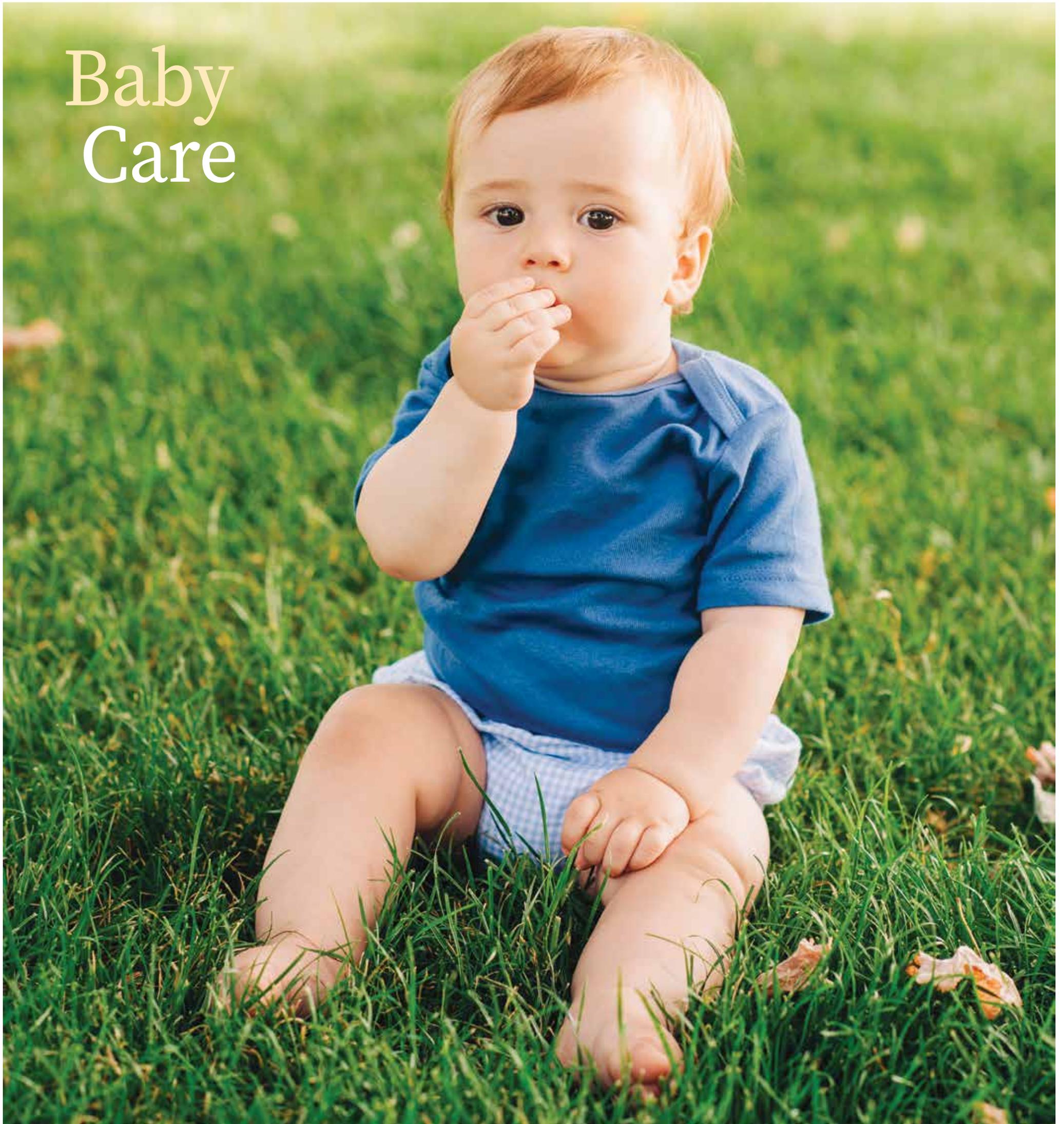


Baby Care



Massage Good for Mom, Baby

Massage is more than just a luxurious indulgence. It's an activity that has health benefits for both mother and baby.

BENEFITS OF PRENATAL MASSAGE

The American Pregnancy Association cites research saying that the benefits of prenatal massage therapy include reducing anxiety, decreasing symptoms of depression, relieving muscle aches and joint pains, and improving labor outcomes. There is also research saying it can help contribute to healthy newborns.

While there are many forms of massage, the type of massage that the American Pregnancy Association recommends is Swedish massage, which is a form focusing on relaxation and improving lymphatic and blood circulation. The pressure is usually mild, though everyone getting a massage should communicate with the massage therapist about the pressure they prefer and speak up if it is too light or too hard.

Some benefits of pre-natal massages include:

- **Hormone regulation:**

Massages reduce the levels of norepinephrine and cortisol — the hormones associated with stress — and increase the levels of dopamine and serotonin — the hormones that fight depression. This, in turn, leads to fewer complications during birth and a less likely occur-



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rence of low birth weight in the newborn.

- **Reduction of swelling:**

When the body doesn't get enough circulation and a heavy uterus puts pressure on major blood vessels, the result is sometimes edema, or swelling of the joints. Massage stimulates soft tissues to keep fluids from collecting in swollen joints and helps improve the removal of tissue waste in the lymph system.

- **Improvement of nerve**

pain: Late in pregnancy, the pressure of the uterus on the pelvic floor and lower back sometimes causes leg muscles

to swell. Massage helps to release tension on nearby muscles and can significantly reduce sciatic nerve pain.

PRECAUTIONS

Any woman who has a high-risk pregnancy should talk to their prenatal care provider, whether it be a midwife or obstetrician, about a massage treatment regimen. Other people who should take precautions are those with pregnancy-induced hypertension, pre-eclampsia, those with previous pre-term labor and women who are experiencing severe swelling, high blood pressure

or sudden, severe headaches.

Make sure that your massage therapist is trained in pre-natal massage. Many spas now offer prenatal massages, but you will want to check their websites. If prenatal massage is one of their offerings, call and ask the spa about the sort of training that the therapists have had. Find a massage therapist who has been certified in prenatal massage. This means they will know how to address specific pregnancy needs, how to position a pregnant woman safely and how to prevent strain to the uterine ligaments. While they cannot provide you with

medical-grade care, they can often warn you about symptoms of blood clots and varicose veins.

Talk to your prenatal team about how often to get a massage. Research varies, including some recommending biweekly massages. Some spas won't do prenatal massages during the first trimester because of the risk of miscarriage, but they are offered during the second and third trimester.

So schedule that massage, knowing that you are taking care of yourself, your pregnancy and your baby.

Reading to Your Baby

You've heard that you should read to your baby. It's good for your child and for everyone around your family.

BENEFITS TO BABY

Of course, the baby's needs do take priority and there is plenty of research showing that reading books to infants really does make a lifelong difference. Part of the importance is that 80% of a child's brain is formed between birth and age 3.

In a 2017 study presented at the Pediatric Academic Societies Meeting, research found that reading to young children starting when they are infants has a "lasting effect on language, literacy and early reading skills," said the lead author and research assistant professor in the department of pediatrics at New York University School of Medicine Dr. Carolyn Cates.

They found that reading books starting in early infancy boosts the vocabulary and reading skills of children four years later, before they start elementary school.

The Cleveland Clinic lists others benefits your child gains from being read to: Bonding, emotional learning, establishing routines, helping with bedtimes and increasing success when they start school.

BENEFITS TO OTHERS

The American Academy of



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Pediatrics supports a literacy model called "Reach Out and Read" in which reading is incorporated into pediatric care. Their research has shown that the benefits stretch beyond babies having better language skills. They include:

- Participating families are more likely to attend well-child checkups and more children get their vaccinations on schedule.
- Young, single mothers are less likely to experience post-partum depression.
- Pediatricians who partici-

pate experience less stress and reduced instances of burnout.

CHOOSING BOOKS

There are millions of baby books to choose from. The AAP provides some guidelines. They say that a baby is

most engaged by books that have:

- Sturdy pages that hold up to babies chewing on them.
- Bright colors.
- Simple faces.
- Patterns.
- Simple, repetitive or rhyming text.
- Textures, flaps and fold-outs.

You'll also want to pick books that you are willing to read over and over again as children love to have things repeated.

SUGGESTED BOOKS

Reach Out and Read collaborated with the American Academy of Pediatrics to create a list of books that celebrate differences and are inclusive as it is important for children to be able to see themselves in the books read to them.

The books listed for birth to 12 months are:

- "I Will Talk To You, Little One" by Phyllis E. Grann and Tomie dePaola
- "I Love You Like Sunshine" written by Dr. Mariana Glusman, photos by Dr. Marta Killner
- "Global Babies" By the Global Fund For Children
- "Reach: A Board Book About Curiosity" by Elizabeth Verdick and Marjorie Lisovskis
- "Cradle Me" by Debby Slier
- "Baby Says" Written and illustrated by John Steptoe
- "Kiss by Kiss/Ocêôwina: A Counting Book for Families" (Cree and English editions) by Richard Van Camp, translated by Mary Cardinal Collins

Gently Care for Baby's Hair

Whether babies are born bald or with a head full of hair, they have special hair care needs which always involve being gentle.

CRADLE CAP

Sometimes babies develop flaky, red patches of skin on their scalp called cradle cap. At WebMD, they make several suggestions on how to treat this:

- Lightly massage a small amount of petroleum jelly, olive oil or baby oil into the baby's scalp to loosen the dry skin.
- Rub the oil onto the baby's scalp with a soft brush or washcloth.
- Wash the baby's hair with a gentle baby shampoo.

If that doesn't work or the cradle cap spreads to the baby's face, neck or other places, ask your doctor about a prescription shampoo or a cortisone cream.



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WASHING BABY'S HAIR

It is safe to wash a baby's hair, but you need to do it gently and carefully because a newborn's scalp is not fully formed. Their skull bones haven't completely fused and there is what is known as a soft spot on their head.

During the first few weeks of your baby's life, don't bathe your newborn more than three or four times a week because it can dry out the baby's skin, according to Philip Kingsley, a British hair care company.

They recommend daily hair washing to help avoid cradle cap.

In the first four weeks, you can rinse your baby's head with warm water or clean their head with a warm washcloth. After the first four weeks, you can use a mild shampoo. Philip Kingsley recommends washing a baby's hair by pouring water over the hair with a plastic bowl because showers can be scary.

Always support your baby's head and neck and lean them

back to avoid getting shampoo in their eyes. When using a shampoo, rub a small dollop on your hands and then smooth it over the baby's hair and scalp, being very careful around the soft area. Rinse with fresh water from the tap.

Use a baby towel to gently blot the baby's hair. Don't rub, because a baby's hair can be easily damaged. Never use a blow dryer as this can burn the baby's skin.

If your baby has a lot of hair, gently comb or brush it.

BLACK OR BIRACIAL BABIES' HAIR

There are slightly different hair care needs for babies who are Black or biracial. Often, they have fine, curly hair. Because the hair is fine, it can be easier to damage or break if it is handled too roughly or often.

Ebena recommends the following:

- Shampoo only once a week and if the baby's hair is still too dry, wash it less often.
- Use a gentle shampoo. If the

baby's hair is dehydrated, try a co-wash instead, a conditioner formulated to clean the scalp and hair.

- Use a moisturizing conditioner after every shampoo.
- Use a wide-toothed comb or your fingers to detangle your baby's curls. Only do so when the hair is wet and coated in a conditioner. Take your time and be gentle.
- Choose natural hairstyles. Don't pull the hair tightly and don't choose things that manipulate the hair too much.

Swim Classes for Baby

Drowning is the number one cause of accidental deaths among children under the age of four according to the U.S. Consumer Product Safety Commission report released in June.

Because so many children die of drowning, many people have turned to swim lessons for babies as young as six weeks old. While many swim organizations list benefits to infant swim classes, the American Academy of Pediatrics recommends waiting until they are older. They used to advise against swim lessons for children under 4, but because of how high the drowning rates were, they now say that babies can begin swimming lessons at one year of age.

The AAP had recommended against swimming lessons for babies because while babies can learn to float and blow bubbles, they can't really learn to swim. There was a danger, the AAP said, that parents would think these classes afforded protection to their children and they would not be as careful about supervising a child who had had swim lessons.

However, they now cite new evidence that children ages 1-4 are less likely to drown if they have had formal swimming classes.



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SWIM CLASS BENEFITS

People who offer swim classes point out that while a baby isn't going to become expert at the butterfly stroke, they learn other skills that are good for them and help protect them against drowning.

Some benefits cited by Hubbard Family Swim School and Fitness Alive Philly include:

- Water-confident children are less likely to panic in an emergency situation.
- Toddlers can learn to push

water out of their mouth by blowing bubbles.

- Being in the water and getting exposed to new movements helps stimulate the senses and encourage brain development, which takes place rapidly between birth and age 3.

- Parent and baby bonding happens through time spent together and skin-on-skin contact, which is a part of swim lessons as they spend most of the class being held in their parents' arms.

- Swim lessons help a baby learn more about how their body moves and be aware of the space around them, which helps to develop fine and gross motor skills.

SUPERVISING CHILDREN AND WHAT TO AVOID

Swim classes are not a replacement for supervising children in the water. Dr. Jeffrey Weiss was the lead author on the AAP policy statement. He stresses, "Even advanced swimming skills

cannot 'drown-proof' a child of any age."

Parents should always observe swimming children and stay within arm's length of infants, toddlers and weak swimmers, according to the AAP.

The AAP warns against "water-survival" classes that dunk babies under water or try to teach infants to roll over on their backs alone. They said there is no scientific evidence that these classes are effective.

Seek Breastfeeding Support

Health organizations and medical personnel promote breastfeeding as one of the healthiest choices for babies and mothers.

Only one in four babies in America are breastfed exclusively until they are 6 months old, according to the Centers for Disease Control and Prevention and only one in three infants in the world, according to the World Health Organization.

BENEFITS TO BREASTFEEDING

While breastfeeding for six months is challenging, especially for mothers who work, it is considered the gold standard for infant nutrition. It is food uniquely customized to the child who is getting it.

The CDC and WHO list the following benefits to infants:

- It contains antibodies which protect against many childhood illnesses.
 - It provides all the energy and nutrients that an infant needs for first months of life.
 - Breastfed babies have reduced risk of asthma, obesity, Type 1 diabetes, severe lower respiratory disease, ear infections, Sudden Infant Death Syndrome, and diarrhea and vomiting.
 - Breastfed children perform better on intelligence tests.
- They also list benefits to the



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mother who breastfeeds. Research shows that women who breastfeed have a lower risk of high blood pressure, Type 2 diabetes, breast cancer and ovarian cancer.

Because there are such low rates of breastfeeding, the CDC said the medical costs for mothers and children are an

additional \$3 billion a year.

GETTING SUPPORT

One of the main reasons women stop breastfeeding is lack of support, according to WHO. They worked with UNICEF to create a Baby-Friendly Hospital Initiative that encourages hospitals to follow

10-step procedures and practices document to support breastfeeding. This includes such things as talking to women about breastfeeding, not providing formula unless medically indicated, initiating breastfeeding immediately after birth, keeping babies and mothers together and helping

patients have ongoing support and care.

The CDC partners with states to help create more employer-friendly spaces that support breastfeeding. Employers are encouraged to provide mothers with places to pump and store breast milk, flexible work hours and maternity leave benefits. Talk with your employer about how they can support your breastfeeding.

Seek community support such as peer counseling and organizations that support breast feeding. Your primary care doctor should be able to help put you in touch with breastfeeding consultants who will visit your home, provide you with needed supplies and offer counseling as needed.

The Office on Women's Health in the U.S. Department of Health and Human Services recommends the following sources of support:

- Friends and family.
- International Board Certified Lactation Consultants.
- Certified Lactation Counselors or Certified Breastfeeding Educators.
- Doulas.
- Nursing Mothers Advisory Council.
- Breastfeeding USA.
- La Leche League International.
- Local hospital support groups or peer counselors.
- OWH Helpline (800-994-9662).

When you choose to breastfeed, you give your child a healthy start with benefits that last a lifetime.

Deciding to Stay Home

Once the standard for most families, having a stay-at-home parent is today often considered a luxury or a decision made because of the cost of childcare.

The pandemic has also affected the decisions of parents about staying home either because children were not able to go to school, health concerns or because parents were laid off from their jobs.

According to the Pew Research Center, about one in five parents stay home to take care of their children. This is mostly unchanged for the past 25 years except that more dads are staying home than in the past. Between 1989 and 2016, the number of stay-at-home dads rose from 10% to 17%.

Arielle Kuperberg, an associate professor of sociology and women's, gender and sexuality studies at the University of North Carolina Greensboro has spent the past decade researching stay-at-home parenting. She said in May that stay-at-home dads are at an all-time high since the pandemic. Right now, about 14% of dads with young children are stay-at-home parents compared to 1-5% pre-pandemic.

DECIDING TO STAY HOME

Making the decision for a parent to stay at home is not



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an easy one. The decision takes into account career goals, family goals, emotional factors and financial factors. It is an intensely personal decision. Research has shown that there is no difference in children's future behavior or in their school performance based on whether they had a parent at home until age three or not.

Parents cite the following factors as part of their decision:

- Parent's skill at providing structure and socialization for children and for themselves.
- Ability to provide a safe, supportive and loving environment—some parents say they are better parents when they are able to spend some time

working outside the home.

- Family finances.
- Health coverage.
- Will the stay-at-home parent enjoy it or resent it?
- The effect it will have on the parent's career.
- Childcare options in the community.
- Flexibility in a work environment.
- Children with special needs.
- Number of children.
- Family traditions and expectations.

FINANCIAL FACTORS

Figuring out whether it makes financial sense to have one parent stay at home is a

complicated process.

For starters, it is expensive to work. While the family may lose the income, they will also save on commuting costs, clothing costs, parking and other non-reimbursed incidentals. Parents who work often have to pay for child/infant care if they do not have family members who can help. According to the Economic Policy Institute, in 33 states and Washington, D.C., infant care is more expensive than college.

However, there are also work benefits that go beyond the amount written on a weekly check. Employers provide health insurance, dental and

eye care, savings programs, retirement programs, and other considerations. Some work places are willing to provide flexible hours or provide child care credits.

It can take a lot of budgeting and sometimes consulting a financial planner or accountant to figure out whether a family can afford to have both parents work or afford to have one parent stay home.

Regardless of the decision made, Misty Lynch, a certified financial planner in Massachusetts likes to remind people that the decision doesn't have to be a permanent one; they can change their mind if things aren't working out.

Keep to Vaccination Schedules

Vaccines have changed the world.

Because of vaccines, the world no longer has smallpox or rinderpest. Since 1974, vaccinations are cited as the reason the world has almost gotten rid of polio, measles are almost under control and other diseases are less common.

In fact, in 2000, measles was declared eliminated. Then there was a reduction in people getting vaccines for their babies and as of 2019, there were more than 1,200 cases.

More babies survive infancy and childhood because of vaccines.

WHY VACCINATE?

Vaccines prevent serious diseases and death in children.

The Centers for Disease Control and Prevention explain that vaccines protect against diseases because they teach the body to fight specific viruses. They also strengthen a baby's immune system, which is undeveloped at birth. Vaccines work with the body's natural defenses.

There are several websites that give parents misinformation about vaccines. Make sure you are looking at credible sources that are backed with peer-reviewed research.

It is always better to prevent a disease than to treat it after it occurs.

WHAT VACCINES ARE NEEDED?

Providing vaccines on time



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give them time to build immunity before the child is exposed to the disease.

The CDC recommends the following vaccination schedule based on the development of a baby's immune system:

• During pregnancy:

Whooping cough vaccine during the third trimester; if you are pregnant during flu season get the flu shot by the end of October to protect against pregnancy complications.

• **Birth:** An infant should get the first dose of the hepatitis B vaccine within 24 hours of birth.

• **1-2 months:** 2nd dose of Hepatitis B, Diphtheria, tetanus, whooping cough, haemophilus

influenza Tybe B, polio, pneumonia, rotavirus.

• **Four months:** 2nd dose of all the vaccines received in the first two months.

• **Six months:** 3rd dose of all the vaccines received in the first two months.

• **7-11 months:** Flu vaccine (every year).

• **One-year:** Chicken pox; 4th dose of diphtheria, tetanus, whooping cough, Hib and pneumonia; third dose of polio; measles, mumps and rubella; Hepatitis A.

Subsequent doses of vaccines will be scheduled throughout your child's growing up years until they are 16-18 years old.

MAKING SHOTS LESS STRESSFUL

As a doting parent, it can be difficult to watch a child get shots and experience the reactions they sometimes have. It's why the CDC recommends ways to make vaccines less stressful for baby and you.

Some suggestions include:

- Ask the doctor to give your baby a solution of sucrose or glucose one to two minutes before the shot. Something sweet can reduce pain.

- Breastfeed while the baby gets the shot. It is calming for the baby and provides the slight sweetness of the milk which can reduce pain.

- Ask the doctor for a pain-re-

lieving ointment or cooling spray.

- Talk to your child, even ones who can't understand your words yet. Use words like "pressure" and "poke" rather than "pain" or "shot." Remain upbeat and relaxed.

- Bring something your baby finds comforting — a blanket, a favorite stuffed animal, a toy or a book.

- Distract your child by singing, saying their name, telling a story or acting silly.

- After the shot, swaddle your infant. For older babies, cuddle and give them soft whispers.

When you get your child vaccinated, you are giving them the best shot at a healthy life.