrated – I wonder what is it – let me see what the problem is'
- 'I'm wondering if you are getting annoyed because I didn't let you hold the bananas?'



Top tip

Children need an adult to help them learn how to manage the strong feelings of everyday life. They need help to calm their bodies and minds before they can think about what to do next.

You can help by keeping your body calm and helping them relax their bodies too. It can also help to make sense of their feelings by putting into words what's going through their mind.

This can really help because then they don't need to keep using behaviour because they know you've understood their communication. For example, **'I can really understand that you're feeling upset now because you were really looking forward to going out, and now that it's raining you're disappointed'** – you could even add **'and it feels really annoying, maybe a cuddle would help'** etc.

These 3 steps might help:

- 1.** Let your child know you understand how they feel e.g. It looks like you're feeling really cross/upset/excited/tired
- 2.** Let your child know you're trying to see and understand the reason for that for example, 'it's been ages since you had anything to eat, had a sleep, you were really looking forward to playing with that toy'
- 3.** Try to work out something that will help 'maybe a snack/nap/cuddle/another game might help'.

You could also try, depending on their age, a **5, 4, 3, 2, 1** activity – it's easy to do anywhere and you can mix up what you ask them for, for example, **five** things you can see, **four** things you could touch, **three** things that are red, **two** things we could taste, **one** thing that is noisy.

Things to avoid:

- ✳ If they're asking for something and you've decided they can't have it, don't give in
- ✳ Try not to bribe them with sweets. Think of it as an 'emergency strategy' only and remember that your child will still have lots of feelings building up inside – so you may need to be prepared to support them through a meltdown later instead.

There is a lot of help, information and support available. Speak to your health or social care professional about where to find out more about managing your child's strong feelings and behaviour.

This has been a very important chapter with some difficult topics covered.

However, if we have the opportunity to learn about these subjects before our baby is born it might help us put some strategies in place to help once our babies come home with us. You might be reading this after your baby is here looking for tips and hopefully you will have found something to help you.

Don't forget the support resources such as Cry-sis national support service if you are struggling.



6

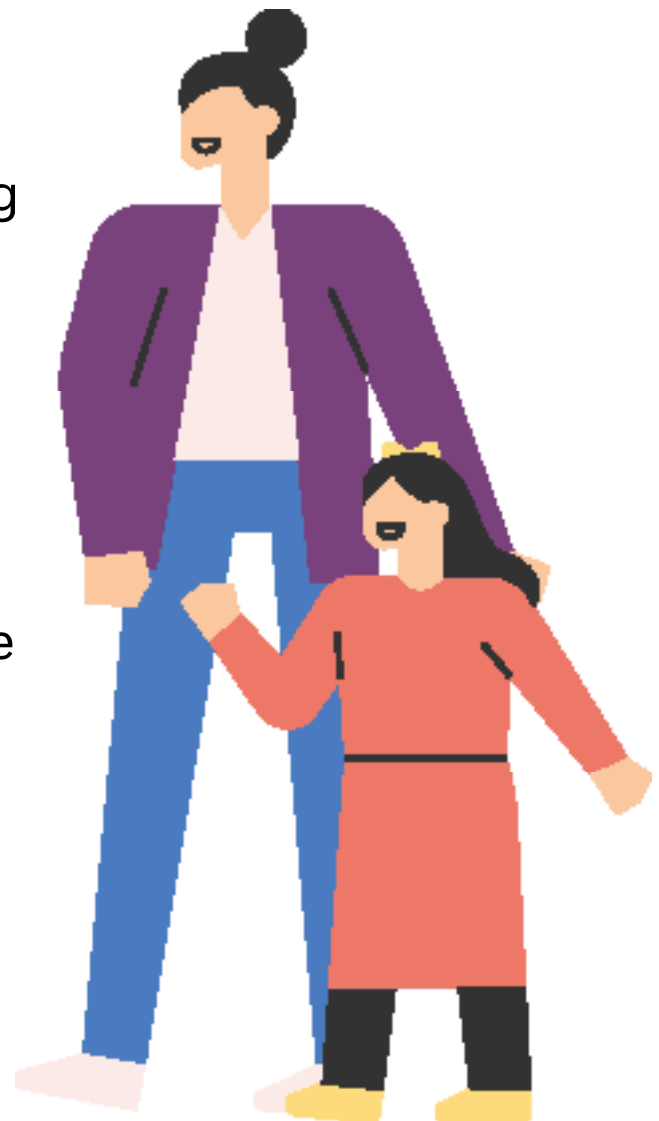
Physical care



You might be reading this whilst you are still pregnant – this is great as you can get an understanding of what you will need to do to help keep your baby healthy once they are born. If your baby has arrived hopefully this will give you some good tips to use now.

In this section, we will look at different aspects of physical care. This will include responsive feeding from birth onwards, important things to know about your child's nutrition as they grow and to help keep them generally happy and healthy.

The needs of your baby will change as they grow but let's dive in and cover some of the important stuff.



Your newborn baby's health

Your baby will have their personal health record (red book/online equivalent). It's a great way to keep track of your baby's height, weight, and their immunisations along with other milestones and appointments.

As parents you will want to ensure your baby is developing as expected. Checks will start shortly after birth and will continue regularly until they are around two.

Eye and hearing tests

Hearing and eye problems are not that common, and your baby will have had a hearing test at birth. Checks for vision and hearing are done by the health visitors during development checks.

However, if you are concerned just speak to your GP or health visitor, and explain what's concerning you.

Top tip

Always keep your child's health record safe – as your child grows you never know when you might be asked questions about their early years, especially if they need medical input as they grow.



Immunisations

Immunisations are both during pregnancy and once baby is here, one of the best ways to protect you and your baby from a variety of illnesses.

It's really important if your baby was born early, or has other health conditions, that they receive their immunisations. You need to discuss any concerns and questions with your health visitor.

Discussing any concerns. Completing the course of childhood immunisations and doing so on time.



There would be lots of concern if your child had a medical or health condition and you have been advised to allow your child to have immunisations, but don't attend them. This impacts their health condition and overall wellbeing of your child.



Responsive feeding

Thinking about feeding your baby can take up a lot of your thoughts, not only whilst you are pregnant but once your baby arrives. Whichever method of feeding you choose, making feeds a special time together when you can concentrate on your baby really helps their development, and you should be proud of this.

When you are pregnant you can get lots of information about how to feed your baby from your midwife and other professionals. There are also lots of antenatal groups that you can drop into to ask questions if you have them, some of these will be breastfeeding specific groups.

Whichever method of feeding you choose, use feed times as a time to relax and connect with your baby.

Having eye contact with your baby allows them time to take in your face and learn all about you and vice versa. This can be tricky with some breast feeding positions but there are plenty of other opportunities for eye contact like when you are cuddling your baby. Keeping your baby close and snuggled in will help them feel safe and secure. Speaking to them during feeds can also be really comforting, as they will remember

your voice from being inside the womb and will love hearing your voice.

All babies will have their own subtle ways of letting you know they are getting hungry usually before they actually start to cry – these are early feeding cues.

There are lots of different ways your baby may tell you they are hungry, including:

- ✱ When their hands are really clenched – when their arms are bent upwards going towards their face
- ✱ Licking their lips, – sticking their tongue out, – opening their mouth and moving their heads to the side
- ✱ Generally becoming more wriggly and fussy.

These can be signs that your baby needs feeding.

In very young babies, them being awake can be an early sign they are getting ready for a feed. When babies start to cry to be fed, they have usually shown us a few of the early signs, but we haven't managed to act on them yet.

Look at the image below and how the mum is looking and holding their child while they breast feed – and how their child is looking back. They are bonding and communicating even without words. Your baby will love any opportunity to look at your face, learn about your features and in time try and copy some of the expressions you make.

Learning how your baby communicates, and becoming responsive to those cues, takes time so be gentle with yourselves. If you need any help at all with your feeding choice, speak to your midwife or health visitor.

Responsive feeding, holding your baby close and giving them attention whilst feeding them, however you choose to feed is important.

Responding to feeding cues in a timely manner, regardless of how you feed your baby is really important.

Withholding feeds could impact on your baby's growth, development and overall wellness and might also impact their developing attachment with you.



If you use bottles at any time to feed your baby it is important to clean and sterilise them properly using the correct method. You can find tips about that here: [nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/sterilising-baby-bottles/](https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/sterilising-baby-bottles/)



Warning

If you bottle feed your baby it is never safe to 'prop feed', with the bottle propped up using a cushion etc so you don't have to hold it. This is extremely dangerous and can cause the baby to choke and in some cases, babies have been known to die from this.



This would be seen as neglect as you are putting your baby in direct danger. Despite there now being gadgets available to hold the bottles in the babies mouths no professional would ever support their use as there is a very real potential for choking to occur – never, do this.

Many parents talk about how they weren't aware how hard feeding their baby was going to be – especially breastfeeding parents. Some parents feel underprepared but remember it's a new skill, and with support and practice you'll make perfect.

There are many organisations such as 'la leche league' who offer free support as well as professionals in your local area. Sometimes the smallest piece of advice or support can make a huge difference in breastfeeding comfort and success. This will help ensure your feeding goals are reached. Please refer to the back of the guide for suggested trusted organisations for support.

CHINS is a frequently used acronym for position for good attachment when breastfeeding:

C: Close (baby's chest is really close against your body).

H: Head Free to tilt back (hold back of neck and shoulders with your hand).

I: In-line (head, shoulders and body in a straight line).

N: Nose to nipple (line the nose up with the nipple, nipple enters mouth last, and needs to reach the junction of the hard and soft palate at the back of the throat).

S: Sustainable (comfortable and sustainable position for both of you).



Newborn babies need feeding whenever they are hungry, this can be as many as 8–12 times every 24 hours. Your baby will wake up and need feeding during the night too. Night feeds are particularly important, as it helps to establish breastfeeding in the early days and weeks as your hormone levels are higher in the night.

As babies get older, the length between feeds will grow as their tummies expand and they take more milk in at feeds. This generally becomes a 3–4 hour gap between taking some milk. You should feed your baby as often as they want for as long as they want. When using bottles there should always be a small amount left in the bottom – you know your baby may still be hungry if they start regularly ‘draining’ the bottle. Watch for your baby turning their head away or pushing the bottle out of their mouth, that’s your baby telling you they have had enough.

At times you will notice that your baby wants more milk or wants to feed more often. A breast-fed baby will often cluster feed, where they have lots of feeds in groups then have a gap. This can usually be seen when a baby is having a growth spurt or starting to take on a new skill as they grow up. These growth spurts are usually 7–10 days, 2–3 weeks, 4–6 weeks, 3 months, 4 months, 6 months, 9 months, however your baby doesn’t come with a calendar, so this is just a rough guide.

Many parents worry whether their baby is getting enough milk – this can be a particular worry for parents who breast feed, especially if they are being asked or when people comment ‘how do you know they are getting enough’.

For most babies if they are putting on weight, having wet nappies approximately six times per day, with colourless urine after 7 days, plus at least two poos per day the size of a £2 coin from day 3–4, and starting to change to a yellow colour, then they will be feeding enough.

Dirty nappies and being unsettled, content and sleeping after feeding are signs that they are getting enough milk.

In the early days a change in the colour of the poo, from that black tarry meconium to a poo that looks more yellow (a bit like mustard), and sometimes with small lumps often referred to as 'seeds', is also a good sign they are getting milk.

Good hygiene is very important when making up a formula feed or using bottles for expressed breast milk.

Your baby's immune system is not as strong as an adult's. That's why bottles, teats and any other feeding equipment need to be washed and sterilised before each use.

You don't need to have the most expensive steriliser but if you don't follow the guidelines, it would be highly likely that your baby would get sickness and diarrhoea.

The advice applies to all your baby's feeding equipment and whether you are using expressed breast milk or infant formula. Once your baby is 6 months, you only need to sterilise bottles, teats and dummies.

Dos and don'ts of making up formula feeds or heating breast milk:

DO: follow the manufacturers' instructions very carefully, as they vary as to how much water and powder to use.

DO NOT: add extra formula powder when making up a feed. This can make your baby constipated or dehydrated. Too little powder may not give your baby enough nourishment.

DO NOT add sugar or cereals to your baby's milk.

NEVER warm up milk in a microwave, as it may heat it unevenly and burn your baby's mouth.

Did you know?

Even when tins and packets of powdered infant formula are sealed, they can sometimes contain bacteria. These bacteria can lead to tummy upsets.

Bacteria multiply very fast at room temperature. Even when a feed is kept in a fridge, bacteria can still survive and multiply, although more slowly. This is why advice is not to make bottles in advance.

For more information on how to make formula feeds up visit: [nhs.uk/conditions/pregnancy-and-baby/making-up-infant-formula](https://www.nhs.uk/conditions/pregnancy-and-baby/making-up-infant-formula)

Using the equipment as intended, using the correct volumes of water/products, and doing so for the correct length of time.

Not using a sterilisation method when needed. Not following guidelines making the process not thorough and likely not sterile.



Additional drinks

Breast fed babies do not need any additional drinks even when its warm (unless advised by a medical professional), but can breastfeed a little more frequently. Babies having formula sometimes need a small amount of water if the weather is hot, in addition to their usual feeds. If you do offer any drinks of water between feeds for any child under 12 months, make sure to use cooled boiled water in a properly sterilised bottle/cup.

Before babies are weaned, offering too many drinks of water can make the babies feel full and interrupt their usual feeding pattern, this can impact on their weight as the water holds no nutritional value. Speak to your health professional before offering anything other than milk.

If you travel with a young baby, always check if local water is drinkable and follow safety guidelines.

Other flavoured drinks are not suitable for any baby or young children because they are bad for your baby's teeth, weight and overall health. And the truth is, if they have never tasted it they won't miss it!



Nappy changing

Babies usually need quite a few nappy changes throughout the day and night. Trying to do this as soon as possible when they have soiled their nappy is important. This stops their bottoms getting sore and having open wounds which cause significant pain and discomfort. Wet nappies don't need changing every time your baby has a wee, unless they find it particularly uncomfortable as the nappies are very absorbent. Use nappy creams sparingly as some affect the absorbency of the nappy – usually it's just best to keep the area clean and only use creams if they do happen to get sore.

Topping & Tailing is when you clean your baby's face and neck first with a wet cloth/ cotton wool, and follow by doing the same for their nappy areas. **Remember:** use fresh damp cotton wool for each eye, each ear and face and neck.

Nappy game: Nappy changes are a great time to interact and have fun with your baby. As they are undressed, it's a good time to interact. You can play games to help your baby learn about their toes, feet, and legs, such as this little piggie went to market, or to play other face to face games like peekaboo. Babies sometimes feel a bit too exposed or uncovered during nappy changes, so think about how to make them feel safe and warm whilst you're changing the nappy.

Warning

Remember to change nappies on a safe surface – if using a changing station never leave your baby unattended, not even for a moment, and make sure you have all the bits you need to hand so you don't have to go searching for them.



Bathing

Bathing can make new parents really nervous as they imagine wet, slippery babies and worry about dropping them.

Babies do not need bathing every day – in the first few days they do not need bathing at all as this can have a negative impact on their temperature, initiating breast feeding and getting their skin health off to a good start.

It's good to get into the habit of just giving your baby's face and nappy area a wipe down with plain water (topping and tailing) in the morning and evening if you aren't bathing them that day. Make sure you follow advice about how to do this safely – what is important though is to dry in between all your baby's creases and crevasses also known as rolls! These easily get sore, especially under their neck as they grow and start dribbling.

Get into the habit of putting cold water in first – this reduces the risk of accidental scalding.

A baby bath water should be 37–38 degrees Celsius – this is a comfortably warm bath, using a bath thermometer can help, testing on the inside of your arm can also give you a good idea.

Your baby might find their first few baths frightening or overwhelming, so you can lower them slowly into the water wrapped in a dry towel to help them feel safe and 'held'. Once they have got used to the wetness and temperature, unfold the towel so you can rinse them gently.

- ✘ Never splash water on a baby's face as they will usually find this frightening.
- ✘ You will still need to make sure you stay close, and they should be within arms reach at all times even as they grow.
- ✘ They will still need supporting in the water until they can confidently sit, and even small volumes of water pose a drowning risk – so they should never be left alone even leaving them for short periods to check your phone, answer doors, etc is too risky.



As your baby grows you might decide to bath them every day. It's not unusual for you and your baby both to enjoy bath time, so if you want to bathe them daily then go for it.

Bathing with your baby can be a lovely bonding experience – just don't forget to keep the water the right temp for baby not for you!

Top tip

Bath time is a great way to interact with them – try and come up with your own bath time songs and games.



Top tip

Wash your baby's hair and face first in plain water before adding bubbles, so it doesn't hurt their eyes. Your baby has lovely skin so won't need any oils or lotions unless advised by your health professional, but if you did want to use lotions or creams just keep a look out for any reactions and stop if you notice any irritation.



Make sure you have everything that you may need to hand, and try to have a room that is nice and warm to help make sure babies and toddlers don't get cold whilst having their bath, and when they are getting dried.

Bath time game: Bath time is a great time to play and explore – make up stories using their toys, maybe play some baby songs and sing along. As they get older, you can sing and encourage them to sing along, taking the lead on what you do.

Generally, as your child grows their hygiene needs will change as they start to explore and become more adventurous. Children will become dirty and messy as they play, but don't stress too much about it, you will just need to wash their hands regularly during the day – especially before mealtimes. Set the habits now that will stick with them as they grow. Bath them at least every few days – make it fun and don't forget the toy submarine and ducks!

Introducing solids

This can feel exciting and scary at the same time! Often another point in your parenting journey where you think ‘where do I start?’.

It’s always good to try and remember there’s no need to rush, think of weaning as a period of about 6 months where babies try out and gradually build up their experiences with solid food.

Signs that your baby is ready to start solids:

- ✳ Being able to sit up on their own.
- ✳ Have good head control.
- ✳ Can coordinate their hands, eyes and mouth, look at food and get it in their mouth.
- ✳ Don’t push the food out with their tongue. When babies do this, it is their bodies automatic response, because they know they aren’t yet quite ready for solids.

Top tip

Introduce foods at a time of day which is good for both of you – one where your baby is awake, and alert and you are calm, not rushed and ready to explore together.



At the beginning they will be getting nearly all of their nutrients from their milk – this is just an opportunity to explore, and most of all have fun with food, as the less stressful everyone finds it the smoother it will go. Don’t forget to try and eat together – babies learn from you.

It’s good if you can get used to cooking food from scratch – remember don’t add sugar or salt while you are cooking or when you liquidise. You might want to start with single vegetables you can mash or give as finger foods. Remember using and cooking frozen fruits, vegetables and meats are just as good for your baby as fresh.

Starting off by introducing one thing at a time makes it easier to identify if something happens to cause a reaction in your child.

You can even start off with finger food and let your child lead the way instead of mashing up food.



If you are planning on weaning your baby onto a vegetarian or vegan diet it is important to know, that just like for you, there are some key nutrients that your baby needs to grow well, and alternative sources will need to be found. If you are already following this diet, it is likely you have a good idea what to do, however speak to a health professional for advice to ensure you get it just right for your baby.

Top tip



Introduce solids slowly. At first, it's about getting them used to the idea of eating. Make it fun, try different foods, then gradually you can increase the amount and type of food. It can take many times, up to 10–15 tries of a new food for them to get the taste of something – even if they don't like it the first time you can try again.

Take it slowly, be patient, let your child touch and hold the food, give them finger food to hold, do it at the same time as you eat and don't have the TV on. Start to set a mealtime routine – make it a time where you, your baby and anyone else in the house sit together. **Always stay with your baby when they are eating.**



Useful items

Bibs

Easy to clean plastic bibs can be best in the beginning.

Messy mat

Or even newspaper under the highchair, handy for messy eaters (which is a lot of babies!)

Ice cube trays

If you make your own or buy food that can be frozen this helps cut down on waste as you get small cubes out to make a portion.

Highchair

Your baby needs to be sitting safely, always strapped in and in an upright position (so they can swallow properly).

First cup

Encourage your baby to sip water from a cup with their meals instead of a bottle. Open cups or free-flow cups (without a valve), help your baby learn to sip and are better for their growing teeth.

Spoons

Soft weaning spoons, usually rubber or plastic, are softer on your baby's gums.

Plastic bowls

The ones with a suction base are great, otherwise its likely to end up on the floor!



Feeding development

7–9 months:

- ✳ Your baby will move towards three meals a day in addition to their normal feeds
- ✳ If you are breast feeding, your baby will alter their feeding too
- ✳ Gradually increase the amount and variety of food (bottle fed babies will need around 600 ml – 3 cups of milk)
- ✳ As they become confident, offer more mashed and lumpy foods
- ✳ Babies at this age don't need snacks. If you think they are hungry between meals, give some additional milk.

10–12 months:

- ✳ 3 meals a day and formula/ breast milk feeds after breakfast, lunch and dinner
- ✳ Around 400 ml of milk during this time (2 full cups)
- ✳ Introduce more finger food, and they will use a cup with confidence
- ✳ If possible, all the family should eat at the same time. If you think they are hungry between meals, give some additional milk.

12 months onwards:

- ✳ Important to feed your toddler a variety of foods
- ✳ They should be having 3 meals a day and 2 snacks
- ✳ They no longer need any formula milk if this has been part of their diet – cow's milk is sufficient.



Top tip

Babies and toddlers are really good at knowing when they are full if we don't override their sensations! Sometimes we offer too much food and keep asking for 'just one more spoon'. Look at [NHS webpages](#) for suggestions of serving sizes as your baby grows.



Introducing solids can be a great time to explore lots of different foods, and maybe even try some things you haven't had before. Have a look at the NHS website to see which foods and vitamins should be included in your baby's diet, and get up to date info but all the normal things you would expect like milk, pasta, rice, fruit, vegetables, meat and fish will be in there.

Having an organised mealtime routine as early on as possible for your baby is important. This will mean when they are older that mealtimes are not chaotic but are fun and less stressful. Eating a meal together as a family, especially at a table if you have one, has been shown to help children feel more connected to you as a family, and to help reduce mental health problems in later years.

Being responsive to your baby or toddlers hunger cues and that their dietary needs, are met throughout the day.

Not listening to baby and toddler hunger cues. Not ensuring dietary needs are met where children eat when and what they can or are not provided any food at all.


Top tip


Unless specifically advised by a medical professional keep sugar and salt to a minimum.

Sugar is in dried fruit and even though they are healthy, can cause tooth decay – so just be mindful of this.



We know that some days can be harder than others, however, having a structure around mealtimes is important for children's wellbeing.


Regular patterns to meal times, babies and toddlers being a part of family meals, learning about socialising, and deepening their bond and relationship with you and wider family members. They will pick up so much about how to eat, how to chat, etc and this will really bring their development on. 

Regularly disorganised meal times with no pattern, so that your baby doesn't know when they might be next being fed, lack of consideration to where the baby eats, who they eat with, and what the surroundings are like. These can all be detrimental to their wellbeing. 

Special diet

Babies and toddlers can be put on special diets for many reasons. If your child is on a special diet, it is important to listen to your medical professional and follow advice they give about recommended food. This is so they can grow and develop as expected without discomfort, risk, and ongoing health issues.

Top tip

Sometimes special diet foods can seem expensive. They are sometimes available on prescription, but if you can't afford the foods you need to speak to a professional to get help to do so. 

Teeth

One of the many wonderful things you will get to teach your child is how to brush their teeth.

You can start the habit of brushing by getting a baby toothbrush – usually made of soft textured rubber for them to teeth on and start to get used to having something like a brush in their mouth. Then, start brushing their teeth with a bristle brush once their first milk tooth breaks through.

Let them play with it, chew it and become familiar with it. Just so you know – no one gets their baby to brush their teeth correctly at first – so make it fun. You could even show them how you brush yours as babies learn so much from us.

Register your baby with a dentist while they are still young, take them along to your appointments, and let them become used to the smells and sounds of the rooms there. Dentists will often have a very quick look in your babies mouth just to help them get used to attending.

Top tip

As your child grows, brushing will increase to a couple of minutes, twice per day with a pea size amount of child toothpaste. Interestingly your child should spit the toothpaste out – but not rinse with water as the fluoride won't work as well.



Brushing teeth game: When you're brushing your baby's teeth, do it together and have fun. For example 'ooh daddy has big teeth', 'mummies teeth can chomp', and make a chomping action.

Warning

Poor brushing leads to tooth decay – and the need for fillings. This can cause lots of discomfort, and in some cases leads to many teeth being removed before they are ready.



Did you know fruit juice and squash can harm teeth as much as sugar in lollipops and sweets? Especially when the fruit juice is given from a bottle – it's because the juice stays around their teeth for longer. So, it's best to get your baby used to milk or plain water as soon as they begin having solids. It's also more harmful if you brush just after eating citrus fruits.

Top tip

Some baby 'biscuits' have more sugar in them than a normal biscuit – so check the labels if you want to let your baby have the odd biscuit as a snack.



If your baby or toddler is unwell

You might feel worried or scared if your baby becomes unwell, and it can sometimes be difficult to know when you should call a doctor, when to go to hospital and when to 'wait and see' if they get better. Don't feel silly asking for help or advice.

You know your child – so you will know when something's just not right or you are worried.



The most important thing as a parent is to trust your instincts, as you know your baby better than anyone. If you are worried, seek help and advice.



Not seeking medical advice can lead to professionals being very worried. If you do not take advice regarding a child's health and wellbeing this is equally as worrying. Not attending follow up appointments when there has been a health issue would be worrying for professionals.



Top tip

Write all of your important numbers, including health visitor, GP, NHS 111, local taxi and pharmacy in your phone, keep a copy in your bag/purse/wallet and on the inside of a kitchen cupboard. They will be easier to find when you're worrying.



Your health visitor and GP are a great source of support and information if you have any questions or worries, they would prefer that you go a seek advice rather than not going.

- ✳ If you go to the GP, you should always return if requested, and it's important to complete any course of treatment to ensure your baby doesn't become poorly again
- ✳ You should always seek help if your baby/toddler has a temperature, but their feet or hands are cold – especially if it doesn't come down with paracetamol or Ibuprofen. If your child is also listless, and particularly if your baby is less than 8 weeks old – seek help. If their breathing is rapid, or they are panting, or have a throaty noise, or any concerns with their breathing, it's best to seek help.

If your child has any of these – get help as soon as possible by:

Calling your GP

Calling NHS 111 if its outside normal GP opening hours.

You might have a local walk-in centre however if you are really worried, then you take them to the nearest Emergency Dept.

Call an ambulance

If they stop breathing, won't wake up, has a purple/red rash that doesn't fade when you press a glass against it, has a fit or if you think someone has injured your baby.

Top tip

If your GP prescribes any medicine, it's really important that you use the medicine as the doctor has prescribed and finish the course of treatment. Do not use other children's prescribed medicines even if they seem to have had the same health issue.



Bedtime routine and sleep

How much sleep our babies have, and how much we might lose, can often be a big source of conversation: ‘get as much sleep as you can now because once the baby is here you won’t be having any’ are often heard being said to parents-to-be.

Other issues around sleep can also cause new parents worry, including are their babies getting too little? Too much? What’s safe or not safe? Safer sleep is covered in detail in the ‘safety’ section.

All babies are different, and how much sleep they need or don’t need will vary but, here we can look through guides as to what you can expect.



Newborn

When babies are first born, they often need lots of sleep, but this won’t necessarily be in big blocks!

This can mean lots of short bursts of sleep with feeds in between, plus some time when your baby is awake and alert, and learning about the world. Followed by, you guessed it – some more sleep. This will happen in the day and night and many babies can have up to 18 hours sleep in a day.

Newborns do not know about day and night – but they do know when they need feeding, nappy changing, a change in temperature or when they need to be close to you again. These are just some of the reasons they might wake.

Newborns just need to know that you are always there when they need you, so don’t worry too much about getting into a strict sleep routine.

Newborn babies should sleep in the same room as you, in their own safe space such as a cot or Moses’ basket.



3–6 months

Babies of this age usually have about 8 hours overnight, but as before, not necessarily in one big block.

This can be a time when teething and hunger can wake babies during the night.

Babies still need sleep in the day, so most will have plenty of naps. It's easy to get caught up in whether or not your baby is “sleeping through”.

Most babies aren't ready to sleep through until they are much older, so this stage is about getting as much sleep as you all can, without enforcing a strict routine. However, having a bedtime routine, where you do the same things in the same order each night to help your baby start to learn what happens next, is definitely helpful.

Babies aged 3–6 months should sleep in the same room as you in their own cot as a safe space.



6–12 months

Your babies need for sleep changes a bit in this period, and they can even experience a bit of ‘sleep regression’. This can usually be noticed when your baby has a development spurt such as learning to crawl, cruise and walk.

They will usually still have regular night feeds and several naps. Some babies at this point will start to sleep through, if they haven't already.

This is the age where consistent bedtime routines become more important. Babies need to feel safe, secure and calm to fall asleep, so this is how your bedtime routine should be too.

Although you'll be tired from looking after your baby all day, try to leave enough time for plenty of reading, singing, chatting and cuddles to get your child into a calm and relaxed state. Some children can be put down awake and left to fall asleep by themselves. However, you may need to sit by your child's cot at first, so that they know you're close by whilst they drift off. It can feel like this phase will never end, but slowly, over time, this time of sitting by them can get shorter and shorter.

A good pre bedtime routine could look something like this:

A bath, a story, maybe a last feed or warm drink and then a quiet, peaceful room to sleep in.



And a disruptive one might resemble this – too much screen time, irregular and late bedtimes and unsettled children.



12–24 months

At this age, your baby is becoming a toddler and will likely have a very different sleeping schedule.

They will sleep between an average of 11–12 hrs. a night and will have often 1–3 naps per day, with these tailing off as they grow. Many toddlers at this point will be sleeping through the night, but if they aren't there's no need to panic, however you can speak to your health visitor if you are worried.

Top tip

Calming bedtime activity. Your child, whatever their age, loves snuggling and hearing your voice. Get close and cuddle with them. Use a calm, quiet, and soothing voice while you tell them a story. This will help them fall asleep quickly and associate this quiet voice with bedtime.



Go with the flow, letting baby sleep when they want and feeding responsively, this will change as your baby grows. Catching up on your sleep when you can. As your baby grows ensuring they are allowed naps and starting some routines around sleep is helpful. Using your health visitor at this point for advice and support.



Not giving the baby the amount of sleep they need, or not undertaking a task which will help them sleep better such as leaving them in a dirty nappy. For older children this would be just letting them sort themselves out, not being taken to bed, or encouraged to have a routine that helps them fall asleep peacefully. Not having a safe place for baby to sleep, which is covered earlier in the safety section.



Dressing and clothing your child and baby

Choosing what to dress your baby in can be tough, but making sure they are suitable for the weather and activity you are doing is important. If it's cold, use layers that you can adjust, so they don't get too hot if they go from being outdoors to indoors or start running around.

Remember – try to not to get frustrated with your baby if they become upset whilst you are dressing or undressing them – it's common for them to protest a bit during this activity. It's not always possible but try and be quick, do it at a time when they are less fussy and make it as fun as possible as they grow.

Babies don't need hats indoors, but will do when they go out as they lose most heat through their head. If it's hot always remember their sun hat when you go out. Ensuring they have something to cover them up if it gets too hot is also important, and sunscreen is vital to protect your child from the sun's harmful rays, which are especially damaging for children's skin.

Top tip

Carry a small travel sized sunscreen in your nappy bag.



When you have a new baby, make sure you bring spare clothes when you go out. Children are messy and are often sick or manage to soil their clothing, so it's best to have spare clothes in case something goes wrong and you're not at home.

Your child will grow very quickly and clothes that fit them yesterday maybe won't fit today.

When buying clothes always think of how old your baby will be when they will be wearing the clothes. For example if you're buying cosy winter clothes make sure they will be in the correct age-range when it's winter time.

If you have friends who have children at different ages – you can swap clothes with them – as long as they fit it doesn't matter that they aren't brand new.

Toddlers will be growing their own sense of identity and independence, and they can often have ideas about what they want to wear. Letting them help choose what they wear can reduce the potential for tantrums – a good way to do this is pick a couple of suitable outfits and ask which they want to wear.

You might also want to allow a little more time for getting ready to leave. As they are growing as they will want to dress themselves and this can take a little longer. It is important for them to develop and practice these new skills.

Top tip

As mentioned before, it's really easy to find clothes bundles for sale in local selling groups, but don't forget to remember the safety advice and you might want to wash them before they are worn.



Dressing your toddler appropriately for the weather or temperature, generally they need one more layer than you – this is often a vest under their other clothes. You can have fun no matter the weather and they will love exploring their environment around them – don't let the weather stop you. Just make sure they are dressed for the occasion and aren't too hot or too cold when out and about, or even at home.

Don't go for thick layers – it's important that your child doesn't overheat – dress your child in thinner layers that can easily be removed if they become too hot, for example while playing. It's not safe for babies and toddlers to keep their coats on when in their car seat, so layers will help keep them warm.

Choosing clean, weather appropriate clothing.



Over dressing can lead to children overheating, and not enough clothes can lead in severe cases hypothermia. Babies and children should always wear weather and age appropriate clothing that fits and is clean.



Wow – this was a big section – but that’s unsurprising, it takes a whole lot of effort, planning and juggling to ensure a baby gets everything they need to grow healthily. And those things also change over time.

It’s a good habit to try and be one step ahead with what is coming next development wise, so you aren’t surprised by a sudden growth spurt that makes your baby sleep patterns change for a few nights for example.

Maybe find a good website and make some notes now to help you be prepared.

[nhsggc.org.uk/kids/child-development/child-development/](https://www.nhs.uk/health-visitor/child-development/child-development/) is an example – but searching child development, baby ages and stages would also bring up some other examples.

Don’t forget, your health visitor and GP will be able to help you if you have any worries about topics covered in this chapter.



7

Unexpected events in pregnancy



Pregnancy isn't always like it's shown in films – feeling beautiful with a 'glow' that everyone talks about. There's plenty about being pregnant that doesn't always get mentioned.

This includes that some women experience haemorrhoids, urine infections, thrush, back ache, swollen feet and ankles, indigestion, mood swings and much more.

The NHS website has some great sections about these topics, so you can be fully up to speed and know where to go if you get any symptoms you want to check out.

[nhs.uk/pregnancy/conditions/commc](https://www.nhs.uk/pregnancy/conditions/commc)



Sometimes however, there can be other unexpected events we experience whilst being pregnant. Some of these could be health related, some more personal, and sometimes we are impacted by things outside our control.

In this section we will briefly touch on a few of these and add links where possible to sites where you can get extra info.

We would suggest you speak to your midwife if you have concerns about any of the issues or anything we haven't covered.

If there are times when partners and birthing companions are not able to support mothers during appointments or be present at the birth, you might want to consider how you can still make the experience as personalised as possible, and to allow you all to feel supported and part of the pregnancy and birth.



You could consider using video conferencing technology such as Skype, FaceTime and other platforms. This could be important when healthcare staff come to you and discuss your plans of care. You'll want to feel like you are both involved and able to ask questions, see ultrasound scans and hear baby's heartbeat.

When it comes to labour and birth, you could have people you wanted to be there record messages for you, mantras and messages of support. You could even have them record a relaxation guided story, if you think that would be helpful. Take pictures with you and maybe a piece of their clothing if you like to have something tactile to help soothe you – this could even have a squirt of their favourite perfume or aftershave if that would be comforting.

Consider having a 'labour' group chat, so you can let everyone know what's happening, and not feel bombarded if you have to respond to individual messages about how are you doing or what's happening.

We have discussed in previous chapters about issues within relationships and how it can impact the wellbeing not only of the people in conflict but also the baby.

Sometimes ongoing problems result in a breakdown of the relationship, sometimes the relationship breakdown is a direct result of continuing a pregnancy, and some relationship breakdowns during pregnancy aren't the romantic kind – you can become estranged from family members and friends.



Pregnancy can be a difficult time and a relationship breaking down is an added stress. Finding the right people to help you can be a way for you to feel in control of some of the changes as a result of the breakdown.

You can look at couple's counselling from 'Relate'. They offer a live web chat service where you can talk to a relationship or family counsellor for up to 30 minutes for free. You could find a private counsellor in your area though the British Association for Counselling and Psychotherapy (BACP).

Top tip

Please ensure if you are receiving any sort of counselling, they know you are pregnant.



If you experience a relationship breakdown when you are pregnant this could impact many areas of your life including housing and finances. Make sure to speak to your midwife who will be able to support you by directing you to the most suitable services to ensure you get issues resolved as fast as possible.

[nhs.uk/live-well/healthy-body/getting-help-for-domestic-violence](https://www.nhs.uk/live-well/healthy-body/getting-help-for-domestic-violence)



Multiple pregnancy

Many pregnant women will have wondered if they might actually be pregnant with more than one baby. Maybe twins and multiple babies runs in the family, maybe your journey to becoming a parent included fertility treatments, and you knew there was a potential for a multiple birth or maybe it would come as a complete surprise.

Either way if you are reading this and you have just found out you are expecting more than a singleton baby, it would not be surprising if you had some questions.

Did you know there a different type of twins? One-third of all twins will be identical and two thirds non-identical.

Identical twins (monozygotic) – twins happen when a single egg (zygote) is fertilised. The egg then divides in 2, creating identical twins who share the same genes.

Identical twins – are always the same sex, so if your twins are identical, you'll have 2 girls or 2 boys.

Non-identical twins (dizygotic)

– twins happen when 2 separate eggs are fertilised and then implant into the womb (uterus). These non-identical twins are no more alike than any other 2 siblings.

Multiple birth pregnancies can be higher risk, and because of this it's likely you would be invited for more appointments with your midwife and other health professionals for scans etc.

You might wonder if this will impact how your labour and birth to be. Early delivery could be discussed, along with whether a vaginal birth or belly birth (caesarean) is the preferred option due to where the babies are laying. Your thoughts and feelings will be listened to, and it is still possible to write a birth and preferences plan even if the birth is a planned caesarean. Speak to your midwife and they will help write the plan with you.

Look for sources of support where you can find out information and ask questions where people have specialist knowledge here is an example: multiplebirths.org.uk

Extreme morning sickness/ Hyperemesis

Morning sickness usually disappears between 16 and 20 weeks, sometimes sooner, and can range in severity from feeling a bit sick to being sick several times a day (and this can be anytime – not just in the morning, confusing!) This type of morning sickness, although unpleasant, is normal and usually nothing to be concerned about.

However, some women develop 'Hyperemesis gravidarum'. This is a much more severe type of morning sickness. It is characterized by severe nausea, vomiting, weight loss, and sometimes dehydration. Feeling faint may also occur. Some women need to visit hospital to receive fluids and nutrients. This can last throughout pregnancy. If you are concerned your morning sickness seems more severe than expected, you are sick multiple times a day and cannot keep food and water down then please discuss with your midwife.

If you get hyperemesis, it can feel very debilitating, it can be hard to look after other children or family members you might have caring responsibilities for, keeping on top of daily tasks such as shopping, cleaning, and cooking can feel hard to manage. Some days you just won't be able to do everything you had hoped to achieve.

Maybe have a simple bag packed just in case you need to go to hospital for treatment and rest – you will feel more in control this way.

Be kind to yourself and where you can, accept help. Try and make jobs short and super manageable – wipe down a sink after you have brushed your teeth, order food shopping to be delivered – choose some items that do not need a lot of prep to make them into a meal.

Be prepared to have lots of days where all you focus on is yourself and feeling as well as you can at that moment.

Diabetes

When you are pregnant, you can get diabetes – this is known as gestational diabetes. It can happen at any point in the pregnancy, but it is more likely to happen in the second or third trimester.

You make a hormone called insulin, which controls blood sugars. Sometimes when you are pregnant our body cannot keep up with demand needed to control our blood sugars.

Gestational diabetes can cause problems for both mum and baby – this can include babies growing larger, polyhydramnios (more waters around the baby), premature birth (early delivery), pre-eclampsia, and babies can experience a jaundice, as well as issues with their own blood sugars once they are born.

Gestational diabetes can be managed to reduce the risks to you both. It is important to attend for a test if you are asked, as often you might not get symptoms.

This is especially important as uncontrolled Gestational diabetes can lead to still birth, but this is rare in the UK. Some women are more at risk than others – so if your BMI is high (over 30), if you have had a baby weigh more than 4.5kg before, you have had gestational diabetes in a previous pregnancy, one of your parents or siblings has diabetes and also if you are of south Asian, African-Caribbean, Black or Middle Eastern origin (even if you were born in the UK). It is important if you know your family history that you share it so your midwife can ensure you get the best care possible.



If you have been told you have gestational diabetes it can be a shock and scary. Try not to worry, you will be closely monitored and well looked after. You will be provided a lot of advice about your diet, and often you will be given a blood sugar sampling kit for you to test yourself at home. If diet and change in routines does not control the blood sugars, you might be offered medication.

Your midwife will support you throughout the pregnancy, and you will also have input from a doctor. As the pregnancy progresses, you will have discussions about the best time and way for your baby to be born as often, they prefer this to be before 41 weeks.



Pre-eclampsia

Pre-eclampsia is a severe complication of pregnancy, usually after 20 weeks gestation, and post-partum period (after the baby has been born). Without immediate treatment, this can develop into Eclampsia which is a rare but extremely serious complication, stroke or HELLP syndrome.

Pre-eclampsia is characterised by high blood pressure. Other symptoms can include protein being present in the urine. Mothers might also notice a severe and prolonged headache which will not go away even with painkillers, vision disturbances, severe heartburn, pain below the ribs, nausea or vomiting, swelling of feet, ankles, face and hands, generally feeling unwell.

Experts do not yet fully understand what causes it, but they do know that pre-eclampsia and eclampsia can affect the placenta and the blood and oxygen flow to the baby. This can cause slow growth – this would usually be picked up when a midwife or doctor measures your growing bump.

Tests to diagnose are often urine, creatine and blood tests.

Treatment varies depending on if medical professionals feel it is mild or not, medication is available to reduce blood pressure and reduce the risk of a seizure. Mothers and babies will usually be monitored more, and early delivery of the baby might be considered.

If you are diagnosed with pre-eclampsia, it can be a scary time, and you will probably have lots of questions. Ensure you speak to your midwife or a midwife at the hospital when you go for check-ups. Pack a bag for you and baby in case the team decide you need to deliver early – this will help reduce that panicky feeling that you have nothing organised.

Premature labour and birth

Premature labour happens before you are 37 weeks pregnant, this happens in about 8 in every 100 pregnancies.

The NHS Advice – call your midwife or maternity unit if you're less than 37 weeks pregnant and you have:

- ✱ Regular contractions or tightenings.
- ✱ Period-type pains
- ✱ A gush or trickle of fluid from your vagina – this could be your waters breaking.

Back ache that's not usual for you.

If you are concerned you have started in labour prematurely, call your midwife or local maternity unit.

They will likely invite you to go and have some check-ups and tests to see if your waters have broken (the fluid filled sack around your baby), if your cervix is opening and you are in labour, or if there is something else such as infection causing the symptoms.

The tests could vary, but usually include checking the baby is well by listening to the baby's heart beat, and also seeing if you are having contractions by placing you on a cardiotocography monitor (CTG), checking any fluid that is leaking, blood tests, vaginal examination, urine test along with the usual blood pressure, temperature, pulse, etc.

Once these have been done, they will have a chat with you about what they have found, and any choices you need to make.

If your baby is born before 37 weeks, there can be additional complications. Usually the earlier in the pregnancy you are, the more care your baby will need due to increased vulnerabilities associated with being born early. Babies can survive from 24 weeks gestation. They will need specialist treatment in a neonatal unit within the hospital that specialises in caring for poorly babies. If the hospital does not have a specialist unit, the baby will likely be transferred somewhere that does.

There are some great resources on the 'Baby buddy' app and the 'best beginnings' website – you can see films which show you round the special baby wards so you know what one looks like, there are tips on feeding and generally lots of supportive information.



Bleeding

Bleeding in pregnancy is quite common, however that doesn't mean that if it happens you wouldn't be worried or don't need to seek help.

If you have any bleeding in pregnancy – always call your midwife.

There can be many reasons for bleeding in pregnancy.

In early pregnancy, you can have some light bleeding which is caused by the embryo implanting into the lining of the uterus.

Changes to your cervix can cause bleeding, sometimes for example after sex.

Bleeding in the first 12 weeks can be a sign of an early miscarriage or an ectopic pregnancy, which is what a lot of people will worry about. Early pregnancy assessment can help diagnose the cause of early bleeding.

Other causes can include maternal infections, the placement of your placenta and other placental/uterine complications.

In later pregnancy, it can be a 'show' an early sign labour is starting soon.

Always call your midwife if you have bleeding, this is especially important if it is fresh red and heavy. It could be an emergency.

Congenital anomalies and birth defects

It's really common for parents to worry about whether their baby will be born healthy, and have developed how they expected.

Significant congenital anomalies affect between 2% and 3% of all births, creating long-term illness for many children, and sadly will lead to death in some of these babies. However not all are severe, some are mild and can be treated.

Many parents will take the offered anomaly scan at around 20 weeks gestation, to have an opportunity for health providers to see if their baby is growing without any complications. It's often in this scan when parents find out the gender of their baby. The scan is only one way to determine any anomalies. Chorionic Villus sampling (CVS) can be undertaken – testing a small section of the placenta, Amniocentesis – this is a sample of the fluid surrounding the baby being taken, this can detect chromosomal differences such as downs syndrome.

Most results come back clear but, for some parents they receive news that their baby has not developed as expected. This can be devastating, and can cause many different emotions to surface.

If your baby has been diagnosed with a congenital anomaly then you will likely need lots of support – to learn about what your baby will need from you, for you to understand what it means, emotional support for you and your family, possibly access to additional services to make changes to your home etc. The team at the hospital should be able to provide details of specific support services and charities that specialise to help you get the support you need.

If you need additional help you can contact charities, such as the Antenatal Results and Choices, which deal specifically with parents of children with congenital anomalies/birth defects, or contact the 24-hour helpline run by NHS hospitals.

Itching and intrahepatic cholestasis of pregnancy

It's quite common to have itching in pregnancy, and as your bump grows, if you get stretch marks, these can feel itchy also.

Some itching can be a sign of a liver condition. This is called intrahepatic cholestasis of pregnancy (ICP), also known as obstetric cholestasis (OC). This condition affects 1 in 140 women and does need medical attention.

The main symptom of ICP is itching, but this usually is more noticeable on the hands and feet and seems to feel worse at night. Yellowing of the skin and whites of the eyes (jaundice) is a symptom, although less common, dark urine and pale poo are also associated with ICP.

Usually, symptoms of ICP start from around 30 weeks of pregnancy, but you can develop the condition as early as 8 weeks, ICP can also run in families. It is however more common in women of South Asian origin, affecting around 1 in 70 to 80 pregnancies.

Diagnosis will happen through eliminating other causes of itching, along with blood tests to check your bile acid levels and liver function.

Treatment for symptoms can include creams, and some medicines that help reduce bile acids and ease itching.

Monitoring will be regular blood tests, and possible monitoring of the baby on the CTG machine. Sometimes early delivery of the baby is discussed, and an induction will be agreed.

The Royal College of Obstetricians & Gynaecologists (RCOG) has lots of information about obstetric cholestasis, including what it means for you and your baby. You can also get information from the British Liver Trust. The charity ICP Support provides information about ICP. There are also mums and clinical experts talking about ICP in a video they have made. Your midwife will be able to discuss your condition and direct you to further sources of support.

For all of this section remember:

Asking midwife and other professionals where you have concerns. Following advice they give, attending appointments, ensuring you have understood implications when you decide to undertake or not undertake tests, and treatments and have made an informed choice.

Not telling medical professionals when you have a concern, or when you have noticed something is different and might be a complication. Not following advice and continuing to take risks which can impact the health of you and your baby.

This is the end of this chapter; we have covered some of the more common pregnancy complications however we know there are many we will not have covered.

However we will always ask and encourage you to discuss any concerns with your midwife or doctor as it is better to be 'safe than sorry' in this situation especially if there is a sudden change.



8

Closing thoughts



The chapters you have worked through demonstrate there is a lot to consider when being a parent and during your pregnancy. However, by taking time to the read chapters, take on board the tips, reflect on things you might need to change and taking action, you are off to a great start.

In this last chapter, you will read briefly about some things that might be useful for you to consider, and be prepared for in anticipation of the next stages.

It also includes some tips on how to approach them, but you will need to do your own research to build on what is covered here.



A lot of the information in earlier chapters will still be valid as your child gets older – for example, choosing a safe person to look after them will not change.

If they are asked to go and play at another child's house, the same considerations will be just as important as would keeping chemicals and toxic substances out of reach.



Toilet training

This can be a skill that parents really want their child to learn, and learn quickly, and sometimes a bit too early. It's good to have an understanding about your child's development, so it helps you decide when to start this and expect some degree of success.

Most professionals working with children would likely suggest you start building these skills around 2 years old.

It is best to start this when there are no major stressful or emotional things happening – for example, when you are moving house might not be best, or if you have just started working, or you have changed childminder. These things will be impacting on your child's ability to learn something new.

Many parents speak highly of starting in the warmer months – where the toddlers are more able to wear less clothes, easier to wash and dry when you have accidents (which they will).

Try and stay relaxed, have a potty in the rooms where you play, and watch tv for example, so it doesn't become scary, and not get upset when they have accidents because they are learning a new skill and this will set them back. Accidents are more likely to happen when they are excited, engrossed in an activity, or when they are tired for example, so it's important you remember to ask them in these periods.

The NHS site is a great resource for more information:
[nhs.uk/conditions/baby/babys-development/potty-training-and-bedwetting/how-to-potty-train](https://www.nhs.uk/conditions/baby/babys-development/potty-training-and-bedwetting/how-to-potty-train)



Pre-school

Thinking about care providers or nursery places can feel really daunting.

It's normal for children to struggle to settle in and relax into a new environment at first. The setting will be able to support you with this. The settling-in period is a gradual process usually over a couple of weeks, with visits to the setting to familiarise the child to the new and exciting environment, getting to know other children and staff, activities they will do in the day and the new routine. This is a great time to inform the staff of your child's likes and dislikes, any medical needs, and an opportunity to ask any other questions you may have.

Your child will be allocated a key person within your chosen early year's environment – they are a member of staff who will work closely with both you and your child to ensure your child needs are met.

You can be reassured that you can contact a setting at any time if you want to ensure your child is ok.

Depending on your financial situation, you may be entitled to getting help with childcare costs. The local council has more detailed information about when you can start applying for a place: gov.uk/help-with-childcare-costs

All children aged 3 and 4 years old are entitled to 15 hours free childcare per week, from the term after they turn 3-years-old, which can be accessed through nurseries, pre-school and childminders.

If you have any uncertainties, you could speak to the nursery or school provider, and they will be more than happy to support, and sign post you to relevant information.

If there is an 'Early Help and Family Information Service Directory' for your area, they usually contain lots of information about childcare settings, local family support organisations, and leisure facilities in and around your local area – these can be found online.

Top tip

Don't dress your child in an outfit that you don't want to get messy!



When considering types of settings, perhaps write down a list of points you would like to ask, according to you and your child's individual needs. These could include:

- ✖ What do fees include? Does this include nappies, wipes, snacks and meals or is this an additional cost?
- ✖ What food do you provide and what times are mealtimes/ snack time?
- ✖ What kind of activities will my child be doing in the day and how will I know about them?
- ✖ Where will my child sleep? What time do the children sleep?
- ✖ What happens if my child needs medication whilst at nursery?
- ✖ Does the setting provide pain relief for teething or medication if my child has a temperature?
- ✖ What happens if my child is unwell whilst at the setting?
- ✖ Can you tell me the typical routine of the day?
- ✖ What do I need to bring with me each day?
- ✖ Do the children go outdoors? How often?

If your child has an allergy, you can discuss with the setting how this can be managed, and even speak to the setting cook to put your mind at ease.

Sleep routines, Bedrooms and Big beds

We have spoken a lot about safer sleep for your baby, and this is no less important as your child gets older. Bedtime routines change as your baby grows and families find a way that works for them, however, it is good to remember that sleep is really important for your child's growth and development. It can be helpful to start developing routines that will help when the time comes to start nursery and go to school.

It's going to be important for you to really consider when it's safe for your baby to be left in their room when they have access to all the things in there – this is because there will still be many risks such as choking hazards. When you decide to take your baby from their cot it's important to consider the size and set up of the bed to ensure it is safe – and it's the same as they continue to grow. An example would be bunk beds – most professionals would say a minimum of 6 years old for this to be safe.

Reading and Play

This continues to be important as your baby grows. What you play with and books you look at together will change. Remember play is what helps your child develop so it's great to keep-on giving them lots of time to play, explore and learn new skills.

Books don't have to be read from cover to cover, and you can even just open the pages and point out what you see, or ask your little one to say in their own way what they notice on the page, you can even make up your own story to the pictures.

You can make little 'book bags' with a small finger puppet, or other sensory object that links to the book to widen the experiences gained during your activity together.



Speech and language

As they develop and learn, your child will start communicating more and more with you. It is important to encourage this in as many ways as you can by having day-to-day conversations and describing all the fun things you are doing.

There are some things that can really interfere with your child's important speech and language development. For example, the prolonged use of dummies, or if your child is still using a bottle, perhaps while watching tv or to fall to sleep with, can both cause problems. Prolonged bottle use can cause problems not only for speech, but can also cause dental decay, which can be very problematic as they grow.

Warning

Prolonged use of a dummy or bottle will cause professionals to be concerned, especially if they are having a negative impact on dental health and their speech and language.



If you can, reduce the use of both the dummy and bottle as it will support your child to be able to speak more clearly and confidently. Speaking can help you understand their needs which should lead to less frustration. This will also help when they start preschool as they won't be allowed them there.



To recap

As they grow, don't forget you still have your health visitor and other professionals around you – so whether you have worries about changing behaviours and boundary setting, sleep or diet you can always still ask for some advice no matter how old they are.

Hopefully the information in the separate chapters will be something you can come back to at times when you need a bit of reassurance, or when you and your baby are moving into a new phase, so you can be confident you have got all bases covered to keep them healthy and happy.

We have covered your first 1001 days together, from conception to around your baby's second birthday. You and your baby have a lot of growing to do together, with many adventures to come and lots of memories to make. Enjoy the adventure.



Glossary

NHS Choices – website with advice, tips and tools to help you make the best choices about your health and wellbeing.

Trimester – your pregnancy is divided onto three, three-month periods called trimesters.

Fetal – relates to the unborn baby or foetus from week 11 of pregnancy.

Antenatal – before birth (during pregnancy).

Postnatal – after birth.

Mindfulness – a type of meditation or practice in which you focus on awareness of yourself, your sensations and your feelings in that moment. It can involve breathing methods and can help relax the body and mind and help reduce stress.

Oxytocin – a hormone produced by the body to help in childbirth as well as bonding with your baby.

Cortisol – a hormone produced by the body when stressed.

Attachment – the emotional bond between two people such as mother and baby.

Mirroring – copying noises and faces made by your baby, and then waiting for them to make a further noise or face which you can again copy is a favourite game for babies.

States of arousal – babies have six phases or states of arousal; deep sleep, light sleep, drowsy, quite alert, active alert and crying. They are most receptive to play whilst in the quiet alert stage.

Immunisation – given via injection or orally to protect against disease, sometimes known as vaccinations

Responsive feeding – noticing when your baby is hungry and feeding them at that time, holding baby close and giving them attention whilst feeding.

Topping and tailing – clean your baby's face and neck with a wet cloth or cotton wool (use a fresh piece for each ear, each ear, face, neck), and follow by doing the same for their nappy area, and then dry their skin well.

Weaning – introduction of solid food to your baby’s diet from the age of 6 months.

Hyperemesis gravidarum – severe morning sickness, with nausea and sickness multiple times through the day and inability to keep food and water down – see [page 141](#) for full details.

Gestational diabetes – a medical condition when our body is unable to make enough insulin during pregnancy causing high blood sugars – see [page 142](#) for full details.

Pre-eclampsia – a medical complication of pregnancy – see [page 143](#) for full details.

Premature labour and birth – labour or birth happens before 37 weeks of pregnancy.

Miscarriage – loss of a pregnancy during the first 23 weeks.

Still-birth – loss of a pregnancy after 24 weeks.

Cervix – lower part of the uterus/ womb which connects to the vagina.

Embryo – unborn baby at its very early stages of development (up to week 11 of pregnancy).

Uterus – womb.

Ectopic pregnancy – when a fertilised egg has implanted outside of the womb, usually in the fallopian tubes.

Congenital anomalies – also known as birth defects, where a baby has developed in an abnormal way, creating a mild or severe health problem or physical abnormality.

Places to find further information

We have pulled together some useful and trusted sites for you to be able to find out further information should you wish to.

Please remember, website links can quickly change so we have also added some useful search terms to help you get the information you want more quickly.

Perinatal mental health

Perinatal, pregnancy, antenatal, postnatal, mental health, anxiety, depression, worries, low mood, support, help, advice, self help, mindfulness, guided meditation, active relaxation.

Headspace: [headspace.com](https://www.headspace.com)

Headspace is a science-backed app using mindfulness and meditation, providing unique tools and resources to help reduce stress, build resilience, and aid better sleep. Many of their resources can currently be found on Netflix too.

YouTube: [youtube.com](https://www.youtube.com)

YouTube is an online video sharing platform – you can access lots of information about mindfulness information on here, and other topics such as mental health but stick to trusted sources such as NHS videos.

This video is an example of a local areas perinatal mental health film but discusses examples of experiences:

youtu.be/LJU2Fh_QIt8

Suggestions include:

All it takes is 10 mindful minutes, Andy Puddicombe:

youtube.com/watch?v=qz-R62JJCMBQ

Guided meditation, leaves on a stream: youtube.com/watch?v=r1C8hwj5LXw

MIND:

mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/about-maternal-mental-health-problems

PANDAS Foundation UK:

pandasfoundation.org.uk/what-is-pnd/perinatal-mental-health

Pregnancy and relationships

Tommy's:

tommys.org/pregnancy-information/im-pregnant/mental-wellbeing/relationship-problems-and-pregnancy

NHS:

nhs.uk/pregnancy/support/feelings-and-relationships

nhs.uk/pregnancy/support/domestic-abuse-in-pregnancy

Galop:

[galop.org.uk/domesticabuse/LGBT+ and anti violence charity](https://galop.org.uk/domesticabuse/LGBT+andanti-violencecharity)

Women's Aid:

womensaid.org.uk

Gingerbread:

gingerbread.org.uk
Support for single parents and baby loss support.

Sands:

sands.org.uk

Sands is the leading stillbirth and neonatal death charity in the UK. Sands exists to reduce the number of babies dying, and to ensure that anyone affected by the death of a baby receives the best possible care and support for as long as they need it. Sand can offer support if you are pregnant again after previously experiencing the death of a baby.

Tommy's

actions.tommys.org

The Lullaby Trust

lullabytrust.org.uk

The Lullaby Trust raises awareness of sudden infant death syndrome (SIDS), provides expert advice on safer sleep for babies, and offers emotional support for bereaved families.

Money and housing

NHS:

nhs.uk/pregnancy/finding-out/maternity-and-paternity-benefits-and-leave

healthystart.nhs.uk

GOV.UK:

gov.uk/sure-start-maternity-grant

The Royal Society for the Prevention of Accidents:

rospa.com

General parenting sites

NSPCC:

Support for parents, covering many age ranges and topics:

nspcc.org.uk/keeping-children-safe/support-for-parents

Best Beginnings:

A great source of information for parents including an interactive app to support you through pregnancy:

bestbeginnings.org.uk

Cry-sis

cry-sis.org.uk

Supports parents with crying and sleepless babies.

ICON:

A programme that provides information about infant crying and how to cope: iconcope.org

Dads Matter:

dadsmatteruk.org/support-and-services/recommended-services-and-support

NHS:

General health advice and tips: nhs.uk/live-well

Support for armed forces families:

nhs.uk/nhs-services/armed-forces-community/families-support-information

Support for gender diverse parents:

theproudtrust.org/trusted-adults/groups/groups-for-parents-and-carers

genderedintelligence.co.uk/families/group

NSPCC

 Sandwell
Metropolitan Borough Council