welcome to your new baby
Dear New Parent

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

Welcome to Your New Baby provides easy to read articles on caring for you and your baby in one convenient resource. This edition of the magazine incorporates feedback from parents and health professionals to better meet the needs of parents with young babies. The articles have been written with the most up-to-date research and the knowledge and experience of parents, nurses, midwives, doctors, psychologists and other professionals. There is also a list of services to help you connect with additional support you may need.

Child health nurses work in local child health centres. As registered nurses with qualifications in child health, they offer an initial home visit to all parents of a new baby in WA, as well as health and development checks at key stages of your child’s pre-school life. They can also assist with the many aspects of parenting and family health and are able to link you to doctors in your community, hospitals and other health professionals when needed.

As Chairs of the Boards of CAHS and WACHS, we are committed to providing you with the support and assistance you need in your role as a parent. We hope you enjoy reading this magazine and find it a useful resource as you undertake this life-changing experience.

Best wishes

Ms Deborah Karasinski
Dr Neale Fong

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

This publication is provided for general education and information purposes. Contact a qualified healthcare professional for any medical advice needed. Based on an original by the South Australian Government’s Women’s and Children’s Health Network.

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For more information on topics in the magazine contact your child health nurse at your local child health centre.
To find your local child health centre, look in your baby’s purple book All About Me, visit www.healthywa.wa.gov.au/service-search, or Google ‘child health centre’.
Attachment is the feeling of love and safety that babies have for their parents or the people who care for them most. When all goes well in the early months, babies develop secure attachment. They feel safe and loved—and this sets a pattern for the future.

Babies with secure attachment do better as they grow older. They know they’ll get support to explore and learn, and comfort when they need it. They also cope better when things go wrong.

Attachment seeking

Babies and toddlers seek attachment from the people who care for them by:

- smiling and cooing
- crawling and following
- holding out their arms
- crying
- and many other signals that you’ll learn to know.

When you consistently respond and offer reassurance by making eye contact, smiling, touching or giving a cuddle, he feels safe and the attachment seeking stops. Your baby can relax, play, explore and learn.

If a parent does not consistently respond, a baby will still feel anxious, frustrated or afraid, so keeps seeking attachment. Some babies who don’t routinely get their emotional needs met may give up trying.

Helping children to feel safe first is the best way to encourage them to be brave, to explore and learn. Being calm and gentle with babies is hard in our busy lives. Try and slow down a bit, even if it means making changes to your lifestyle. Then you can be with your baby at a pace he can cope with, and you can see and respond to what he needs.

How can you help your baby have secure attachment?

Get to know your baby’s signals or cues so you know what he needs.

This takes time—you’ll be guessing at first, but over time, you’ll know just what he means.

When you respond to your baby’s cues, it helps to build secure attachment.

Even young babies give signals that they need you, and other signals that show when they need you to do something different.

To show he needs you, your baby may:
- look at you
- make little noises
- smile
- copy your gestures
- look alert
- cry.

To show he needs a break—or for you to do something else—your baby may:
- look away
- shut his eyes
- try to struggle or pull away
- yawn
- look tense and unhappy
- cry.

Your baby needs you to respond to these signals. This shows him that he has been understood. It is the start of him learning about his emotions.

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

Creating the Circle of Security™

Parent follows child’s needs

When I am Feeling OK
- Delight in me
- Watch over me
- Talk to me about the world

When I am Not Feeling OK (Frustrated)
- Give me just enough help so I can do it myself

When I am Feeling OK
- Comfort and organize my feelings
- Wait when I look away so I can calm myself

Secure Base

Support My Going Out

Safe Haven

Welcome My Coming In

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Separation and sleep

Babies who have slept well for the first 6 months or so, but then start to wake at night or not want to go to sleep alone, may be feeling separation anxiety. They are afraid when their ‘special people’ are not there, especially at night. Babies don’t understand that you’re coming back soon, or in the morning. To them it can seem forever.

If this is a problem, your baby may sleep better if he knows you’re near. Try putting a mattress or chair near his cot and lying there when he wakes at night, or just keep his cot in your room until he’s a bit older.

What you need to know

Here are some ideas to give your baby a good start in life:

Have realistic expectations

Don’t expect your baby to do things he can’t. For example, you might think your baby’s trying to make you pick him up when he cries at night. But, when you are out of sight, he doesn’t know that you’re nearby.

He’s crying because he needs something. If you come and comfort him when he cries, in time he’ll learn that the world is safe and he’ll cry less.

Spend time with your baby

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

A separate person with his own needs, wants and feelings

Think about how it feels for your baby to be suddenly picked up without warning – to have his nappy changed – or to be handed to a stranger.

Get support

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

Attachment (continued)

When you have a new baby, you can have all sorts of questions. Raising Children Network provides new parents with trusted information about behaviour, sleep, nutrition, family relationships, communication, safety and what you can expect in the months (and years) to come.

Free parenting videos, apps and articles backed by Australian experts

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Easy-to-follow demo videos

Topics include how to get a good attachment when breastfeeding.

Grow and Learn Together

Understand and boost your child’s development with fun play ideas and video demonstrations.

What’s your baby trying to tell you?

Find out with Baby Cues - our video guide to baby behaviour.

Sign up for free newsletters

Get ideas and practical tips on different child health and wellbeing topics.
Your baby’s development

Feelings
A young baby doesn’t understand that she’s a separate person.
In the first few months, your baby doesn’t know about specific feelings – just that she’s comfortable or uncomfortable. Everything’s good after feeding or hearing your soothing voice, and bad when hungry or frightened.
For instance, if your baby hears a loud noise or the person holding her is tense or stressed, she has no way to know if what she’s experiencing comes from inside or outside.
This can be hard because you can’t hide your feelings from your baby:
■ If you are calm, she’s likely to be calm.
■ If you’re tired and frazzled, your baby will be hard to settle.
■ If you’re tense, she’s likely to be jumpy and easily startled.

Every baby is different
You’ve heard this before, but it really is true.
Every baby has different health, feelings and personality and your baby may be very different from you.
Some babies are easy going and placid. Some are much more excitable, or have other ways of responding – which you’ll discover over the next few months.
Even a quiet and sleepy baby wants to be with you, and learn to know your voice and your face. You are the most important thing in her life.

Look into her eyes
A big part of early learning is getting to know and remember faces. Looking into someone’s eyes is the first step in learning to love. So look into your baby’s eyes and talk gently to her right from the start.
Don’t feel upset if she looks or turns away – babies often get tired and need a break, even with people they love.

Learning
Babies are very busy with their bodies. Everything is brand new and never been used before – it takes the first 3 months just to learn to feed properly.
You can tell by her face when something is going on inside her. Babies have new things happening to them all the time. They can easily feel overwhelmed and upset by so many new sounds, colours, shapes and touches.

Sight, movement and speech development
What your baby can see
Newborns can see patterns of light and dark, but things are probably blurred. In the first few months they like to look at bright things with strong colours, stripes, dots and patterns.
During the first 4 months, your baby should begin to follow slowly moving objects with her eyes.
The human face is the first thing she will get to know as she learns that the eyes, nose and mouth make up a face. She will begin to know particular faces and other special things like her teddy bear, and the breast or bottle.
■ Change your baby’s position so that she has different things to look at on both sides of her cot.
■ Hang up faces and simple toys above her cot to give your baby practice at trying to touch things. Place some safe toys within her focus (about 20 to 30 cm away) for her to touch.
■ Babies learn to control their eye movements by watching gentle movement, such as leaves in the breeze, washing on the line, or you moving something slowly.
■ Talk to your baby as you move about the room so she learns about movement, distances and directions as she sees and hears you.

Movement
In the early weeks, most of your baby’s movements just happen and are out of her control.
By about 8 weeks, she will lift her head when lying on her tummy and kick her legs.
In her third month, your baby watches her hands and may begin to wave a hand towards your face or something she wants.
She’s starting to get the idea that she can do things, like hitting a rattle and making a noise. She will also get her hands moving so she can touch something she wants. The two sides of the body do things separately at first. Your baby may use her right hand and foot for a few days or weeks, then her left side for some time.

Between 4 and 6 months, your baby will achieve a wider range of movement. She will:
■ begin to find out that her hands belong to her and play with her fingers, then start to grab and play with her toes when lying on her back
■ hold something in her hand for a short time, then learn to bring a toy to her mouth if you put it in her hand
■ try to hit dangling objects, but usually miss them at first
■ topple over if put in a sitting position at around 5 to 6 months
■ grab for a toy or rattle at 5 months
■ grab at hair, glasses and other things like badges or chains when being held.

Communication
Your baby has been listening to your voice long before she was born.
She’ll know and prefer your voice to any other. From the moment she’s born, your baby lets you know if she’s uncomfortable and what she likes.
She’ll begin to communicate by looking at you, cooing and making vowel sounds and, later, smiling at you. Repeat these back to her so she hears the sounds she’s making coming from you – this is how she learns to take turns with you and others.
Copying your baby’s sounds will also encourage her to make more sounds – the beginning of your baby having ‘conversations’ with you.
Your baby may begin babbling around 4 months – by 6 months she will be making many different sounds and starting to babble in long strings of sounds. She will begin to use her babble to ‘talk’ to people. She will also look for where a sound is coming from by this age.
Play is the main way that babies and children explore the world, learn to think and find out how to do things.

Through play, babies develop their senses – learn movement, communication and social skills.

Playing with your baby is fun for both of you!

Play when your baby is alert, content and relaxed. If your baby is sleepy, unhappy or looks away, settle him and wait for a better time to play.

Babies are easily distracted and won’t learn if the TV is on. Turn the TV off when your baby is awake – he wants to interact with you.

Babies love simple toys – things from around the house. Most of all they love playing with you!

Many child development experts recommend no TV at all before the age of 2.

Play tips:

- Play with your baby at his eye level
- Learn to respond to your baby
  See what he’s interested in and looking at – play at his pace – keep it simple.
- Be involved as much as possible when he plays
- Give your baby as much play time on his tummy as possible
  The floor is safer than the bed or sofa – your baby may roll when you least expect it.
- Use simple ‘toys’
  Plastic bottles, large plastic tubs and jar lids, wooden spoons, small towels, hand mirrors, strong pegs, shoe boxes
- But not too many
  Too many toys are distracting! Change them around and put out just a few each day.
- Make your daily routine playful
  - Bathing
    smile and talk with your baby, gently splash him and encourage kicking. Once he’s over 3 months, add 1 or 2 simple toys.
  - Nappy changing
    sing songs, tickle his tummy, massage his legs gently, put a mobile above the change table, give him a toy. Gently roll him from side to side.
  - Car rides
    sing songs or use a nursery rhyme CD, talk about where you are going, give him a toy.
  - Hanging washing on the line
    take your baby out in the pram to watch the wind moving the washing – talk to him about it!
  - Read simple books
    Start with hard cardboard books with simple, photo pictures.
  - Encourage lots of repetition and practice in play
  - Join a toy library, visit your library and local parks.
  - Join a playgroup
    This will help your baby learn important social skills and helps you meet other parents as your children grow together.

Have fun together!

For more play ideas check out Play and Learning at healthywa.wa.gov.au

Activity and play

The first three months

- Infant massage is a great way to develop your baby’s sense of touch. Stroke different parts of her body to see how she likes to be touched – talk about what you are doing.
- Spend time with your baby face to face.
  Give her play time on her tummy – ‘tummy time’ – when she is awake. This helps to make her muscles strong.
  - Always stay with her while she is on her tummy.
  - Watch her to see what interests her.
  - Talk to her a lot and copy her sounds.
  - Play music, sing songs and share rhymes.
  - Share baby books together.
  - Give her lots of different things to look at.
  - Play simple ‘peek-a-boo’, hiding your face behind your hands.
  - Take her for walks in the pram.

Three to six months

- Talk about what you’re doing together.
  Repeat her sounds to make a simple ‘conversation’.
- Share books with your baby every day.
- Sing to her – try nursery rhymes with actions such as tickling in ‘Round and round the garden’.
- Give her lots of tummy time when she’s awake. Always stay with her while she is on her tummy.
- Let her have floor time without a nappy so she can kick her legs.
- Give her bright objects to look at. If she touches them by chance, she’ll try to do it again. She’s learning to control her hands.
- Provide different things to do and see by moving her or changing what she can see.

Every baby is different, but talk to your child health nurse or doctor if your baby seems very different. If there is a problem, it’s better to get help early – and, if not, at least you know that all is well.

Playgroup

Playgroup is a group of parents and caregivers who come together with their babies and young children on a regular basis.

It provides children with the opportunity to learn, socialise and interact with the environment while allowing parents and caregivers to make new friends.

At playgroup your baby and you will:

- Have fun playing and being with others
- Explore a new environment
- Learn and develop new skills

Plus as a Playgroup WA member you get a range of exclusive member benefits.

Find your local playgroup today playgroupwa.com.au or call 1800 171 882

Discover Playgroup

Fun and learning for babies and under-fives
Holding and touching

Moving, touching, holding and carrying your new baby will help her get stronger and develop her muscles to be ready to move and play.

When you handle your baby, look into her eyes and tell her what you are going to do. This will help her feel safe and secure.

Supporting your baby’s neck and head

Newborn babies have not developed head control, so for the first few weeks you need to help support her head and neck.

At first, support her head with your hands or fingers whenever you pick her up, carry her, or lay her down. As she grows stronger, let her practice holding her head up on her own.

Be gentle

Newborn babies are not ready for rough play.

Don’t joggle her on your knee, shake or throw your baby up into the air.

Bond with her by handling and holding her gently, looking into her eyes, stroking her, talking and singing to her.

Cuddling

Cuddle your baby – carry her curled up with her arms and legs in front of her. Being curled up with her head centred in the middle helps to calm and settle her, and also lets her look, talk and play with you.

When you carry your baby, make sure her arms are in front of her so she can learn to play with her hands. Hold your baby close and support her under her bottom and at her chest. Don’t forget to support her head and neck if she needs you to.

Picking up and putting down

Place your hands under your baby’s armpits, support her head with your fingers or hand, and roll her slowly to her side and onto your arm, then pick her up. As you pick her up, support her under her bottom so she feels safe. Picking your baby up in this way helps her get used to rolling and turning her head from side to side.

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

Every time you lay your baby down, put her on her side first, then slowly roll her onto her back or tummy. When your baby is awake, give her plenty of ‘tummy time’ so that she can practise holding her head up, and help make the muscles she will need for movement and balance strong.

Find out more about tummy time on the next page.

Tummy time and head shape

Your baby was born with ‘reflex’ movements, such as automatically turning his head when you stroke his cheek to search for a nipple to suck.

He will also learn to move in response to being touched and held.

Your baby will slowly learn to control his body, starting from the head down.

If you put your newborn baby on his tummy on a firm surface, he’ll turn his head enough so he can breathe. Gradually, he’ll learn to hold his head up when lying on his tummy, or lift his head forward when on his back.

Tummy time is important because it:

- helps your baby to move his neck to each side
- strengthens the muscles your baby needs for balance and movement. These include muscles in his chest, back, tummy and bottom.
- helps with pushing himself up, sitting, early rolling, getting on all fours and crawling.
- means your baby isn’t always lying on the back or sides of his head.

Never leave your baby alone when he’s on his tummy.

Never let babies sleep on their tummies. (See page 24 for more about Safe Sleeping.)

Start short periods of tummy time from day one

Try tummy time during dressing – put your baby on his tummy for doing up and undoing buttons, and even some playful back massage.

Carry your baby on his tummy along your forearm.

Lie him on your own tummy and chest for good eye contact.

Place him over your thighs – this can be very comforting, relaxing and settling.

To help your baby enjoy being on his tummy, make sure his hands are in front of his shoulders. This will help him lean on his arms, lift his head and learn to reach with his arms. He might like it if you put your hand on his lower back and bottom.

Your baby may find tummy time difficult to begin with, but touching, stroking and talking with him will help him feel calm and safe. Don’t worry if your baby is a little fussy during tummy time.

Tummy time will get easier the more he practises – gradually increase the time as he grows stronger.

When your baby is a few weeks old, try tummy time on the floor.

- Make sure his elbows and hands are in front of his shoulders.
- Encourage him to lift his head by lying in front of him and talking.
- Even on the floor, never leave your baby alone when he’s on his tummy.

Keep my head in shape

Because the bones of a newborn baby’s skull are quite soft, babies can develop a flat spot if they spend too much time with their head in the same position.

From birth

To help keep his head in shape, vary the position of your baby’s head during sleep and when he is awake.

- Always place your baby on his back to sleep, but gently turn his head to a different side each sleep time.
- Give your baby plenty of tummy time when he is awake.
- Lie your baby on his side and talk to him when he is awake.

After the first two weeks:

Change the position of the cot, or put your baby to sleep at different ends of the cot so he will have different things to look at and sleep on different sides.

Babies like to turn their head to look towards:

- light from a window
- the direction from which people approach
- brightly coloured or moving objects such as curtains or mobiles.

If you are worried about your baby’s movements or the shape of his head, talk to your child health nurse or doctor.

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Learning to walk

Your baby will stand and walk by herself once she can balance, her muscles are strong enough and she can coordinate her movements, usually between 11 and 15 months.

Give her lots of practice time playing on the floor right from the start. Your baby will enjoy playing on the floor for longer periods as she gets better at lifting and turning her head, rolling, crawling, sitting and pulling herself up to stand. Eventually she’ll stand and walk while holding onto furniture (cruising). Playing on the floor also lets your baby explore the world and enjoy her toys. Safety gates are a good way to stop your baby going anywhere dangerous once she starts to really move around the house!

Sitting

Babies usually sit by themselves between 7 to 8 months. If your baby needs some support, put her in a box or clothes basket on the floor until she is able to sit up on her own.

Add new play things for her to explore, such as spoons, cups and balls.

Move your baby around to where you are and talk to her while you work. Your baby’s exciting first steps will come!

Why we don’t recommend baby walkers

Using a baby walker or suspended jumping toy such as a Jolly Jumper will not help your baby learn to walk earlier, and may even delay it. Babies may learn to walk on their toes instead of their feet – and may need a lot of therapy to learn to walk properly.

Babies that spend a lot of time in walkers and jumpers also miss out on new experiences through play time on the floor. Walkers are also unsafe as they allow babies to move too quickly, reach things you don’t want them to reach, or fall down steps.

Your baby’s brain

The first 3 years of life are the most important for brain development.

What you do with your baby – giving him lots of love, talking to him and comforting him when he cries – plays a vital part in brain development. The caring that you give your baby sets the pattern for the future.

- A baby who is loved and consistently has his needs met will learn to feel safe and secure.
- A baby who has things to look at, touch and hear, will be learning a lot and wanting to learn more.
- If parents don’t meet a baby’s emotional needs (such as hugging and talking to him), he will miss out on some of the things that make his brain grow.
- Parents can help their baby learn to cope with their emotions by showing they understand, and responding sensitively.
- If you or your family are anxious or stressed, try to get help so it doesn’t affect your baby, and you will feel better too. Babies can sense tension and stress, and produce stress hormones as a result.

How to help your baby’s brain development:

- The first thing your baby needs is to feel safe, warm, fed and loved.
- When your baby cries, try to find out what he needs. This way, your baby will learn that the world is a safe and happy place to live in and explore. Even if you can’t stop him crying, just holding and comforting him shows him he is safe and loved.

- Learn to know your baby’s signals and how to respond – food, comfort, sleep or play. This takes time – don’t worry if you don’t catch on straight away.

- Make eye contact with your baby – babies love to look at faces and listen to voices.

- Make your baby’s world interesting at waking times. Just like you, your baby doesn’t want to just lie around, looking at a blank ceiling. Go for walks, put different things near his cot to look at, put the cot in a different room.

- Keep your baby near you when he’s awake. Interact with him when he makes a noise, pokes out his tongue or wrinkles his nose. Copy it and then wait for his reaction.

- For babies everything is new – even nappy changing. Let your baby know what you are doing and talk about what you do as you do it. Tell your baby when you are going to pick him up. Do it the same way each time so he learns to know what to expect – such as ‘Up we go’.

- Babies learn by watching, listening, then trying and practising the new things they have learned. Follow your baby’s lead and do what he enjoys. Stop when your baby wants a rest, looks away or shows that he does not like it.

Enjoy your baby’s achievements. He’ll learn new things every day, especially in the early weeks and months. All this helps your baby’s brain to grow well.

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Your baby’s teeth

Teething
Babies are born with all their baby teeth already developing in their jaws.

Baby teeth come through at different times – some babies have a tooth at 6 months and most have some teeth by 12 months.

See a dentist if your baby has no teeth by 18 months.

By the time your baby is 3 years old, she should have all of her 20 baby teeth.

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

When your baby is teething, she may not be her usual self. She may want to bite on things, or go off her food and dribble. She may also wake more often at night for comfort.

Give your baby something firm to bite on such as a cold teething ring.

Some babies want firm things to chew on such as rusks – others like mushy food for a while.

If your baby seems very uncomfortable, your doctor may suggest using paracetamol.

If your baby is unwell when teething, such as developing a fever, a rash or diarrhoea, see your doctor, as these are not caused by teething.

When your baby’s teeth are likely to come through

Upper teeth
8–12 months
9–13 months
16–22 months
13–19 months
25–33 months

Lower teeth
23–31 months
14–28 months
17–23 months
10–16 months
6–10 months

Cleaning your baby’s teeth
You need to start looking after your baby’s teeth right from the start to ensure healthy teeth as she grows.

- Even before her teeth arrive, wipe her gums after feeds using a damp, clean cloth if she’s awake.
- Once she has the first tooth, use a small soft toothbrush but no toothpaste.
- Don’t use toothpaste until she’s 18 months old.
- Between 18 months and 6 years, use a small pea-sized amount of children’s toothpaste.
- Encourage your child to spit toothpaste out after brushing – not swallow or rinse.

Always put your child to bed with freshly cleaned teeth for a healthy smile.

Caring for teeth
- Sugar or food acids can damage your baby’s teeth. Don’t put anything on your baby’s dummy or clean it with your mouth.
- She only needs breast milk, or infant formula or cooled boiled water in a bottle or baby cup. Remove the bottle after a feed.
- Don’t put her to bed with a bottle.
- Once she is 12 months old, she can drink tap water. Babies don’t need fruit juice or other sweet liquids.

Lift the lip
- Lift your child’s lip at least once a month to check for early signs of decay, such as white lines along the gum line. This can be reversed, so visit your dentist now.
- More advanced decay can look like brown spots on the teeth. If left untreated, decay can quickly get worse.
- See a dentist if you notice any changes in your child’s teeth.

Contact Dental Health Services at dental.wa.gov.au for more information.
Feeding your baby

When your baby is very young, feeding will seem to be the main thing you do during wake times.

It’s an important time for you and your baby to get to know each other, so take your time and enjoy being with your new little person.

For some babies, feeding goes well from the start. For others, learning this new skill takes time and practice. Be patient, and ask for help if you need it.

Breastfeeding

Breastfeeding is the normal and natural way to ensure your baby is healthy and develops well.

It’s good for mother’s health too.

Breastfeeding is the normal and natural way to ensure your baby is healthy and develops well.

Breastfeeding – the early weeks

The more your baby feeds, the more milk you will make. It’s OK to give a top up breastfeed if your baby still seems hungry.

Your nipples may be tender in the first few weeks, so be gentle and support your baby’s body while you and your baby learn to breastfeed, but should improve.

If your nipples continue to be sore or cracked, it’s probably because your baby is not attaching well. You need to talk to your child health nurse or contact the Australian Breastfeeding Association for help (see page 50).

Not all crying is hunger. Your baby may just need a cuddle or a walk in the pram. He might be crying because he is overtired. Try settling him to sleep and wait until he wakes to feed him (see page 22).

Looking after yourself

Try to get as much rest as possible while you’re adjusting to life with a new baby. Accept all offers of help from your partner, family and friends.

Join an early parenting group and your local Australian Breastfeeding Association group for support.

Expressing and storing breast milk

You can express your breast milk for others to give to your baby if you can’t be with your baby all the time. Express after a feed, or instead of a feed if your baby is not with you.

You might need to express between feeds for some time to increase your milk supply.

You can express milk by hand, or with a pump.

There are many types of pumps – some work by hand and some with an electric motor.

Ask your child health nurse, Australian Breastfeeding Association counsellor or a lactation consultant for more information.

Put breast milk into a clean, closed container or sealable plastic bag, and write the date on it.

Use expressed breast milk within:

- 6 to 8 hours at room temperature (under 25 °C)
- 3 days kept at the back of the fridge where it’s coldest (not in the door).
- frozen
  - 2 weeks in the freezer compartment inside a fridge
  - 3 months in the freezer of a fridge with a separate freezer door
  - 12 months in a deep freeze

Thaw milk in the fridge or by standing it in warm water.

- If thawed in the fridge, use within 24 hours.
- If thawed in warm water use straight away, or within 4 hours if kept in the fridge.

Never re-freeze thawed breast milk.

Never use a microwave oven to thaw or heat milk as it can damage the goodness of the milk, and cause hot spots which can burn your baby’s mouth.

If your baby leaves any expressed breast milk, throw it away – you can’t use it for another feed.

Alternatives to breast milk

Breast milk is the natural food to feed babies, even when they are unwell.

If you and your baby are having problems breastfeeding talk to your child health nurse, Australian Breastfeeding Association counselor or lactation consultant, ideally before you stop breastfeeding or decide to use infant formula, as this could reduce your breast milk supply.

Many mothers feel disappointed if they’re not able to keep breastfeeding. This is a normal feeling. Remember that any breast milk is better than none, and formula-fed babies can grow and develop well. You can still have lots of skin-to-skin time with your baby while feeding him.

What is infant formula?

Most infant formula is made from cow’s milk, modified to be as much like breastmilk as possible. It’s not the same as ordinary cow’s milk.

Infant formula is the only safe alternative to breast milk for the first 12 months. Don’t give your baby ordinary cow’s milk as a main drink until he’s at least 12 months old.

You may need a special formula if your baby has a medical condition. In this case, your doctor will help you choose the right infant formula.

Although your baby shouldn’t have cow’s milk until she’s 12 months old, dairy foods like cheese, yoghurt and milk used in cooking are OK after 6 months.

Balancing breastfeeding and work

Going back to work doesn’t have to mean the end of breastfeeding.

Use your maternity leave. Take as long as you can to recover from the birth and get breastfeeding well established.

Work part time, at least at first, or try to fit your working hours around your baby’s needs. See if you can do some work from home.

Work-based child care is great if it’s available.

You can express milk at work, store it in a fridge and take it home to be fed to your baby the next day. The carer can use a cup or a bottle for this. You and your baby can continue to enjoy breastfeeds when you are home.

Your baby may be happy to have more breastfeeds before and after work. This is a great time to have together after a day apart.
Feeding your baby (continued)

Starting other foods
Introducing solid food at the right time is very important. Babies develop at their own pace but if you start too early, your baby is not ready to chew, swallow and digest solid food. If you wait too long, your baby will miss out on important nutrients needed for growth and development.

The best time to start solids is around 6 months, when your baby is:
- showing an interest in food and looking at what’s on your plate
- wanting more after a feed of milk
- opening her mouth when you offer her food
- has good head and neck control, and can sit upright when you support her.

Keep breastfeeding as well as giving your baby solids until she’s at least 12 months old.

Tips for success...
- Be relaxed!
- Make sure your baby is sitting comfortably and supported and is not too hungry or too tired.
- Use a soft plastic spoon.
- If your baby refuses first time, try again in a day.
- Be relaxed!
- Always stay with your baby when she’s eating – she can watch and learn.
- Avoid any hard foods that could cause choking.
- Always watch your baby while she’s eating, and avoid any hard foods that could cause choking.
- Sit your baby with the family at meal times so she can see what’s on your plate.
- Learning to eat takes practice, patience and persistence. Be prepared for a mess – it’s part of learning to eat.

How do I start?
Start with foods that are high in iron – iron-enriched baby cereals or foods such as pureed meat, chicken and fish, cooked tofu and legumes (beans, peas and lentils). After this, you can introduce new foods in any order and more than 1 new food at a time. It’s OK to mix different food together.

Try to give your baby homemade food if you can.

This is also a good time to think about your own diet – and make some healthy changes.

Offer a variety of foods from the Five Food Groups:
1. vegetables/legumes/beans
2. fruit
3. grain (cereal) foods
4. lean meat/poultry/fish/eggs/soy
5. milk/yoghurt/cheese.

How much food, and when?
- Once a day, start with a teaspoon of iron-enriched food after a breast or formula feed. Mix the food into a smooth paste with breast milk, formula or boiled water.
- Introduce a variety of foods, moving from pureed to smooth to mashed to soft pieces.
- Gradually increase from 1 or 2 teaspoons up to 2 or 3 tablespoons, according to her appetite.
- Start with 1 meal a day. By 8 months, your baby will probably be having 3 meals.
- Once your baby is eating a variety of foods, offer meals before a breastfeed. Babies are very good at knowing when they are full or hungry, so it is important to recognise your baby’s ‘signs’. Always watch your baby while she’s eating, and avoid any hard foods that could cause choking.
- Remember, if you have any worries about feeding your baby, get help early from your child health nurse, Australian Breastfeeding Association counsellor or doctor.

Parenting questions? Call Ngala

Ngala Parenting Line offers a unique support service for families with children aged 0 to 18 years in Western Australia.

Each year about half of all new parents in Western Australia call us for information, reassurance or help.

“Ngala helped relieve my feelings of isolation and stress. Problems now seem much more manageable.”

Babies often interrupt the routine of our lives. We need to adjust to allow for new routines and demands. As parents, we all want the best for our children – but often place high expectations on ourselves and our babies.

“My 3-week-old baby cries for ages and wakes a lot.”

Our most common calls are about crying and sleep. Babies need sleep. But so do you!

A wakeful baby can lead to parents struggling, and being tired can make it difficult to know what to do next. Crying is stressful for parents as well as children. Understanding your baby’s sleeping patterns and how they communicate through their cries is one of the ways we can help.

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

We can help you explore ways to make small changes in settling routines, and how to get support from family and friends. We can also offer help and advice for your child’s individual needs and development at various ages.

“When do I start feeding my child solids?”

We can help you with:
- establishing and maintaining feeding routines
- breastfeeding and formula feeding
- introducing solid foods
- toddlers’ eating and development
- parenting questions or concerns as your child grows up.

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

Ngala Parenting Line can provide support and information, or refer you to other services that can help you.

Call the Ngala Parenting Line on (08) 9368 9368, or 1800 111 546 for country callers. This is a free call-back service open from 8am to 8pm everyday.

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


Find out more: www.ngala.com.au
Sleep and settling your baby

About sleep
Babies need care 24 hours a day.
Every baby wakes at night, and most babies wake a few times a night for the first 6 months. After this, some babies start sleeping a bit longer, especially for the first sleep of the night. Most children don't have ‘set’ night time sleeping patterns until they are 1 or even 2 years old. One of your biggest challenges will be coping with a lack of sleep. New babies have no idea of day and night, and most will regularly wake around the clock for feeding, comfort and security.

Babies do not have the same sleep times as an adult
Just like us, different babies have different sleep needs. You’ll get to know your baby’s needs and notice them change as she grows.

Help your baby develop a day/night pattern
Here are some ways to help your baby learn the difference between day and night:
- Play with your baby after day feeds by talking to her, showing her things, or giving her some floor time. She won’t stay awake for very long at this stage.
- Make sure your baby gets plenty of chances to feed during the day.
- If your baby seems to have very long sleeps during the day, try to gently wake her a little earlier.
- Don’t have play time during the night – keep feed times quiet, and settle her straight back to sleep.
- Keep the lights low and don’t change her nappy in the middle of the night.
- Wrapping your baby and sleeping bags

Where should babies sleep?
To protect against Sudden Unexpected Death in Infancy, the safest place to put your baby to sleep is in a cot next to your bed for the first 6 to 12 months (see page 24).
- Each sleep time, gently turn your baby’s head to a different side. This will prevent your baby developing a flat spot from spending too much time with her head in the same position.

What do babies sleep in?
Only use a standard cot for everyday use, not a portable cot, travel cot or any inflatable plastic cots. Cots must meet the Australian Standard AS/NZS 2172. It is illegal to sell cots (including second hand cots) that do not meet the Standard. Portable cots must meet Australian Standard AS/NZS 2195.
- There are no safety standards for bassinettes, rocking cradles or toddler beds.
- Your baby’s cot or bassinet should be completely empty, except for the cot/bassinet’s mattress and fitted sheet (see page 24).

Pillows are dangerous for babies and can cause suffocation, either by the baby turning face down and burying his face in the pillow, or by getting his head under the pillow. Your baby doesn’t need a pillow until he moves into a normal bed (usually at 2 to 3 years). Make sure that your baby’s face and head are not covered when he is asleep. Babies shouldn’t wear hats or beanies to go to sleep.

Wrapping your baby and sleeping bags
Wrapping is a safe way to help babies settle and sleep on their back for the first 2 months.
If you wrap your baby:
- Always place your baby on his back.
- Do not cover your baby’s head.
- The wrap should be firm but not too tight.
- Your baby must not share a bed if wrapped.
- The wrap should be muslin or thin cotton as your baby can get quite warm when wrapped. Do not use bunny rugs and blankets as they can cause overheating.
- Make sure he is not overdressed under the wrap.
- Stop wrapping your baby after the 2 months, and well before he begins to roll as the wrap may stop him from rolling back onto his back.

An alternative to wrapping is a safe infant sleeping bag. The sleeping bag should be the correct size, with a fitted neck, armholes and no hood. Sleeping bags keep your baby warm and there are no blankets to kick off or cover his head. When using a sleeping bag, make sure that your baby is dressed according to room temperature, and don’t use blankets.
- If you are not using a sleeping bag, your baby may wriggle out of his covers, so he needs to be dressed warmly in cold weather.

Avoid overheating – as a rough guide, your baby needs as many layers of clothes and blankets as you do.

Ways to settle your baby to sleep
Some babies drift off to sleep very easily after a feed, or while being held, and then stay asleep for an hour or so. Others need help to fall asleep. Some babies can get over tired and quite cranky, so really do benefit from you helping them to wind down and settle.

Babies can recognise the pattern of how you put them to sleep.
Start in the early months – try including a breastfeeding, bath, massage, story, special music, a bedtime song, rhyme or a special cuddle. Different babies respond to different things, so try several methods. As your baby gets older, develop a consistent way of settling that she can learn to expect and respond to. Here are some ways to soothe your baby, though they might not work every time or for every baby.
- Recognise your baby’s early tired signs – make sure she’s not over tired before trying to settle. Signs of tiredness include frowning, grizzling, clenching fists and tense, jerky movements. A tired baby does not easily smile or respond to you. She may even turn away from you.
- If your baby is upset, calm her in your arms and wait until she is drowsy before putting her in her cot. She may even turn away from you.
- If you are feeling stressed, anxious or depressed, it’s OK to put your baby safely in her cot for a few minutes.
- If possible, speak to a friend, a health professional, or call one of the numbers on pages 50 and 51.

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

Many babies respond well to noise, especially if it is rhythmic or repetitive such as a heartbeat or soft ‘shshthing’ sounds. Singing a lullaby can help, even if you can’t sing in tune.

Hold your baby with her body bent forwards into a ‘C’ shape. This stops her from arching back when crying, giving her the chance to calm down. Hold her in the crook of your arm, let her hang over your arm facing the floor, or let her lie over your shoulder. Then try gently patting on her bottom while you sway or bounce.

A very unhappy baby may respond to movement, such as rocking. Try taking your baby for a walk in the pram outside – a walk around the block will help you feel calmer too. If your baby falls asleep in the pram, you can leave her there, but don’t leave her alone.

If you are feeling stressed, anxious or overwhelmed, it’s OK to put your baby safely in her cot for a few minutes.
If possible, speak to a friend, a health professional, or call one of the numbers on pages 50 and 51.

See ‘Crying and colic’ on page 30 or ‘Post natal depression’ on page 46 for more information and help.
Sleeping with your baby

Sudden Unexpected Death in Infancy, which includes SIDS (Sudden Infant Death Syndrome), is when babies die suddenly without warning while they are asleep and where no cause can be found.

Sleeping a baby in a safe cot next to the parents’ bed for the first 6 to 12 months reduces the risk of Sudden Unexpected Death in Infancy.

There is a risk of death if babies sleep in the same bed with an adult or child. The main cause is when the bedclothes or a pillow covers a baby’s head. Adult bedding is not safe for babies.

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

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

Babies spend a large part of their lives sleeping and this is the only time that you’re likely to leave your baby on his own.

✔ Sleep baby on back.
✔ Keep head and face uncovered.
✔ Keep baby smoke free.
✔ Provide a safe sleeping environment day and night.
✔ Sleep baby in a safe cot in parents’ room for the first 6 to 12 months.
✔ Breastfeed baby.
✔ Position baby’s feet at the bottom of the cot.
✔ Use a safe cot that meets the current Australian Standard AS2172.
✔ Use a safe mattress: firm, clean, flat (not tilted or elevated), right size for the cot.
✔ Tuck blankets in firmly or use a safe baby sleeping bag.
✔ Do not use pillows, doonas, soft toys, cot bumpers or lambs wool anywhere in the cot.
✔ Do not put your baby to sleep on a water bed or bean bag.

Much of the information in this topic comes from Red Nose (see page 51).
Dummies, thumbs and other comforters

Sucking for comfort starts very early on. Some babies suck their thumbs before they're born!
The world is a strange new place for babies, so sucking for comfort can help them feel secure and confident. Babies who are always with a parent and can breastfeed at any time do not usually use comforters, but, with our busy lives, many babies seem happier with a dummy or thumb, or a special blanket or toy.

- Wait until breastfeeding is working well, usually at about 4 weeks old – a dummy can make it harder to breastfeed.
- Don’t give your baby a dummy to make her wait for a feed when she’s hungry.
- Check the dummy regularly. Don’t use a worn dummy – babies can choke on any bits. Replace them often.
- Tying the dummy around your baby’s hand, neck or cot is dangerous because it could go around the baby’s neck and choke her.
- Never put anything sweet on the dummy, even if you stop using them before her adult teeth come through.
- Dummies are easier to give up than sucking thumbs.
- If you don’t like dummies, it’s best not to start at all. Once your baby gets attached to it, she might not give it up until she’s 3 or 4 years old, when she feels more confident in the world.
- Older babies and toddlers use dummies or other comforters at times when they’re not with a parent (bedtime or child care). They can get very distressed if asked to give up their dummy.

Thumbs, toys and blankets

Let young babies suck their thumbs or fingers if they want to as this is one of the ways they get comfort. If you don’t want this to continue, try giving your baby a dummy before he gets too attached to his thumb.

If your baby has a ‘special’ blanket or toy, it is a good idea to buy a second one, and swap them so they wear at the same rate. This also helps when you need to wash one, or if one gets lost.

Whether you give your baby a dummy or not is your choice. Most babies will find a special ‘comfort’ object until they are old enough to do without it.

Dummies will not harm your baby’s teeth if you stop using them before her adult teeth come through.

When to bath your baby

Bathing your baby is a great time for smiles and talking with your baby. Most babies enjoy their bath time.

When to bath your baby

- A good time to bath your baby is usually after feeding him, especially if he’s unsettled. Most babies find having a bath very relaxing and have a good sleep afterwards.
- You don’t need to bath your baby every day. You can use wet cotton balls or a washcloth to wash his face and bottom between baths.
- You only need to wash his hair once or twice a week.

What to use

- You can use a baby bath, sink or basin.
- Have everything ready – towels, washcloth, cotton wool, clean clothes and nappy.
- Put cold water in first and then add hot, then more cold (this cools the tap).
- Test the water before you put your baby in. The water should be body temperature – a little cooler than most adults like.
- Only fill the bath 5 cm deep.
- You only need to use water, especially if your baby is going through a spotty stage. However, baby shampoo and baby bath lotions are OK. Do not use talcum powder as babies can breathe in the powder, which can irritate baby’s lungs.

How to bath your baby

While your baby is very small, wash his face before you put him in the bath. Hold him securely, face-up, with his head and neck supported over the bath and his body under your arm. Use a washcloth or wet cotton wool.

- This is also a good way to wash and rinse his hair if needed.
- Once he is older and easier to hold, it’s easier to do this in the bath.
- Some babies don’t like being undressed for the bath. Try wrapping your baby in a towel or nappy, then let this float away once he’s in the water. Support him securely with your arm and hand, and gently move him in the water to get used to the feel of it.

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

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

Never leave your baby, or any child, unattended in the bath.

Babies can drown in less than 5 cm of water.

If you have to leave the bath area, wrap baby in a towel and take him with you. Sometimes babies cry when they come out of the bath.

- Have a dry and warm towel close by to wrap your baby in and dry him gently.
- Try massaging him with some baby oil or sorbolene cream.

Soon bath time will become one of the most enjoyable parts of the day.
Nappies and their contents

You will spend quite a lot of time changing nappies now you are a parent. Here are some things you might want to know.

Is my baby’s poo normal?

Babies’ poos vary a lot in colour, consistency and frequency.

- The poo will vary a lot with how your baby is fed.
- Breastfed babies have soft poo that looks a bit like seedy mustard, often yellow-orange or greenish. It may shoot out and look frothy at times.
- The poo smells quite sweet.
- In the first few weeks, breastfed babies poo a lot, often every feed time. After a couple of months, this may settle to once every few days or so.
- Formula-fed babies tend to have firmer, smellier poos and pass them less often when the baby is young. They vary a lot in colour and range from fairly liquid to paste-like.

Any change in formula or the addition of new foods will change the poos. This is quite normal. When an older baby eats solids, especially vegetables, these can come out the other end looking quite undigested. Again, this is normal and will gradually change.

Is my baby constipated?

Babies often appear to put a lot of effort into pooping. They can go red in the face, grunt or cry and strain with great concentration and then pass a normal soft poo. This is not constipation and as your baby gets older he will react less to body functions.

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

Fully breastfed babies don’t get constipated, but it can be common with babies on infant formula. Make sure you’re making the formula correctly. If your formula-fed baby is constipated, try giving him some cool, boiled tap water in between formula feeds. If your baby is only breastfed, he does not need any extra boiled water.

Does my baby have diarrhoea?

It may be diarrhoea if the poos become more runny (even watery) and frequent than normal for your baby. This may mean he has a gut infection, especially if he’s vomiting too. In this situation, see your doctor immediately or call healthdirect on 1800 022 222.

How many wet nappies will there be?

Young babies wee a lot – 10 or more times a day. They often wee when you take off their nappy or start to put a dry one on. Your baby has no control over when he poos or wees, so don’t take it personally if he wees on you during a nappy change!

- Babies wee less often as they get older, but still at least 6 to 8 times a day. Plenty of wee is good because it shows that your baby is getting enough to drink.
- Disposable nappies can absorb a lot of moisture without feeling wet, so check the weight of the nappy rather than how wet it feels.
- Check that the wee is a pale colour – in hot weather, or if your baby is not feeding well, the wee may be a darker yellow and smelly. An extra feed may help, but if you think your baby is unwell, see your doctor.

How can I avoid nappy rash?

Baby wee is clean and doesn’t usually smell unless it’s been in the nappy for a while.

When this happens the wee turns to ammonia which can irritate the skin. This is why it is important to change the nappy regularly and wash your baby’s skin.

- Nappy rash is common and can happen no matter how often you change nappies. Almost all children who wear nappies get nappy rash at some stage.
- Clean your baby’s skin gently with water using a cloth or wet cotton wool. If you use baby wipes choose ones without alcohol to avoid stinging especially if there’s already a rash. After cleaning, put on lots of Vaseline, zinc cream or other nappy cream to keep wetness away from his skin.
- Try to leave his nappy off for a while during playtime to allow air to his skin.
- Thrush can grow in the nappy area once a rash has developed. This will show as a very red area with spots around it. See your doctor if your baby develops a rash in his nappy area that doesn’t go away in a few days. Your doctor might prescribe a special cream which clears this type of rash quickly.

When will my baby be ready to toilet train?

Most children are not ready to control their poo and wee until they are 2 or even 3 years old. Sometimes boys are later than girls.

Learning to use the toilet is a big step for toddlers. Some children just seem to train themselves when they are ready, but most need some help. Parents see toilet training as an important milestone for their children and worry about it. Don’t get upset with your child over toilet training because it can delay success. Find out more at healthywa.wa.gov.au or raisingchildren.net.au.
Crying

Crying is normal for healthy babies. Crying is the only way babies know to get their needs met. 

- Your baby doesn’t know how you feel when she’s crying – she only knows that something’s not right and that she needs help.
- Babies cry in a way that makes parents want to help – it’s nature’s way of keeping them safe and cared for. However, it is hard when nothing you do stops the crying.
- Young babies need to learn that their world is safe, and that they can trust you. You can’t always stop the crying, but you can comfort them, which helps them learn to cope with their distress.

This isn’t always easy, especially if you’re on your own with your baby. But remember, your comforting is helping, even if she doesn’t stop crying. 

At first it’s hard to work out what your baby needs. 

Most babies cry a lot in the early weeks – some more than 3 hours a day! And there doesn’t seem to be anything wrong. They just need you to comfort them.

Why is my baby crying?

**Hunger?**

Young babies need feeding often. Even if recently fed, try a quick top up. If that doesn’t work, you’ll know that’s not the problem.

**Having a poo?**

Young babies can make a lot of fuss when doing a poo, even when it is soft or runny. (See page 28)

**Uncomfortable?**

Check if she’s too hot or too cold, needs a nappy change, is wrapped too tightly or too loosely and that her clothing is comfy – especially not too tight around the tummy.

**Surroundings?**

Some babies prefer a quiet dark place to sleep during the day, others like light and noise. Night time sleeps should be dark and quiet.

**Wind?**

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

**Unwell?**

Check for signs of illness, especially if the crying is different from usual. Check for fever, coughing, runny nose, a rash or diarrhoea, or if she’s not interested in food. See your doctor if you’re worried.

**Lonely or afraid?**

Babies need physical contact and lots of time being close to you.

**Overtired?**

Crying is one of your baby’s cues for over-tiredness. Other signs include yawning, jerky movements, frowning, eye rubbing, grizzling, stop-start crying, back arching, pulling faces and loss of interest. 

Even if she keeps on crying, rocking your baby in your arms and reminding yourself that you’re helping her feel better, will help you and your baby get through the crying time. It will help her to cry less over time. 

(For ideas on settling see page 22).

Colic

Nearly all babies cry more during the first few weeks. But all babies are different and some cry more than others.

Constant crying, when nothing you do helps, is often called ‘colic’. We don’t know what causes colic.

Colic is worst at about 6 to 8 weeks and usually settles by 3 or 4 months. Babies with colic (the ones who cry more) are usually just as healthy and develop the same as those who cry less.

Changing your diet (if breastfeeding) or feeding patterns doesn’t seem to affect colic. 

The pattern for colic is: 

- baby cries or screams for hours, often at the end of the day
- baby is hard to comfort
- the distress comes in waves – the baby calms then suddenly starts screaming again
- baby may arch backwards, then pull up her knees or stretch out her legs stiffly
- at other times of the day, a baby with colic is usually calm.

If you are worried, check with your child health nurse or doctor. 

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

Look after yourself

It’s not your fault. It’s not your baby’s fault.

She can’t control her crying and is not trying to get at you. It’s just part of being a baby. She is not spoilt.

If there’s someone else around, give your baby to them while you take a break. 

If you are on your own and feeling angry, take a break.

- Put your baby down in a safe place and walk away.
- Go outside or to another room.
- Take some deep breaths, phone someone or make a cup of tea.
- When you feel calmer, return to your baby and try to settle her again.
- Put the baby in a pram and go for a walk together. Getting out of the house can help a lot.
- See Looking after yourself on page 48.

Remember, if you think your baby is unwell, see your doctor or call healthdirect on 1800 022 222.

If you just can’t cope or are worried that you’ll hurt your baby, call beyondblue on 1300 224 636.

Never shake your baby

It is very important not to hit or shake babies. Shaking your baby can cause brain damage.

If you are feeling very angry, put your baby somewhere safe and take a break until you feel calmer.

You want to teach your baby lots of things.

However, punishment, such as hitting, ignoring or shouting, does not work as babies don’t understand why they are being hurt or left. It will just make them afraid instead of learning to trust.

After 6 months or so you can say ‘No’ and give a simple explanation when your baby does something you don’t want. For example, if he bites you, move him away and say, ‘No. That hurts’.

But don’t expect him to really understand for many months yet.
When to see your doctor

It's always OK to visit a doctor if you think your baby is ill.

Even if the doctor tells you nothing is wrong – at least it will set your mind at rest.

You can get health advice from healthdirect on 1800 022 222, but it's not easy to work out what's wrong over the phone.

See a doctor as soon as possible if your baby:

- is limp or floppy, more drowsy than usual and does not wake or feed normally
- is finding it harder to breathe than usual. Your baby may be breathing very quickly, or making grunting and wheezing noises. His chest may be sucked in during breaths as his muscles have to work harder.
- looks pale and is weaker (more floppy) than usual
- is vomiting more milk than usual, or having runny poo. If your baby is drinking less and vomiting or having diarrhoea, he can lose body fluid and become dehydrated. Fewer wet nappies and dark yellow wee can be a sign of this.
- feels hotter or colder than usual – a temperature of more than 38 °C or less than 36 °C. This can be a sign of an infection.
- has a rash
- has a seizure (a fit) with jerking or trembling of his limbs
- has green vomit ( bile stained) or vomit that contains blood
- has more than a few streaks of blood in his poo.

Most infections – colds, ear infections, tonsilitis and sinusitis – are caused by viruses, which are not helped by antibiotics. Your doctor will prescribe antibiotics if your baby needs them. Your baby’s immune system can fight many infections without antibiotics.

You know your baby best. If you notice something is not right, or if you are worried about your baby’s appearance or behaviour, don’t be afraid to phone or visit a doctor.

Six-week check with your doctor

It is important to see your family doctor 6 to 8 weeks after your baby is born.

Your doctor will:

- Check baby
  These checks make sure your baby doesn’t have any medical conditions, such as:
  - hip problems
  - eye problems
  - heart problems
  - developmental problems.
- Check mum
  The check is a good time to see that you’re OK too. Your doctor will also check for signs of post-natal depression and offer help if required.
  If you have missed any health screening during pregnancy (such as a Pap smear), this is a good time to get it done.
- Discuss immunisations for you and your baby
- Discuss family planning (avoiding pregnancy)
- Answer your questions

Remember to take your baby’s purple book All About Me with you.

Immunisation

Immunisations are a simple and safe way to protect you and your child against diseases that can cause serious illnesses and sometimes death.

If you and your child are immunised, it will prevent you from getting or passing these diseases to others, especially to young babies who are not yet fully immunised. The risk of disease is far greater than the risk of immunisation.

All parents and people who will be caring for newborn babies should have a whooping cough booster immunisation to avoid passing whooping cough to the baby. Some mothers may also need a booster immunisation against rubella or chicken pox.

Where and when do I get my child immunised?

Childhood immunisations are free – your child health nurse will tell you where to go.

Check your baby’s purple book All About Me for a list of immunisations and your baby’s immunisation appointments. Remember to take the book with you for all his immunisations.

Your baby’s first immunisation was given in hospital. His next immunisations are due at 8 weeks old.

Talk to your child health nurse or doctor about immunisation, or visit healthywa.wa.gov.au/immunisation.
Spilling, reflux and vomiting

Spilling
Young babies tend to bring up small amounts of milk just after a feed – this is called ‘spilling’ or ‘possetting’.

The amounts are usually quite small, though it can look bigger than it is. Sometimes the milk also comes out through the baby’s nose, but it’s not a problem.

Spilling makes a mess, means extra washing and can smell, but usually doesn’t worry the baby.

Spilling is normal and doesn’t need treatment if it doesn’t bother your baby.

If your baby seems happy, is growing normally and feeding well, you don’t need to worry. It will improve as your baby gets older.

Reflux
Reflux happens when the muscle at the opening of the stomach does not work very well, so milk and stomach acid can go back up. This might result in spilling, but doesn’t usually hurt your child. Some babies can have reflux without spilling – you can hear your baby swallowing it back down.

Most reflux is mild and babies grow out of it. If your baby often brings up big spurs of milk, or you are worried about your baby’s spilling, see your doctor who will help you to manage the reflux.

In rare cases, reflux can lead to complications, such as gastro-oesophageal reflux disease (GORD). Again, the doctor will work with you on the best way to treat your baby.

Vomiting
When a baby vomits, they bring up milk or food with force, often in large amounts. This is different from spilling and often upsets the baby (and you!).

Most babies will vomit sometimes and are fine, but vomiting can be a sign of illness. If your baby is vomiting and seems unwell, is irritable, has a fever or diarrhoea, or just keeps on vomiting, see a doctor as soon as possible.

Coping with a ‘spilly’ baby
Spilling is normal and doesn’t need treatment if it doesn’t bother your baby.

Give your baby a chance to bring up wind during and after the feed, but only for a short time, and don’t pat his back hard.

Bottle-fed babies sometimes drink too quickly – tighten the cap to slow the flow. Try shorter feed times more often (so his tummy is less full and there is less pressure on the muscle at the opening of the stomach).

Your baby’s tummy will get a lot bigger when he feeds. Make sure nappies are not too tight. Keep your baby fairly upright for half an hour or so after feeds. Hold him over your shoulder, or try holding him with his body bent forward into a ‘C’ shape.

Keeping your baby safe

One of your most important jobs is to keep your baby safe.

Check your home regularly, right from when you bring your baby home, especially when she begins to roll over and crawl.

To find more information or advice see page 50.

General safety:
Home is where most accidents happen because it’s where you spend most time with your baby.

Know what to do in an emergency – have emergency numbers for police, ambulance, fire and poison information near the phone (see page 50) and know how to give first aid.

Make sure your house has smoke alarms – check and change the batteries every year on 1 April if they’re not wired in.

Make sure you have an Residual Current Device (RCD) in your fuse box. This will cut off the electricity supply if there is a fault.

Keep all potentially poisonous products up high and locked away.

Set your hot water system to deliver hot tap water at 50 °C.

Check that your pram, cot and other baby equipment meet Australian Safety Standards.

Check that grandparents’ and other carers’ homes are safe if your baby spends time there.

Safe sleeping (also see pages 22 to 25):

Your cot and portable cots should meet Australian Safety Standards.

Do not put additional pillows, mattresses or padding in cots or portable cots.

It is not safe to put babies on a waterbed or beanbag.

There are no safety standards for bassinettes – if you use one, make sure it is stable with a wide base and kept out of your home’s main traffic areas.

Keep your cot away from blinds and curtains with dangling cords, and from power points.

Don’t put mobiles or toys in the cot, especially if they have any stretchy or elastic cords

If you have a cradle, make sure the locking pin is secured, and that your baby or toddler can’t pull it out.

If your baby uses a dummy, don’t attach it to his clothing when he’s in his cot.

Remove any jewellery, bibs and headbands before putting your baby down to sleep.

When your baby starts moving around:

Always supervise babies and children around water.

Make sure there’s no uncovered water in the house or garden. This includes:

- nappy buckets
- pet’s water bowl
- pots that might fill with water after rain
- ponds.

Cover all power points with a child safety cover, and tuck all power cords out of reach.

Make sure there are no small or sharp objects that your baby can reach. Your baby will put most things she picks up into her mouth.

Lock away all poisons such as cleaning products, medicines, essential oils and alcohol.

To avoid scalds and burns, don’t drink hot drinks while holding your baby. Don’t use tablecloths – babies can pull drinks down on themselves.

Use the back elements on stove tops first, and turn pan handles towards the back of the bench out of your child’s reach.

Secure TVs, chests of drawers and bookcases to the wall to stop them falling onto your child.

Don’t use baby walkers. These can cause injuries by babies running into things, tipping up or pulling things down onto themselves.
If you are using a second-hand baby restraint, check that:
- it has an Australian Standards sticker AS/NZS 1754
- it has no signs of wear and tear:
  - the adjusters and buckles work properly
  - there are no signs of mould
  - the outer shell is not cracked
  - the foam in the headrest is not cracked
- it has not been in a car crash.

If you can’t tick all of these, the restraint may not protect your baby in a crash.

Other things to consider:
- Never place a child car restraint in the front seat, especially if there is a front passenger airbag. Airbags can cause serious injury or death to a baby. It is much safer for babies and children to be in the back seat.
- Make sure there are no loose objects in the car that can fall onto your baby. If you have a station wagon, a cargo barrier will prevent things like the stroller moving forward.
- Do not smoke in the car.
- Protect your baby from the sun by shading the windows with a screen that blocks the sun.

When you travel in a car, it is important to make sure that your baby is safe.
Never leave a baby alone in a car, even if the car is in the shade.

Babies under six months:
- must use an approved rear-facing child car restraint with a built-in 5-point harness.
- must stay in the rear-facing position until:
  - they are at least 6 months old and
  - they have outgrown the height marker on the restraint.
Keep your baby in a rear-facing child restraint until they have outgrown the height marker on the restraint.

Infants at least six months to four years:
- can use a rear-facing or forward-facing child car restraint with a built-in 5-point harness.
- babies who have outgrown the rear-facing child car restraint must use a forward-facing child car restraint with a built-in 5-point harness until:
  - they are at least 4 years old and
  - they have outgrown the height marker on the restraint.

When you are choosing a restraint check:
- it has an Australian Standards sticker AS/NZS 1754
- it is fitted before your baby’s first trip in the car
- you know how to use the restraint properly.

If your baby starts to be floppy or unusually irritable, this could be a sign of heat stress. Give her more drinks and take your baby to a doctor or hospital immediately.

Babies in the sun
- A baby’s skin is very thin. It will burn and get damaged from the sun much faster than an adult’s skin.
- Babies under 12 months do not need to be out in the sun. In Australia, they will get all the sunlight they need just by being outside in the shade – unless all of their body is always covered.
- Keep your baby out of direct sunlight, especially between 10am and 3pm. If you need to go out in the sun, remember that a covered pram or stroller can reach dangerously high temperatures, just like a parked car.
- Try and cover your baby’s body, arms and legs with light clothing and cover her head with a wide-brimmed hat.
- Protect any exposed skin, such as your baby’s hands and face, with a SPF 30+ broad-spectrum sunscreen made for babies or toddlers. Reapply it according to the instructions on the label.
- Don’t forget baby sunglasses to protect her eyes.

Find out more at sunsmart.com.au
Smoking and your new baby

Cigarette smoke is bad for babies.

If you are pregnant, planning a pregnancy or breastfeeding, it’s safest not to drink any alcohol at all.

Be active every day if you can.

Smoking and your new baby

Cigarette smoke is bad for babies.

If you are a smoker, one of the best things you can do for you and your baby is to quit smoking. If anyone smokes near your baby, your baby smokes too.

Smoking increases your baby’s risk of:
- chest and ear infections
- asthma
- coughing and wheezing
- SUDI and SIDS (see page 24)
- heart disease and diabetes.

Smoking may also increase learning difficulties and behavioural problems.

Children are more likely to start smoking if their parents and families smoke.

Make sure that nobody smokes in the same room or car with your baby.

It is against the law to smoke:
- in a car with children present
- within 10 metres of playgrounds.

E-cigarettes and vaping have not been approved as safe, so do not use them around your baby and other children.

Quitline 13 78 48

Dogs, cats and babies

Household pets can be very special for children and are a great way to learn about caring for a living thing.

However, pets and babies don’t mix.
- Babies don’t understand pets and may hurt them without meaning to.
- Pets don’t understand babies.
- Even very friendly dogs can become jealous of a baby.
- Cats may sit on a baby in a cot or pram, which can smother the baby.
- Never leave your baby alone with your pet (or any animal) however friendly it seems.
- Make sure your pet is healthy – treat your pet for worms and fleas.
- Make sure everyone washes their hands after handling any pets.
- If you have a pet, help it feel good about your baby by giving it treats and petting it when your baby is with you.

Your family’s diet

To grow normally and enjoy good health, it is important that your baby eats healthy food from the start.

He will develop his eating habits from you and his other carers (such as at child care). These habits usually continue into adulthood and will affect his health now and for the rest of his life.

Be a good role model.

Right from the start, even before he’s eating solids, your baby will watch you and the family eating. If you choose and enjoy a variety of food from the Five Food Groups every day, he is more likely to develop healthy eating habits – and you’ll benefit too.

- Enjoy a variety of vegetables, fruits, wholegrains and legumes (such as beans) every day.
- Choose protein foods from lean meats, eggs, legumes and dairy every day. Avoid fatty, processed meats.
- Limit foods that are high in fats, contain added sugars and are low in fibre.
- Limit salty foods, and foods processed with salt.
- Drink water. Avoid sugary drinks.
- Limit how much alcohol you drink. If you are pregnant, planning a pregnancy or breastfeeding, it’s safest not to drink any alcohol at all.
- Be active every day if you can.
Becoming a Mum

Having a new baby is probably the biggest event that can happen to a woman. There will be physical, emotional and mental changes – some immediate and others over the coming years.

You can’t be completely prepared for all these changes, but it helps to know what to expect.

- Your relationships will change.
  - You’re now someone’s mum.
  - If you have a partner you are now a family, not just a couple.
- Someone depends on you for his survival. This can be exciting, but also demanding and scary.
- You might worry about how well you’re doing.
  - You will get lots of advice from lots of people. This can be helpful, but can make you worry more.
  - Stick to your own ideas about the sort of mother you want to be.

It’s OK to be a ‘good enough’ mother – don’t try to be ‘perfect’.

- Slow down! Newborn babies rarely fit into your routines and schedules. Slowing down can be as hard as being too busy!
- Changing hormone levels, sleep patterns and adjusting to your new role can make you feel more vulnerable, sensitive and easily upset.
- A lot of hopes and dreams come with a new baby. That can mean some disappointments and a lot of ups and downs in emotions for a while.

Society doesn’t always value the importance of being a mother – or it shows ‘perfect’ mums with angelic babies!

But, by doing your best to care, love and help him grow, you are giving your child a tremendous gift.

Looking after yourself is important

Becoming a mum involves a lot of change, but also opportunities to grow as a person.

- Be loving and gentle to yourself.
- Look for, and accept, caring support while doing this valuable job.

Being a Dad/Partner

This magazine is for you as well as mum.

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

**Relax and enjoy your new baby**

Parenting skills take practice – you get better and more confident the more you do.

- If your baby is upset, hold her close to your chest where she can hear your calming voice and heartbeat and feel the warmth and touch of your skin.
- When you show affection, a special chemical is released in your baby’s brain. This chemical makes the baby feel good and also helps brain development.
- Being a hands-on parent is one of the most important ways of helping your baby grow and develop into a healthy and well developed person, with the necessary skills to bounce back from challenges.

If one of your roles is to earn your family’s income, think about how much time you can take off work or how you can change your work life.

Although it sometimes doesn’t feel like it at the time, your child will only be a baby for a short time. The love, hugs, kisses and comfort your baby needs cost nothing, yet help set her up for the rest of her life.

You and the baby’s mother may have different expectations and the reality of having a baby at home may be different again! A really important part of being a parent is to communicate with the rest of the parenting team.

Many people say ‘parenting is the hardest job you’ll ever do’ – but then add ‘it’s also the most rewarding job’.

Remember you are not alone – talk to your partner, family, friends, workmates, or an appropriate professional. Nobody was born an expert at parenting and we are all improving every day.

If you have any questions about parenting, you’re welcome to speak to your child health nurse.

You can also contact one of these programs:

- **Dads WA**
  Phone: (08) 9368 9368 or 1800 111 546
  Email: DadsWA@ngala.com.au
  Web: ngala.com.au/dadswa
- **Dads in the Early Years**
  Phone: (08) 9489 4022 or 1800 200 702
  Email: dads@meerilinga.org.au
  Web: meerilinga.org.au
- **Rainbow and same-sex families**
  (Raising Children Network)
  Web: raisingchildren.net.au
Older children

A new baby brings big changes for everyone in the family, especially young children.

It can be a stressful event in a toddler’s life, particularly if he’s under 2 – he may not have developed a strong sense of security.

You will have less time for your toddler after your baby arrives, so he might feel less loved.

Keep your relationship with your toddler positive – it will help to build his self-esteem and confidence.

When mum is in hospital

- Give your toddler as much contact with you as possible. Even if he cries when he has to leave, it is better for him to see you and know where you are.
- Make him feel special – concentrate on him rather than the baby during the visit.
- Send a special photo and message just for him by phone.
- Give him a photo of you and something to look after while you’re away, like an old set of car keys.
- Sometimes a present from the baby to big brother helps, and he might like to make or choose a present for the baby.

When baby comes home

Expect some change in your toddler’s behaviour, no matter how well prepared he is. It takes time to adjust, especially as this new person will be getting more attention.

Be patient and let your toddler act younger for a while. It will help him to feel confident with the new family situation more quickly.

Your toddler may go back to:
- wanting a bottle or a breastfeed
- wanting you to dress him
- wanting to be carried
- going backwards in his toilet training.

Show your toddler that you understand his feelings

For example, tell him, ‘I know you feel cross when I am feeding the baby and you want to play. I wish I could play with you too. We will play (his favourite game) soon.’

Arrange special activities for him while you feed the baby – a teddy or a special toy, or tell him a story.

Read stories about new babies, which show the older child feeling both happy and sad about the new baby.

Aggression

Your toddler may also be naughty or show other signs of stress like tantrums, especially when you’re feeding your baby.

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

Special time

Show your toddler that you enjoy being with him.

- Make a special time just for your toddler every day, no matter how small.
- Go out with him and get someone else to mind the baby sometimes.

Child care

At some stage, you may want or have to place your baby in someone else’s care – child care.

There are different kinds of child care, so you need to find the right kind for you and your baby. You need to think about:
- How many hours of care do I need? Is it regular or just occasional?
- Do I want my baby cared for in a home or in a centre?
- How many staff are there and are they qualified and experienced?
- Do I want the service to provide lunch?
- Does the centre provide nappies for children under the age of 2?
- Can I claim the Child Care Subsidy?

Types of care

Long day care

Long Day Care is generally based in a child care centre and provides professional care for children aged 0-6 years from around 7.30am to 6pm. Some centres offer morning or afternoon sessions.

Most are approved by the Australian Government, so you may be eligible for the Child Care Subsidy.

Family Day Care

Family Day Care can provide flexible care, such as all-day, part-time, casual or overnight. They are run by approved family day care educators.

Most are approved by the Australian Government, so you may be eligible for the Child Care Subsidy.

In Home Care

In-Home Care is similar to Family Day Care but the carer comes to your home. This is not widely available, but may be an option where other forms of care are not suitable. You may be eligible for the Child Care Subsidy.

Occasional Care or Crèche

Occasional Care provides professional care for children on a casual basis, such as when you have a medical appointment.

You are unlikely to be eligible for any rebates.

Find out more under Child Care on page 51.
When a new baby arrives, it is very special to both parents. There are many new things to learn – about your baby, each other and working together. Some things are very exciting but others are hard.

For couples living together, now your baby has arrived it will probably mean big changes in how you do things as a couple.

- There is someone else in the family to think about.
- Your baby does not understand how to fit in with you. She has to get her needs met straight away.
- You have to fit things in around her, not the other way around.

This can make it hard for you to find time to do the things you used to enjoy together as a couple.

What do you expect?

How do you find out about what it is like to be a parent?

Most couples ask their friends and family – ask a few different people.

- Try to find a way of being a family that suits you as a couple and your baby.
- Take the advice which suits you, but don’t feel you need to copy anyone else.
- Who you are, what you need, what you can control and even what your body is going through are likely to have big changes.
- You may lose touch with friends, both at work and in your social life.
- The plans you made may not work out.
- Sex can change or even not happen for a while.

New parents can feel overwhelmed

You may be worried about caring for your baby, feel left out, tired and alone. Your feelings may be up – or down. At the same time, you may feel joyful, loving, good about how well you’re managing, proud of your baby and pleased that you are now a parent.

These changes are happening to you as individuals, as well as a couple. You both need support and love from each other – both of you will have less energy and time to give to your relationship.

What happens to couples?

Balancing tiredness, spending time with each other and looking after your baby can be very tricky. We rely on our partners for caring and that involves ‘give and take’.

You need to think about your partner’s needs, your own needs and your baby’s needs. This involves more work and less sleep! This can result in one or both of you feeling that things are unfair.

Being a new parent also brings up feelings and memories of your childhood, including being cared for and loved. Before the baby, most parents get some or most of these needs met from each other. This all changes now your baby has arrived.

Together, take the time to discuss and work out how you’re going to meet your own needs, each other’s needs and your baby’s needs.

Couples who have successful relationships often:

- have a sense of humour and don’t get caught up on small things that don’t matter
- feel OK about themselves, and even better as a couple
- resolve conflict as it happens, rather than leaving it to cause bigger problems later on
- find their own special family times and ways of doing things
- know that caring for each other is important for themselves and for their children. Their children grow up knowing this too
- can sometimes let go of their own needs for the sake of the other person
- make friends outside and join in their local community.

These qualities for successful relationships are based on the work of psychologist John Gottman.

Listen and share

More than anything else, talk about how you feel with your partner and really listen to how your partner feels. Listen while your partner is talking – don’t think about what you are going to say next until they’ve finished talking. This is the best way to understand and explore ways to support each other.

Grow together

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

Having a baby doesn’t mean the end of your sex life. However, birth and parenthood will probably change the kind of sex you have and how often you have it.

These are huge changes for both of you, especially the lack of sleep, it’s hard to want to make love if you are always tired!

How a woman responds to her sexual self after giving birth depends on many things. If you had a difficult birth (especially stitches), it may take months before you want to share your body again. This is normal.

Your body changed shape during your pregnancy and again after the birth. ‘Sexual’ body parts change function. Your breasts now provide breast milk – they may leak milk when your baby cries, between feeds or when making love. This is completely normal.

On top of these changes to your body and hormones, your life is changing too. Taking care of your baby and getting to know her might seem to take up all your energy.

Your partner will experience changes too. It can be difficult for your partner to know where they fit in now you’re a family, and may even feel left out. When your partner tries to make love, you might not be ready. Your partner needs to hold back feelings of hurt and rejection and be gentle and helpful. Think about sexual intercourse as the end stage, rather than the beginning. There are many ways of giving and receiving sexual pleasure. If things are quiet in the bedroom, try going back to the beginning. You might start with holding hands again and cuddling. Physical affection in the early days can build warmth and closeness.

Share in caring for the baby – this can give you some time for yourself and to enjoy your role as a loving partner too. Some women assume that it is their job to look after the baby and they shut their partner out without meaning to.

Your partner has an important role in supporting and nurturing you and your baby. This helps the family to do well. A loving family environment is critical to your child’s development.

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

For more information or advice see page 50.
Postnatal depression, the baby blues and anxiety

Having a baby is joyful and amazing, but it’s also hard work – especially at first.

There may be times when you (mum and dad) feel sad, flat, tired or uptight. These are normal responses to the changes in your lives a new baby brings.

Baby blues.

Often, mothers feel sad and teary for a few days after the birth of their baby – the baby blues. You may feel worried or concerned about your baby’s health, or your relationship with your partner. If these feelings don’t go away or are badly affecting your daily life, please talk to a health professional.

Postnatal depression.

Postnatal depression can affect mothers and fathers.

If you have any of the following symptoms for 2 weeks or more, please talk to a health professional:

- finding it difficult to go to sleep, not sleeping well, or waking early (not just because of your new baby)
- not feeling like eating
- crying or crying a lot of the time
- feeling that you can’t cope
- feeling anxious or fearful most of the time
- afraid of being alone with your baby
- having problems with your memory
- thinking that you’re not a good mother or father
- thinking that there’s something wrong with you
- not having the energy to do anything.

Everyone needs help sometimes

Sometime, just the support of a loving partner or family may be enough to help you feel better. However, if the symptoms above don’t go away, talk to a health professional you trust, such as your doctor or child health nurse. They can give you information and suggest options to help and support you during this time.

If you think your partner or baby would be better off without you, or you are thinking about hurting yourself or your baby, get professional help immediately (see page 50).

Anxiety

It’s normal to feel sad or worried when our lives change and having a baby is a huge change!

Who am I?

When you have your first baby, you take on the role of mother or father – and all that comes with it. You’re no longer ‘just’ a ‘hair dresser’, ‘plumber’ or ‘whoever’ – at least for a while – and that can be hard. Be patient with yourself while you go through this period of change.

So much to do

Having a baby takes a lot of energy, and when you’re exhausted this can lead to feeling of depression or anxiety.

In the past, the family and even whole villages were involved in raising children. Today, it often falls on a couple or a single parent to do this important job. Sometimes it can be too much!

Being a parent is one of the most important and demanding jobs there is. But we often don’t recognise the time and energy it takes.

What can I do about depression and anxiety?

Talk about your feelings with your partner or a health professional you trust, such as a doctor or child health nurse.

- Join a parenting group to find people you can talk to.
- Don’t blame yourself or others for feeling this way.
- Don’t expect too much of yourself – set yourself small goals, and take each day at a time.
- Follow your doctor or other health professional’s advice.
- Try to keep up your daily routine.
- Stay in contact with friends and family.

For more information or advice see page 50.

healthyfamilies.org.au
One of the best things you can do for your baby is to take care of yourself.

It takes a lot of physical and emotional energy to care for a baby. If you are too tired, it can be hard to look after your baby. If you are worried and stressed your baby will sense it and won’t settle or relax.

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

- Eat well, especially if you are breastfeeding. Have easy, healthy snacks like bread, cheese and fruit. Try to eat at least 3 times a day.
- Rest as much as you can while your baby sleeps. Try not to use all this time to catch up on housework or other things.
- Get some exercise and fresh air. Take your baby for a walk every day, if possible.
- Do something nice for yourself every day. Even a quiet coffee or a few minutes phoning a friend helps.
- Take a break away from your baby sometimes. Find someone you trust to mind your baby, even if only for half an hour.
- Don’t try to be perfect. Accept offers of help from people you trust.
- If you have a partner, share the baby care and housework even if they do things differently.
- Take care of your relationship. Spend some time as a couple talking about something other than your baby.
- Join a group or a gym. Chat with other parents. If caring for your baby is getting you down, or you are feeling tearful and depressed, get some help. Have a talk with your child health nurse or doctor. For more information or advice see page 50.

A time of change for both of you

Most of us dream that a new baby will mean a new and closer relationship with our partner, whether living together or not. With time, if both people want it and work at it, this can happen.

In some cases, the stress of caring for a baby, having less time for each other and lack of sleep, can put a strain on any relationship. This is a new stage in your life that will take time and patience to grow into. Take time to share each other’s ideas, needs and wishes. Relationships that weren’t working well before your pregnancy or birth can become worse.

Your relationship will affect your baby’s growth and development

From birth, all babies are aware of, and affected by, what is going on around them. Babies can experience ‘toxic stress’ if the people caring for them are stressed and tense. Toxic stress is very harmful to a baby’s early brain development.

Knowing this, you might want to try and work things out, even if it is hard — get some outside help if you can’t work things out between you.

It is very important that you and your partner feel OK with each other as well as with your baby.

Is your relationship with your partner OK?

No-one should feel unsafe or put down in a relationship. This is bad for both partners and harmful to children, even little babies.

You need to make changes if:

- you are scared or worried that your partner thinks that you can’t cope and blames you when things go wrong
- your partner is jealous of time you spend with others and doesn’t want you to meet or talk with friends, or checks where you are all the time
- your partner is jealous of the time you spend with the baby
- your partner does not give you enough money or controls your finances. You need to work together to make a budget that works. If you stop a paying job to care for your baby, you still need to have a say about money.
- your partner continually calls you names, puts you down or criticises you and your parenting
- your partner loses their temper and shouts, yells or threatens you
- your partner hits or hurts you, or destroys your possessions
- your partner forces you to have sex or to do sexual things you don’t want to do
- your partner blames you for what they have done. For example, ‘It is your fault I shouted at you’. Everyone is responsible for their own actions.
- you are afraid of your partner or what they will do. If you are in any of these situations, you could be in an abusive relationship — often called domestic violence.

You do not need to be physically hurt — domestic violence is one person trying to gain power and control over their partner.

Help to change

If domestic violence is happening in your home, you need to get help.

The sooner you get help, the more likely things will work out well. Sometimes people keep hoping that things will get better — domestic violence hardly ever goes away by itself and usually gets worse.

The partner who abuses

If you bully or abuse your partner, or find it hard to control your anger, you can learn nonviolent ways to deal with your feelings. Being a good parent includes being a good non-abusive role model for your children.

If you think you could be a danger to your family, talk to someone who understands the problem of domestic violence or phone a domestic violence helpline. There’s lots of support if you need it — check out page 50.

The partner who is abused

You have a right to be safe. You are not responsible for this violence and abuse.

If you or your child are in immediate danger, call the police on 000.

If you’re scared or living in fear of your partner, think about your safety and the safety of your child. You may need to make a safety plan. You can find services to help you with this safely and in confidence, as well as provide support, on page 50.
get connected

<table>
<thead>
<tr>
<th>Contact</th>
<th>How we can help</th>
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<tbody>
<tr>
<td><strong>Emergency</strong></td>
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<tr>
<td>Ambulance, Fire, Police</td>
<td>000</td>
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<tr>
<td>For emergency and life-threatening situations</td>
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<tr>
<td>13 11 26</td>
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<tr>
<td>Poisons Information Centre</td>
<td>(24 hr, 7 days)</td>
</tr>
<tr>
<td>If you think someone’s been poisoned, including medicines and drugs, chemicals, plants, animal bites and stings</td>
<td></td>
</tr>
<tr>
<td>13 11 26</td>
<td></td>
</tr>
<tr>
<td><strong>Parenting information</strong></td>
<td></td>
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<tr>
<td>HealthyWA</td>
<td><a href="http://www.healthywa.wa.gov.au">www.healthywa.wa.gov.au</a></td>
</tr>
<tr>
<td>Information on parenting, children’s health and health services in Western Australia</td>
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<tr>
<td><strong>Parenting support for parents and carers</strong></td>
<td></td>
</tr>
<tr>
<td>Family Helpline</td>
<td>(24 hr, 7 days)</td>
</tr>
<tr>
<td>9223 1100 or *1800 643 000</td>
<td></td>
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<tr>
<td>Phone counselling and information for families with relationship difficulties</td>
<td></td>
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<tr>
<td>Playgroup WA</td>
<td>(9am–4.30pm Mon–Fri)</td>
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<tr>
<td><a href="http://www.playgroupwa.com.au">www.playgroupwa.com.au</a></td>
<td></td>
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<tr>
<td>9228 8088 or *1800 171 862</td>
<td></td>
</tr>
<tr>
<td>Find and join a playgroup near you</td>
<td></td>
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<tr>
<td>Multiple Birth Association</td>
<td>(Check website for opening hours)</td>
</tr>
<tr>
<td><a href="http://www.pdmha.org.au">www.pdmha.org.au</a></td>
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<tr>
<td>9340 1536</td>
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<tr>
<td>Information and support for families and carers raising multiple birth children in the Perth metropolitan area</td>
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<tr>
<td>Disability Services</td>
<td>(8am–5pm Mon–Fri)</td>
</tr>
<tr>
<td><a href="http://www.disability.wa.gov.au">www.disability.wa.gov.au</a></td>
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<tr>
<td>9426 9020 or *1800 998 214</td>
<td></td>
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<tr>
<td>Information on services and support available for people with disabilities and/or their carers</td>
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<tr>
<td>Women’s Information Service WA</td>
<td>(9am–4pm weekdays)</td>
</tr>
<tr>
<td>*1800 199 174</td>
<td></td>
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<tr>
<td>Phone information for women including health, finances, legal, accommodation, counselling and domestic violence</td>
<td></td>
</tr>
<tr>
<td>Grandcare</td>
<td>(10am–3pm Mon–Fri)</td>
</tr>
<tr>
<td><a href="http://www.wanslea.asn.au">www.wanslea.asn.au</a></td>
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<tr>
<td>9400 008 323</td>
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<tr>
<td>Information and practical assistance for grandparents who are raising their grandchildren</td>
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<tr>
<td><strong>Crisis and other support</strong></td>
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<tr>
<td>Crisis Care Helpline</td>
<td>(24 hr, 7 days)</td>
</tr>
<tr>
<td>9223 1111 or *1800 199 008</td>
<td></td>
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<tr>
<td>Phone counselling and information for people in crisis needing urgent help</td>
<td></td>
</tr>
<tr>
<td>Men’s Domestic Violence Helpline</td>
<td>(24 hr, 7 days)</td>
</tr>
<tr>
<td>9223 1199 or *1800 000 599</td>
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<tr>
<td>Phone counselling and information for men concerned about their violent and abusive behaviours, or who have experienced family and domestic violence</td>
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<tr>
<td>Women’s Domestic Violence Helpline</td>
<td>(24 hr, 7 days)</td>
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<tr>
<td>9223 1188 or *1800 007 339</td>
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<tr>
<td>Phone counselling and information for women and children experiencing domestic violence, including safe accommodation</td>
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<tr>
<td>Quitline</td>
<td>(8am–8pm Mon–Fri)</td>
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<tr>
<td>13 78 48</td>
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<tr>
<td>Phone advice and assistance to help you quit smoking</td>
<td></td>
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<tr>
<td>Alcohol and Drug Support Line</td>
<td>(24 hr, 7 days)</td>
</tr>
<tr>
<td>9442 5000 or *1800 198 024</td>
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</tr>
<tr>
<td>Phone counselling and information to anyone concerned about their own or another person’s alcohol or other drug use</td>
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<tr>
<td><strong>Breastfeeding</strong></td>
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<tr>
<td>Australian Breastfeeding Association Helpline</td>
<td>(24 hr, 7 days)</td>
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<tr>
<td><a href="http://www.breastfeeding.asn.au">www.breastfeeding.asn.au</a></td>
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<tr>
<td>*1800 686 268</td>
<td></td>
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<tr>
<td>Phone and email advice and support from trained, volunteer counsellors. Online information on breastfeeding including local support groups, breast pump hire</td>
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<tr>
<td>Breastfeeding Centre of WA</td>
<td>(8am–4.30pm Mon–Fri)</td>
</tr>
<tr>
<td>6458 1844</td>
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<tr>
<td><a href="http://www.healthywa.wa.gov.au">www.healthywa.wa.gov.au</a></td>
<td></td>
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<tr>
<td>Search ‘Breastfeeding’</td>
<td></td>
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<tr>
<td>Phone advice and support for people experiencing problems with breastfeeding</td>
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<tr>
<td>Obstetric Drug Information Service</td>
<td>(8.30am–5pm Mon–Fri)</td>
</tr>
<tr>
<td>6458 2723</td>
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<tr>
<td>Phone for information on the effects of drugs during pregnancy, on breast milk, newborn babies and neonatal drug dosages</td>
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<tr>
<td>*Freecall: Calls made from a mobile may be charged at a timed rate.</td>
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**Child health and safety**

<table>
<thead>
<tr>
<th>Contact</th>
<th>How we can help</th>
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</thead>
<tbody>
<tr>
<td>Book your Purple Book Appointments by phone or register online for an appointment (Perth metropolitan only)</td>
<td></td>
</tr>
<tr>
<td>Child Health Centre (appointment may be required)</td>
<td><a href="http://www.healthywa.wa.gov.au/service-search">www.healthywa.wa.gov.au/service-search</a></td>
</tr>
<tr>
<td>Find your nearest Child Health Centre (Western Australia)</td>
<td></td>
</tr>
<tr>
<td>Assessment, early intervention and therapy services for children with, or at risk of developmental difficulties and delay</td>
<td></td>
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<tr>
<td>Immunisation clinic (appointment may be required)</td>
<td><a href="http://www.healthywa.wa.gov.au/immunisation">www.healthywa.wa.gov.au/immunisation</a></td>
</tr>
<tr>
<td>Find your nearest Immunisation Clinic for free childhood vaccinations. The Central Immunisation Clinic, 16 Rokeby Road, West Perth, also provides free childhood vaccinations, information and advice – call 9321 1312 for an appointment.</td>
<td></td>
</tr>
<tr>
<td>Kidsafe WA (8.30am–4.30pm Mon–Fri)</td>
<td><a href="http://www.kidsafewa.com.au">www.kidsafewa.com.au</a></td>
</tr>
<tr>
<td>0244 4880 or *1800 802 244</td>
<td></td>
</tr>
<tr>
<td>Advice and information to help you keep your baby and children safe at home, on the road and at play</td>
<td></td>
</tr>
<tr>
<td>Parenting groups</td>
<td><a href="http://www.healthywa.wa.gov.au/parentgroups">www.healthywa.wa.gov.au/parentgroups</a></td>
</tr>
<tr>
<td>Information and booking for free parenting groups available through Community Health (Perth metropolitan only)</td>
<td></td>
</tr>
<tr>
<td>Red Nose (9am–5pm Mon–Fri)</td>
<td><a href="http://www.rednose.com.au">www.rednose.com.au</a></td>
</tr>
<tr>
<td>9474 3544 or *1300 998 696</td>
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</tr>
<tr>
<td>Phone and online safe sleeping information to reduce the risk of the sudden and unexpected death of a baby or child</td>
<td></td>
</tr>
<tr>
<td>Eat for Health</td>
<td><a href="http://www.eatforhealth.gov.au">www.eatforhealth.gov.au</a></td>
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<tr>
<td>13 11 14</td>
<td></td>
</tr>
<tr>
<td>Advice about the amount and kinds of foods we need for health and wellbeing</td>
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</tbody>
</table>

**Feeling sad or anxious**

<table>
<thead>
<tr>
<th>Contact</th>
<th>How we can help</th>
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</thead>
<tbody>
<tr>
<td>beyondblue (24 hr, 7 days)</td>
<td><a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a></td>
</tr>
<tr>
<td><a href="http://www.beyondblue.org.au/healthyfamilies.org.au">www.beyondblue.org.au/healthyfamilies.org.au</a></td>
<td></td>
</tr>
<tr>
<td>1300 224 636</td>
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<tr>
<td>Phone and online counselling and information on mental health in adults and children, depression and anxiety, including postnatal depression</td>
<td></td>
</tr>
<tr>
<td>Lifeline (24 hr, 7 days)</td>
<td><a href="http://www.lifeline.org.au">www.lifeline.org.au</a></td>
</tr>
<tr>
<td>9474 3544 or *1300 998 696</td>
<td></td>
</tr>
<tr>
<td>Phone crisis support for people experiencing a personal crisis or thinking about suicide</td>
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</table>

**Health and medical services**

<table>
<thead>
<tr>
<th>Contact</th>
<th>How we can help</th>
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<tbody>
<tr>
<td>healthdirect (24 hr, 7 days)</td>
<td><a href="http://www.healthdirect.gov.au">www.healthdirect.gov.au</a></td>
</tr>
<tr>
<td>*1800 022 222</td>
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</tr>
<tr>
<td>Phone health advice with a registered nurse answering all calls. Website provides health information and advice on a range of health topics.</td>
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</tr>
<tr>
<td>Sexual Health Quarters</td>
<td>(clinic and helpline times vary)</td>
</tr>
<tr>
<td><a href="http://www.shq.org.au">www.shq.org.au</a></td>
<td></td>
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<tr>
<td>9227 6178 or *1800 190 220</td>
<td></td>
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<tr>
<td>Phone counselling and clinic consultations on contraception, pap smears, planned and unplanned pregnancy, period problems and sexual difficulties</td>
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**Child care**

<table>
<thead>
<tr>
<th>Contact</th>
<th>How we can help</th>
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<tbody>
<tr>
<td>Starting Blocks</td>
<td><a href="http://www.startingblocks.gov.au">www.startingblocks.gov.au</a></td>
</tr>
<tr>
<td>Information about finding the right child care for you</td>
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**Translation/communication**

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<tr>
<th>Contact</th>
<th>How we can help</th>
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<tbody>
<tr>
<td>Translating and Interpreting Service (24 hr, 7 days)</td>
<td>13 14 50</td>
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<tr>
<td>Phone if you need an interpreter. You need to know the name and phone number of the agency that you want to contact.</td>
<td></td>
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<tr>
<td>National Relay Service (24 hr, 7 days)</td>
<td><a href="http://www.relayservice.gov.au">www.relayservice.gov.au</a></td>
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<tr>
<td>TTY/voice calls: 133 677</td>
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<tr>
<td>Speak &amp; Listen: 1300 555 727</td>
<td></td>
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<tr>
<td>SMS relay: 0423 677 767</td>
<td></td>
</tr>
<tr>
<td>TTY/voice calls: 133 677</td>
<td></td>
</tr>
<tr>
<td>Phone service for people who are deaf or have a hearing or speech impairment. Also available to anyone who wants to call a person with a hearing or speech impairment.</td>
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</table>

*Freecall: Calls made from a mobile may be charged at a timed rate.*
Child Health Nurses

are specially trained in child and family health. They see families with babies and young children at home, at local child health centres and parenting groups.

Your nurse can provide help and information on:

- breastfeeding, introducing solids and family nutrition
- sleeping and settling
- playing, growing and learning new skills
- child safety
- postnatal anxiety, stress and depression
- immunisation
- playgroups and other community resources
- making appointments with Aboriginal and ethnic health workers, lactation consultants (breastfeeding), speech therapists and other health professionals if needed.

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

To find your local child health centre:

- look in your baby’s purple book All About Me
- go to healthywa.wa.gov.au/Service-search
- or Google ‘Child Health Centre’.

Parenting Groups

A great opportunity to meet other parents and share experiences.

Joining a parenting group is a great way to find out about issues related to the age of your baby, as well as information on health and parenting.

Contact your child health nurse for more information or visit healthywa.wa.gov.au/parentgroups.