



**AN AGE SPECIFIC MODULE:
WORKING WITH INFANTS,
BIRTH TO 12 MONTHS**



...Developing top-notch caregivers, one inservice at a time.



An Age Specific Module:

WORKING WITH INFANTS, BIRTH TO 12 MONTHS

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

List at least two ways you can help with both breast and bottle feeding.



Describe the safest position for a sleeping baby.



Describe at least 3 ways to "play" with a baby and tell why play is so important.



Demonstrate changing a diaper, dressing and caring for a baby's sensitive skin.



Recognize and respond appropriately to common childhood illnesses, including reflux, fever, thrush and ear infections.



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An Age Specific Module:

Working with Infants, Birth to 12 Months

EAT, SLEEP, PLAY, POOP...REPEAT!

If you're lucky enough to work with infants, you probably love your job!

After all, infants are cute, cuddly, sweet, happy, smiling, cooing and gurgling, right?

Except when they're not! Sometimes, infants can be red-faced, screaming, fussy, smelly and demanding!

Working with infants can be both *wonderful* and *frustrating* at the same time.

The good news is that all babies have the same basic needs. They need to eat, they need to sleep, they need time to play . . . and they need to dirty some diapers!

Around the clock, babies follow the same basic pattern: ***Eat, sleep, play, poop . . . repeat!***

When you recognize this routine, you'll learn how to keep all babies cute, cuddly and sweet! And, you'll avoid the red-faced, screaming, fussy, and demanding side of the baby!

The tricky part comes when you realize that all

babies are just a little bit different. So, even though you'll get plenty of information about all of the baby's needs in this inservice, you'll still have to re-learn the basics with each new baby.

For example, one baby may like to eat just before falling asleep. Another baby may need to eat when he wakes up.

One baby may tolerate 20 minutes of play time before becoming fussy. Another may only need 10 minutes.

So how can you know the best way to take care of babies? It's important to:

- Use your common sense . . . keeping the baby's safety in mind at all times.
- Learn all you can about the recommended ways to care for babies.
- Follow the care plan developed for each baby.

Keep reading to learn all these things—and more! And, you'll keep all those cute, cuddly babies happy and smiling!



COMMON 1ST YEAR MILESTONES

1 Month

- Raises head when on stomach.
- Keep hands in tight fists.
- Focus 8-12 inches away, prefers the human face over other patterns
- Startles or blinks in response to noises.

3 Months

- Opens and closes hands.
- Brings hands to mouth.
- Grabs and shakes hand toys.
- Make cooing sounds.
- Smiles at familiar faces.



4 to 7 Months

- Rolls over both ways (stomach to back, back to stomach).
- Sits up with, and then without, support of hands.
- Reaches for object with one hand using the raking grasp.
- Transfers objects from hand to hand.
- Supports whole weight when on legs when held upright.
- Explores objects with hands and mouth.
- Explores objects by banging and shaking.
- Laughs.
- Babbles consonants (like ba-ba-ba-ba-ba).

8 to 12 Months

- Gets in and out of a seated position independently.
- Gets on hands-and-knees position and crawl.
- Pulls self up to a standing position, walks holding on to furniture, and, eventually, takes a few steps without support.
- Uses pincer grasp (thumb and first finger)
- Begins to do more functional activities, such as hold a spoon or turn pages in a book.
- Says "mama" and "dada" and uses these terms specifically referring to a parent.
- Uses exclamations such as "oh-oh!"
- May say first word.
- Becomes shy around strangers.
- Cries when mom or dad leaves.



Fun Facts!

- At birth, babies only see bright colors that are full of contrast. Full color vision isn't developed until babies are 3 to 4 months old.
- One of the first sounds an infant makes is "ba." In many languages, "ba" means "baby".
- An average newborn doubles its weight by six months and triples it by the end of the first year.
- A newborn's head accounts for 25% of its entire weight! And, a baby's brain grows fast in the first 18 months—more than doubling its size.
- Babies are always born with blue eyes, although the color may change a few moments after delivery.

WHAT'S NEW?

Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!



"Every baby born into the world is a finer one than the last."

~ Charles Dickens



WHAT EXCITES YOU?

STARTING SOLID FOODS

Giving babies their first solid food is exciting! But, be careful! It can be dangerous if baby is not ready.

Most doctors agree that babies are ready for solid foods between four and six months of age.

You'll know the baby is ready when he:

- Sits upright with some support.
- Watches carefully as others eat.
- "Mooches," or reaches for food on your plate.
- Copies eating motions, (opens mouth when caregiver opens mouth to eat.

Introduce one new food at a time: first fruits, then vegetables and finally meats—to make sure that the baby isn't allergic to a particular food.)

ALL ABOUT EATING!

Feeding time for babies is a very special time—providing nourishment and social interaction at the same time.

HELPING WITH BREAST FEEDING

- If your client is breast feeding, encourage her to sit in a chair with good back support and cradle her baby close to her breast. Add support by placing a pillow or "Boppy" under the mother's arms.
- Encourage a nursing mother not to become discouraged. Babies must learn how to breast feed. *TIP:* Tell the mother to stroke the baby's lower lip with her nipple.

This triggers a rooting reflex that makes the baby open it's mouth.

- Remind the mother to offer *both* breasts. It's a good idea to start with the left breast at one feeding and the right breast at the next feeding. *TIP:* Tell the mother to let the baby nurse on the first breast until the breast feels soft. Then, burp the baby, and offer the second breast.

HELPING WITH BOTTLE FEEDING

- When bottle feeding a baby, sit in a chair with some arm support or put a pillow or "Boppy" on your lap. Cradle the baby in one arm and hold the bottle with the other. The baby's head should rest at the bend of your elbow and it should be raised slightly to help with swallowing.

cheat the baby of its bonding experience, it isn't safe! Propped bottles can cause choking if the baby can't move and take a break from sucking. (See page 11 for more on choking.)

- **Serve formula at room temperature.** Never use a microwave to heat a bottle as it heats unevenly and could cause burns to the baby's mouth. Instead, put the filled bottle in a pan of hot water and let it stand for a few minutes. Be sure to test the temperature by putting a few drops of formula on your wrist before offering to the baby.
- Never leave a baby by itself with a bottle! Not only does this

Remember—it's better to feed babies on demand. They have small stomachs and need to eat frequently. Most newborn babies need to eat 8 to 10 times a day. By two months of age, it drops to 5 to 7 feedings a day. However, each baby is an *individual* and may eat more or less often than average.

- Be sure to burp babies often! *TIP:* Let the baby sit in a semi-reclined position for a minute or two before burping. Gravity helps gas bubbles get to the top of the stomach making burping easier.



WHAT'S THE DEAL WITH SPIT-UP?

All babies spit-up! It's messy . . . but it's totally normal and usually doesn't mean anything is wrong.

- Normal spitting-up is usually worse around 4 months of age and generally goes away by 12 months.
- Spitting up is normal when it is just a small amount, doesn't seem to hurt the baby, and doesn't interfere with weight gain.

Signs that spitting up is NOT normal include:

- Spitting up large amounts (like the entire feeding).
- Projectile vomiting. This is when the milk forcefully shoots out of the mouth.
- Spit up that seems painful to the baby. (Back arching, crying)
- Slow or stalled weight gain.
- Fewer wet diapers than normal.

SOME THINGS THAT COULD BE WRONG INCLUDE:

INFANT ACID REFLUX: This is when the contents of the stomach back up into the esophagus. It can be painful for the baby because it burns the back of the throat and nose as it comes out.

When caring for a baby with acid reflux:

- Give smaller, more frequent feedings.
- Stop feedings to burp the baby every few minutes.
- Keep baby upright for at least 20 minutes after feedings by holding him with his head on your shoulder and feet stretched down by your hips.
- Sitting up in a bouncer or swing just after feedings will make reflux worse. Babies do not have the muscle tone to sit up straight, so the baby will scrunch down, putting additional pressure on the stomach.
- Medication may be needed if symptoms worsen.

PYLORIC STENOSIS: Pyloric stenosis is a condition in infants that affects the pyloric sphincter (the muscle that connects the stomach and small intestine).

The muscle becomes abnormally large and blocks food from leaving the stomach. Symptoms include forceful vomiting, dehydration and weight loss.

Emergency surgical treatment is needed to correct the problem.



TALK ABOUT IT!

OPEN THE DISCUSSION!

Do you think you can you "spoil" a newborn baby?

Some people believe that you should not hold a baby too much or comfort every cry because it will "spoil" the baby.

The truth is that it is impossible to spoil a baby!

Babies cry as a way to communicate . . . and they are not able to manipulate you, like older children can.

Talk to your co-workers and supervisor. Find out what they think. You'll be surprised how many people believe you can actually spoil a baby!

"Getting a burp out of your little thing is probably the greatest satisfaction I've come across. It's truly one of life's most satisfying moments."

~ Brad Pitt (on his new child)



CONNECT IT NOW!

OPEN THE DISCUSSION!

You are caring for a family with a 3 month old baby. The parents are young and have no experience with babies.

On your first day, you notice there seems to be no schedule or routine. The baby is fussy and the parents are exhausted.

On a separate sheet of paper, write down an appropriate sleeping and feeding schedule for this baby that the parents can begin to follow right away.

Share your schedule with your supervisor and find out what she would do.

“Baby’s room should be close enough so that you can hear baby cry, unless you want to sleep, in which case baby’s room should be in Peru.”

~ Dave Barry

ALL ABOUT SLEEPING!

Babies like to sleep! Newborns sleep about 17 hours every day—usually two to three hours at a time.

- At first, babies tend to sleep more during the day than at night because they don’t know the difference. They need to be “taught” to do most of their sleeping at night.
- Usually, newborns wake every few hours because they are hungry. As they get older, they can go longer between feedings. The average 6 month old should be able to sleep 5 hours in a row. But, keep in mind that each baby’s needs are different.
- Babies shouldn’t be expected to put themselves to sleep until they are at least 3 to 4 months old. Until then, they may need to be rocked or cuddled. A bed time routine is important from the very beginning.
- When putting babies to bed, always lay them on their backs! This is the only safe sleeping position for babies. It helps reduce the risk of SIDS.
- Be sure to vary the position of the baby’s head while it is sleeping to help prevent the head from becoming flat in the back or on one side.
- Around 6 months, when babies are able to roll over on their own, it’s generally safe for them to sleep on their stomachs. It’s still a good idea to put them to bed on their backs and let them move into another position on their own.
- It’s important for babies to have a safe place to sleep. The best place is a crib. Avoid letting babies regularly sleep in swings, car seats or strollers.
- A reminder—Don’t put pillows, stuffed animals or loose blankets in the crib with baby. The baby could suffocate on these items. *See more about crib safety on page 11.*
- Encourage clients not to sleep with their babies in an adult bed. Not only could this cause sleep problems, it’s also a safety concern. For example, babies can become trapped between the mattress and bed frame or wall and bed frame.



MORE ABOUT SUDDEN INFANT DEATH SYNDROME (SIDS)

- *SIDS is responsible for the deaths of over 2,200 healthy babies in the U.S. each year. Most deaths happen between 2 and 4 months of age.*
- **Who is at risk?** *Male; premature; black or American Indian; live with a smoker; have a serious illness; or if they are put to sleep on their stomachs.*
- **Prevention includes:** *Putting babies on their backs to sleep; not smoking around babies; and not putting babies on water beds, fluffy padding, lambskin or quilts.*

ALL ABOUT CHANGING DIAPERS!

Some babies have up to 10 bowel movements a day. Breast fed babies tend to have more bowel movements than formula fed babies.

- Keep in mind that each baby has its own schedule, but if a baby has several “poop free” days in a row, it may be a good idea to let your supervisor know about it.
- Remember that most babies have *at least* 6 wet diapers a day.
- Whether you’re changing a wet or dirty diaper, remember to clean baby’s bottom and genitals with an unscented, alcohol-free wipe or a wash cloth with warm water and soap. Pat—don’t scrub—a baby’s bottom.
- Do not use baby powder or cornstarch. These substances may irritate the baby’s lungs.
- If the baby’s umbilical cord stump is still attached, it’s important to keep it dry so that it won’t become infected. Try to fold the diaper *below* the stump until it dries up and falls off. *TIP:* if the umbilical cord stump becomes red or begins to smell, call your supervisor.
- Try not to put the diaper on too tightly. Not only will the baby be unhappy, but the diaper could irritate or break the baby’s skin.
- When changing a little boy’s diaper, it’s a good idea to cover his penis with a clean cloth so that you don’t get “sprayed”. Also, point his penis down into the clean diaper so that his shirt won’t get wet next time he urinates.
- Check with your supervisor to see if you’re allowed to care for a newly circumcised baby boy.
- When changing the diaper of an uncircumcised baby boy, clean his penis with soap and water. Don’t try to pull back the foreskin.
- When changing a little girl’s diaper, remember to wipe from front to back to avoid getting bacteria from her anal area in her vagina or urinary tract.

THE DISH ON DIAPER RASH

Diaper rash is usually not a serious condition. It’s seen most often in babies between 9 and 12 months old.

- ***The symptoms of diaper rash are:*** Warm, reddish, puffy skin in the diaper area, and a fussy baby.
- ***Diaper rash is caused by:*** Long term exposure to stool and urine, certain foods, tight-fitting diapers, use of antibiotics or bacterial or yeast infections.
- ***Diaper rash is treated with:*** Over-the-counter and/or prescription creams
- ***Call the doctor if a baby has:*** Fever, blisters or boils, bleeding and crusty areas, bright red spots that form a solid red area, or pus or discharge.



GET OUT!

THINK OUTSIDE OF THE BOX!

You are caring for a three day old infant whose mother is determined to breast feed.

Unfortunately, the baby is having trouble latching on and the mother’s milk has not come in yet.

You look over the chart at the last 24 hours and see the baby has only had one wet diaper and no bowel movements.

You offer to contact a lactation consultant and the mother agrees. But, in the mean time . . . this baby needs some nourishment.

What will you do?

“Laughter is like changing a baby’s diaper. It doesn’t permanently solve any problems, but it makes things more acceptable for a while.”

~Author Unknown



THINK ABOUT IT!

HOW IMPORTANT IS CRAWLING?

The "Back to Sleep" campaign is a great way to remind parents to put babies to sleep on their backs to prevent SIDS.

However, since the campaign started in 1994, more babies seem to be crawling later or skipping it completely.

The jury is still out on whether skipping crawling is a problem. Some experts say it delays muscle and brain development. Other says it doesn't matter at all.

Either way, the best way to make sure babies meet the crawling milestone is to provide plenty of "Tummy Time" every day!

"Babies are such a nice way to start people."

~ Don Herold

ALL ABOUT PLAYING!

The more you play with infants, the more they learn. Everything they feel, see, smell, hear, taste and touch helps them learn.

- Babies enjoy hearing your voice. Be sure to talk, hum or sing to them.
- Play music. Lullabies will soothe a fussy baby. Any music with a steady beat will stimulate and get the baby curious, alert and ready to learn!
- Babies enjoy seeing your face and the many expressions you can make with it. As babies get older, it's fun to play games like hide-n-seek and pat-a-cake.
- Try to give babies the opportunity to move around. Put a blanket on the floor and let the baby wiggle and kick. Remember not to leave the baby alone.
- Provide "Tummy Time" every day. Place the baby on his tummy on the floor. Watch him raise his head, shoulders and hips off the floor. This is great exercise! It develops the muscles he will need later to push up, roll over, sit up, crawl, and pull to a stand.
- Toys are great fun for babies. Avoid giving babies any small toys or objects—or toys that could break into smaller pieces. Also, beware of toys that belong to older siblings. They aren't meant for babies.
- During "Tummy Time" place toys to the left and right of the baby on the floor. This will get him moving his head and neck. Place a toy just out of reach in front of him and encourage him to reach for it.
- Go outside every day! Babies need fresh air and sunshine to be healthy. Take a walk, sit on the porch, or lay on a blanket on the grass.
- Use swings and bouncers, if available. This gear is useful for short periods of time. They are usually brightly colored with lights and sounds to stimulate babies.
 - Never leave a baby unattended in a swing or bouncer.
 - Never place bouncers on an elevated surface like a table, countertop or couch. Bouncers scoot (or move a little) each time the baby bounces . . . and could scoot right off the elevated surface after a few bounces.
- Read to the baby. Nursery rhymes, simple stories or just picture books will interest the baby and set up a lifelong love of reading!



Watch for clues that the baby is getting over-stimulated or over-tired. Provide rest time if you notice the baby turning or looking away from you, closing eyes, fussing, tensing up and arching back, or clenching fists.

ALL ABOUT CRYING!

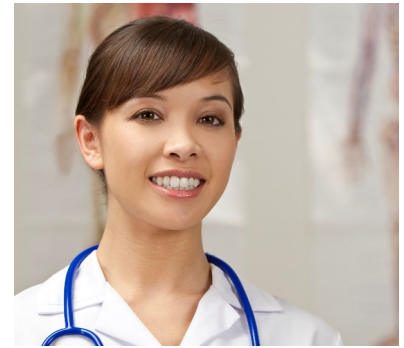
It's normal for babies to cry. At six weeks of age, the average baby cries between 2 to 3 hours a day. It's their way of communicating and letting out tension.

Babies cry for a number of common reasons, including:

- Hunger.
- Wet or dirty diapers.
- Gas or indigestion.
- Uncomfortable clothing or body position.
- Being too warm or too cold.
- Boredom, fear or loneliness.
- Being over-stimulated or over-tired.
- Comforting crying or fussy babies can be tricky! Try starting with the obvious—change the diaper, offer food, check clothing for tightness, hold and cuddle the baby and/or offer a pacifier.
- If you think gas is the problem, try rocking the baby face down in your lap or gently massaging the baby's stomach.
- If the baby is still crying, try keeping the baby in motion, singing or humming to the baby, patting the baby's back in a rhythmic motion or using an infant sling to keep the baby close to your body.
- **Never shake an infant!** The number one reason that adults shake a baby is because they are frustrated by its constant crying. Taking frustration out on a baby is considered abuse and can be deadly.

ALL ABOUT PACIFIERS

- Most babies have a strong desire to suck. Often, they suck just to calm themselves. Some babies suck on their fingers, fist, or thumb, but many babies prefer pacifiers.
- It's not harmful for babies to use pacifiers, but it's better if they don't use them until they are "good" at sucking during feeding time.
- Pacifiers come in many different styles and with a variety of nipple shapes. You may have to try different types before you find the one that suits a baby best. Keep in mind that one size does not fit all.
- **Don't** tie a string or ribbon to the pacifier! It could get caught around the baby's neck. Instead, use a short elastic strap that clips onto baby's clothing.



THE NEXT STEP!

APPLY WHAT YOU'VE LEARNED

You are caring for a 2 month old baby who has been fussy and crying throughout the day.

You've changed the diaper, offered a bottle, cuddled, rocked and sang a few songs, but nothing has worked!

Think of at least 3 other things you might try.

Share your ideas with your co-workers and supervisor. Find out what they would try in this situation.

"A crying baby is the best form of birth control."

~ Carole Tabron



SKIN CARE

A baby's skin is very sensitive and more delicate than an adult's. As a result, babies seem to develop all sorts of rashes, such as:

- **Drool rash** is a red rash on a baby's cheeks and chin. It's caused by food and drool. Tip: Clean baby's skin right after feeding or spitting up.
- **Milia** are very tiny white spots on the nose and cheeks. They are usually present at birth and eventually disappear.
- **Cradle cap** is a crusty, scaly skin on baby's scalp. Tip: Rub oil on baby's head and gently rub off the scales with a soft brush.
- **Heat rash** is fine red bumps or spots on the neck, chest, arms or upper back. This is a harmless rash that develops in hot, humid weather or with a fever. Tip: Don't dress baby too warmly.

BATHING DRESSING & SKIN CARE

Bathing babies can be a lot of fun! Most babies seem to enjoy playing in water. It can be calming for them, too.

- Until the umbilical cord area is completely healed, you should give babies a sponge bath using a washcloth, mild soap and water.
- Once babies are ready for a real bath, you can use the sink, the bathtub or a plastic dish tub placed inside the sink or the tub.
- Be sure to have all the necessary supplies—washcloth, soap, towel, diapers and clean clothes—ready within your reach before you begin the bath. ***Never leave a baby alone during a bath! It takes just seconds for a baby to drown.***
- Make sure the room is warm and comfortable to keep the baby from becoming chilled.
- Undress the baby first and remove the diaper last. If the diaper is dirty, clean baby's bottom before the bath.
- Bathe the cleanest parts first. Start with the eyes and head, then work your way down to the feet, saving the genitals and anal area for last.
- Be sure to clean inside the folds of skin and to rinse them well with water. Soap left on the skin can be very irritating.
- When drying babies, pat the skin thoroughly with a towel. Try not to rub because this can break down the skin.
- Use a nail file to shorten and smooth fingernails.

DRESSING BABIES

Dressing babies can be a challenge! Be sure that you dress them on a safe surface—like a changing table or a bed. And don't leave them alone . . . even for one second. They could wiggle around and fall off.

- When putting on a shirt that doesn't button, use both hands and pull the opening carefully over the baby's head. Then, very gently, pull one arm at a time through the sleeves.
- When putting on pants, tights or socks, be sure to scrunch them in your hands first, then slowly slip them on to the baby.
- When dressing a baby in a one piece outfit that snaps, buttons or zips in the back, put the outfit on—legs first, then arms. Very gently roll the baby over on its tummy to snap, button or zip. When finished, carefully roll the baby onto its back once again.
- Avoid overdressing babies. If they get too warm, they could become overheated.
- In cool weather, it's a good idea to use a hat or stocking cap.

KEEPING BABY SAFE

Babies can get into all kinds of things. And, they don't know what is safe and what is dangerous. Take time to make the environment safe and teach the parents how to avoid tragic accidents.

- Babies want to put everything into their mouths. To help prevent choking, never let them play with small objects—like coins, balloons, toys, rocks, buttons, marbles and stones. Small bits of food—like grapes, nuts, hotdogs, popcorn, raisins and candy are also a hazard.
- Call 911 immediately if an infant swallows a small object.
- To help prevent an infant from being strangled, don't tie strings, ribbons, cords, necklaces and pacifiers around the baby's neck at any time. Also, keep wall decorations away from the crib if they have streamers, ribbons and strings attached to them. Mini-blind cords are a hazard, too! Keep the crib away from windows.
- Keep all dry cleaning bags, shopping bags and garbage bags away from babies. They can cling to their faces and cause death by suffocation.
- Keep babies away from second-hand smoke. Cigarette stubs in ashtrays can be a hazard, too. If babies eat the "left-overs," they could get nicotine poisoning.
- A good tip: Get down on your hands and knees and look around your environment from a baby's view point. This will help you spot dangerous objects (such as house plants and lamp cords).
- Be sure to cover all electrical outlets not in use with safety caps and keep appliances and cords away from baby.
- To protect babies from germs, wash your hands (and baby's hands) with soap and water often—especially after changing dirty diapers.
- To help prevent drowning, **never** leave a baby alone—in or near water. Infants can drown in a minute in less than one inch of water.
- To help prevent poisoning, keep all medicines and cleaning solutions in a secure place. Keep chemicals in the original containers. Call your local poison control or doctor if you suspect poisoning. As always, let your supervisor know!
- To help prevent falls, use baby safety gates to keep babies away from stairs and other unsafe areas. Also, use safety belts in shopping carts, strollers, high chairs and swings. And never leave babies alone on beds, changing tables, sofas or any other high place.
- Inform your clients that car seats are required for babies. It's the law in all 50 states. The back seat is the safest place to put the car seat.



SCARY STATS

KNOW THE FACTS!

- More infants die in accidental home injuries than any other childhood age group.
- An average of 486 infants die each year in the US as a result of home injury. Most are due to choking and suffocation.
- Accidental poisonings are the second leading cause of injury for children less than 5 years of age.
- Falls also account for nearly half of the nonfatal injuries experienced by children less than one year old.

"If your home contains a sharp, toxic object, your baby will locate it; if your home contains no such object, your baby will try to obtain one via mail order."

~ Dave Barry



FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. All babies have the same basic needs. They need to eat, they need to sleep, they need time to play . . . and they need to dirty some diapers!
2. Feeding time for babies is a very special time—providing nourishment and social interaction at the same time.
3. Newborns sleep about 17 hours every day—usually two to three hours at a time.
4. When putting babies to bed, always lay them on their backs! This is the only safe sleeping position for babies.
5. It's normal for babies to cry. At six weeks of age, the average baby cries between 2 to 3 hours a day. It's their way of communicating and letting out tension.

BABY EQUIPMENT SAFETY TIPS

Encourage your clients to follow these safety tips:

- **Bath Tub Rings/Seats.** Beware of bath tub rings/seats as they give a false sense of security. The rings/seats can tip over and babies can climb out of them. Never leave a baby alone in a bath!
- **Car Seats.** It's important that a car seat matches the baby's age, weight and height and that it is used correctly. Infant-only car seats give the best protection for a newborn. Use the 5 point harness and remember that babies must ride facing the rear of the car until they are 12 months old and weigh 20 pounds. Don't use a car seat that's more than 6 years old or one that's been in an accident. Never use a car seat near an airbag!
- **Changing Tables.** The table should have safety straps and shelves or drawers that are easily available so that all your supplies are handy. Always keep one hand on baby when using a changing table. Most babies roll over at 4 months, but it could happen at anytime.
- **Cribs.** The slats of the crib shouldn't be more than 2-3/8 inches apart. Make sure there aren't any loose, cracked or missing slats. To prevent suffocation, the mattress should fit snugly between the head and footboards. (You should not be able to fit more than one finger between the edge of the mattress and the sides of the crib.)
- **Strollers**— Never leave a baby alone in a stroller! Even infants who are only a few weeks old can creep and move while sleeping. They may slip feet first through the leg opening of a stroller.
- **Infant Seats/Carriers.** Seats/carriers should have a wide, sturdy base for stability. Always use the safety belts. Never place on a table or counter.
- **High Chairs.** Any high chair you use should have both a waist and a "crotch" strap. The tray should lock securely.
- **Infant Swings.** Make sure the straps are secure. If the straps become loose or unbuckled, an infant can become tangled and/or strangled.
- **Play Pens.** The netting of the play pen should have a small weave (no more than 1/4 inch) and shouldn't have any holes, tears or loose threads. The drop sides of mesh-sided playpens and portable cribs should always be up and locked in position whenever in use. If used with the sides down, the baby could roll into the space between the mattress and the mesh side and suffocate.
- **Toys.** Check the recommended "age range" on all toy labels before giving them to a baby. Also, test objects to be sure that they're larger than a baby's mouth: 1-3/8 inches by 2 inches and 1-3/16 inches deep.

CHECK FOR RECALLS AND UPDATES

Visit www.safetyalerts.com for a list of items and manufacturers.
Go to www.cpsc.gov for warnings and alerts about baby equipment.

COMMON MEDICAL PROBLEMS



Since infants can't tell you how they're feeling, you need to watch for clues that something is wrong. Let your supervisor know if you notice any of the following:

- **Fever.** A body temperature that's above normal is considered a fever. In infants and young children, "above normal" is a temperature higher than 100.4° F rectally, 99° F under the arm, and 99.5° F by mouth. For babies under 4 weeks old, any fever should be cause for concern.
- **Dehydration.** An excessive loss of body fluids causes the body to become dehydrated. Infants tend to lose body fluids quickly when they are sick. *Signs/symptoms of dehydration include: dry mouth, dry and/or sunken eyes, listlessness, irritability and no wet diaper for 4 to 5 hours.*
- **Diarrhea.** Stools are considered diarrhea when they are frequent, very loose, watery and/or forceful . In severe diarrhea, there may be blood in the stool, a fever, stomach pains and/or unusual sleepiness.
- **Vomiting.** "Throwing up" is very common in young children. It can be caused by many things including colds, ear infections and stomach viruses. Vomiting is different from "spitting up".
- **Jaundice.** A yellowish coloring of the skin and eyes is called jaundice. More than 50% of all full-term babies and 80% of premature infants develop this condition in the first few days of life. It usually doesn't cause any discomfort and will go away in a week or two. But, some babies do need special treatment to get rid of it.

Some common illnesses that affect infants and young children are:

- **Ear Infections.** More than 10 million children are treated for ear infections every year—usually after having a cold. Ear infections can be very painful. Most ear infections are treated with antibiotics. Without treatment, the eardrums could rupture. *Signs and symptoms include: fever, listlessness, loss of appetite, irritability. An infant may rub, pull or tug on ears and may not hear sounds.*
- **Conjunctivitis.** Also called "pink eye", conjunctivitis is an infection of the eyelid and eyeball. It can be caused by a virus, a bacteria, allergies or clogged tear ducts. Conjunctivitis is very contagious and may require antibiotic eye drops. *Signs and symptoms include: redness, itchiness, gritty feeling in one or both eyes, a watery or green/yellow mucus that forms a crust during the night.*
- **Thrush.** This condition develops in babies' mouths due to a fungus or yeast infection. Special medicine is needed to treat this. *Signs and symptoms include: white, flaky, thick patches that cover all or part of the tongue, lips, and walls of the mouth. These patches don't wipe off easily, but if removed, red areas may be seen on the tongue.*

WHAT I KNOW NOW!

Now that you've read this inservice on working with infants, jot down a couple of things you learned that you didn't know before.

"Babies have big heads and big eyes, and tiny little bodies with tiny little arms and legs. So did the aliens at Roswell! I rest my case."

~ William Shatner



An Age Specific Module:
Working with Infants, Birth to 12 Months

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about working with infants? Circle the best choice. Then check your answers with your supervisor!

- Most babies learn to roll from front to back and back to front at**
 - A. 1 month of age.
 - B. 3 months of age.
 - C. 4 to 7 months of age.
 - D. 8 to 12 months of age.
- Serve bottles of formula**
 - A. Chilled.
 - B. Room temperature
 - C. Heated in the microwave.
 - D. Heated to 120 °F
- Which of the following is a sign that spit-up is NOT normal?**
 - A. It happens when the baby burps.
 - B. It seems to be painful for the baby.
 - C. It happens after nearly every feeding.
 - D. It gets worse around 4 months of age.
- The best place for a baby to sleep is in a**
 - A. Crib.
 - B. Adult bed.
 - C. Swing.
 - D. Infant car seat.
- True or False**
The safest position for an infant to sleep is on it's back.
- True or False**
It's best to let a crying baby just "cry it out."
- True or False**
Heal cradle cap by rubbing baby oil on the infants head and brushing with a soft hair brush.
- True or False**
A baby with reflux should be kept upright for at least 20 minutes after each feeding.
- True or False**
Infants must ride in a rear-facing infant seat in the car until 6 months of age.
- True or False**
The best way to prevent diaper rash is by using baby powder with each diaper change.