



How Can I Tell If My Baby Is Okay?

At one time or another most new parents ask themselves, “How can I tell if my baby is okay?”

Your new baby is important to you—you want the best for her, so naturally you want to be certain she’s growing, developing and behaving according to a normal pattern. But unless you’ve had lots of experience with other very young babies, you have no way to judge what is normal.

Briefly, this is the purpose of *Growing Child*—to guide you in the evaluation of your child in these areas. Because you are vitally interested in how well your baby is getting along, each month *Growing Child* will describe the progress of a typical baby, whom we will simply call “Baby.”

Careful study of a large number of infants has given us a great deal of information about the average baby at certain key ages.

Of course, there is really no such thing as an “average” baby since each infant is an individual, but all babies follow a general pattern of behavior and development. Therefore, we can compare any individual baby with this general pattern.

Our discussion begins at the end of Baby’s first month. By this time you’re more used to having Baby around. She’s not so “tiny” and you’re handling her more easily.

How does Baby look and act? When you place her on her back, her head may turn far to one side and the arm toward which

she’s looking may be outstretched about shoulder level.

The other arm is usually bent with the hand close to her shoulder or the back of her head. Her hands are tightly closed with the thumbs lying inside her curled fingers. Sometimes one fist goes to her mouth.

If you gently turn Baby’s head to mid-position (looking directly ahead) she will turn it back to the side again when you release it. But if you turn her head to the opposite side and hold it there, she frequently will reverse her arm position by straightening the arm toward which her face is turned and bending the other arm close to her shoulder.

This consistent position of the arms and head in relation to each other is due to a special type of reflex, called the asymmetric tonic reflex, or tonic neck reflex. This response varies in strength from baby to baby and may be difficult to elicit in the very active, alert or fussy child. It disappears at five to seven months of age.

What about Baby’s feet and legs? Still on her back, Baby holds her hips and knees bent with her feet turned up at the ankles. Sometimes her heels rest on the bed but more often her thighs are drawn up close to her abdomen with her knees slightly apart. Her feet are close together—sometimes they are crossed.

If you gently press Baby’s knees outward, you will feel resistance from her muscles. If you gently straighten one leg she may resist the pull or kick out vigorously and

At One Month Baby Likes to:

- Listen to your voice.
- Stare intently at faces, especially eyes.
- Be cradled and fed by parent or caregiver.
- Sleep.

Give Your Baby:

- Warm, loving response to his physical needs when he cries.
- Your embraces, cuddling, and your voice.

Ask Your Doctor About:

- Hepatitis B vaccine (Hep B).

then return to her usual position.

Sometimes when Baby is awake but quiet (it does happen!) she will move her arms in and out and kick her legs, sometimes both together, sometimes alternately. These movements have some rhythm but are aimless.

At other times if you put her on her stomach when she is awake and active, she alternately bends and straightens her legs in a crawling movement and sometimes pushes her toes against the bed hard enough to move her body.

If you place Baby facedown on her bed, she will turn her head to one side to rest on her cheek. Her elbows are bent and close to her body with her hands near her head. Her legs are drawn up under her into almost a kneeling position with her little bottom humped up.

If you gently turn her head facedown, Baby will lift it enough to clear the surface of the bed, turn it to the side again and drop it.

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The Reasons for Growing Child

Why is it that some bright children don't learn in school even when they try hard? There are bound to be many different reasons, but often it is not possible to know the specific causes for a particular child's problem.

Perhaps an example will make the point clearer. One of the school learning problems frequently seen is the child who gets certain letters or even words "turned around." He may not be able to tell the difference between "b" and "d," or the difference between words such as "was" and "saw."

The problem here is one of knowing the simple directions of "left" and "right." Typically, when a child has this type reading problem, tests imply that he doesn't "feel" the difference between left and right inside his own body.

Children need the proper developmental experiences for good early childhood learning to take place.

Most children have gotten the feel of left and right sorted out inside themselves by the time they go to school. But some have not, and these children are in trouble when they try to learn reading, writing, and math.

Knowing about left and right is something a child begins learning in the very first year of his life, and he refines that learning for several more years. But why do some children learn this while others do not?

The answer, we believe, is that **children need the proper developmental experiences for good infant and early childhood learning to take place.**

Good experiences generally assure that a child will do well in school and in other life situations where he must make judgments and decisions. The

example of learning about left and right is only one instance. There are countless other experiences which a child must have if he is to develop to his maximum potential. And this is what *Growing Child* is all about.

How can *Growing Child* play a role in guiding and assisting parents in that all-important job of child rearing? Here are some ideas:

- **Good developmental experiences do not just happen.** We will spell out for you some of those early experiences which are so essential for your child.

Parents can do things—and fairly simple things—to make sure that their child has the right developmental experiences at the right time. A vast amount of information is available to parents so that they may learn to know, encourage and appreciate the skills, characteristics, and personality of their child. *Growing Child* is one of those resources.

- **Parents need support as they enter the world of parenting and undertake what is probably the most challenging and important job they will ever do: raising a child.** The more you know about a task, the easier it becomes and the more competently you perform.

The same thing is true of raising children. When parents are confident that they are doing the right things to encourage their child, they project a positive, can-do attitude.

Listening, watching and reading information about children and how they develop is an excellent way for parents and other adults to understand what children are capable of doing as they grow and develop.

Knowing what is going on and what to look for can give parents the confidence they need to play an active role in their child's life. Information gives power and it helps build parents' self-confidence.

- **Often parents receive conflicting advice and information about their**

child's growth and development, and it isn't necessarily based on knowledge or practices. In the next few months and years you will be laying the developmental foundations for the whole life of your child.

As his parents, you will control the experiences of infancy and early childhood. Make sure you are reading and keeping up with your baby. When it comes to your particular child, you are the expert! Over time and with experience, no one else can match your knowledge of your child.

- **Today's parents are often pressured to push their child, to compare the child with other children, and then to compete with other children and their families.** Information about your child's development can help you relax and focus on your child's abilities and interests.

You need to know what to do and when to do it so that you can give your child the best possible start on his or her grand journey into life itself. *Growing Child* is here to help. ■

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Does Baby see you or know you are there? Sometimes she seems to stare at a far wall or window without really focusing her eyes. But if you lean over her closely, talking to her and smiling, she usually will stop staring and watch your face. More later about what she does "see."

Just a couple more points—if you take Baby's hands and gently pull her up by her arms as if you were going to pull her up to a sitting position, her shoulders lift but her head lags completely behind.

And what about those little hands? If you open her fingers (if you can!) and place the rattle against her palm, she'll grasp it for a moment but then drop it. ■

Vision: Order or Disorder?

What does your new baby see when he turns that puckered little face to you and the world? We used to think the infant's world was a jumbled blur of lights and noises, a "great blooming buzzing confusion," as one famous thinker called it.

Thanks to some careful experiments we know that even very young infants can make some order out of the confusion around them. For instance, they will spend much time looking at face-like drawings, and they prefer to look at certain kinds of designs (such as stripes rather than solids) as though some forms have greater meaning or interest for them than others.

From this we might determine there are ways to give your baby some pleasant experiences, ways to make his surroundings more interesting and enjoyable.

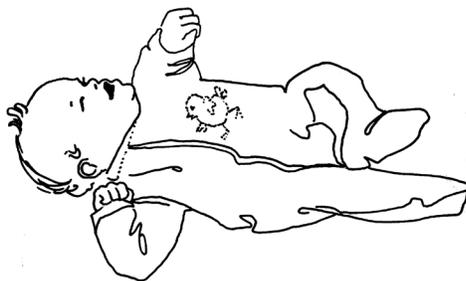
The research findings go even further. They show that the right kind of "enrichment," including special experiences for looking, can make a big difference later on in the mental and social growth of your child.

The trick is in knowing what your baby's basic abilities are at each stage of his development and then giving him the opportunity to use and expand these abilities fully.

But we are about to get ahead of our story. Let's go back and look at the baby who is less than one month old—your baby.

Right now he is very nearsighted. Like a camera which is focused for close-ups, his eyes see clearly only those things about 8-12 inches from his nose.

It is very important to note that eight inches is about the distance from Baby's eyes to your eyes when he is being held in your arms during feeding. That eye-to-eye contact is an important part of the development of the social relationship between parent and child. As we



shall see, there is also another important object he sees.

His farsightedness is caused by the same automatic focusing mechanism that lets you see clearly at close range or in the distance. But whenever the baby's eyes are open, his focus adjusts itself to about eight inches. This means that anything closer or farther away than eight inches will be blurred and indistinct.

All of this may seem strange to an adult who is used to seeing many things clearly at many different distances; but for the newborn, it is nature's plan to give his vision a good start in its vital early development, because it happens that eight inches is also the distance of the infant's outstretched hand! This is the second important object he sees which we just mentioned.

It works like this: In a world where most objects are far away and out of reach, the infant's hand, first of all, provides a stable and dependable object which he can look at.

Secondly, one eye and then both eyes must learn to stabilize upon a point or object, and this is the hand. This is important because control of eye movement and two-eyed vision with depth perception are necessary later on for the learning process and the management of objects.

These are things which distinguish humans from animals.

You might now be eager to help this process with objects of your own for the baby to look at. But notice how completely nature is ahead of you, even at this early stage: even the matching of hand with eye has been done by inborn reflexes.

You will remember the asymmetric tonic reflex we mentioned earlier? This reflex (also called the tonic neck reflex) is very handy for putting the hand into position for the eyes to see.

Remember how Baby will turn his head to the outstretched arm? It may not be a coincidence that the reflex disappears about the time the nearsightedness disappears.

The first month, then, is a time for watching and waiting. Your baby's activities are guided by his reflexes, and he has few unoccupied moments for you to capture his attention. Next month he will sleep noticeably less, and you can begin to bring the outside world a bit closer to him.

In the meantime, here is one simple way to exercise his vision and the reflexes that go with it. Place Baby with his head at one end of the crib one day, then the next day turn him around so that his head is at the other end, and so on, back and forth. This will cause light from the window to fall upon him from opposite sides on alternate days.

Baby will get practice in turning his head both ways toward the light source, and this will in turn exercise his tonic neck reflex equally on both sides.

In addition, it is a first step toward developing the sense of two different sides of the body, an appreciation of external direction, and even a primitive sense of time.

All of these will be important to later learning. ■

Your Emotional Well-Being: Understanding the Blues

The “baby blues” is a mild depression that many women experience soon after their babies are born. These blues can be caused by hormone changes as well as by the personal challenges that a woman goes through after childbirth. They are sometimes called the “third-day blues” because they happen most often from the third or fourth day to the first or second week after delivery.

Understanding postpartum depression

The baby blues can be a normal part of the postpartum process. But you should be aware that some women experience a deeper, more serious depression. How

is this depression different from the “blues”?

- **It lasts longer.** Any depression that lasts beyond 2 to 3 weeks could be postpartum depression.
- **It starts later.** The baby blues tend to start soon after delivery. A depression that begins in the third week or later (even up to several months after birth) could be a cause for concern.
- **The depression is stronger.** In addition to experiencing anxiety or doubt, a depressed mother may feel very alone, vulnerable, or completely overwhelmed by the experience of parenthood. She

may believe that there is something truly wrong with her abilities as a mother. She may start to distance herself from her partner, family, and friends.

- **The symptoms are more varied.** The mother may experience headaches or bowel problems as well as the insomnia, confusion, sadness or fear of the “blues.” She may even have trouble producing breast milk.



You May Have The Baby Blues If:

- **You cry often**, and not always for a reason you can understand.
- **You feel tired**, or you don't have the energy you need to get through the day.
- **You have insomnia**, which can mean that you have trouble falling asleep or trouble sleeping through the night (even when you are not awakened by someone) or that you wake up too early in the morning and can't fall back asleep.
- You have trouble concentrating, or you often feel confused or distracted.
- **You often feel irritable or angry**, sometimes for no reason.
- **You don't feel hungry** and are losing weight too fast, or you are often hungry and are gaining weight you don't want or don't need.

Don't let these blues get you down. They may last from several days to a week or more, but they almost always go away by themselves.

Be open with your partner, family, and friends about your concerns. Ask them to help you with housework or child care until you feel better. And most important, be realistic about motherhood: about how fast you will recover or learn mothering skills, about how much rest you need, about the support you need and deserve from others, to name a few.

If the blues last more than two or three weeks and start to seriously interfere with your life, speak with your health care provider. ■

It is very important that you pay attention to your moods and emotions after you've had your baby. The earlier you catch postpartum depression, the easier it can be to recover.

It is very important that you don't try to take care of everything on your own. If your family or friends can't help, your health care provider should be able to recommend resources.

You can get help with your physical needs—yours and your baby's health, child care, housework, or financial help.

Help is available, too, for your emotional needs—discussion or support groups, for example, or a personal counselor and/or psychiatrist who will pay attention to your distress, listen to your needs, and who may prescribe antidepressant medication if you agree. ■

Test Yourself

Am I Blue?

Many new mothers feel anxious, sad or angry about the changes in their lives after the birth of their new baby.

It is perfectly normal to feel this way, but sometimes the feelings grow so strong that they make life difficult.

This quiz lists many feelings and experiences of “blue” or depressed mothers. Mark how strong each of these feelings or experiences is for you, compared to what is normal for you.

For example: do you feel no anger [0]; mild (very little) anger [1]; moderate (some) anger [2]; or severe (very strong) anger [3] compared to the way you usually feel?

Add up your total score when you’re finished and discuss the results with your health care provider.

Score:

0—31 = MILD BLUES

This will probably pass, but pay attention to your feelings and needs.

32—64 = MODERATE BLUES

You may want to ask for help from a close friend or family member, or ask the advice of your health care provider.

65—98 = SEVERE BLUES

You could be depressed; see your health care provider for a checkup and advice as soon as possible.

0 = Not there at all 1 = Mild 2 = Moderate 3 = Severe	0	1	2	3
Anger				
Anxiety attacks: periods of very strong fear, shortness of breath, rapid heartbeat				
Increased or decreased appetite and/or weight gain or loss that doesn't seem normal				
Strong feeling that you need to get away, need more time for your own interests				
Problems in a relationship with a family member, lover, close friend, etc.				
Crying spells				
Less interest in your personal appearance				
Less motivation—less energy or interest in accomplishing goals				
Depression				
Fatigue—feeling tired or exhausted				
Fear of harming yourself or your baby				
Loss of your sense of humor				
Nervousness, feeling tense or edgy				
Feelings of guilt				
Feelings of panic				
Feeling alone or lonely; without the support of others				
Feeling no love, or not enough love, for your baby				
Feeling forgetful, distracted, absent-minded—having trouble concentrating				
Frustration				
Hopelessness				
Insomnia				
Feeling irritable, bad-tempered				
Loss of sexual desire and/or pleasure in sex				
Loss of self-respect or confidence—feeling like you don't count or can't do anything right				
Feeling confused, uncertain				
Mood swings—your moods and emotions change all the time				
Obsessive thoughts—ideas or feelings you can't stop from repeating in your mind				
Odd or frightening thoughts—thoughts or images that scare you or that you can't control				
Thoughts of suicide, feeling like you want to die				
Feeling sad, unhappy				
TOTAL				

Talk To Your Baby

Today many scientists tell us that a baby is born with all the equipment needed to understand speech and learn to talk. What happens after he is born depends upon what his parents and family—his first community—do to enrich his life and his verbal experiences.

The first sounds he makes are cries, his response to body feelings such as hunger, pain or other discomfort.

At first, when Baby is content, he sleeps much of the time. Soon, however, he will begin to make sounds of contentment.

When you attend to the different sounds of contentment or discomfort, you are helping to establish a communication system which works like this: One person makes sounds and another person does things in response to those sounds.

The infant's inborn gifts also include a tendency toward listening and responding to the sounds he hears. Newborns are known to respond to sudden, loud noises by moving their entire bodies at once; or their breathing or heart rate increases.

Biologists think the infant, like the very young animal, is born to respond to a wide range of sounds which aren't specific. However, very quickly his response becomes more specific to the sounds he hears from his parents. He learns to associate a soothing voice with a smiling face, caresses, and loving words.

Parents and other caregivers continuously talk to their babies during bathing, feeding, dressing and playing. This talk is definitely important in shaping the child's future communication skills, and language is one of the most important of those skills.

Much research deals with infants who are raised in hospitals and institutions. This research shows that these babies are delayed in some areas of development, but they are especially delayed in their listening habits. While they listen to all

the sounds around them, they do not learn to choose between important and not-so-important sounds.

While they may receive good medical and nutritional care, they do not receive the tender, loving talk from a parent or other loved ones, and this in turn affects the way they respond to the people and sounds about them.

So, even in infancy, there are two groups of factors that will continue throughout the child's growth: (1) the child utters sounds and responds to the human voice; (2) his parents and other adults respond to his sounds and talk to him.

If either of these conditions is impaired, the child's language development will be affected.

Parents can learn to differentiate the different sounds of Baby's cries and to interpret the message as they and their child interact.

We can understand how a hearing defect will seriously interfere with a child's language and speech development, but we should also realize that the absence of tender loving talk will be almost as serious a handicap.

Parents—talk to your baby! ■

The logo for Growing Child, featuring the words "Growing" and "Child" in a stylized, red, serif font. "Growing" is positioned above "Child", and both are enclosed within a thin red rectangular border.

P. O. Box 2505 • W. Lafayette, IN 47996
(800) 927-7289

www.GrowingChild.com

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Contributing Authors

Phil Bach, O.D., Ph.D.
Miriam Bender, Ph.D.
Joseph Braga, Ed.D.
Laurie Braga, Ph.D.
George Early, Ph.D.
Carol R. Gestwicki, M.S.
Liam Grimley, Ph.D.
Robert Hannemann, M.D., F.A.A.P.
Sylvia Kottler, M.S.
Bill Peterson, Ph.D.

Baby Tales

Dave went in to look at his sleeping newborn daughter ... and she just about scared him witless. A person has got to be pretty hard boiled not to be moved by the sight of a sleeping baby, especially if she is his own.

Dave found this to be such a nice experience that after tiptoeing in to look at his four week old daughter, he quietly moved the chair to the side of the crib, sat down and just watched.

All was quiet. He watched the gentle rise and fall of the baby's chest, and he studied her features.

Then wham, suddenly there was a violent spasm in which both arms flew out, the legs flexed and the baby's head went back on the mattress. The spasm was in such utter contrast to the bliss of the moment before that Dave nearly jumped out of the chair himself, but in a second all was peaceful again. Just as though nothing has happened.

Dave watched for a while and sure enough, it happened again just as surprising as the first time. It was as almost as though the baby was going to fly up from the crib.

This time, Dave was definitely shaken. He got up and did a quick and quiet retreat and rushed out to consult with the expert, the wise one, the keeper of infant secrets. His wife.

The wise one, was wise enough not to laugh, but she smiled rather broadly. "It's called startling," she said. "All babies do it during the first few months of life. Scares the pants off of you, doesn't it?"

Now Dave smiled, and said he was going to watch for it again. What he did not say was that he had been convinced for a terrible moment that his daughter had some serious nervous affliction.

But all babies do it, his wife had said. Huh. Dave was sure nobody's baby ever did it the way his kid did. ■