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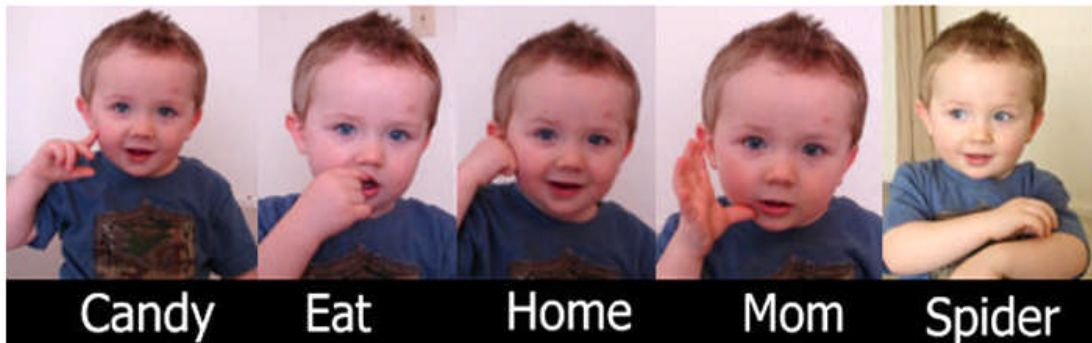






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## **5 Baby Sleep Tips**

One of the most difficult things for new parents to deal with is a newborn's sleeping habits. Most of us are familiar with the circles around the eyes of new parents and their complaints about lack of sleep. Here are 5 baby sleep tips, which will hopefully help both your newborn - and you - to get a solid night's rest.

### **Develop and Stick to a Routine**

One of the most important things you can do in terms of getting your newborn to sleep better is to establish a routine, and to stick to it. The more regular your baby's sleeping hours are, the more likely he or she will be able to sleep solidly throughout the night.

As soon as possible, try and establish a sleeping pattern with your newborn that mimics the one in the rest of the household - in other words, one in which most of the sleeping is done at night. If you find that your newborn is sleeping-in because of being up late at night, rouse him or her at the time when you normally get up. By doing this it's more likely that your newborn will be tired and sleep in the evenings.

On a general level, there will be no way to avoid the fact that your baby's sleeping habits are going to be irregular, and there are, of course, going to be times when the baby simply wants to be awake when the rest of the family wants to be asleep. Over time, however, your newborn will begin to adjust to your family's regular sleeping habits if you instill in him or her at an early age a sense of routine.

A baby, particularly when he or she is very young, is heavily influenced by these routines. As much as possible, you should resist the temptation to let the newborn arrange his or her sleeping habits. The baby, of course, will want to sleep a lot -- which is fine -- but don't let the baby sleep too late into the morning. By establishing a routine with your baby from a young age you will ensure that the transition into more regular sleeping habits is both a quicker and smoother one.



## **Let Your Baby Nap In A Brightly Lit Room**

Although it seems somewhat counter-intuitive, ensure that when your baby naps, he or she does so in a well lit area. This will likely ensure that your baby naps for shorter periods of time, which will make him more tired in the evening hours, and help him sleep better at night.

The reason letting your baby nap in a brightly lit room is a good idea is that it strikes a delicate balance for the parent: it allows you to influence your baby's sleep habits without too much direct interference. The problem is that nobody likes to rouse their baby while he is sleeping -- in fact you're probably enjoying the peace when he is - and yet at the same time you want to try and prevent him from sleeping throughout the day and bothering you at night. By letting your baby sleep in a well lit room you encourage shorter naps without actually having to go through the unpleasant experience of physically waking your child.

In keeping with this idea, try not to encourage long or extensive napping. Many parents, when they see their baby fall asleep during the day, will do everything they perceive as needed for their child's comfort. This is natural, of course, but often extends to drawing the curtains and turning out the lights in the room. By doing this you are ensuring that your child will nap for a long time, and can count on him or her being awake repeatedly throughout the night.

## **Make Your Child Develop Sleep Associations**

One of the key factors in your baby's development is in creating associations with sleep. It is important, therefore, to instill a bedtime routine with your child that includes sleep associations he or she can replicate for him or herself. The idea is to get your child to a point where if he wakes in the middle of the night, he can go back to sleep on his own.

Establish a bedtime routine with your child that includes things like a final changing and feeding, etc. The best thing you can do is to put your child to sleep at a point during the day when they feel quite drowsy, but are still aware enough to take in their surroundings and develop their own sleep associations.

The worst thing you can do is get your child used to falling asleep with you there. If your child develops sleep associations with a pacifier or by being rocked, when she wakes up in the middle of the night she won't be able to recreate her sleeping situation on her own - because you won't be there to rock or feed her.

Instead, try getting your child to associate with things like a stuffed toy or blanket. The idea is that if your child makes sleep associations with these items, he can recreate the sleep situation on his own when he wakes up in the middle of the night. Instead of waking up and crying for a feeding or to be rocked, the child will be able to grab his stuffed animal or blanket and re-create on his own a situation conducive to sleep.

In this same vein, parents should consider the use of what is called a "transitional object." This is something you allow your child access to only before bedtime, and which he can bring to bed. So as your child gets his final bedtime story, allow him to have his blanket or stuffed animal, and allow him to keep the object with him as he's put to bed.

## **The Ferber Method**

If at the age of five or six months your baby is still having problems sleeping on his own, you will have to consider a more strict methodology in getting the child to go to sleep unaided. The most common method for achieving this is taught by Dr. Richard Ferber, and is based on the principle of getting your child to learn to fall asleep on his own.

Most children will learn to sleep on their own in a relatively short time using the Ferber method. Nevertheless, it is important that you implement the Ferber method during a time when you can afford to lose some sleep: it does require listening to lots of crying while your child learns to sleep on his own. If you waver and let your child fall asleep in your bed or with you, you may be undoing a lot of hard work.

You start by developing a bedtime routine that ends with your child being left on his own to fall asleep. The first night, place your child to bed - awake - on his own, and when he inevitably cries, wait around 5 minutes. After that time re-enter the room and console him, but not for too long - avoid picking him up or rocking him when you enter the room. After a brief time in the room leave, and this time allow him to cry for 10 minutes before returning. After you console him a second time, leave and wait 15 minutes before returning if he is still crying. Set your wait limit at 15 minutes and repeat the process - the idea is that the child will fall asleep on his own during one of the 15 minute intervals you are out of the room.

The second night, begin with a 10 minute wait time, moving to 15 and then 20 as a maximum. Increase your initial and subsequent wait times by 5 minutes each day. Your child will soon learn to sleep on his own using this method.

## **Create A Familiar Environment For Sleep**

One of the most crucial things you can do to ensure that your baby sleeps well - and on his own - is to create a comfortable environment in which for him to sleep. The initial reaction of most people when they think of an environment that is conducive to sleep is one as quiet as possible. In most cases this isn't the best solution for your baby. You have to keep in mind where your baby has been sleeping for the last nine months: in the womb.

During the baby's time in the womb, he slept in all sorts of situations where he was surrounded by noise - while the mother was out in public, or talking to people. It is for this reason that many people believe that the environment most conducive to a baby's sleep is one that involves soothing background noises.

Much like the baby in the womb became used to sleeping to the sounds of a mother's beating heart, a baby will often sleep better when exposed to chatter and other murmuring sounds, as long as they are kept reasonably quiet. What you want to avoid are sudden loud sounds, which will - naturally -- startle your baby.

Some parents choose to invest in products - usually audio cds -- that replicate soothing sounds in the baby's room, but in most cases this is not necessary. It is simply enough to understand that an attempt to create complete silence when your baby is sleeping is often not as effective as leaving the door open a little. The ambient noise of the room, and of other people moving around the house, will in many cases make your baby sleep much better.



## **ABCs Of Breastfeeding**

Breast-feeding is beneficial to the child as it is to the mother. But getting the most out of breast-feeding also requires a well thought-out program that covers a period from the moment of conception, to the time the baby sucks his or her first breast milk, and all the way to the time he or she weans.

### **Health program for the mother**

The program must be comprehensive enough as to ensure that the mother will stay healthy all throughout the period of her pregnancy until she gets to nurse the baby. After all, it takes a healthy mother to feed a healthy baby. An effective health program for the mother consists among other things of a proper diet, enough exercise, and staying away from pollutants or an unhealthy environment. This may not be a concern for mothers who have no health problems in the first place. But if the mother has a record of health problems in the past, or if she has been used to a free-wheeling lifestyle where, for example, intake of fatty and high-cholesterol foods, alcohol or nicotine has been excessive or uncontrolled, it is necessary for her to take steps to ensure that she puts herself back in the pink of health.

### **Breastfeeding instructions**

Specific tasks need to be undertaken during the initial six months of nursing itself. The flow of breast milk does not normally stabilize until two or three days after delivery, especially for mothers giving birth for the first time. During this hiatus, a mixture of milk (about two thirds), water (about one third), thin gruel, and sugar can be fed to the infant.

Full ration of breast milk should be fed to the baby as soon as its supply stabilizes. Mothers have to be sensitive to how often their babies need to suckle. The first ten days of the baby's total dependence on mother's milk requires paying close attention to how the baby reacts to each feeding. Both under and over feeding can have awful consequences to the baby. The

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stomach of an infant is thin and delicate, yet unaccustomed to the process of digestion, and is likely to stimulate feedback to be baby's brain in the number of ways. How the baby communicates and makes himself or herself understood by the mother is therefore crucial for both of them to get the breast-feeding program on track.

After a week up to ten days, a feeding interval of three to four hours is generally advisable. This must be done day and night. A practical timetable for both mother and child with regards to night feeding is setting it at ten o'clock in the evening and five o'clock the morning after. It is not good to leave the baby sucking the nipple until both mother and baby find themselves asleep. This can only further deprive them of more time for sleep; after all sleep is something which they are often short of. A structured break allows sufficient time for proper digestion to take place and thereby stabilize the baby's bowel movements. It makes babies less irritable and cranky, and because of which they are wont to show by crying.

The breast-feeding program should be consistently applied until the baby reaches six months after birth. It is even advisable to carry on with this program beyond this period, or until the time the baby weans, for as long as the mother stays healthy and is able to maintain producing breast milk at the same level of quantity and quality.

### **Breast compression**

Breast compression is helpful when breast-feeding runs into problems. If you are the nursing mother, here is how you can apply it.

1. The baby held with one arm, cup your breast with the other arm. Put your thumb on top of the breast while your other fingers are slightly pressing the breast from under it, two or three inches away from your nipple.
2. Being alert all the time is not necessary, but you still need to keep a close watch on the suckling. Guide the baby so that he or she can quickly get the hang of an open-pause type of feeding; this will allow him or her to drink more volume of milk. When the baby begins to nibble or when he or she stops drinking, compress your breast firmly but not too hard. Breast compression causes the milk to flow and the baby is likely start to sucking again.

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Keep pressing your breast until your baby stops responding to the compression. If your baby does not latch away from your breast even after you have released the pressure, pause for a few seconds and then start compressing again. Releasing the pressure allows you to rest your hand; it also induces your milk to flow into the baby's mouth again. If your baby ceases to suck upon releasing the pressure on your breast, it is again likely that he or she will resume sucking the moment he or she senses milk. If the baby is unable to drink enough milk, try to recompress your breast.

3. Go on feeding with compression until your baby stops to drink. Pause until your baby begins to drink again, without your egging him or her on. If you can sense that your baby has stopped drinking, let him or her unlatch, or just take him or her off from your breast.

4. See if your baby still wants to feed. If he or she does, offer the milk from the other breast. Follow the same procedure you earlier did with the other side. You can repeat switching one breast to the other a number of times unless your nipples get sore. Help your baby improve his or her latch.

### **Pitfalls of breastfeeding**

One of the more common mistakes made by nursing mothers, particularly those who are inexperienced, is feeding their babies every time they cry or show signs of discomfort, thinking they are hungry. This may lead to over feeding. This is not necessary nor recommended. When over feeding happens, the digestion process can get disrupted causing, among other things, loose bowel movements, more restlessness on the part of the baby and even fever.

Also, there had been cases when mothers just cannot do away with unhealthy habit or tradition. Inadequate information on the part of lactating moms is often to blame, sometimes leading to more health problems. One misconception is eating as much food as the mother can in the belief that this will fully support the milk production capacity of her mammary glands. While input often equals output, it does not necessarily mean that gaining weight equals gaining health. For that is what excessive eating is all about: gaining weight. The breasts may supply enough milk, but the overall health condition of the mother may be compromised.

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Another pitfall which often victimizes young mothers who are nursing for the first time is drinking dark sweet beer called porter. The practice draws from tradition where many a mother has been taught that porter increases the supply of milk and helps sustain her perfect physical health. Without doctor's approval on a case to case basis, this practice poses threats to the mother. There had been cases when porter intake, particularly in large amounts and on a regular basis, has instead caused the loss of milk supply in the mother and induced loose bowel movements in the baby. Mothers may also experience headache, thirst, hot skin, drowsiness, and fever.



## **The Way With Baby Names**

If a person makes a name, so does a name make a person. Names are said to be reflections of their bearers' personality. A name works like magic behind one's identity. The world sees through the totality of a person with his or her name. That shows how important names are, or should be.

Your baby deserves the best name there is. You can give it your best shot. Here are some points to consider.

**1) *It is time to depart from tradition, no matter how sentimental such a tradition may sound to all of us.*** Names of family members and other relatives who preceded one's generation often evoke fondness. No wonder it seemed natural for parents to name their babies with those of their forebears. You need not be compelled by the same thought. After all, your baby has his or her own identity and a great future quite distinct from everyone else's looms before him or her. The point is not about letting go of your roots. Far from it. The point is about expanding your choices of babies' names.

But in the event you do believe names from the family are too precious to be forgotten, and you want them to assume some kind of immortality, consulting thoroughly your family tree can be helpful. Check and re-check those whose names might be exactly similar to what you have in mind for your baby. People can end up baffled by two different people having one name and you surely would not want that likely scenario to unfold, especially if it involves your son or daughter.

**2) *Try some kind of a visioning exercise.*** Your baby will soon face the real world, as it were. Careless names, nicknames or monikers can put your child in embarrassing situations--shun them. Take time to dig meanings of names and make sure your baby's name will not provoke funny, visceral or even sordid thoughts or insinuations. You may pick Adonis because, in your view, the name suggests machismo and you foresee that attribute in your newborn son. But never pick a name out of nowhere. Not even something like Melquisidique or Rigoberta simply

because it sounds nifty or stylish to you. Don't copy a celebrity's name simply because you happen to be a big fan of his or her. Naming a baby requires care and a big amount of consideration. Avoid names that hardly fit to your baby or one that signifies nothing.

**3) Put the name you have chosen for your baby to a simple test.** Pay particular attention to the initials it brings out. Some idle parents have needlessly subjected their children to public ridicule and other unpleasant encounters due to initials or key letters that connote wild, strange, and even nasty ideas. Examples: Faye Yap Inoue: "Here comes the Fox lady"; Arnold Swaze Swarzeneger: "Hole in one!"; or Frances Uldrich Coppola Keynes!

**4) Moderate your creativity.** Too much cooking can spoil the broth. Symptoms of overkill can be found in spelling of names that are too unique for comfort. Think of instances where your child has to spell his or her name every time he introduces himself or herself. Try to spare him or her that trouble.

**5) Strive to make the process of decision-making democratic or participatory.** Both parents would do well to jointly decide on what name to choose. It reinforces the ties that bind between the two and, later, among the three of them. Each story behind baby naming has a life of its own and may in fact outlive anyone. The one for your baby is no exception. Make it mean something for all who cared. Besides, more inputs give rise to better chances of selecting the best name your baby can ever have.

All told, be wary of pitfalls you need to avoid in choosing names for your baby. It can be tough but just do your homework. Embarrassing letters and repugnant meanings are some of the big No-Nos. The power to pick a name for a baby uniquely belongs to parents. Make the most of it and bring up a child who shall forever be grateful to you for his or her identity.

## **Baby Game Shower: Baby Games To Play At The Baby Shower**

Baby games shower happens only once in a while and is a great occasion for having fun. After all, baby games shower is sort of a welcome party for the bundle of joy and fun himself or herself, the soon-to-be-born baby. Aside from the moms-to-be, close friends and relatives like grandparents and godparents make themselves available for these occasions. And how else one can brighten up the party but play group games? People enjoy playing games. Games give people occasion to relate to others and develop friendships among themselves. Baby games shower is also a way of paying homage to the mother for bearing the child.

Here are some of the more common baby shower games and the brief descriptions of how they are played:

### **Sing it, baby!**

Participants position themselves into a round formation. They may either stand up or sit down. When his or her turn comes, each participant will sing several lines from a song that contains the word "baby". Somebody from the group of participants will have to be designated as starter. The next player to his or her right will have ten seconds to do the same after the starter has finished singing. The next player to the right follows until only one person is left who is able to sing a "baby" song. A song cannot be repeated. Those who repeat a song and those who cannot sing a "baby" song within ten seconds when their turn comes boot themselves out of the game.

### **Measuring up mommy**

The mom-to-be becomes the center of attention in this game. A facilitator will need some two rolls of sanitary tissue for this game. Players will be asked to guess the size of mommy's girth with the use of the tissue. They will cut the tissue to a length of the paper which they think will approximate the size of mommy's round belly. Each player will then wrap mommy's belly with the tissue he or she cut to determine the winner. The one whose guess is closest to the actual belly size wins it.

### **Looking at you, kid!**

It is fun looking at pictures taken when we were toddlers, right? That is what this game is all about. To get this going, those who are attending the party must be asked earlier (that is, before they come to attend the party itself) to bring with them pictures of themselves when they were kids. The more amusing the pictures look, the better. Upon arrival of participants, party hosts will collect the pictures and assign numbers to them. At game time, the pictures will be laid on a table and each participant given paper and pen. The task is to identify or recognize as much picture as one can by writing the identities on the paper. The participant who gets to identify correctly the most number of kids wins the game.

### **Don't say baby**

This game will refrain oneself (in the spirit of fun) from saying the word "baby". This can be tough considering that the event is called baby game shower. Diaper pins are given to participants at their arrival for the baby game shower. Every time a participant says or mentions the word "baby" a pin is taken away from his or her possession. The participant who gets to retain the greatest number of pins when the party ends collects a prize.

### **Baby truth or dare**

This is a question and answer game. Somebody will be asked to prepare true-or-false trivia questions about babies in general. As the baby game shower gets going, participants will be asked in random to answer the trivia questions. Those who respond or answer the questions correctly will win a prize while those who do not will be dared to do anything he or she likes for everyone's entertainment.

### **The seventh gift**

This game is inspired by the single lady who grabs the wedding bouquet lobbed by the bride after the wedding rite. Belief has it that that lady will come to be the next bride. Here, the baby game shower partakes of somewhat similar fable-like turn when the gifts are unwrapped. The lady who gave the seventh gift that gets unwrapped is tossed to become the next woman on the



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family way. Here is a tip: Make sure that the seventh gift is not "planted" so as to make it truly fun and exciting.

### **Dig out the pins**

Players scramble to fish out diaper pins from a big bowl full of uncooked rice. The game runs for two minutes. The player who collects the greatest number of pins wins the game.

## **Breast Compression**

When a nursing mother feels that her baby still needs to feed but cannot seem to suckle enough, or is unable to drink all by himself, she can apply what is commonly called breast compression.

Breast compression is beneficial for both mother and baby for a number of reasons, like:

1. It stimulates natural let down reflex.
2. It prevents colic among breastfeeding babies.
3. It promotes weight gain for the baby.
4. It makes frequent or long feedings unnecessary.
5. It helps prevent mothers from having sore nipples.
6. It prevents recurrence of blocked ducts.
7. It helps mothers to feed effectively even if the baby is used to falling asleep quickly when sucking.

Breast compression is helpful when breastfeeding runs into problems. When all goes well, all the mother needs is to feed the baby with one of the breasts and, if the baby does not seem full and seemingly still asking for more milk, she can have the baby suckle the other side.

But when either mother or child, or both, encounter problems with breast-feeding, the mother can try breast compression. If you are the nursing mother, here is how you can apply it.

1. The baby held with one arm, cup your breast with the other arm. Put your thumb on top of the breast while your other fingers slightly press the same breast from the opposite side (under it), two or three inches away from your nipple.
2. Being alert all the time is not necessary, but you still need to keep a close watch on the suckling. Guide the baby in such a way that he or she can quickly get the hang of an open-pause type of feeding; this will allow him or her to drink more volume of milk.

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When he or she begins to nibble, or he or she stops drinking, compress your breast firmly but not too hard. Breast compression causes the milk to flow and the baby should start to suck again.

Keep pressing your breast until your baby stops responding to the compression. If your baby does not latch away from your breast even after you have released the pressure, pause for a few seconds and then start compressing again. Releasing the pressure allows you to rest your hand; it also induces your milk to flow into the baby's mouth again. If your baby ceases to suck upon releasing the pressure on your breast, it is likely he or she will resume sucking the moment he or she senses milk. If the baby is unable to drink enough milk, try to recompress your breast.

3. Go on feeding with compression until your baby stops to drink. Pause until your baby begins to drink again, without your egging him or her on. If you can sense that your baby has stopped drinking, let him or her unlatch, or just take him or her off your breast.

4. See if your baby still wants to feed. If he or she does, offer the milk from the other breast. Follow the same procedure you earlier did with the other side. You can repeat switching one breast to the other a number of times unless your nipples get sore. Help your baby improve his or her latch.

## **Chicken Pox In Children**

One of the most notorious diseases among children for being contagious is chicken pox. Varicella-zoster, also known simply as Varicella, is the virus that causes chicken pox infection. There are many ways by which the virus get transmitted from one person to another. They include airborne transmission, direct contact or droplet transmission. Persons infected with the virus should be avoided and should as much as possible keep themselves away from coming in contact with other persons. Even those who have just taken the anti-varicella virus vaccination should be shunned.

Persons who get infected by chicken pox become a lifetime host of the virus. What keeps it in check is the body's immune system. There are cases of infants who are endowed with partial immunity from the virus, courtesy of the mother's blood, if the mother has earlier contracted the disease and has developed her own immunity from it. Children whose mothers have not been infected by the chicken pox virus tend to suffer the most when they get infected themselves. Those who have been immunized may still get hit by the virus, but the infection is considered mild. The infection worsens the skin condition of kids afflicted with sunburn or eczema. They are likely to develop blisters thrice more than the average affliction. Severe complications may also harm kids who have earlier taken steroids.

Cases of chicken pox infection dropped sharply when the anti-chicken pox vaccine came into commercial use. Vaccination is a necessity for children below ten years old as they are the age group most vulnerable to contracting the virus. On the other hand, adults or young people beyond the age of ten show far more severe symptoms when they get hit by the disease.

A child infected with the virus normally develops an average of five hundred itchy blisters. These blisters grow from red-colored spots on the skin and contain fluids. After a time they burst, creating crust-like deformities on the affected skin. They show up first on the skin, after which they spread over to other parts of the body, such as the scalp and trunk. The day after they appear, the fluids turn cloudy and, eventually, scabby.

Chicken pox causes irritating and intense itchiness. Unless treated properly, crusts can also leave lasting marks on the skin. Other symptoms of chicken pox begin to emerge two days after

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contracting the virus. They include abdominal pain, fever, loss of appetite and headache. The blisters themselves appear only after a number of days (ten at the minimum and twenty at the maximum) after infection. Testing the blisters and even the blood itself may be conducted to confirm the contamination. The patient's medical history also helps in coming up with a thorough diagnosis.

Antihistamine-containing drugs can be administered along with application of prescribe lotion to contain itchiness. Having kids take a bathe with lukewarm water and oatmeal also eases the itchiness. To bolster immunization, doctor-prescribed anti-viral drugs must be taken at the first sure sign of infection. Other household members who frequently come in contact with the patient also need similar medication. When this is done promptly and properly, chances of deflecting the disease are high, if not totally at least to a considerable degree. Unlike other vaccines, the anti-varicella vaccine does not require boosters. However, adolescents may take, with proper medical advice, larger doses of the vaccine to shield themselves herpes zoster or shingles.

## **Common Cold In Children**

What causes common cold? Many believe that hundreds of cold viruses cause infection in the upper respiratory system which in turn brings about common cold. Likely casualties of the infection are noses, throats and ears. Although the most common of these viruses has been identified and known as rhinovirus, the sheer number of cold viruses has made it difficult to find the one dose or vaccination that can effectively prevent or arrest cold. The natural immune system of the human body, harnessing the full force of its white cells, is still the best anti-dote for common cold.

Persons infected by cold viruses scatter the disease when they cough or sneeze. Coughing or sneezing causes the infected person to splutter saliva and sticky liquid called mucus. This liquid contains the virus. When microscopic amounts of the liquid contaminate the surroundings, such as the air or personal items like towels or handkerchiefs, people who come into contact with them become vulnerable to the infection. The virus gets transmitted through the air we breath or through our unclean hands when we touch our noses.

While the act of coughing and sneezing gives rise to the viral contagion, it is also the same process by which persons afflicted with cold prevent the virus from infecting the other parts of the body. The concentration of the cold virus inside the nose and the hostile reaction of the white cells create irritating sensations that prompt the nerves to summon a sudden blast of air from the lungs, sweeping the virus out of the way.

But cold viruses are tenacious. Although of infinitesimal sizes and invisible to the naked eye, they are equipped with mooring contraptions which aid them to fasten themselves onto the interior parts of the nose. They then begin to overpower the cells along the lining of the nose, making it possible for them to multiply even more. The viral assault prompts our white cells to react and fight, often emerging victorious in a week of deadly scuffle.

This explains why after several days we feel relieved from common cold even without medication. Our anti-bodies are hard at work in our defense. Common cold is rather of greater concern to children, whose immune systems are less developed than those of adults. Cold sends children to the doctor more than any other illness does. Research data reveal that a child

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contracts the cold virus more or less eight times per year, with each infection lasting up to an average of seven days.

It takes three or two days for the symptoms of the disease to emerge when the cold virus infects children. The afflicted child becomes bad-tempered; he or she complains of various discomforts and pain such as sore throat, headache, muscle pain, among many others. He or she feels weak and physically drained. The child often coughs and sneezes, develops runny nose or gets the nasal cavities congested. In some cases cold in children can cause fever and body chills. As cold viruses have definite life cycles, drugs are hardly effective in speeding up the process of a child's recovery from cold virus infection. But medicines can help arrest further spread of the virus and make the child feel more comfortable.

Although cold is common, children would do well not to take medicine without proper advice. Parents need to be guided by what the doctor prescribes and to oversee the dosage and drugs to be taken by their children. Decongestants ease the irritation and swelling of the nose lining, making it easier for children to breathe. Antihistamines slows down mucus and helps to control sneezing and runny nose. Acetaminophen and Ibuprofen can be taken when the child feels severe headache and muscle pain.

Aside from medication, food and other forms of treatment can help the child recover quickly from cold. Hot food and drinks help ease throat irritation and coughs. Chicken soup in particular has been known for generations to be effective in providing relief from common cold. Hot showers can freshen stuffy nose. Heat from whatever source induces nasal mucus to dry up. Humidifiers work to loosen the mucus too and ease the irritation brought about by itchy eyes, scratchy and stuffy throats.

Children also need to blow air from the nose frequently to get the mucus out of their body. Using disposable tissues rather than handkerchiefs is better for nose blowing. Above all, total bed rest for one or two days is recommended for children hit by the cold virus.

It takes proper nutrition, physical fitness through exercise, adequate sleep and other practices of healthy living to hasten the full development of the immune system. It still is the child's best defense against common cold.



## **Ear Infections In Children**

Children, including infants, are susceptible to viruses and germs that cause various kinds of infection. When these germs crash into the ears, several kinds of infections can take place. A swimmer's ear infection afflicts the outer portion the ear. When the infection hits the inner zones of the ear, the case gets labeled as middle ear infection. The irritating disorder causes the body to react by releasing yellowish viscous liquid or pus to the infected interior parts of the ear. The sticky liquid contains compounds that fight off bacteria.

The process of staving off ear infections creates pain. The interior of the ear beyond the eardrum looks like a small air pocket. The moment pus fills this portion of the ear, we feel as if something is going to explode. It creates throbbing sensations that make us irritated and uncomfortable.

The experience can get nastier among children. The infections, the process of fending them off, and the resulting pain and irritations, can get complicated and may cause fever. Also, the clogging of the interior parts of the ear with anti-bacteria liquid can create difficulties in hearing for some children.

Infants under the age of three are the least capable of coping with ear infections. The Eustachian Tubes which connect the throat to the inner portions of the ear are not yet fully developed among this age group. These tubes facilitate air movements within the inner portions of the ear. With underdeveloped tubes, hostile germs trapped inside them multiply more easily, causing greater harm to the body. As the child grows, however, these tubes also increase their capacity to expel unwanted intruders such as infection-causing germs and viruses.

The common cold, which victimizes more children than adults, can also cause ear infections. This happens because cold likewise triggers a process that leads to dysfunctions in the Eustachian Tubes, allowing germs to slip into the middle portions of the ear. Hence although ear infections by themselves are not contagious, they can easily spread through the cold virus.

The family is therefore well advised to seek the help of physicians when anyone of its members shows signs of ear infections or even a recurring case of cold. Doctors examine the afflicted ear

with a medical device called otoscope. The special apparatus emits light and makes the eardrum visible. The eardrum is a delicate thin membrane that separates the external portions of the ear from the interior parts. When needed, the Doctor can also use the otoscope to blow air into the ear and test the eardrum if it is working. The pus that fills the middle parts of the ear as a natural body response to the infection presses the eardrum and may cause it to turn red, swollen and disconfigured.

In such cases doctors recommend that a dose of pain relievers be taken for a couple of days. Moreover, they will prescribe antibiotics for infection cases that are caused by bacteria. Applying antibiotics can effectively check infections, but it must be done thoroughly and consistent with what the doctor prescribes to prevent the disease from coming back. Children who get inflicted with ear infections too often might be required to undergo other tests like tympanogram and audiogram.

Children need to be extra careful to prevent ear infection. Regular washing of hands is important. This prevents the spread of cold viruses. In the same manner, children need to keep distance from people who suffer from cold. If contact with persons who are infected with cold cannot be avoided, they must thoroughly and frequently cleanse their hands, and avoid touching their noses or eyes. Also, tobacco smoke adversely affects the normal functioning of Eustachian Tubes and can create dire consequences for children. Smokers will therefore do the children a favor if they keep themselves away from children.

## **Fever In Children**

A person is known as having fever if his or her temperature rises beyond normal levels. Normal human body temperature varies slightly among individuals. It ranges from 98 to 99 degrees Fahrenheit. It also varies according to where temperature is being recorded. Temperature is higher by 1 degree Fahrenheit when taken from the rectum than when taken from other body parts or zones, like mouth or armpits. For example, a 98.6 degrees Fahrenheit temperature taken from the mouth will register at 99.6 degrees Fahrenheit if taken rectally.

Doctors affirm that a person has fever if his or her temperature rises beyond 99.4 degrees Fahrenheit taken orally or 100.4 degrees Fahrenheit taken rectally. Among children, checking the temperature is done rectally for infants and orally for children aged over four years old. Infants below three months old need urgent medical attention when body temperature reaches 100.5 degrees Fahrenheit. The same emergency situation applies to children above three months old when their body temperature breaches 102 degrees Fahrenheit.

Thermometers are used to read body temperature. Digital thermometers have been known to yield more precise temperature readings than mercury thermometers. Moreover, mercury as a chemical compound contains toxin and has been tagged as an environmental hazard. It poses health risks to those who come in contact with it. Parents also need to be cautious in using thermometers. Some of them are designed solely for oral use, while others are designed solely for rectal use.

Parents should oversee the entire procedure of temperature reading. They need to guide children especially when they are holding the thermometer themselves. Children often drop the device even before it beeps to indicate that temperature reading has been recorded. Also, infants should not be tightly bundled when he or she is examined for body temperature. Rectal reading may bring about pain to some infants; this can be prevented by applying petroleum jelly to the tip of the thermometer before it is used. Only half of it should be inserted, and with care, into the rectum. Somebody must hold the thermometer steadily until it beeps. It must be cleansed with disinfectant, soap and water after its use.

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Fever is one of the signs noticeable to us when our anti-bodies are trying to ward off infection. Medication is needed when a child with fever complains of all sorts of body aches. A number of off-the-counter drugs can come in handy, taking into account the child's weight, age and specific needs. The medicines include Ibuprofen, Tylenol for kids and Acetaminophen. Each of these medicines has its own prescribed dosage that can apply to any child's condition, and parents should make sure that pertinent instructions are understood and carried out. A physician must always be consulted whenever there are doubts on how these procedures must be undertaken.

When administered before taking a bath using lukewarm water, acetaminophen can fever down. Bathing without acetaminophen can induce the child to shiver. It can also cause body temperature to rise again. Alcohol products are not recommended for use while bathing. Children are susceptible to a serious ailment known as Reye's Syndrome when they take aspirin, particularly when fever is associated with flue or chicken pox. Aspirin therefore is to be avoided.

No drug can be given in excess of five doses per day. Dosage that makes use of droppers must be applied with the liquid filling only up to the designated line. Measuring devices like caps that go along with drugs in liquid form are helpful. In fact parents would be well advised to buy these caps from nearby drug stores if none is available. Unless a doctor says otherwise, infants below four months must not be given drugs under any condition.

There are symptoms associated with fever that require immediate response and for which a doctor's advice is necessary. They include rapid body temperature changes, dry mouth, behavioral changes, ear-ache, vomiting and frequent diarrhea, seizures, skin rashes, paleness, sore throat, intense headaches, irritability, swollen joints, stiff neck, crying at a high pitch, lack of appetite or inability to feel hungry, stomach ache, wheezing, whimpering, breathing difficulties and limpness.

Clothing made of cotton and fitting loosely helps the afflicted child to breath easily while it absorbs the heat effectively. Taking fluids frequently also helps particularly in preventing dehydration.

## **Pains During Growth In Children**

Pain is part of a growing-up process for up to forty percent of all children aged three to eight years old. Why and how it comes about is something no one is very sure of. The pain vanishes when a child stops to grow or reaches adolescent stage.

Children experience growing pains in some parts of the legs, normally around the calves, behind knees and front area of thighs. The pain usually attacks before and during sleep. A child may go to bed without it, only to be roused at midnight by aching legs. Fortunately to his or her relief, the pain just disappears the next morning.

Muscles, and not the areas surrounding joints or bones, are affected by growing pains. Some people say that too much physical daytime activity by children causes growing pains. With all the running, jumping and climbing that children are wont to do, their muscles are likely to get tired and sore sooner or later.

Efforts to link growing pains to bone growth among children have drawn little support from evidence. What the theory says is that spurts of bone growth may also give rise to growing pains. Muscles and tendons are tight and growing at a rate separate from the rate bones are growing. The resulting discord induces muscle spasms that normally last for up to fifteen minutes.

In any case what seems certain is that the afflicted child usually experiences the pain not only in one but in both legs. The pain is also not accompanied by redness or swelling over the affected body parts or by fever. And if it does not vanish by the time the child awakens in the morning, there is possibility that the pain might be associated with another and more serious ailment.

Children who find the pain too hard to bear need help from their parents or guardians. Acetaminophen, ibuprofen and other pain relieving drugs that can be bought over the counter can provide immediate relief. Parents or guardians must not administer aspirin, as this drug has been known to induce a serious sickness called Reye Syndrome. Apart from medication, heating pads placed over the hurting leg part can help alleviate the pain. Massage and stretching exercises are also helpful.

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Parents need to remember that growing pains are normally not intense enough to keep the afflicted child from his or her routine of running, walking or playing. They therefore should take a careful look at the child and examine the extent of the pain the moment he or she shows beyond than normal signs of affliction. Doctor's help becomes compulsory when the child develops swelling, redness, fever, tenderness, or is manifesting difficulty in movement like limping when he or she walks.

Physicians carefully analyze the ailment to determine if the symptoms are those of growing pains alone or something else. They conduct physical examination and review the child's medical records. In more dire cases, the child may be subjected to further tests like X-ray and blood examination to determine with finality if the ailment is associated solely with growing pain or not.

Children can help themselves minimize, if not prevent, growing pains through proper and regular muscle stretching. There is no need for them to go through complex or elaborate exercise routine. What is important is carrying it on. Even when the pain disappears, the child needs to keep the muscles and tendons relaxed and in harmony with sudden bone growth. Taking in sufficient amounts of fluids like quinine and tonic water also reduces risks of muscle cramps. Children with parental help would do well to drink them before they go to sleep.

## **Sinus And Sinus Attack In Children**

What seems like common cold the first time its symptoms appear may actually turn out to be a case of sinus attack. Just like when they contract the cold virus, children cough, sneeze or get red noses when sinus attack hits them. What makes sinus attack different from common cold is the length of time the affliction wears itself out. It takes victims--young and old--a longer time to recover from sinusitis than from common cold.

The bones in our head and face have blank niches or spaces filled with air, called sinuses. Sinuses can be found at the back of the nasal cavity, on both sides of the nose, inside the forehead, behind both and in between eyes. Sinuses come in pairs; there are normally four pairs in each person. They start showing as early as the first few months of conception; they continue to develop until late adolescent age.

Why our bodies need to develop sinuses is not clear to many. However, scientific studies suggest that sinuses make us feel less burdened by the weight of our head due to the light air that fills them. Scientists say that if anything solid were to take the place of the air pockets, our heads will become much heavier. Sinuses are also believed to enhance the depth and tone of our voice. For example, our voices often sound differently when we are suffering from common cold or, worse, sinus attack.

Sinuses cover themselves with moist and thin layers of tissue called mucous membrane. This membrane makes it possible to add moisture to the air that comes in through normal breathing. They likewise secrete a gooey liquid called mucus that fills parts of the nose, also known as snot. This liquid serves to collect dust and germs that fly in the air before they can go farther inside the body.

Mucus membranes of sinuses surrounding the nasal area grow tiny hairs or cilia. These hairs sway in ways that facilitate mucus flow in and out of the nose. The cilia are disabled and the back flow of the mucus gets disrupted when a person contracts the cold virus. This explains why persons with cold develop symptoms like runny nose and clogged nasal cavities. The infection causes the swelling of mucus lining within the nasal area. This prevents the tiny passages between the sinuses and nose from working properly, effectively trapping more mucus within



the sinuses. The immobile mucus becomes a friendly host for the virus, fungi and bacteria to breed.

Prolonged conditions stretching up to two weeks mean that the cold virus infection has worsened to become a sinus infection. Acute sinusitis describes an infection that drags on for more than two weeks. Beyond this period--stretching beyond three months--the ailment is called chronic sinusitis. Due to their less developed immune systems, children are at greater risk of getting hit by sinus attacks than adults.

Symptoms of sinusitis include bad breath, mild fever, daytime cough, puffy eyes, and incessant nasal discharge. There are children who also show signs of crankiness, physical exhaustion, and pain in various parts of the head.

Doctors who treat children suffering from symptoms of sinusitis normally check, apart from sinuses, the nose, throat, and ears for infection. They tap or press lightly the patient's forehead and cheeks. They prescribe antibiotics for infections caused by bacteria. This medication normally takes effect within days after taking the dosage. But in cases of chronic sinusitis, patients need to take the dosage for a longer period of time to ensure total removal of bacteria. Decongestants or nasal sprays dry up blocked or runny nose.

Children in particular should not cease from taking the medication until their conditions completely improve. Doctor's advice, particularly when patients are not showing any improvement for an unusually prolonged period of time, is necessary. The doctor may recommend sinus CT scan for the afflicted child. Surgery is an option.

If anything good can be said about sinusitis, it is this: The infection is not contagious. Unless discomforts are such that they are keeping the infected child from moving about, he or she may continue going to school or mingling with friends without fear of contaminating anyone. What the child needs to avoid are allergies and environmental pollutants. This will at least reduce the risks of going down with the infection--again.

## **Starting Solid Foods**

First, let it be clear that breast milk is the best food infants can ever have. It is all they will ever need until they reach the age of about four months. But beyond this period, or even earlier for some babies under exceptional physical conditions, it is possible that breast milk may no longer suffice for their overall nutrition needs. By the time normally growing babies turn six to nine months, they will need iron from other food sources. It is time for them to explore menus that include solid foods.

Babies who have not tried eating solid foods by that time are likely to experience difficulty in accepting such foods when they reach nine to twelve months old. So if you are a nursing mother, you might as well let your babies get the hang of it in time. It is a sign of advancement when babies begin eating solid foods; it means the child is growing up.

When is the ideal time to start solid foods? There really is no hard and fast rule as to when babies ought to start solid foods. The clue comes from babies themselves: that is, when they begin to show interest in solid foods. For example, by four months old some babies may begin to look interested in solid foods on the plate of parents. When they turn five or six months, they begin to try reaching out and grabbing some solid foods. This can be the time to let the baby go ahead and take some bite.

In some cases, it may also be a good idea to have babies start taking in solid foods at an earlier age, say at three months old. This is when they seem to get hungry easily or when they are not gaining weight at a normal rate. But if this can be addressed eventually by normal breast-feeding, breast milk alone remains as the best alternative.

Babies nursed with breast milk absorb solid foods more efficiently and effectively than those who are fed with processed milk. Enzymes found in mother's milk help digest proteins, fats and starch easily. Breast feeding also allows babies to benefit from a variety food tastes; breast milk assimilates the flavor from various kinds of foods the mother takes in.

The moment the baby does begin to eat solid foods at about five to six months old, be wary of introducing him or her to spicy or allergenic foods. But you may not prevent him or her from

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having some potato from your plate when he or she reaches for it, unless it is very hot. Offer the baby with the food that catches his or her fancy. Let him or her enjoy it; do not worry about how much food he or she can take as most of it will fall down to the floor anyway.

The best source of iron intake for your baby at five to six months old is meat. Let him or her digest some, but in very small quantities at first, just to get the baby's systems going and well adjusted to it and other solid foods. Cereal for kids has iron too, but be warned that it is harder to absorb and may induce constipation.

## Urinary Tract Infection In Children

Germ and bacteria that come in contact with sensitive parts of the body cause Urinary Tract Infection, or UTI. The UTI, is a painful sickness, especially for children. Pain can be experienced in the lower parts of the body. It is most intense when urinating. Infected children find urinating a traumatic necessity. It is as if the bathroom has become a torturous place for them. The infection also brings out a foul odor in urine.

Several body organs comprise the urinary tract. They include the bladder, two kidneys, the urethra and two ureters. The kidneys purify the blood by flushing out wastes like toxins and excess liquid from it. This waste drains into the bladder and becomes urine. When filled, the bladder looks like an inflated balloon. It can contain up to two liters of urine. As the bladder expands with urine, it alerts the brain to let us know that it is time to seek the bathroom. When we are set to pee, the muscles at the end of the bladder loosen up, allowing urine to drain from it; urine rushes through the urethra, and squirts out of the body through the genitals.

Parents may come to notice the signs of UTI affliction in their children, such as when they urinate more often than usual, or when they frequently get up at night to seek the bathroom. But because no one except the patients themselves can feel and keep track of the UTI when it attacks, children experiencing its symptoms should bring the matter up with their parents or guardians. Symptoms of UTI include throbbing sensation around the bladder, urethra and kidney areas. Pain in the lower rib sections indicates kidney infection. A child may also contract fever and experience chilling. In any case urine smells foul and more repulsive than usual; its color looks murky. In more serious cases, urine is mixed with traces of blood. At the sign of infection, or when the symptoms of the infection begin to make themselves manifest, taking the child to the doctor should be a priority course of action.

Doctors examine the infection by testing urine samples. The child, with help of parents, must put the urine sample in a clean or sterilized plastic cup to ensure that germs not associated with the urine will not show up during examination. Germs found in the sample, unlike the millions more of germs that are known to inhabit the outer parts of the body, indicate infection. Doctors determine infection by dipping a specially-treated paper stick into the sample. This stick affirms

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infection when its color changes. Laboratory examination of the sample can also be conducted to further establish or validate the initial findings.

Doctors will be guided by these examination results when they prescribe medicines, including drugs intended to put down bacteria in case of bladder infection. Kidney infection will require hospitalization for a number of days, and for which medical treatment may include administering drugs through intravenous injection.

The infected child is expected to fully recover from the disease a few days after taking medication. But as a precautionary step, taking in solid or liquid food that contains caffeine must be avoided as this substance can aggravate bladder irritation. It can make the child feel uncomfortable.

Orienting the child with proper hygiene procedures is important to prevent recurrence of UTI. The basic steps include maintaining cleanliness, increasing fluid intake, and proper clothing. Cleanliness requires taking a bath everyday and washing of private parts, using wipes after urinating, and avoiding physical contact with contaminated urine. However, bubble baths can irritate the child's urethra and should be shunned. Cranberry juice and water are useful fluids. Water flushes out bacteria from the body while cranberry juice wards off recurrence of bacterial infection. Choose clothing that absorbs sweat and body moisture well, such as cotton, for they help stunt bacterial growth. Children need to change their underwear daily.

## **12 Nursery setup**

The crib is the most important constituent in any nursery. It has to be made really safe and cozy. The type of the crib does not matter, but it must be made sure that it is restricted to all sorts of guidelines and standards. The mattress must fit to the rails perfectly, so that the baby does not get wedged in between. The crib sheets must be fit in tight and snuggled up, so that it is not loosened or bunched up.

Do not use sheets till the baby is a year old. A quilt is best preferred for the first year. The baby's wear must be really clean and comfortable, and should go with the weather. The baby can regulate its body temperature; so, make sure that the clothing is right.

A foam wedge would do a great help as a crib accessory, it prevents the baby from rolling over and sleeping on her stomach. It is suggested that the kid sleeps on her back or the side first than on her stomach.

It is important to get the tone of the kid, keep the sheets fresh and clean, and use mild detergents.

Make sure that the room in which the kid is kept is free of dust and the space under the crib must be clutter free, so that it does not allow the accumulation of dust. Dust allergic kids might get affected with sneeze and running nose.

The colors of the bed sheet must be soft and soulful. Too much of contrast and bright colors might keep the baby awake. The crib and the room in which the baby is kept must be really inviting and clean. The kid must feel absolute peace and cool and restful nature in the room where she is kept.

## **Nursery Feng Shui**

Feng Shui is the arrangement of furniture in a room, it is a Chinese method followed for proper placements. It is followed in homes and business places in a motive to create a positive vibe in the room. Even though Feng Shui has not been used by you elsewhere, it is better to consider it for the nursery. Feng Shui is actually making its foray to the nursery. It is said that by giving the room a proper alignment and arrangement, a proper and a positive energy will flow in the room. This positive vibe will help any person thrive in that room, especially a baby.

There are many factors that need to be considered to maximize the feeling; they are room's location, color, safety and the arrangement of furniture. The feng shui will create a less fussy environment for the babies, and make it feel really comfortable in the environment, which helps its growth. Following a sequence while decorating the room will create a positive vibe for both the baby and its parents. Eventually, they are all happy.

Primarily, the location of the room in which the baby is to be kept must be good. That room must not be above the garage or another empty room. A room that is close to another noisy surrounding is not good. This might keep the baby awake. It must not be close to the living room or the main door.

It is better if the room is not close to the toilet or the storage or the bathroom. And, make sure that there is soft music played in the room, all the time, and it should be noted that the bed should not be placed right in front of a window, and it must not be slanted. There must be mobiles hung near the window, so that they move gently when a soft breeze strikes.

Ensure that the nursery is always free of clutter. There should not be anything under the crib. The walls must be lined, the room must be devoid of any sort of bad smell, and make sure that a good fragrance is circulated around. The dirty diapers must be checked often.



## **Sleep Issues 1-2 Years Old**

During the growing period, when the infant eventually becomes a toddler, he requires very less sleep in the day time, but requires a good 11 hour sleep during the night. In fact, the number of naps per day also gets lessened; even a tired baby has problems sleeping.

If your kid starts making your presence as a reason for him to go and sleep, then it is actually a bad habit that needs to be corrected. It is important to teach him the importance of sleep. Follow a particular routine when he has to go to bed. He must always know what he is expected to do in the night. It is better to make him feel safe and soothe him saying that you are around.

Toddlers are good in negotiating; they are not different during bedtime. If they like spending time with you, then, they will literally do anything to stay around longer than usual. He may take a lot more time in doing his usual night routine; he might ask you to come over to his room to ask you something, these are all techniques used by him to stick around for a little longer. It is suggested that they are not allowed to do this, and any work, can be postponed till next morning. Be strict when it comes to night routines, because it plays an important part in shaping his future. Do not let him kick out a fuss, and you don't do it either. Just let him stay in his room and monitor him for a couple of minutes before returning to your room.

Sometimes, it turns out to be a battle for control. He tries to take over his environment, and you don't let him, and you can't possibly force him sleep, that's when a reverse psychology helps. Just let him be on his own, he will fall asleep faster than you can imagine.

## **Baby Sleep Tips - Some Tricks For The Transition**

As a new parent, one of your priorities will be to establish good sleeping habits with your newborn. Your baby needs to learn to sleep on his own; the transition from sleeping with his mother to sleeping by himself takes some time. Of course, as an added bonus, if you get your baby to learn to sleep on his own you will also get some much needed rest yourself. To instill good sleeping habits in your baby, research and try to employ different baby sleep tips: try a lot of things and see what works for you, and don't be afraid to trust your instincts.

Many baby sleep tips center on the idea of establishing routines and associations for your child between nighttime and sleep. The sooner your child begins to associate bedtime with sleep, the more likely he is to be able to go to sleep without a fuss. A period that is often overlooked, however, in establishing day vs. night associations, is the period of "transition" - that is, the one between being awake and falling asleep. Here are some transitioning techniques to try:

Try what is sometimes called "fathering down." Just before placing the baby into bed, the father should cradle the baby in such a way that the baby's head rests on the father neck. The father should then talk gently to the child. Because the male's voice is much deeper than the female's, babies are often more soothed by it, and will fall asleep more easily after being exposed to it for some time.

You can also try what is sometimes referred to as "wearing down." This is effective if your baby has been active throughout the day and is too excited to go to bed easily. All you have to do is place your baby in a sling or carrier - "wear him" in other words - for about half an hour before his bedtime. Simply go about your regular household activities: being close to a parent and slowly rocked about before bedtime will provide your child with an easier transition from being awake to being asleep.

Finally, if you've exhausted other options, you can go for the tried and true method of "driving down." Most parents are probably familiar with this as a last resort: place your baby in the car and drive around for awhile until he falls asleep. This one, while inconvenient, usually works every time, and if you desperately need some sleep it can be a godsend.

Obviously, you don't want to do things like drive around every night to get your child to sleep. Nor do you want to have to carry him around in a sling. The idea, though, is to start with these

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more drastic techniques and then slowly ease out of them. Keep in mind what a major transition your baby is going through when he is tiny: he's never slept on his own before. He simply doesn't know how to transition himself from being awake to being asleep. By employing these transition techniques you will be slowly teaching him how to do so, and as they are gradually removed your baby will learn good sleeping habits, which will ensure that both you and your child get a good night's rest.

## **Baby Sleep Tips - Stick To A Routine**

There are many joys to being a new parent. Most new parents will agree, however, that one of the less than pleasant aspects of having a newborn is in dealing with the baby's sleep habits. A newborn baby will, of course, want to sleep a lot, which is completely natural. The difficult thing, though, is that the child needs to learn to sleep on his or her own. Until your newborn learns to go to sleep on his own, you will spend many sleepless nights tending to him when he wakes in the night. Good baby sleep tips involve developing a routine with your newborn at a young age, which helps ease the transition into more adult sleep habits.

It can be tempting, when dealing with a newborn, to succumb to the habit of allowing the baby to dictate his or her own sleeping habits entirely. As much as is reasonable, you should try to avoid this, and instead try and establish a routine in which your baby sleeping habits begin to mimic those of the rest of the household.

Developing a routine for your baby's sleep should follow two different tracts: first, you should be putting your baby to sleep in the same fashion each and every night. A typical routine would involve a feeding and changing, combined with some time for play. You should put your child to sleep at a point where he is tired, but still aware of what's going on. In this way, you establish the precedent that he falls asleep on his own, without you holding him or being in the room. This is crucial to ensuring better sleep habits for him down the road.

The second thing is to try and mold your baby's sleep habits. For example, you should discourage extensive napping throughout the day, as that increases the chance that the baby will be unable to sleep throughout the night. In a similar fashion, if he sleeps in too late during the morning hours, you should rouse him.

No parent wants to interfere with their baby's sleeping habits too extensively, and it is natural to want to avoid having to wake your baby up when he is sleeping, or to prevent him from napping when he wishes to do so. There are, however, subtler methods with which to direct your child's sleep patterns. For example, when your baby naps, you should make sure that he does so in a brightly lit room - this ensures that he won't nap for long periods of time, which will affect his nighttime sleep. There tendency amongst parents to make their baby as comfortable as possible when napping, which is, of course, entirely natural. But keep in mind that when you

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draw the curtains or turn out the light when your baby is napping, you are creating an environment where he is likely to nap for a long time, which isn't really helpful.

In general, you should think of an overall plan to develop sleeping routines for your baby that are in sync with those of the rest of the household. If you do this, you will find that not only your baby, but you yourself, will be getting a good night's rest.

## **Baby Sleep Tips - Feeding During The Day**

Every parent of a newborn will inevitably deal with many sleepless nights. Babies, of course, have many needs, and when they awake in the night they will cry for their mothers. One of your most important tasks as a parent is to establish good sleeping habits in your child. Every baby must go through a transition where he adjusts from sleeping with his mother to sleeping on his own. This is a natural transition of course, and takes some time, but there are things you can do to expedite the process. Not only will this help your child develop better sleep habits, it will allow you to get some much needed rest.

Many baby sleep tips exist, and every parent would be well advised to research many different baby sleep tips. It is important to keep in mind, however, that no baby sleep tip should be considered hard and fast rules. As a parent, your instincts know best, and when you are in doubt in regards to baby sleep tips remind yourself of this fact. Many first time parents experience insecurity in terms of whether their decisions and strategies are correct, and while you shouldn't be uninformed, you should always view baby sleep tips through the lens of your own parental instincts.

Now, one thing you should consider when trying to get your newborn to sleep better at night is what his feeding habits are. Oftentimes the child will be active and otherwise busy during the day, and won't be doing a lot of feeding. The problem with this, of course, is that he will then wake you repeatedly thought the night for feedings. A good technique, then, for getting your baby to sleep better at night is to "tank up" during the day. Try feeding every three hours during the day. This will not only ensure that you child's appetite is satisfied for the night, but will create an important association: you want your child to associate feeding with the daytime. If your child does wake up in the night for a feeding, try to get him to do one full feeding the first time he wakes up. If you don't do this, you encourage him to "snack" throughout the night - i.e. wake you up every couple hours.

Again, it is important to understand these baby feeding tips should not be taken as hard and fast rules, but rather as guidance. In a general way, you want to create both daytime and sleep associations for your child. You want him to associate feeding and play with something that happens during the day, and lullabies and baths as something that happens at night, before bed. By doing this you ease the transition between sleep and wakefulness, which is the ultimate goal in terms of putting your child to bed easily. If, however, your child doesn't want to feed

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every three hours, don't force him. Similarly, don't force a full feeding when you wake him at night. Rather, think of the bigger picture: by creating general habits and associations for your child, you will ensure a hasty and healthy sleep development.



## **Setting A Bedtime Ritual**

Any casual glance at child rearing guides will reveal that particular attention is paid to baby sleep habits. The reason is fairly obvious: one of the most difficult things for a new parent to get used to is dealing with constantly being awoken in the night by a newborn. There are no hard and fast rules to getting your baby to sleep well, as all newborns are different. There are, however, some baby sleep tips you can employ that will help. The important thing is to understand that your judgment as a parent is paramount: don't get stubborn with tips that don't seem to work, and try a wide variety and things to find out what works best for you and your baby.

A good place to start, in terms of baby sleep tips, is to establish a bedtime ritual for your baby. The reason that your newborn doesn't sleep well through the night at first is because he is used to falling asleep with his mother. When he awakes in the night he naturally cries for his mother - the only way he knows how to go back to sleep. As your newborn grows older a slow transition will occur whereby he learns to go to sleep on his own, and - more importantly - when he wakes in the night he can learn to fall back asleep on his own. Your goal as a parent is to try and speed up this transition as much as possible, the result will not only be a good night's rest for you, but a development of better sleeping habits for your child in the long term.

To get your child to sleep well on his own, focus on a consistent bedtime routine. Babies are very dependant on routines - their world is so narrow that they generally focus on only a few things throughout the day - the way to create transitions in their day, therefore, is to change how these things are presented to them.

For example, your bedtime routine may consist of a warm bath, a feeding and changing, and some rocking before bed. If you repeat this every night your baby will slowly begin to associate these things with sleep. Every night, then, your child will naturally start to fall into a "sleeping mode" when you do these things. If you are inconsistent, however - if, say, you only bathe him on odd nights, or change the order of bedtime events - you will confuse the child and he will be unsure of what happens next: he won't know whether he's going to sleep after his bath, or being read a story.

A bedtime routine should also employ spending a good amount of time with your baby. Even from a very young age, babies will learn to manipulate their parents, and if you don't spend

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enough time with your baby before he falls asleep, he will start to stretch out the bedtime ritual in order to spend more time with you.

In establishing a bedtime ritual for your child, your primary concerns should be to make it consistent. To ensure better sleeping habits for your baby, don't focus so much on what you do before bed, rather, pay attention to doing the same things in the same order every night.

## **Baby Sleep Tips - Making Your Baby Comfortable**

Often, it seems fairly random whether or not babies sleep well. New parents will often discuss how they were simply "lucky" with one child as opposed to another. While it is true that in many cases how your child sleeps is largely out of your control, there remains many baby sleep tips you can employ to encourage better sleeping habits. One of the most important is to ensure that your baby is comfortable when he goes to sleep.

Bedtime is a transitional period for your child, and your efforts to make him sleep better should revolve around getting him to learn to sleep on his own. One of the most important elements of achieving this is to create an environment where your baby is as comfortable as possible. For this reason, the before-bed routine should always consist of changing and feedings - the worst thing for a baby, in terms of sleeping well, is to be in want of something when he is put to bed.

You should also be trying to make your baby as physically comfortable as possible when putting him to sleep. One of the most commonly overlooked aspects of this is allowing your baby to breathe easily through the nose. Most people, but especially babies, depend on clear nasal passages for a good night's sleep. It's important to remove all airborne allergens in the baby's nursery: everything should be well dusted, and you should keep dust collecting items - like fuzzy blankets and stuffed animals - to a minimum. When your baby is very young it takes time for him to learn to breathe through his mouth, so you must carefully pay attention to his nasal breathing when putting him to sleep. If you notice the problem is persistent, you may benefit from installing an air filter in the room that is designed to remove dust particles and allergens - this also has the added bonus of creating a soothing hum that will help many babies sleep better.

You should also pay particular attention to your baby's clothing. All babies are different in terms of their preferences, and you have to watch them closely. In many cases, things that look comfortable to you - very snug outfits, for example - may not be comfortable for your particular baby. Try both tight and loose fitting clothes and see which ones your baby seems to prefer.

Finally, consider how well your baby sleeps with wet diapers. Most babies will sleep well through the night with a wet diaper, but some will not. If this is the case, you can often solve your baby's sleeping difficulties by giving him a change in the night.

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The main thing to keep in mind in terms of your babies comfort is to pay close attention, and to trust your instincts. Although it is tempting to follow guides and stick to hard and fast rules, remember that the adage "mother knows best" is generally true. So if your baby seems uncomfortable in his clothes, don't hesitate to change him into something that doesn't "look" as comfortable. If you trust your own judgments over those of guides in terms of your baby's comfort, it's likely that he will sleep much better.

## **Keeping Your Baby Relaxed Throughout The Day**

One of the greatest challenges for any new parent is getting their child to sleep throughout the night. This is very difficult at first, as the child has to make a transition from sleeping with his mother to sleeping on his own. Like anything else in life, this isn't something that happens instantly - it takes time for your child to learn how to do this. There are some things you can do, however, that will create a better environment for your baby to fall asleep in. While you ultimately can't control when or how your baby sleeps, you can, in many ways, stack the deck in your favor. In terms of baby sleep tips, a good one is making sure that your baby spends his daytime hours in a relaxed and peaceful state.

Going from a state of being awake to one of sleep is a big transition, and one that requires some time. Most of us are probably familiar with the fact that the more "awake" you are when you try to go to bed the longer it will take to fall asleep - that is, the wider the gap in the transition between being awake and asleep, the longer it will take to achieve sleep. The same is true, of course, for your baby.

It is important, therefore, to encourage restful and peaceful days for your child. Particularly in the time leading up to bed, you want create an extremely relaxed and stress-free environment for your baby. By doing so you will be helping to create a situation for your baby where the transition from wakefulness to sleep is as easy as possible. If your baby spends much of his day being held and rocked and kept otherwise peaceful, it's likely that this will carry through into the night, and he will fall asleep easily. If, on the other hand, your baby spends his day in stressful situations - if he is on his own a lot, for example, and has to cry for a while to be tended to - it's likely that this will carry over into the night as well, making it difficult for him to fall asleep.

Although it may seem a little strange, babies are like adults in that a stressful day will make it difficult for them to sleep - just keep in mind that your baby's stresses are very different than yours, though no less valid in terms of a good night's rest. Another thing that sometimes helps to keep your baby in a restful state is the use of a baby sling. Babies who spend a large part of their day being carried in a sling often sleep better than those who don't. Whether you use a sling or not, the general rule you should be trying to employ is to be with your baby throughout the day. Babies that spend a lot of time in the arms of their mothers are generally more relaxed and sleep better. Remember that when your baby is left on his own in his crib, it is often very stressful for him, and babies that spend their days like this often don't sleep well.

## **Baby Sleep Tips - Develop A Reasonable Attitude**

It's impossible to list all the different skills you need, and decisions that you have to make, as a new parent. Although you should try to educate yourself and talk to other parents, in most cases the best solution for any questions you may have is to follow your instincts. Parenting is, after all, one of the most natural things in the world. One of the most common and difficult things you'll deal with as the parent of a newborn is in getting your child to sleep well and throughout the night. Often, the process of achieving this seems to be a combination of science, art, and just plain luck. There are many baby sleep tips out there, and many of them are useful, but before you begin researching and applying them, you should develop a realistic and healthy attitude towards sleep. If you don't do this, you risk applying tips in a rigid and scattershot manner, which isn't likely to work.

One of the keys to this is understanding that you should be developing a long term goal, in terms of your baby's sleep habits. As much as any parent's short term goal is simply to get their child to go to sleep, so that she can get some sleep herself, you should be thinking of the long term goal of instilling healthy sleep habits in your child. A successful way to implement this goal is to be realistic and flexible. Your child is not going to sleep the same way or in the same manner every night. What you should be trying to do, therefore, is creating an environment that is conducive to sleep, so that your child can slowly learn to fall asleep on his own.

The best thing you can do is help your child develop an attitude in which sleep is both an enjoyable and secure state. Your child should think of sleep as a comforting thing that comes naturally. One way you can help foster this idea is by avoiding too much interference with your child's sleeping habits. Although it can be tempting to follow guides and implement rigid rules regarding your child's sleep, in many cases this can cause problems down the road.

If you rouse or put your child to bed at set hours, you may achieve a short term goal of getting some rest, but you may also be altering your child's attitudes towards sleep. Instead of thinking of sleep as an enjoyable activity, he will begin to think of it as something he "has to do" like eating his dinner. By altering your child's attitude towards sleep in this way - by making him think of it as a task rather than an enjoyable activity - you risk problems developing later.

In older children and adults who have sleeping problems, doctors can often trace the source of the problem back to sleeping habits enforced at an extremely young age. If as a baby the

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subject was put to bed at a set hour, for example, regardless of weather he was tired or not. By trying to stay more in tune with how your baby is feeling and what he wants, you will encourage a healthier attitude towards sleep, which will benefit both you and your child in the future.

## **Baby Sleep Tips - Create A Familiar Environment**

All newborns are, of course, different. Some sleep better than others at a young age, which prompts many parents to trade stories of how "lucky" or "unlucky" they were with a given child. There is, no doubt, a certain amount of mystery to getting a child to sleep well and through the night on his own. Nevertheless, a plethora of baby sleep tips exist intended to speed up the process which your child goes through before sleeping on his own.

Getting your child to sleep on his own in a timely fashion involves speeding up a natural transition: the one from sleeping with his mother to sleeping on his own. At first, when your baby wakes up in the middle of the night, he will cry for his mother, as this is the only way he knows how to fall asleep. One of the things you must do as a parent is help create the best environment for your baby to fall asleep on his own.

Many people naturally assume that the best environment for sleep is one of total silence: most of us are familiar with having to tiptoe around a sleeping baby's room. Although a quiet environment is the best one for most adults, you'd be well advised to remember where your newborn baby has been sleeping for the past nine months: in his mother's womb. In the womb, of course, your newborn slept in many situations that were far from quiet - when the mother was out in public, or socializing with other people. For this reason a newborn baby will often sleep better by being exposed to some quiet background noise.

You should be trying to allow some ambient "white noise" to be around your baby when he goes to sleep. Sudden loud noises will, of course, rouse him, but in most cases some background chatter and other soothing noises will help the sleep process: most adults, I'm sure, can likely remember falling asleep to the sounds of their parents and their friends having a conversation.

There are products marketed to new parents to create these ambient noises - most notably audio CDs containing tracks of soothing noise. It usually isn't necessary to buy these, however - in most cases simply leaving the door to the baby's nursery ajar will do the trick. In a similar vein, if your baby falls asleep around company, allow him to stay there rather than moving him to a quiet room.



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By helping to create the best possible environment for your baby's sleep, you help him learn to fall asleep in his own. Often a humming noise can help - we all know how easy it can be to fall asleep in a moving car - so having a humidifier or fan in the baby's room can often do wonders.

Whatever solution you choose, remember that it needn't be overly complicated. Simply leave the door ajar, or let your baby sleep in the company of others. Contrary to what many people intuitively think, if you keep your baby from sleeping in total silence, he'll often sleep much better.

## **Baby Sleep Tips - The Ferber Method**

One of the most important things in getting your baby to sleep properly is for your baby to learn to sleep on his or her own. The reason it is so difficult for many parents - why parents of a newborn suffer from so many sleepless nights - is because your baby, at first, isn't used to sleeping on his own, and when he wakes up in the night he cries for his mother: being in the presence of his mother is only way he knows how to get to sleep. It is natural that this transition from sleeping with the mother, to sleeping on his own, will take some time for your baby. Many baby sleep tips involve setting up a strict nighttime routine, and introducing objects - such as stuffed animals - into the bed that your baby can associate with sleep. If you find after some months that your baby is still not able to sleep on his own, you can try what is known as the Ferber method.

Invented by Dr. Richard Ferber, the Ferber method is the most common way of weaning your child away from the mother, in terms of his sleep habits. It is usually successful within a couple of weeks. Nevertheless, it is important that you choose a week where you can afford to lose some sleep to begin the Ferber method. Especially at the beginning of the process, the Ferber method does require that you spend a lot of time listening to your baby crying, and if you attempt it at a time when you are desperate to sleep, you run the risk of breaking down and allowing your child to sleep with you, or sleeping in the room with him. If you do so you risk undoing a lot of work that you will have put into the method.

The first night you attempt the Ferber method, put your child to bed as you normally do. Your baby should be tired but still awake when you put him to bed, so that he is left to fall asleep on his own. After you leave the room, the baby will inevitably start crying. Allow him to cry for about 5 minutes, then re-enter the room to console him. It's important that you stay in the room for only a short time - even if he is still crying - and that you don't pick him up or rock him. This second time you leave the room, wait 10 minutes before returning in the same manner. The third time wait 15 minutes, and set this as a maximum wait time for the rest of the night.

Every time thereafter, enter the room briefly and then allow your child to cry for 15 minutes. Eventually, he will fall asleep on his own during one of the 15 minute intervals in which you are out of the room. The second night, you should begin with a 10 minute wait before re-entering the room, followed by 15 and then 20 minutes. In a similar fashion, increase your initial and subsequent wait times by 5 minutes each night.

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Using this method your child will soon learn to go to sleep on his own. Although it can be difficult to listen to your baby cry, understand that the Ferber method is a safe and effective way of getting your baby to learn to sleep on his own.

## **Baby Sleep Tips - Developing Sleep Associations**

Everyone who has had the experience of being a parent knows all too well the difficulties of getting your baby to sleep soundly throughout the night. The dark circles around the eyes of new parents are usually familiar to all those that have been around them. In terms of baby sleep tips, one of the most important things you must try and establish as a parent is getting your baby to learn to fall asleep on his own. The process by which your child begins to fall asleep on his own is one that involves a natural transition from falling asleep with the mother to falling asleep in an independent fashion. One of the best ways in which you can speed up this transition is to encourage your child to develop sleep associations that he or she can recreate independently.

Naturally, everyone - and babies in particular - will develop sleep associations. These are the things that you associate with bedtime, and allow you to create an environment in which it is easy to fall asleep. When your baby is at an extremely young age, he will naturally develop sleep associations involving the mother, as he will often fall asleep in her arms. As you attempt to get your baby to sleep in his own, however, it is crucial that you work to change these associations.

If you always put your child to sleep by holding him, or allowing him to use a pacifier, you create a sleep association with these things. Then, when your child wakes up in the middle of the night, he can't go back to sleep on his own because he is unable to recreate his sleeping environment without you: he needs you to feed him or rock him in order to sleep.

As you begin to try and get your child to sleep on his own, you should introduce items into his sleeping routine that he can sleep with, such as a particular blanket or a stuffed animal. What this will do is create associations for your child with these items for sleep. Then, when he awakes in the middle of the night, he will be able to recreate a sleeping environment without your assistance by grabbing his stuffed animal, etc. It can also be beneficial to introduce "transitional items" into your baby's bedtime routine: Allow him to have his stuffed animal or blanket with him during a final feeding and before-bedtime activities, and allow him to take these things with him to bed.

No matter what you do, your child is going to be creating his or her own sleep associations. Your job is to try and create associations with items that are under his or her control. By giving your child as much control over his sleeping environment as possible, you allow him to begin to

achieve sleep independently. The most difficult transition in early parenting is the one towards independent sleep for your child, and if you introduce new items into your child's sleeping place, you will hasten this transition, which will soon allow both you and your child to get a good night's rest.



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