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Introduction

Congratulations on the birth of your baby!

This booklet has been produced by Queensland Health to help answer some of the common questions parents and carers have about caring for their baby.

It covers the stages of your baby's development from birth through to his or her first birthday, plus guidance on feeding your growing baby.

Research has shown that a healthy start in life — including good nutrition, a safe and secure environment, a warm and loving relationship with parents and carers, talking, singing and playing in the first year — is the stepping stone to a healthy life, right through to adulthood.

If you would like more information about your child's development, health or nutrition, contact your child health nurse or your doctor. You can also sign up to receive free parenting news at www.raisingchildren.net.au.

The list of emergency and helpful numbers at the back of this book will also point you towards further help.

Enjoy your first year of parenthood!

Registering your baby's birth

Your baby's birth must be registered with the Registry of Births, Deaths and Marriages (BDM). You will not be able to get a birth certificate until this is done. For more information see the back of the first tab in your child's PHR or visit BDM's site at www.qld.gov.au/births.

Personal Health Record

Your Personal Health Record ("red book") is essential for keeping your child's records of health, growth, developmental checks and immunisations. There are also sections for you to fill in to help your health care provider better understand your child.

Take it with you whenever you take your child to any health care provider so they can record the visit, and so other health care providers can see your child's health check and immunisation history.

Child Health Nursing Service

Child and family health nurses are registered nurses with postgraduate qualifications and experience in child and family health nursing. Many child health nurses hold qualifications in midwifery, and may be lactation consultants and have extensive paediatric experience. They are able to support families with key health promotion interventions for children and families as well as evidence-based prevention, health education and anticipatory guidance.

To find your nearest Child Health Clinic call 13HEALTH (13 43 25 84)

* If you are having difficulty connecting it may be useful to dial 13 HEALTH using only the first six digits of the phone number (13 43 25). If you are still unable to connect to 13 HEALTH then please contact your service provider to discuss the issue.



Parents' Evaluation of Development Status (PEDS)

As a parent you know your child better than anyone else does. You may notice things about your child that concern you – perhaps even things that no one else has noticed. It is important that you share these with your health care provider. Research shows that sharing your concerns about your child can help your health care provider understand your child better, and may also help pick up any problems early. PEDS is a set of 10 tested and reliable questions that are included at 6, 12, 18 month, and 2½ – 3½ and 4-5 year visits.

Please answer the questions in your Personal Health Record book before each designated health check and discuss them with the health care provider during that health visit to help them better understand your child.

The first 5 years last a lifetime

In their first years of life, your child's brain forms over a million new connections every second. Simple, everyday activities with you help to make these connections strong. Talk, read, sing and play together every day. Join families at your local library for free and fun baby, rhyme or story time sessions or visit First 5 Forever for activities, ideas and free weekly tips: www.slq.qld.gov.au/first5forever.

First Aid

Parents and carers should consider learning CPR by participating in a Paediatric First Aid Class. This can teach you how to keep calm and give life-saving care in an emergency situation – every second counts.

Playgroup

Playgroup Queensland provides opportunities for every child to learn through quality play experiences while supporting parents and carers in their role as first teachers. Find them on Facebook: Playgroup Qld.

Importance of kindy

It's never too early to enrol your child in kindy. There is extensive evidence-based research demonstrating that children's education and care affects their health, wellbeing and competence throughout their lives. A Queensland Government-approved kindergarten program positively assists children with their emotional, physical, social and intellectual growth and development.

Beyond the first 12 months

For information and factsheets on topics beyond the first 12 months, visit the Raising Children Network site at www.raisingchildren.net.au.

Bonding

Bonding with your baby

For many parents, connecting emotionally with their baby already started during pregnancy. However the opportunity for parents and their baby to really get to know each other and build a relationship begins after birth. This is known as bonding and attachment.

The baby's brain undergoes incredible development in the first 1 to 3 years of life, so the experiences of a baby's first three years are critical to their physical, social and emotional progress. That is why a baby needs warm, responsive, nurturing care from caregivers – it is through these relationships that a baby learns to become who they are. For more information link to 'Bonding' under 'Connecting & Communicating' at raisingchildren.net.au/newborns.

Here are some tips for this time.

- Remember that babies love faces and eye contact. Spend lots of time sharing loving eye contact with your baby, while being sensitive to when they need a break and may look away. Stay connected with them until they turn their attention back to you. For example, comment saying “This is hard work, you are getting tired, I will wait until you are ready”.
- Babies thrive on parents' love and attention and enjoy lots of positive touch in these early days. Some might say “you will spoil the baby” but this is impossible when you are responding to your baby's needs.

- When your baby is upset, try to understand what this may be like from their point of view and do what you can to comfort them.
- Talk to your baby often and try to put what your baby is feeling into words. For example, “You're so happy to be playing this game” or “Oh, it's so sad to be hungry/wet/lonely”.
- Name actions that you are doing e.g. when dressing baby “One arm through, other arm, over your head!” Over time, this helps babies learn to predict what is happening next.
- Enjoy your baby while following their lead. This will help you both to build a sensitive relationship. For example, if your baby grabs a new object, sit near them and describe it.
- Not everyone falls in love with their baby immediately; relationships build over time. Trust your own feelings and make sure you get support from family and friends or see a health professional if you feel like something is not right.

Looking after a new baby can be very demanding. Getting help early from family or professionals such as your GP, Child Health Nurse or a counsellor if you experience distress, anxiety or depression can help to prevent the development of more serious issues for you and the relationship with your baby. For more information, contact Parentline on **1300 30 1300** or visit the Healthy Families website: healthyfamilies.beyondblue.org.au.



Keeping your baby safe

Safety advice for you and your baby

Injury is the leading cause of death among Queensland children.

Queensland has one of the highest mortality rates for childhood injury in Australia. Unfortunately, the home is the most common place for children's injuries to occur.

As you care for your baby and watch them grow, keep alert to all the ways children can unintentionally hurt themselves. The most common injuries are falls, drowning (and immersions), burns and scalds, and poisonings.

It is important to realise that accidents are not inevitable and, in fact, that most accidents can be predicted and prevented.

The aim is not to wrap children up in cotton wool. After all, exploring, taking risks and trying new things are all crucial parts of children's development. However, it is important to know where your child is at all times and what they are doing.

To download a comprehensive child home safety checklist, visit www.kidsafeqld.com.au. Reuse this checklist each year as your child grows, develops and explores.

Caring for your baby

- Never leave your baby alone on change tables, chairs, beds, tables, chairs or other high furniture.
- Hold your baby when feeding them a bottle, rather than propping them up. Babies can vomit or inhale milk and holding your baby in an upright position will decrease the risk of ear infections and infant tooth decay.
- Do not heat your baby's bottle in a microwave oven. The milk can heat unevenly, risking scalding your baby's mouth.
- Never handle hot food or drinks, such as tea, coffee or noodles, while holding your baby. Burns from hot water and drinks can cause severe scarring to children.
- Make sure all caregivers are aware that a baby should never be shaken as this can cause brain damage or death. For more information visit <https://www.napcan.org.au/wp-content/uploads/2018/12/NAPCAN-Its-Not-Ok-DL-6pp-1.pdf>
- Keep your baby out of direct sunlight. Use sun protection methods, including: shade when possible, SPF30 or higher water resistant sunscreen, clothing that covers as much skin as possible and a broad brim/ bucket or legionnaires style hat. Sun protection information for infants is available from Cancer Council Queensland on 13 11 20 or www.cancer.org.au.

Keeping your baby safe

Safety advice for you and your baby (continued)

Toys

- Toys must be safe, durable and washable. If a toy is furry, remember babies can suck on the fur and swallow it.
- Toys should not have:
 - dangling ribbons, long strings or elastic
 - small or loose parts that can be pulled or chewed off
 - squeakers that can be removed
 - sharp edges or points
 - rattles that can be taken apart
 - button batteries.
- Make sure teething rings can't be pierced.
- All cuddly toys should be stuffed with old stockings, dacron or polyester. (Crumbled foam, beans and beads can all be swallowed or pushed into ears or noses.)

Clothes and dummies

- If your baby has a dummy, check it:
 - is in good condition
 - has no ribbons or chains
 - has holes in the plastic holder for quick, easy removal in an emergency
 - is only used to settle your baby and not put them to sleep.
- The use of a dummy after six months of age can increase the risk of ear infections and associated hearing loss.
- Remove any loose ribbons or trimmings on clothing because they can choke your baby.
- Look inside mittens and booties to make sure there are no loops or threads that can wind around your baby's fingers and toes because they can cut off circulation.
- Remove all head covering before placing your baby to sleep as they may overheat or become entangled.



Bath time

- Always check the temperature of the water with your wrist or elbow before putting your baby in the bath.
- Never leave your baby alone during bath time — not even for a minute.
- Babies should never be left in the care of older children, no matter how reliable they seem.
- Check that your home has a properly functioning hot water tempering device installed and set at the right temperature (50°C).

Around your home

Your baby is very mobile and eager to explore. Check your house thoroughly and often to keep your baby safe.

- Button batteries are in many products, they are extremely dangerous if inserted (nose, ear) or swallowed. Identify items with button batteries in them, secure the battery compartment, keep them out of reach of children and dispose of them safely. If you think your child has swallowed or inserted a button battery, immediately call the 24 hour Poisons Information Centre on 13 11 26 for fast, expert advice.
- Always ensure your baby is strapped in securely when in a bouncer, stroller or high chair.
- Always keep one hand on your baby or toddler while they are on the change table.
- Wherever your child is playing, always look to make sure there are no objects within reach that are small enough to swallow. As a guide, anything small enough to fit inside a toilet roll is small enough for your baby to swallow. You may need to look at the room from the actual eye level of your child.
- Install smoke detectors throughout your home, check them and change the batteries regularly. This will protect not only your baby but the whole family. Contact your local fire service for more information.
- Carefully supervise any interactions between your baby and animals, especially dogs — particularly when dogs are feeding, sleeping or with new puppies. Make sure your baby is never left unsupervised near any family pets when at home or out.
- As your child starts using their mouth to taste everything around them, be aware of the dangers of poisoning. Install a lockable cupboard, preferably up high, in the kitchen, bathroom, laundry and garage to store poisonous materials. Do not pour or decant chemicals into another container (especially food or drink bottles).
- Remove all alcohol from your baby's reach (especially after a party). It only takes a small amount of alcohol to poison a baby.

Keeping your baby safe

Safety advice for you and your baby (continued)

- Be aware that hand sanitisers often used in the nappy bag contains alcohol and is not fitted with a child resistant cap. Keep hand sanitiser out of reach of children.
- Avoid smoking near your baby. Keep cigarettes, lighters, ashtrays and cigarette butts out of the reach of children. Cigarettes and butts are poisonous to children.
- Check your home has a proper electrical safety switch installed and operating to prevent electrocution.
- Every outside play area should be fenced off from the street, pool/spa and driveway. On rural properties, a special fenced area away from any dams or waterways should be set aside as the children's play area.
- Consider swimming lessons to help develop the necessary skills and confidence they need to be safer in and around the water. Some swim schools offer free lessons for young babies. Ensure your baby doesn't get too cold as they can't regulate their temperature like adults. Make sure baby is protected from the sun with appropriate clothing. For more tips and precautions visit www.pregnancybirthbaby.org.au/babies-and-swimming.
- Be aware of pool hygiene. For tips on this, visit raisingchildren.net.au and search for 'pool hygiene'.

Out and about

- Every time your baby travels in a car they must be rearward facing in an Australian Standard approved baby capsule or child car restraint.
- **Never leave your baby alone in the car — not even for a minute.**
- Baby must be unwrapped before being placed in the child car restraint, baby capsule, stroller or pram.
- Do not use a sling/pouch that places the baby on their back in a curled 'C' position. Use an upright carrier that properly supports the baby's back, under the bottom and knees, high on the parent's chest with face and nose uncovered. Do not use a carrier while cooking or preparing food.
- Always know where your baby is before reversing your car.
- Always make sure your baby is strapped in securely when they're in a shopping trolley or stroller to prevent falls. Always stay with them.
- As your child explores the backyard, be aware of possible hazards including poisonous or irritating plants, mushrooms, any unfenced water, sharp objects, insects and animals.
- For more information call the Queensland Government helpline on 1300 369 003, Kidsafe Queensland on 3854 1829 or contact your local ambulance station.



Effects of smoking and vaping on babies and children

Babies and children are at a higher risk of damage from passive smoking than adults because of their smaller developing bodies, higher breathing rates and less developed respiratory and immune systems.

Babies and children who are exposed to second-hand smoke are at risk of SIDS. Smoking and vaping are one of the most important modifiable risk factors in reducing the risks of sudden infant death. Smoking and vaping also increases the risks of children developing respiratory issues such as bronchitis and pneumonia as well as regular ear infections and associated hearing loss.

Cigarettes and electronic cigarettes contain harmful substances that can cause cancer. Babies are exposed to these harmful toxins and substances in fine particles that can be inhaled. The vape and e-cigarette cartridges are not contained in child proof packaging and can be ingested by a child.

You can reduce your children's exposure to cigarette smoke by:

- Quitting
- keeping your car and home as smoke-free zones (In Queensland, it is illegal to smoke in a car with a child under the age of 16 years).
- designating outside smoking areas away from open windows and doors, and using a smoking shirt over your clothes
- smoking after feeding your baby, not before
- changing your own and your baby's clothing often during

- the day to remove contaminants
- not bed-sharing with your baby if you are a smoker
- not smoking while you are pregnant.

Parents are role models for their children, so setting an example by not smoking can reduce the likelihood of your children taking up smoking.

Quitting smoking is the best thing you can do for you and your child's health. Queensland Health's Quitline service provides a free quit smoking program for parents/carers/guardians of children aged 3 and under. The 'Smoke-free Family' program combines a series of quit smoking support calls (delivered over the phone) with a 12-week supply of Nicotine Replacement Products (these are posted to you) to help you confidently on your way to a smoke free future. To join, call Quitline on 13 78 48 and mention 'Smoke-free Family'.

Drinking alcohol after the birth of your baby

Alcohol can affect your coordination and reaction time and can cause drowsiness. When you or your baby's carer has these effects, your baby may be at increased risk of injury. The national alcohol guidelines recommend that not drinking is the safest option when supervising or caring for children.

Drug use after the birth of your baby

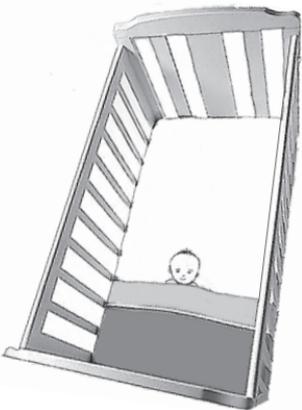
Side effects from taking drugs may mean you are not able to respond to your baby's needs as easily. If you or your baby's carer is less responsive as a result of these effects, the baby may be at increased risk of injury. Some types of drugs can have a sedative effect and others may make you very tired even after the drug wears off.

Keeping your baby safe

Safe sleeping

To help your baby sleep safely and reduce the risk of sudden infant death:

- sleep baby on the back from birth, not on the tummy or side
- sleep baby with head and face uncovered
- keep baby smoke free before birth and after
- provide a safe sleeping environment night and day
- sleep baby in their own safe sleeping place in the same room as an adult care-giver for the first 6 to 12 months
- breastfeed baby if and when you can.



Back to sleep
Tummy to play
Sit up to look at the world.

To provide a safe sleeping environment for an infant:

- put your baby's feet at the bottom of the cot
- make sure the cot meets the Australian standard for cots
- use a firm, flat, clean mattress that fits snugly in the cot
- ensure no additional mattresses or extra padding are placed in a travel or porta cot
- tuck in bedclothes securely so bedding is not loose
- keep quilts, doonas, duvets, pillows, cot bumpers, sheepskins and soft toys out of the cot or sleeping place.
- Inclined sleepers are not recommended.

An infant sleeping bag that is the correct size for your baby with a fitted neck, arm holes or sleeves and no hood is a safe and effective way to keep your baby's head and face uncovered, as it makes extra bedding unnecessary. If using a swaddle bag, when baby can roll onto the tummy ensure arms are free from the swaddle.

Bouncinettes, rockers, prams, strollers and child car seats or carriers have NOT been designed as sleeping products and therefore no baby should be left unsupervised if they fall asleep in these environments.



Sleeping with your baby

In many families, the mother or father shares the same bed or sleep surface as their baby. In some circumstances, sharing the same sleep surface may increase the risk of sudden infant death.

If you choose to share the same sleep surface with your baby, the following guidelines may make it safer.

- Sleep your baby on their back from birth – never on their tummy or side.
- If your baby lies on his or her side to breastfeed, he or she should be returned to the supine (back) position for sleep.
- Make sure the mattress is firm and flat.
- Make sure that bedding cannot cover your baby's face or overheat your baby (use lightweight blankets and remove pillows, doonas and other soft items from the environment that could cover your baby).
- Sleep your baby beside one parent only, rather than between two parents, to reduce the likelihood of your baby becoming covered by adult bedding.
- Ensure your partner knows your baby is in the bed.
- As an alternative to bedding, an infant sleeping bag may be used so that your baby does not share the adult bedding.
- Do not 'wrap' your baby if you are sharing a sleep surface, as this restricts arm and leg movement.
- Make sure your baby cannot fall off the bed. A safer alternative is to place the mattress on the floor (but be aware of potential situations where your baby can become trapped).
- Pushing the bed up against the wall can be hazardous. Babies have died after being trapped between the bed and the wall.
- Never place your baby to sleep in a bed with other children or pets.
- **Never leave your baby alone on an adult bed, or put your baby to sleep on a sofa, beanbag, waterbed or soft, sagging mattress.**
- Three sided cots that attach to the side of the bed are not safe or recommended. A four sided cot with the drop side down, positioned beside the bed, provides a safe sleeping environment close to a parent during sleep.
- Sharing a bed with your baby while under the influence of alcohol, a drug that causes sedation or alters your level of consciousness, or when you are very tired, increases your baby's risk of Sudden Unexpected Death in Infancy (SUDI) and fatal sleeping accidents.

Keeping your baby safe

Safe sleeping (continued)

Wrapping

For some babies, wrapping them in a lightweight cotton or muslin wrap will help them to settle and sleep.

Wrapping is a safe and effective strategy to assist you to settle your baby.

If you choose to wrap your baby, make sure:

- your baby is placed on their back while wrapped
- your baby's face and head are not covered
- your baby is not overdressed under the wrap
- the wrap is firm, not tight
- you modify the wrap to meet developmental changes e.g. arms are free once 'startle' or Moro reflex begins to disappear (around 3 months of age)
- your baby is not bed-sharing or sharing a sleep surface with another person while wrapped.

When your baby can roll from their back to their tummy and then back again when you are watching them (usually 4–6 months), you can stop using the wrap for settling and sleep. Wrapping them may stop an older baby who has turned onto their tummy during sleep from returning to the back sleeping position.

For more information

Contact SIDS and Kids on 1300 308 307 or visit the website rednose.org.au

Strategies to reduce the risk of positional plagiocephaly (flattened area on the head) developing

- Place your baby on their back to sleep.
- Change your baby's head position every sleep.
- Have lots of tummy time when awake.
- Regularly change the position of toys that your baby likes to look at.
- Encourage your baby to turn his or her head to either side when you talk or play with him or her.
- Put your baby to sleep at either end of the cot or reposition the cot to face a different direction.
- Carry your baby in the upright position.
- Avoid prolonged periods in car seats, strollers, swings and bouncers.
- Do not change to a softer mattress.
- Do not change your baby's sleeping position to a side or prone (tummy) position.
- Do not use a pillow or roll to keep your baby's head in position.
- Do not use 'sleep positioners' or 'wedges' to keep baby on its back or side.



Keeping your baby safe

Immunisation

Immunisation is a simple and effective way of protecting children from serious diseases including meningococcal C, measles, mumps, German measles (rubella), polio, *Haemophilus Influenzae* type B, whooping cough (pertussis), hepatitis B, pneumococcal disease, rotavirus, chickenpox (varicella), influenza, tetanus and diphtheria. These diseases can cause hospitalisation, serious ongoing health conditions (including cancer, brain damage and deafness) and are sometimes fatal.

There is a strict timeframe for rotavirus vaccination and no opportunity to catch up missed vaccination/s. Your baby's vaccinations commence at birth and rotavirus will be given at the same time as other vaccines.

Annual influenza vaccination is recommended and National Immunisation Program (NIP) funded for all children 6 months to <5 years. It is also recommended for all people 5 to <65 years of age.

Refer to the schedule in your baby's *Personal Health Record* to keep track of when your baby's immunisations are due and make sure you take the PHR with you whenever you take your baby for vaccinations so the Official Vaccination Record can be filled in. You might need this when enrolling your child in child care or school.

Vaccinate on time

It is really important for your child to be vaccinated on time and according to the immunisation schedule. Delaying or

splitting vaccines on the schedule can potentially expose your baby to dangerous vaccine preventable diseases. Your child isn't fully protected if vaccinations become overdue. Contact your GP or Child Health Nurse for further advice.

Vaccines for parents and carers

While babies are still too young to have completed the full set of immunisations, the best way to protect them is by the parents and carers being immunised. This is particularly important for whooping cough and influenza.

Whooping cough (or pertussis) is a highly contagious disease spread by direct contact with infected nose or mouth secretions e.g. coughing, sneezing, sharing food or kissing. Complications of whooping cough in babies include pneumonia, fits, and brain damage from prolonged lack of oxygen. It can be fatal in young babies.

Whooping cough is most serious in babies who are less than 6 months of age as they are not yet fully protected by vaccination. Most hospitalisations and deaths from whooping cough occur in babies less than 6 months of age. Pertussis vaccination for people in close contact with newborns is recommended and likely to reduce the risk of whooping cough in infants.

For more information

Visit www.qld.gov.au/health/conditions/immunisation. Your doctor or immunisation provider will have the latest immunisation schedule.

How your baby develops

Each baby develops at their own pace, usually through the same stages or milestones and in about the same order.

Babies grow and learn continually, but not always in smooth and flowing patterns. Sometimes they practise skills for quite a while and seem as if they will never move on. At other times they learn many skills very quickly.

What is important is that your baby is happy, safe, growing and making progress.

In the early weeks or at any time you have concerns about your baby's routine, keeping a record of your routines, including feeding and sleeping routines, will assist if you ever have concerns you would like to raise with your health professional.

Understand your baby

Understanding what your child can and can't do at different ages will help you to:

- keep your child safe
- help your child develop
- understand your child's behaviour
- gain satisfaction and enjoyment from the important role of caring for your child.

Research shows that babies benefit from having active play time every day. Aim to match play and movement with your baby's age and stage of development. Avoid exposing your

baby to the television and other screens.

<https://raisingchildren.net.au/babies/play-learning/media-technology/healthy-screen-time-0-2-years>

Care for your baby

Your baby needs to feel loved, secure and safe.

Helping your baby to develop a close relationship with significant people in his or her life is a positive step towards achieving this.

As well, try to avoid any family arguments or violence around your baby. This will also help your baby to feel safe. Babies and children need to be protected from abuse and violence in the home.

If you have concerns seek help or more information from DV Connect (1800 811 811)

More information

If you would like more information about your child's development or you are concerned about your child, talk to your child health nurse or your doctor.

You could also ask at your local library for books on child development or view a range of child health fact sheets at the Raising Children Network site, raisingchildren.net.au.



How your baby develops

0–3 months

Your baby's movements

Up to 3 months of age, most of your baby's movements are uncontrolled.

Babies have reflex movements, which they use for survival. Some of these are sucking, sneezing and swallowing. Some reflex movements — like throwing their arms out, stiffening and crying when they hear a noise — disappear after a short time.

At 1 month

At 1 month most babies:

- turn their head and eyes towards light
- watch faces while being fed or talked to
- may smile to show pleasure.

Between 1 and 3 months

Between 1 and 3 months most babies:

- become stronger
- lift their head and upper chest and may start using their arms for support when on their tummy
- show an increasing awareness of people
- smile and coo to show pleasure
- use joyful movements when expecting an enjoyable event, like a bath or feed time
- settle to familiar sounds or voices, and are startled or jump when there is a sudden noise.

Feeding

Breastmilk or infant formula is all the food your baby needs until around 6 months. Your baby's body is not ready for solids before this time. Refer to the breastfeeding and infant formula feeding sections in this booklet for more information. Eye contact and connection is an important part of feeding, it encourages bonding and attachment.

Tummy time

Even though your baby should sleep on their back, it is important for them to have some 'tummy time' from birth. This can happen every day, when they are awake and you are with them.

This will help your baby to develop essential movements and skills like rolling, sitting, crawling and hand skills. It also helps prevent plagiocephaly (see page 12).

At first, this can be following bath time when you are drying your baby or during a massage time.

If your baby cries or becomes distressed:

- try tummy time for a shorter time but more often
- distract your baby's attention by talking to your baby and using toys
- keep persisting!

At a later stage — by 3 months — your baby should be playing on his or her tummy when awake and you are with them.

How your baby develops

0–3 months (continued)

Your baby and other people

Language

Babies develop skills for speech and language by listening to the sounds around them. They also practise making noises.

Talking, singing and reading to your baby will help them to develop their speech and language. Make these a part of every day. Bath times and nappy changes are good times for this.

In the first few weeks, babies may respond to adults talking to them by altering their breathing pattern and by moving their mouth in response to seeing adults' mouths moving during speech.

Remember that when a dummy is in his or her mouth, it is not possible for your baby to practise making sounds for later speech development.

Crying

Crying is an important means of communication for young babies. They always cry for a reason. These reasons include:

- tiredness
- hunger
- pain
- discomfort, such as wet, hot or cold
- parents' anxieties (which babies quickly sense).

- looking for comfort and connection from their caregivers.

If your baby's needs are responded to, they will learn that they are loved and wanted, and they will build a sense of trust and attachment. If you have difficulty comforting your child, seek advice from your local child health nurse.

Playing and learning

Your baby learns from every activity you do with them — talking to them, changing their nappies, bathing, feeding or just being close in the same room.

For babies, play is for learning and practising skills, as well as exploring and finding out about their world and the people in it.

During the first 3 months your baby will learn to:

- smile, chuckle and coo
- turn towards sounds
- look at and follow things with their eyes
- reach out and touch things with their hands.

Favourite play items

Favourite playthings for your baby at this stage include:

- positive interaction with parents
- colourful mobiles, leaves or curtains blowing in the breeze
- a variety of sounds to listen to
- pram rattles or dangling objects to encourage coordination of hands and eyes.



Safety

Make sure you are up to date with the safety recommendations on pages 5–9.

Young babies are totally dependent on parents and carers for their safety. To help keep your baby safe, remember the following.

- Babies should never be left in the care of older children, no matter how reliable they seem.
- All babies need to have their head supported until their neck muscles are strong enough to hold up their head.
- Hold your baby when feeding them a bottle, rather than propping them up. Babies can vomit or inhale milk. Prop feeding can also increase the risk of ear infections and associated hearing loss.
- Do not heat your baby's bottle in the microwave oven. The milk can heat unevenly, risking scalding your baby's mouth.
- Never leave your baby alone on a change table or other furniture (especially a bed), in the bath, in the car or near any family pets.
- Always make sure your baby is unwrapped and strapped in securely when they're in a pram, stroller or shopping trolley. Do not cover the pram or stroller with a blanket as this cuts air circulation and increases temperature to unsafe levels.
- Protect your baby from the sun and heat. The use of sunscreen for babies under 6 months of age is not generally recommended as their skin is very sensitive and may be more likely to suffer a reaction. Instead, seek

shade when outdoors and use clothing that covers as much skin as possible and a broadbrim/bucket or legionnaire style hat. See page 86 for more sun protection tips.

- Every time your baby travels in a car, make sure you use an approved baby capsule or child restraint. Not securing your baby in a rear-facing car restraint or baby capsule will incur a fine and demerit points.
- Never leave your baby alone in a car, not even for a minute, or alone during bath time.
- Look inside mittens, booties and socks to be sure there are no loops or threads that can wind around your baby's fingers and toes and cut off blood circulation.
- Make sure there are no objects around your baby which are small enough for them to swallow, including small batteries and magnets.
- Ensure that your baby is sleeping safely, according to the guidelines on pages 10–12.
- Cigarette smoke is dangerous for your child and no one should be smoking near young children. Young children are very susceptible to the health effects of tobacco smoke because their lungs and immune systems are still developing. Exposure to cigarette smoke increases a child's risk of developing ear disease by 60 percent. In Queensland, it is illegal to smoke in a car with a child under the age of 16 years. The best thing for you to do is quit smoking. Contact Quitline on 13 78 48 and ask about the free 'Smoke-free Family' program.

How your baby develops

3–6 months

Growth and development

Between the ages of 3 and 6 months, most babies:

- will make eye contact with you and you will smile at each other
- become more alert and are attracted by brightly coloured or moving objects. They will look at curtains, trees, shadows and mobiles
- can bring their hands together over their chest and look at them. Your baby can now reach out for objects, grasp them and hold them in their hands
- will dribble more as their mouths begin to produce more saliva
- become aware of other parts of their body, such as chest, knees, genitals and toes. Slowly they learn ‘what is me’ and ‘what is not’
- learn to roll over from tummy to back and back to tummy. Their view of the world changes when they learn to roll. It is easier and safer for your baby to learn new movements on the floor rather than on the bed or change table
- are developing skills for crawling. Tummy play will help to develop strong neck and back muscles. This should be encouraged during every wakeful period
- sleep less during the day, but probably a little more at night
- are learning to sit with support
- will turn head or eyes towards interesting sounds

- appear to listen
- wake easily to sound.

Language

Sounds are very interesting for babies at this age. They are beginning to babble and make some speech sounds themselves.

You will help your child’s language development by doing the following:

- Talk and sing to your baby, even when you are doing everyday things like changing a nappy, bathing or feeding.
- Observe if your baby is responding and hearing sounds as this is important when learning to talk.
- Smile and talk back to your baby whenever your baby makes sounds or smiles.
- Read and tell stories to your baby every day.
- Remember that when a dummy is in your baby’s mouth it is not possible for him or her to practise making the sounds needed for later speech development.
- Repeat the sounds that your baby is making back to them and add new sounds as well.
- Make sure your baby can see, touch and feel your face while you are talking to them. This will help them to copy your sounds and make new sounds.



Your baby and other people

Most babies are starting to develop their own personality during these 3 months.

They may be quiet, easygoing, impatient or demanding.

Parents can feel differently towards each of their children and, since every child is unique, each child will react differently to each parent.

Most babies at this age are friendly towards everybody. Babies can be easily distracted during feeding, but they usually manage to get enough food to stay healthy.

Babies of this age like to gain connection by smiling and ‘talking’, and will usually smile in response to your or another person’s face or smile.

If your baby has been fed when hungry, comforted when upset and delighted in when awake, they will begin to develop a sense of security and trust.

Feeding

Breastmilk or infant formula is all the food your baby needs until around 6 months. Your baby’s body is not ready for solids before this time. From around 6 months your baby is ready to start solid foods with continued breast feeding or infant formula. Refer to the breastfeeding and infant formula feeding sections in this booklet for more information. Eye contact and connection is an important part of feeding, it encourages bonding and attachment.

See page 68 for information on ‘When and Why’ to introduce solid foods and other drinks.

Learning through play

Practice makes perfect with babies.

It is fascinating watching and helping babies learn about themselves and their surroundings. If you give them the opportunity, most babies will practise new activities until they can do them.

From now on babies will explore things by holding, feeling and looking at them in their hands and putting them in their mouth. They will deliberately shake toys to make noise.

Babies of this age:

- learn to sit with support
- play with their toes
- are mobile (rolling, wriggling or crawling).

If you want to join your infant in their play it is often good to follow their lead and play with what they want to play with rather than directing their play. You can play with your baby by sitting with them and following their gaze.

You might like to consider joining a local playgroup. Contact Playgroup Queensland for a playgroup near you. www.playgroupqld.com.au.

How your baby develops

3–6 months (continued)

Toys

Make sure the toys you choose for your baby are safe, durable and washable by checking the safe toy guidelines on page 6. If toys are furry, remember babies can suck on the fur and swallow it.

Lots of practice helps to develop new skills. At this age babies need the following types of toys:

- bright, colourful objects within their sight
- rattles or toys that are stretched across the pram (within reaching distance)
- rattles and other objects of various shapes, sizes and textures for holding and exploring, such as small rattles for small hands, toys with bells, soft blocks or balls
- safe household objects
- musical toys
- books
- toys on frames.

Safety

Make sure you are up to date with the safety recommendations on pages 5–9.

Be aware that between 3 and 6 months, babies can move independently, pick up objects and put them in their mouths.

To keep your baby safe, remember the following guidelines.

- Babies should never be left in the care of older children, no matter how reliable they seem.
- Hold your baby when feeding them a bottle, rather than propping them up. Babies can vomit or inhale milk. Prop feeding can also increase the risk of ear infections and associated hearing loss.
- Never leave your baby alone on a change table or other furniture (especially a bed), bouncer, rocker, in the bath, in the car or near any family pets.
- Protect your baby from the sun and heat. The use of sunscreen for babies under 6 months of age is not generally recommended as their skin is very sensitive and may be more likely to suffer a reaction. Instead, seek shade when outdoors and use clothing that covers as much skin as possible and a broadbrim/bucket or legionnaire style hat. See page 86 for more sun protection tips.
- However, do not cover the pram or stroller with a blanket as this will cut the air circulation and cause the temperature inside to rise, significantly increasing the risk of heatstroke.
- Every time your baby travels in a car, make sure you use an approved baby capsule or rear facing child restraint. Never leave your baby alone in a car, not even for a minute.

- 
- Look inside mittens, booties and socks to be sure there are no loops or threads that can wind around your baby's fingers and toes and cut off blood circulation.
 - Never leave your baby alone during bath time.
 - Make sure there are no objects small enough to swallow in the area where your baby is playing. Pins, button batteries, small magnets, dead insects, buttons, beads, nuts, coins and other small objects may cause your baby to choke. Cigarette butts and e-cigarettes with nicotine are poisonous to children.
 - Food can be inhaled easily when starting solids at around 6 months. Do not offer your baby small, hard foods such as pieces of apple, carrot, popcorn or nuts (see 'Introducing solid foods' from page 68).
 - Ensure that your baby is sleeping safely, according to the guidelines on pages 10–12.
 - Cigarette smoke is dangerous for your child and no one should be smoking near young children. Young children are very susceptible to the health effects of tobacco smoke because their lungs and immune systems are still developing. Exposure to cigarette smoke increases a child's risk of developing ear disease by 60 percent. In Queensland, it is illegal to smoke in a car with a child under the age of 16 years. The best thing for you to do is quit smoking. Contact Quitline on 13 78 48 and ask about the free 'Smoke-free Family' program.

As your child grows, they will become more mobile.

- Always make sure your baby is strapped in securely when in a highchair, stroller or shopping trolley to prevent falls.
 - Provide short periods in a playpen to help your baby accept safety limitations later.
 - Check your home and garden for any poisons — or other dangerous objects such as medicines — that could be eaten. Put away all chemicals and cleaners in the kitchen, laundry, bathroom and garage into a lockable cupboard, high and out of reach. In the garden, remove mushrooms and any poisonous or irritating plants. Remember to discuss this with family and friends where your baby visits.
- If your baby has swallowed anything you think could be a problem or if you suspect your baby has inserted (nose or ear) or swallowed a button battery immediately contact the Poisons Information Centre on 13 11 26.

How your baby develops

6–9 months

Growth and development

From 6 to 9 months, babies are never idle. They need to handle and explore things so they can learn more about their surroundings.

Everything goes into their mouth, even their feet.

At this age they:

- grasp objects on sight
- focus on near and far objects and follow them with their eyes across a room
- start trying to crawl.

By 9 months

Babies will:

- explore everything within reach
- search in the correct place for hidden objects
- watch toys fall from the pram or highchair onto the floor
- learn to roll easily from their tummy to their back and then back to their tummy
- try to reach an interesting toy or object
- learn to sit without support
- start to move around on the floor (rolling, starting to crawl, bottom shuffle, etc.)
- enjoy trying to eat with their fingers
- start drinking from a cup (spilling is common)
- understand simple words such as 'no' and 'bye-bye'

- begin to copy speech sounds
- turn head to soft sounds.

Feeding

From around 6 months your baby is ready to start solid foods with continued breastfeeding or infant formula feeding, as explained in the breastfeeding and infant formula feeding sections in this booklet. Eye contact and connection is an important part of feeding, it encourages bonding and attachment. See page 68 for information on 'When and Why' to introduce solid foods and other drinks.

Your baby and other people

Over the months, babies learn a lot about the people around them. Between 6 and 9 months they:

- recognise people they see every day
- are wary of strangers and less familiar people
- enjoy communicating with familiar people using eye contact and facial expression.

Babies may cry if their mother is out of sight even for a short time because they cannot understand that she has not left forever. Games like peek-a-boo help to teach babies that people and things exist even when they are not seen. This is a normal stage in your child's development as they are beginning to know the difference between familiar and unfamiliar people.



Learning through play

Between 6 and 9 months babies develop further skills, which they use when they play. Baby develops their attention and memory and other skills through play, singing songs and creative games.

Making sounds

This includes shaking rattles, crumpling paper, high-pitched squealing, laughing, joining sounds together (ma-ma, da-da) and imitating noises they hear. You can encourage this by repeating the sounds your baby makes and adding new sounds as well. Remember that when a dummy is in your baby's mouth, it is not possible for him or her to practise making the sounds needed for later speech development.

Handling and exploring

Handling and exploring toys and household objects helps babies to learn about concepts like warm, cold, rough, smooth, soft and hard. They learn by banging things together, using their fingertips to grasp objects, passing objects from hand to hand, picking up small things between their fingers and thumbs, and mouthing objects.

Enjoying music

Singing and rocking in time to music, imitating actions to songs and nursery rhymes, and clapping hands are all ways babies enjoy music.

Looking at books

Babies can't concentrate for long, but they love to look at pictures and spend time with you talking about them. Remember to choose a book that isn't easily torn, has bright and clear colours, and has only a couple of simple objects on each page.

Making conversation

This means listening to your baby and trying to understand their messages, as well as you talking to your baby. Talking to your baby and responding to their attempts to communicate will encourage your baby to develop language skills. These activities and conversations will also continue to develop your bond with your baby and their sense of trust in the world. Make eye contact with your baby and take turns in conversation. Watch what your baby is interested in as well as delighting and enjoying interaction with your baby.

How your baby develops

6–9 months *(continued)*

Toys

Lots of practice helps to develop new skills. At this age, useful toys include:

- bright, colourful objects, such as mobiles within your baby's sight
- rattles or toys stretched across the pram (within reaching distance)
- rattles and other objects of various shapes, sizes and textures for holding and exploring, such as small rattles for small hands, toys with bells, soft blocks or balls
- activity sets
- bath toys
- small blocks — larger than a match box, as anything smaller could be a potential choking hazard
- safe household objects
- musical toys
- pull-along toys
- books
- balls.

Make sure the toys you choose for your baby are safe, durable and washable by checking the safe toy guidelines on page 6.

Safety

Make sure you are up to date with the safety recommendations on pages 5–9.

Babies from 6–9 months become very mobile as their need to explore and learn about their world increases. Keep your child safe by removing as many hazards as possible.

- Babies should never be left in the care of older children, no matter how reliable they seem.
- Place your baby in a playpen for short periods each day to help them to understand and accept safety limitations later.
- Never leave your baby alone on a change table or other furniture (especially a bed), in the bath, in the car or near any family pets.
- Always make sure your baby is strapped in securely when they're in a highchair, stroller or shopping trolley to prevent falls.
- Protect your baby from the sun and heat. Seek shade when outdoors and use SPF30 or higher water resistant sunscreen, clothing that covers as much skin as possible and a broadbrim/bucket or legionnaire style hat. See page 86 for more sun protection tips.
- However, do not cover the pram or stroller with a blanket as this will cut the air circulation and cause the temperature inside to rise, significantly increasing the risk of heatstroke.



- Every time your baby travels in a car, make sure you use an approved baby capsule or child restraint. Never leave your baby alone in a car, not even for a minute.
- Keep baby in a rear-facing child car restraint as long as possible – the road rule says 6 months but at least 12 months is recommended.
- Babies can transition to a forward facing child car restraint when they have a strong neck – can sit on the floor unaided without toppling due to the weight of their head – and when they reach the minimum height marker of the restraint.
- Look inside socks to be sure there are no loops or threads that can wind around your baby’s fingers and toes and cut off blood circulation.
- Never leave your baby alone during bath time.
- Make sure there are no objects small enough to swallow in the area where your baby is playing. Pins, button batteries, small magnets, dead insects, buttons, beads, nuts, coins and other small objects may cause your baby to choke. Cigarette butts and e-cigarettes with nicotine are poisonous to children.
- Food can be inhaled easily when starting solids at around 6 months. Do not offer your baby small, hard foods such as pieces of apple, carrot, popcorn or nuts (see ‘Introducing solid foods’ from page 68).
- Cigarette smoke is dangerous for your child and no one

should be smoking near young children. Young children are very susceptible to the health effects of tobacco smoke because their lungs and immune systems are still developing. Exposure to cigarette smoke increases a child’s risk of developing ear disease by 60 percent. In Queensland, it is illegal to smoke in a car with a child under the age of 16 years. The best thing for you to do is quit smoking. Contact Quitline on 13 78 48 and ask about the free ‘Smoke-free Family’ program.

Your baby is very mobile and eager to explore. Check your house thoroughly and often to keep your baby safe.

- All low cupboards should have child-resistant latches, and drawers should have locks to limit access to poisons, medicines, cleaning products, knives, scissors and other dangerous objects.
- Be alert to your baby’s habit of wanting to taste everything. Many things in the average backyard are poisonous, including mushrooms, poisonous plants, pool and garden chemicals. All poisons should be kept locked in a cupboard in the kitchen, laundry, bathroom and garage, out of your baby’s reach. Remember to discuss this with family and friends where your baby visits.
- Inside the house, store medicines, cleaning aids and any sharp or dangerous items well out of reach, or in a cupboard with a child-resistant latch.

How your baby develops

6–9 months *(continued)*

- Use safety barriers for steps, stairs and rooms you don't want your child to enter, and to keep them away from fireplaces, swimming pools, heaters and spas.
 - Check your home and garden for drowning hazards. Place nappy buckets high, out of the way, with the lid securely fitted. Keep bathroom and toilet doors closed. It only takes 5cm of water and 2 minutes for a child to drown. Make sure the fence and gates for the swimming pool work properly and are never propped open.
 - Keep kettle and iron cords out of the reach of young children. Use stove and bench guards and curly cords to prevent children from pulling hot food and drinks onto themselves. Always turn saucepan handles to the back of the stove. Do not leave hot drinks or food unattended or within reach.
 - Cover power points when they're not in use.
 - Dangerous objects, like heaters and fans, should be kept out of reach.
 - Keep the bathroom door closed so your child can't touch the hot taps. Consult your plumber to reduce the household water temperature to avoid scalds and burns. Hot water regulators or thermostats should be fitted on all bathroom hot water taps.
 - Do not use baby walkers or baby jumpers (jolly jumpers). They are not recommended or necessary for healthy development of your baby.
 - Dress your baby in nightwear made with fabric that is slow to burn or designed to reduce fire danger. Look for the low fire risk danger rating on the tag.
 - Never leave your baby alone at other people's homes—especially where young children do not normally live and where medication and other drugs may be stored within reach, such as on bedside tables.
 - Ensure that your baby is sleeping safely, according to the guidelines on pages 10–12.
 - On farms where there are waterholes, dams and creeks, fence the house with a self-locking gate.
- If your baby has swallowed anything you think could be a problem or if you suspect your baby has inserted (nose or ear) or swallowed a button battery immediately contact the Poisons Information Centre on 13 11 26.



How your baby develops

9–12 months

Growth and development

From 9–12 months your baby will probably be able to:

- sit unsupported for quite a time
- turn sideways without losing balance
- stretch out to pick up a toy from the floor
- progress from rolling to wriggling to crawling on all fours. Some babies have their own crawling style which may not be usual, but their concern is getting somewhere rather than how they do it
- pull themselves up to stand against furniture or another support. At first when they pull up on a support to stand up, they will not be able to lower themselves slowly back to a sitting position. They may flop down or cry for help, but will be back on their feet again in no time
- gradually walk by stepping sideways, using furniture for support
- learn to walk when their two hands are held, then with one hand held
- possibly stand alone for a while, or even walk unaided by 12 months.

Use of hands

Your baby's ability to use his or her hands is developing rapidly at this age.

Your baby is becoming more skilled and they can use their fingertips for grasping and manipulating.

Because babies of this age can better control how they release objects, your baby can now stack blocks and put objects into containers.

They practise their throwing skills in a variety of ways, e.g. toys and food are thrown from strollers and high chairs.

Feeding

Your baby does not need all food to be made smooth at this age. Introducing lumpy mash food before 9 months of age is a critical window period to avoid the risk of later feeding difficulties.

Your baby can now chew – even if they don't have teeth yet. However, babies should not be given small, hard foods such as pieces of apple, carrot, popcorn or nuts, as they may choke on these.

Some babies will prefer to feed themselves with finger foods but you will need to supervise. They will also enjoy trying to hold a spoon to feed themselves.

Many babies of this age are interested in holding and drinking from a cup, so help them to do this when a drink is nearly finished, or use a lidded cup. Although this may be messy, it will encourage your baby's independence. Eye contact and connection is an important part of feeding, it encourages bonding and attachment.

See pages 72–74 for more information on feeding at this age.

How your baby develops

9–12 months *(continued)*

Language

Babies between 9 and 12 months are interested in all sounds, especially voices — their own and other people's.

During this time they may say their first real word, although it is often hard to hear it among the other noises they make.

They love to:

- babble for amusement (e.g. bubu, dada).
- show what they want by pointing and making sounds.

The more you talk to your child and respond to their attempts to communicate, the easier it will be for their language skills to develop. Taking turns in conversation and mimicking your child's sounds can be a fun way for your child to learn.

Babies learn language through lots of routine and repetition. Babies will understand what you are saying before they begin to use words. So at this stage, using single words over and over will give your baby a chance to hear words understand them and eventually copy them.

When talking to your baby about things they express interest in, remember to get down to their level.

Talking during everyday events, like changing a nappy and bath time, helps to teach your child about language.

Reading books and talking about the pictures is another enjoyable way to help your child's language skills.

Your child and other people

At this age, your child is more confident with other people and enjoys the company of familiar adults, but:

- will sometimes object to new faces and voices
- may be distressed if you leave, even for a short while
- will enjoy communicating with familiar people using eye contact and facial expression.

This is a normal stage of your child's development as your baby is still learning to know the difference between familiar and unfamiliar people.

Learning through play

Playing is the way children learn about the world around them. Lots of different types of play, suitable for the child's age, can give them the experiences needed to develop and learn.

Your child needs opportunities to explore and experiment with new skills. You can provide these experiences by playing with and talking to your child.

Games to play are:

- finger-toe songs and rhymes (e.g. 'This little piggy')
- peek-a-boo
- clapping hands
- listening to and copying sounds.



At this age, useful toys include the following:

- cars and trains for pushing
- nesting cups
- activity sets
- household containers
- non-toxic crayons and paper
- blocks and other stacking toys
- peg puzzles
- soft cuddly toys
- bath toys
- medium to large balls.

You might like to consider joining a local playgroup. Contact Playgroup Queensland for a playgroup near you. www.playgroupqld.com.au.

Safety

Make sure you are up to date with the safety recommendations on pages 5–9.

A safe place for your baby to explore and play is essential. From 9–12 months, babies can move around very quickly and quietly. They should not be left near windows, balconies or on high pieces of furniture.

They don't understand danger and can get into trouble before you know it — so you need to be very watchful. Check your house thoroughly and often to keep your baby safe. It is useful to get down to your baby's eye level and move about the home to identify any hazards.

Remember: The more a baby can crawl, walk, climb and explore, the greater the chance of injuries. This is also the time when babies will use furniture to pull themselves up. Take care with top-heavy furniture (including flat screen televisions), which can topple over if not secured.

- Babies should never be left in the care of older children, no matter how reliable they seem.
- Never leave your baby alone on a change table or other furniture (especially a bed), in the bath, in the car or near any family pets.
- Always make sure your baby is strapped in securely when they're in a highchair, stroller or shopping trolley to prevent falls.
- Protect your baby from the sun and heat. Seek shade when outdoors and use SPF30 or higher water resistant sunscreen, clothing that covers as much skin as possible and a broadbrim/bucket or legionnaire style hat. See page 86 for more sun protection tips.
- However, do not cover the pram or stroller with a blanket as this will cut the air circulation and cause the temperature inside to rise, significantly increasing the risk of heatstroke.

How your baby develops

9–12 months *(continued)*

- Every time your baby travels in a car, make sure you use an approved baby capsule or child restraint. Not securing your baby in a rear-facing car restraint or baby capsule will incur a fine and demerit points.
- Keep baby in a rear-facing child car restraint as long as possible – the road rule says 6 months but at least 12 months is recommended.
- Babies can transition to a forward facing child car restraint when they have a strong neck – can sit on the floor unaided without toppling due to the weight of their head – and when they reach the minimum height marker of the restraint.
- Never leave your baby alone in a car, not even for a minute.
- Never leave your baby alone during bath time.
- Make sure there are no objects small enough to swallow around where your baby is playing. Pins, button batteries, small magnets, dead insects, buttons, beads, nuts, coins and other small objects may cause your baby to choke. Cigarette butts, e-cigarettes with nicotine and even small amounts of alcohol are poisonous to children.
- Place your baby in a playpen for short periods each day to help them understand and accept safety limitations later.
- Cigarette smoke is dangerous for your child and no one should be smoking near young children. Young children are very susceptible to the health effects of tobacco smoke because their lungs and immune systems are still developing. Exposure to cigarette smoke increases a child's risk of developing ear disease by 60 percent. In Queensland, it is illegal to smoke in a car with a child under the age of 16 years. The best thing for you to do is quit smoking. Contact Quitline on 13 78 48 and ask about the free 'Smoke-free Family' program.
- Use safety barriers for steps, stairs and rooms you don't want your child to enter, and to keep them away from fireplaces, heaters, hot ovens, swimming pools and dams.
- Check your home and garden for drowning hazards. Keep bathroom and toilet doors closed. Place nappy buckets high, out of the way, with the lid securely fitted – small children can fall into them head-first. It only takes 5cm of water and 2 minutes for a child to drown. Make sure the fence and gates for the swimming pool work properly and are never propped open.
- Keep kettle and iron cords out of the reach of young children. Use stove and bench guards and curly cords to prevent children from pulling hot food and beverages onto themselves. Make sure saucepan handles are turned to the back of the stove. Do not leave hot drinks or food unattended or within reach.

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- Cover power points when they're not in use.
 - Circuit breakers save lives and can be installed by an electrician.
 - Make sure all low cupboards have child-resistant latches.
 - Check that your furniture — like coffee tables — is sturdy enough for your child to pull himself or herself up to stand.
 - Strap your TV to the wall or to a stable TV cabinet.
 - Ensure free-standing bookshelves, cupboards and chests of drawers are secured to the walls.
 - Do not place pretty objects or toys on the top of furniture that will encourage the baby to climb for them.
 - Store medicines, cleaning aids, detergents and any sharp or dangerous items well out of reach, or in a cupboard with a child-resistant latch.
 - Dangerous objects, like heaters and fans, should be kept out of reach.
 - Keep the bathroom door closed so your child can't touch the hot taps. Reduce the household water temperature to avoid scalds and burns. Hot water regulators or thermostats should be fitted on all bath hot water taps.
 - Ensure there are safe play areas outside. Regularly check for objects, plants, insects and animals that could harm your child, e.g.
 - garden tools
 - protruding branches
 - garden fertilisers or chemicals
 - pool chemicals
 - poisonous plants and mushrooms (especially after rain).
 - Ensure play areas are shady and fenced from the pool, roads and reversing cars' driveways.
 - Do not use baby walkers or baby jumpers (jolly jumpers). They are not recommended or necessary for healthy development of your baby.
 - Dress children in nightwear made with fabric that is slow to burn or designed to reduce fire danger. Look for the low fire risk danger ratings on the tag.
 - Avoid giving your baby any small, hard food to eat, like pieces of apple, carrot, popcorn or nuts, as they may choke on these.
 - Ensure that your baby is sleeping safely, according to the guidelines on pages 10–12.

If your baby has swallowed anything you think could be a problem or if you suspect your baby has inserted (nose or ear) or swallowed a button battery immediately contact the Poisons Information Centre on 13 11 26.

Taking care of your baby's teeth

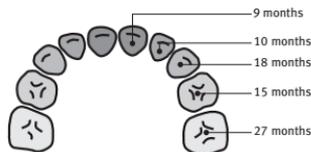
About baby teeth

Healthy teeth allow children to:

- eat a nutritious diet
- speak properly
- have a healthy smile.

Baby teeth also help to maintain the space for the adult teeth. Early loss of a baby tooth can reduce the space for an adult tooth, resulting in crowding.

This diagram is a general guide to when baby teeth should appear. The timing of teeth can vary greatly.



Taking care of teeth

Clean your baby's teeth as soon as they appear. Do this twice daily as it is important to remove the plaque (a sticky film of bacteria) that can cause decay (holes).

Start by using a child-sized, soft toothbrush moistened with water. If a toothbrush is not tolerated, a soft washcloth can be used to wipe over teeth and gums for young babies.

At 18 months, brush with a small (pea-sized) amount of low-fluoride toothpaste, which is suitable for children under six. This can be purchased from most supermarkets and pharmacies and is often labelled as children's toothpaste.

Avoid rinsing your baby's mouth or giving foods or drinks (including water) immediately after brushing. Discourage children from swallowing toothpaste.

Toothpaste should be kept out of reach of children, and not be dispensed by children.

Parents should assist with brushing of teeth until children are around 8 years.

Fluoride

Fluoride protects teeth against decay. Fluoride toothpaste and fluoridated water are effective ways to prevent tooth decay. If your water supply is not fluoridated, seek advice on options from your dentist*.

Teething

Common teething problems include:

- red, swollen gums
- irritability and restlessness
- dribbling
- finger/fist-sucking or rubbing gums
- flushed cheeks or raised temperature.

Mild teething problems may be eased by letting your baby chew on crusts of bread, chilled fruits or vegetables (e.g. cucumber, carrot, apple), rusks or chilled teething rings. Gently rubbing the gums with a clean finger may also help.

Teething does not usually cause high fevers. Seek medical attention if your child has a fever greater than 39°C.



What is infant tooth decay?

Infant tooth decay can start as soon as teeth appear. Decay looks like brown or white spots on the teeth that do not rub off. It can cause pain and stop young children from eating well.

Avoid giving children bottles that contain sugary drinks, such as juice, cordial and soft drink as this causes infant tooth decay. Putting an infant to bed with a bottle increases the chance of tooth decay. Tooth decay is less common in breastfed babies.

Have your baby's teeth checked by a dental practitioner before they turn two, or earlier if you have concerns. This check can be provided by a Child Health Nurse in some areas.

Your oral hygiene could affect the oral health of your baby

Newborn babies do not have the bacteria (germs) in their mouth that can cause decay. Parents and carers can pass on these bacteria to babies by sharing spoons, or by "cleaning" bottles or dummies in their own mouth.

Looking after your own oral health will reduce the chance of spreading decay-causing bacteria to newborns. Brush twice a day with fluoride toothpaste and visit the dentist regularly.

How to prevent infant tooth decay

- Breastfeeding is best for your baby.
- Only put breastmilk, formula or water in your baby's bottle. Sugary drinks and juice cause tooth decay.
- Avoid leaving your baby alone to drink a bottle and avoid putting your baby to bed with a bottle.
- Do not sweeten or flavour a dummy before placing in your child's mouth. Check the dummy regularly for rips and tears and replace it if these are found.
- Don't put anything in an infant's mouth if it has been in someone else's mouth.
- Try introducing a cup from about 6 months of age and try to stop bottle use from about 12 months of age.
- Clean your baby's teeth with a small, soft toothbrush as soon as they appear. At 18 months, start using low-fluoride toothpaste.
- Look after the oral health of the family to reduce the chance of spreading decay-causing bacteria to your baby.
- Ensure your child has had an oral health assessment by their second birthday.
- Infant tooth decay is preventable. If you think your baby has infant tooth decay, or you would like additional information about preventing it, contact your dental practitioner.

Taking care of your baby's ears

Why is ear and hearing health important?

Healthy hearing is critical to your baby's speech and language development from the earliest months of life. Between one and two babies out of every 1000 will have a significant hearing loss. To identify babies who may be born with a hearing loss, all babies are offered a newborn hearing screen. Ideally, this screen is done before your baby leaves hospital after birth.

The newborn hearing screen gives a 'pass' or 'refer' result for one or both ears. A 'pass' result in both ears means your baby is unlikely to have a hearing loss that affects speech and language development. If your baby receives a 'refer' result in one or both ears, they will be referred to an audiologist for further testing to confirm if your baby has hearing loss and whether the hearing loss is temporary or permanent. Ongoing support and treatment options are provided to all babies with temporary or permanent loss based on the diagnosis they have received. If your baby has a permanent hearing loss you will be referred to the Queensland Hearing Loss Family Support Service for support and assistance.

There are also some babies who pass the newborn hearing screen but have known risk factors for acquiring some types of hearing loss that take longer to appear. If this is the case, your baby will be referred for further testing by an

audiologist before their 1st birthday. If you are unsure of the result of your baby's newborn hearing screen or if they have a hearing loss risk factor, refer to the results recorded on the Healthy Hearing page in your baby's *Personal Health Record* book.

If your baby passes their newborn hearing screen, hearing problems can still arise. A hearing pass at birth is not a pass for life and parents are encouraged to continue to monitor their child's hearing over the first 12 months.

Hearing problems often arise from middle ear infections which is a common childhood illness. When a child has a middle ear infection it can affect their hearing and they may not turn to your voice or respond to loud noises. One ear infection in the first 12 months is not unusual but more than three infections can lead to serious health concerns. Some babies get frequent, severe and persistent middle ear infections which can lead to chronic ear disease and hearing loss. This will impact how they learn to talk, learn and play.

Chronic ear disease and associated hearing loss is a particular concern for Aboriginal and Torres Strait Islander babies and children. If your baby is Aboriginal and/or Torres Strait Islander it is recommended that you have your baby's ears checked whenever they attend a health clinic. The health clinic can provide you with information on how to prevent, identify and manage ear infections.



How to prevent and detect ear and hearing problems

Middle ear infections are common but there are a number of things parents can do to look after their baby's ear and hearing health, including:

- breastfeeding their baby
- not smoking near their baby
- ensuring their baby receives all their scheduled immunisations
- ensuring people who play with the baby wash their hands and faces before cuddling and kissing the baby
- using tissues when wiping their baby's nose and putting them in the bin and washing their own hands
- getting baby's ears checked regularly by a child health nurse, hearing health worker or doctor.

Early detection gives babies and children the best chance for strong hearing to talk, learn and play. If your baby shows any of the following signs and symptoms of having a middle ear disease or is struggling to meet the healthy hearing checklist, it is recommended you take your child to see a health professional for an ear and hearing check. Formal hearing checks can be performed on babies at any age. For some babies, there will be no observable signs and symptoms of middle ear disease, so ask your health professional to check your baby's ears *every* time your baby has a health check or visits the doctor.

Signs and symptoms of middle ear disease in babies include:

- signs of a cold (coughing, sore throat and runny nose)
- pain in the ear
- runny fluid or pus from the ear
- babies pulling at ears
- can't hear properly
- not eating
- young babies being unsettled and hard to put down.

Healthy hearing checklist for babies:

Birth to 3 months	<ul style="list-style-type: none">• Settles to familiar sounds or voices• Is startled or jumps when there is a sudden noise
3 to 6 months	<ul style="list-style-type: none">• Turns head or eyes toward interesting sounds• Appears to listen• Wakes easily to sound• Starts to make speech-like sounds
6 to 12 months	<ul style="list-style-type: none">• Understands simple words such as 'no' and 'bye-bye'• Begins to copy speech sounds• Turns head to soft sounds

When your child is sick

It is very concerning for parents when their young children are sick. It is especially important to be able to tell the difference between a serious illness and a minor one.

Parents also need to learn how to pick up the signs of illness early so that treatment and care can begin as soon as possible. This is especially important for very young babies and children, as their condition can deteriorate more quickly than older children.

Signs of sickness

Most — but not all — illnesses in young children will be accompanied by a fever (temperature above 38°C), but not all children with a fever will be sick.

You will need to look at your child and ask yourself:

- is my baby not feeding?
- is my child unhappy?
- is my child lying around, not interested in playing or their surroundings?
- is my child very thirsty and urinating more than usual?

Other signs to watch out for if your child is unwell

It is important, especially with babies and young children, to watch out for other important signs if they are unwell.

- Drowsiness and loss of interest in playing and interacting with you — the baby or young child may be less alert than usual and not interested in what is going on around them. The child may prefer to just be cuddled and may be ‘floppy’.
- Breathing difficulty — breathing may be noisy, rapid,

and/or shallow, or the child may take long pauses between breaths. The baby may make a grunting sound, or the ribs or breastbone may be sucked in with each breath.

- Poor feeding or loss of appetite — the baby or child may suck less vigorously, for shorter periods or refuse feeds altogether. This needs to be taken seriously in an infant. Taking less than half the normal amount of feed in a 24-hour period is of concern.
- Poor urine output — less than four wet nappies in a 24-hour period is a concern. This may be difficult to assess if the child has diarrhoea. For an older child, their urine will be reduced in amount and it may be concentrated (a brown to orange colour).
- Change in skin colour — the baby or child may be very pale, have mottled skin, a rash or cold hands and feet.
- Change in poo — very loose poos, absent poos, signs of blood in poos or change in colour of poos may occur.
- Redness around the ears or discharge from the ears — the baby may be pulling at their ears because they are experiencing pain or there is a visible discharge (runny fluid or pus) coming from the ear.

When to see the doctor

Seek medical attention — such as your local hospital or medical centre — as soon as you can if:

- you observe any of the signs of sickness mentioned previously, especially if a number of these occur together
- you have a very young baby whom you suspect is unwell

- 
- you are concerned about your child.

It is also important to seek help if your child:

- develops a rash
- has a convulsion or fit
- has a fever greater than 39°C (38°C if baby is 3 months or less)
- vomits persistently for hours or vomits green fluid or blood
- has pain that is not relieved by paracetamol or ibuprofen
- develops a lump or swelling — especially in the groin
- stops breathing for more than 15 seconds
- has a severe headache, neck stiffness or light hurts their eyes.

If you feel your child is more unwell than ever before or this illness is different from other times - just ask your doctor or nurse “Could this be sepsis?”

Further advice can be obtained by calling
13 HEALTH (13 43 25 84*).

Fevers

A fever is where there is a rise in the body’s temperature.

Fevers are the body’s natural response to fighting infection. The infection responsible for producing the fever can be a virus or bacteria. It is sometimes difficult to distinguish which is the cause.

* If you are having difficulty connecting it may be useful to dial 13 HEALTH using only the first six digits of the phone number (13 43 25). If you are still unable to connect to 13 HEALTH then please contact your service provider to discuss the issue.

There are some important guidelines you should follow if your child has a fever.

- Keep your child at rest and comfortable.
- Remove excess blankets and clothing and keep the child lightly dressed.
- Do not allow them to shiver as this contributes to a rise in temperature. If they do shiver, wrap them in a light blanket until the shivering stops.
- If your child is under 6 months of age, give them extra breastfeeds, bottles or cooled boiled water. For older children give frequent small drinks of clear fluid (including water or diluted fruit juice — one part juice to four parts water). A child with a fever will be thirsty and, if they’re not vomiting, can drink as much fluid as they desire.
- Regularly check your child’s temperature with a thermometer — mercury and digital thermometers are the most accurate. Plastic tape thermometers used on the forehead are not reliable.

Medication

Always check with your doctor, nurse or pharmacist before giving any medications, including complementary medicines and vitamins, to your child.

Paracetamol or ibuprofen (for babies over 3 months) may be used to manage:

- Fevers above 38°C if the child is irritable or in pain (there is no need to treat a fever if your child is generally well and happy).

When your child is sick

- Discomfort or mild temperature after immunisation
- Irritability associated with teething.

Do not give aspirin to children unless advised by doctors.

If you think you may have given too much medication call the Poisons Information Centre on 13 11 26.

Dosage and administration

Multiple brands and strengths of medications are available so always follow the guidance on the packaging for age and weight for that particular medicine. If two different doses are recommended (one for weight, one for age) always give the lowest dose recommended. Do not combine medications unless advised by a health professional.

Read the bottle carefully before giving your child a dose. Measure dose using oral syringe provided in the package or purchase one from your local pharmacy. Talk to your pharmacist if you are not sure how to give the medication.

Record doses given to keep track of medication usage. This is particularly important if there are two or more carers (e.g. Mum and Dad) to make sure your child doesn't accidentally get an overdose.

Do not use paracetamol or ibuprofen for more than 48hrs without talking to a doctor.

Mixing medication with a small amount of breastmilk or formula may make it more acceptable for the baby but never add medication to a full bottle. Baby may not receive the full dose if the bottle is not finished or may get turned off from feeding.

Paracetamol (for example Panadol® or Dymadon®)

Follow directions on the bottle according to your child's age and weight.

Dose can be given every 4–6 hours. Do not exceed 4 doses within 24 hours.

Ibuprofen (for example Nurofen® or Advil®)

Follow directions on the bottle according to your child's age and weight.

Ibuprofen should only be used in children over 3 months of age unless recommended by your paediatrician. Precautions are required so contact your doctor or pharmacist before purchasing and administering to your child.

Doses can be given up to every 6–8 hours. Do not exceed more than 3 doses in 24 hours. Give with food or after breast/bottle feeding to reduce the risk of stomach upset.

Remember

All children need extra care and attention when they are sick. Keeping them at rest and at home can be important to recovery and will minimise the risk of transferring infection to other children.

Young children have no idea why they feel the way they do when they are sick and will be irritable and upset.

Your presence and reassurance are vital to their recovery.



Breastfeeding

Best for baby and for Mum

Nature has provided mothers with the perfect food for babies — breastmilk. You can give your baby something that no one else can, and it's natural, free and environmentally friendly. Breastfeeding gives your baby the best possible start in life. Support from family and friends is a really important part of establishing and continuing breastfeeding.

Breastfeeding is more than providing food for your baby. Holding your baby close during breastfeeding builds a close, loving bond between you. Your baby can feel, smell and see you. Breastfeeding helps build a special relationship with your baby.

Breastfeeding provides the perfect natural mix of nutrients that your baby needs in a form especially designed for your baby's maturing digestive system and growing body. Breastmilk is made especially for your baby.

Like anything new, breastfeeding may take a little time to get established. You may experience some difficulty in the early stages, but the advantages to both you and your baby are worth it.

Added advantages for your baby

Your breastmilk not only has all the nourishment that your baby needs, but it also reduces the risk of your baby developing infections and diseases such as:

- otitis media (e.g. ear infection), which can lead to hearing loss
- urinary tract infections
- gastrointestinal infections (e.g. diarrhoea)
- atopic diseases (e.g. eczema, asthma)
- inflammatory bowel disease
- some childhood cancers
- sudden infant death syndrome (SIDS)
- type 1 and type 2 diabetes
- obesity in childhood and in later life
- heart disease in later life.

Breastfeeding also reduces the risk of your baby developing allergies and food intolerances, such as coeliac disease.

Breastfeeding promotes jaw development.

All the goodness in breastmilk is yet to be discovered, so it can't be replicated in infant formula. Breastfed babies are less likely to get infections and are less likely to go to hospital than formula-fed babies.

Breastfeeding

Best for baby and for Mum (continued)

Added advantages for you

- Breastfeeding helps your uterus return to its pre-pregnant state faster.
- Breastfeeding can help you lose weight after your baby's birth.
- Breastfeeding lessens the likelihood of ovarian cancer and pre-menopausal breast cancer.
- Breastfeeding lessens the likelihood of osteoporosis.
- Breastfeeding lessens the likelihood of mothers with gestational diabetes developing type 2 diabetes.

Convenient, safe and natural

- Breastmilk is always available and is fresh, clean and safe.
- It is the only food that your baby needs for around the first 6 months.
- It is good for your baby even when he or she is more than 12 months old.
- It saves you time as you don't need to prepare formula and sterilise bottles.
- It is always ready for your baby.

Breastfeeding in public

Mothers have the right to breastfeed in public places such as shopping centres, restaurants and public transport. It may be discrimination if staff or management try to stop you or tell you to move elsewhere.

For more information search for "Breastfeeding fact sheet" at the Anti Discrimination Commission website: www.adcq.qld.gov.au.



Breastfeeding

Getting started

Here are some commonly asked questions and answers about breastfeeding.

When do I start breastfeeding?

Most babies are alert and have a strong desire to feed after birth, so start as soon as possible. Hold baby close to you and most babies will start searching to feed within an hour or so of birth. Your body will have already produced colostrum (baby's first milk), which is perfect for your newborn baby.

How does my body produce milk?

During pregnancy, your body begins to produce colostrum: a thick, rich, yellowish fluid. As you breastfeed, the colostrum changes into mature breastmilk. Breastmilk is **never too rich or too weak**. It may look pale whitish blue as it changes to suit your baby's needs, but it has all the nourishment necessary.

When your baby starts sucking, you may feel a tingling or tightening sensation in your breasts. This feeling, known as 'let-down' or 'milk-ejection', occurs at other times too (e.g. when you hear your baby cry). Not all mothers feel their 'let-down' but watching the change in your baby's sucking-swallowing pattern will show you it is happening.

Breastmilk production works on supply and demand. The more you breastfeed your baby, the more breastmilk you will produce.

What do I need to help me to breastfeed?

While your body has prepared itself for breastfeeding during pregnancy, there are a number of things you can do which will help, especially in the early months.

- Obtain breastfeeding information e.g. visit www.qld.gov.au/health/children/babies/breastfeeding/ or www.health.qld.gov.au/breastfeeding or ask your midwife or doctor.
- Join a breastfeeding support group and talk to other breastfeeding mothers.
- Find out what breastfeeding support is in your area before you leave hospital, e.g. child health clinic, lactation consultant, the Australian Breastfeeding Association and post-discharge services that support breastfeeding.
- Try to sleep or rest when your baby is asleep.
- Accept offers of help with housework and meals from your partner, family and friends. Let them know about the benefits of breastfeeding so they can better support you.
- Do only essential housework.
- Enjoy a wide variety of nutritious foods (see "What should I eat?" on the next page). Avoiding certain foods will not prevent allergy development in children, nor affect the baby's "wind". Try to keep physically active and eat according to your energy needs.

Breastfeeding

Getting started (continued)

- Drink plenty of fluids. A good habit is to have a drink of water every time your baby feeds.
- Avoid cigarettes, alcohol and other drugs, coffee and cola. If you find this difficult, talk to your health professional for support and advice about how to minimise the effects these products can have on your baby. These products contain ingredients that pass on to your baby through your breastmilk. If you decide to continue to have these products, have them after a breastfeed rather than before.
- If you need to take medication, ask your doctor to prescribe medication that is safe while breastfeeding.
- Get everything ready — e.g. drinks and pillows — before you start the feed or at the end of the last feed.
- Your baby may need to feed very frequently in the first weeks of life. As they grow, they will go for longer between feeds (but feeding frequency may increase during different developmental stages, and sometimes towards the end of the day). Be assured that breastfeeding during the night is both necessary and normal for babies.
- Get to know your baby by cuddling and observing their cues. Be guided by your baby's feeding cues, not the clock or others feeding schedules.
- If you plan to return to work, talk to your employer about working and breastfeeding.

What should I eat?

Pregnancy and breastfeeding are some of the most nutritionally demanding times for your body, so it's really important to eat healthy foods to make sure both you and your baby are as healthy as possible. This will make it easier to cope with looking after your baby. Eat a variety of foods from each of these groups every day:

- grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties
- vegetables and legumes/beans
- fruit
- lean meats and poultry, fish eggs, tofu, nuts and seeds and legumes/beans
- milk, yoghurt, cheese and/or alternatives, mostly reduced fat.

An iodine supplement of 150 micrograms each day is recommended in pregnancy and during breastfeeding. Iodine supports normal development of the brain and nervous system before birth, in babies and young children. If you have a pre-existing thyroid condition check with your Medical Practitioner first.

If you are following a special diet or a vegetarian diet, you may need extra advice from a dietitian/nutritionist.

Breastfeeding mothers need to drink plenty of fluids, especially in warm weather. Water is the best drink.



How do I help get milk flow started?

There are some things you can do to help your breastmilk let down.

- Do what you can to relax — breathe deeply, lower your shoulders, get someone to give you a back rub and try to enjoy this special time with your baby.
- Have a warm shower or put a clean warm washer on your breast.
- Gently massage your breast towards the nipple.
- Express a small amount of breastmilk just before a feed.

Breastfeeding is a learned skill that doesn't always come easily. Many women experience some difficulties, particularly in the early days. If you have any concerns, are experiencing any difficulties or need reassurance, contact a health professional. Addressing issues early will make breastfeeding a more enjoyable experience for you and help you to keep breastfeeding for longer.

For more information or assistance

In hospital

Talk to a midwife or lactation consultant about any concerns you have.

At home

Talk to your local child health nurse, a lactation consultant, an Australian Breastfeeding Association counsellor or your general practitioner.

Telephone

- 13 HEALTH (24 hour hotline) 13 43 25 84.* Families can speak with a Child Health Nurse from 6:30am to 11:00pm everyday.
- Australian Breastfeeding Association 24-hour/7-day free Breastfeeding helpline. Call from anywhere in the state on 1800 686 268.
- The Queensland branch of the Australian Breastfeeding Association can be contacted by calling (07) 3254 2233 or emailing qldoffice@breastfeeding.asn.au.

Websites

- Queensland Health Breastfeeding www.health.qld.gov.au/breastfeeding
- Australian Breastfeeding Association www.breastfeeding.asn.au
- Lactation Consultants of Australia and New Zealand www.lcanz.org

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Breastfeeding

How do I start a breastfeed?

- Relax and make yourself comfortable.
- Allow for skin to skin contact prior to a breastfeed.
- Hold your baby close with their chest against yours.
- Hold the baby behind the shoulders and back, allowing the baby's head to tilt backwards, ensuring a wide mouth and deeper latch.
- When attaching your baby, always bring your baby towards the breast — **not** breast to your baby.
- Your baby's top lip should be level with your nipple. You can encourage your baby to open his or her mouth wide by teasing the baby's mouth with your nipple. Squeezing a little milk from the breast will encourage this even more. When your baby opens wide, bring him or her quickly to the breast. The baby's chin should be tucked well into the breast, and the mouth should be wide open with the bottom lip curled back.
- Make sure your nipple and a large amount of the areola (the darker area around the nipple) are inside your baby's mouth.
- Remember to cradle your arm around your baby once he or she is comfortably attached.
- After an initial short burst of sucking, the rhythm will be slow and even. Pauses are a normal part of the feed and will become more frequent as the feed continues.
- Make sure baby's nose is not obstructed by the breast.

How will I know my baby is correctly attached to my breast?

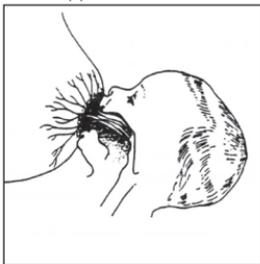
Correct breast attachment and positioning of your baby are vital to avoid problems.

- If the cheeks are being sucked in or you can hear a 'clicking', your baby is not attached properly.
- If it hurts when your baby sucks or you suspect poor attachment, put your finger in his or her mouth to break the suction and try reattaching again. Just pulling your baby off before suction is broken will hurt.
- Breastfeeding should not be painful. Some women experience nipple sensitivity and tenderness in the first few days.
- Listen and observe your baby during a feed. Your baby should look comfortable, relaxed and not tense or frowning.
- After feeding, your nipples will appear slightly longer but should not look squashed, flattened, white or ridged.

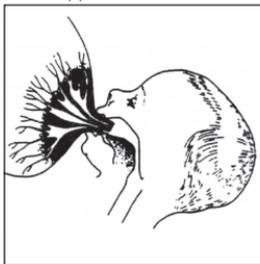
Remember, attachment gets easier with time.

Good and poor attachment

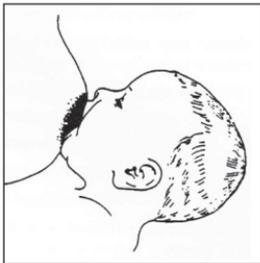
Good attachment
inside appearance



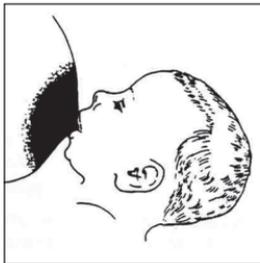
Poor attachment
inside appearance



Good attachment
outside appearance



Poor attachment
outside appearance



Remember

Painful feeding is a sign that something may be wrong. Your Community Child Health nurse, Australian Breastfeeding Association, lactation consultant or midwife can help you.

About nipple shields

Nipple shields are a short-term intervention for cracked, painful, inverted or flat nipples. If you are using a nipple shield on discharge from hospital, seek assistance from a breastfeeding trained professional within a few days of leaving hospital to support supply and breastfeeding attachment.

Breastfeeding

How do I start breastfeeding? (continued)

How often should I breastfeed my baby?

- Babies need to feed often. They can have around 8–12 feeds in 24 hours. Mothers and babies vary a lot. How often you feed and how long it takes your baby to feed differs from one mother to the next. With patience, you and your baby will develop your own pattern which will adapt as your baby grows. Demand feeding allows your baby to let you know what he or she needs.
- Your baby will know when they are hungry so you can feed to suit your baby's needs.
- Feeding times vary from feed to feed and baby to baby. As babies get older and are able to suck more efficiently, they often have shorter feeds and may sleep longer between feeds.
- It is normal for babies to breastfeed frequently, during the day and night.
- Breastmilk is the perfect food for babies.
- Breastmilk is easily digested and this can mean it empties from your baby's stomach in 90 minutes, so some babies need to feed quite often.
- When the weather is warm, they may want to breastfeed more than usual. You don't need to give them water as well as breast milk.

- Let your baby finish the first breast before offering the second breast. At the next feed, reverse the order.
- It is fine to give your baby an extra feed to settle them.
- Let your baby feed as long as he or she wants to. Some babies will have a rest at the breast and then start sucking again, so let your baby decide when to come off. As a guide, try to keep your baby's feeds no longer than one hour.

Tip

If your baby feeds for longer than one hour on a regular basis, it **may** indicate a feeding problem (e.g. incorrect attachment). Access your local Community Child Health Service or the Australian Breastfeeding Association for ongoing support.



Breastfeeding

Is my baby getting enough milk?

How do I know my baby is getting enough milk?

- Breastfed babies usually demand feed 8–12 times in a 24-hour period.
- Watch for frequent swallowing. Swallowing after 1–3 sucks is normal.
- In the first few days checking your newborn's wet and dirty nappies can help you to see if they are getting enough milk. For more information <https://www.childrens.health.qld.gov.au/fact-sheet-baby-getting-enough-breast-milk/>
- After your milk comes in (4–6 days) baby should have at least 6–8 wet cloth nappies or 5–7 wet disposable nappies in 24 hours. Their wee should be pale in colour.
- Breastfed babies are rarely constipated, so a dirty nappy can occur after each feed. Typical breastfed babies' bowel motions are loose and mustard yellow but can sometimes be green or orange. If concerned, review with a trained health professional. None of these changes are a problem in a healthy breastfed baby. They will be different to the bowel motions of formula fed babies.
- The number of bowel motions of breastfed infants tends to decrease between 6 weeks and 3 months of age. Intervals of several days or more between stools are common.
- Frequent, runny stools do not mean a breastfed infant has diarrhoea or lactose intolerance – they should simply be viewed as evidence of sufficient milk. If concerned, review with a trained health professional.
- Your baby should have bright eyes, a moist mouth and good colour.
- Your baby should be mostly contented after feeding. Most babies will have an unsettled period somewhere in the day. This should not be misinterpreted as running out of milk at the end of the day.
- Your baby's weight gain should be going well. Babies lose weight shortly after they are born. They start to regain this weight by day 4–6 and should have regained their birth weight by 2 weeks. After this, check your baby's growth regularly and make sure it is recorded on the growth chart in your baby's *Personal Health Record* book. The fact that your baby's growth follows the general pattern or curve of the graph is the most important thing. A baby who is gaining weight is getting enough breastmilk. A judgement on your baby's growth is best made only after a series of measurements. A one-off unusual measurement is not usually cause for concern if your baby is contented and healthy. Check the accuracy of measurements, use the same baby scales all the time and always weigh without clothes and nappy (or always with a dry nappy).
- Growth monitoring is best done by a health professional who can discuss your child's development with you. It is important to consider growth using both weight and length measurements in combination.



Breastfeeding

Is my baby getting enough milk? (continued)

Remember

- Your breasts may soften once your body has settled into breastfeeding. This does not necessarily mean you have a low supply. Your milk supply has settled to your baby's needs.
- Breast size has no relationship to milk production.
- Take care of yourself. Make sure you eat regular healthy meals throughout the day based on the five food groups. Breastfeeding women require an additional 750-1000ml fluid/day on top of basic needs, so aim to drink around 2½ litres (10 cups) of water a day. Try to drink a glass a water at every breastfeed.
- Your baby can't tell the time yet. In the first months of life, babies don't always become hungry at the same time each day. Don't feed on a schedule — feed according to need.
- Breasts respond to frequent stimulation by producing more milk. If your baby is sucking on a dummy or a bottle, they won't feed from you as often and your supply will decrease.
- How often your baby needs to feed and how long they take to feed differs a lot from one baby to the next.
- The more you feed, the more milk you make.



Common breastfeeding concerns

Sleepy or unsettled baby

In the first 6–8 weeks, there may be some special issues that affect the establishment of breastfeeding.

Sleepy baby

Some babies are affected by:

- long labours or surgical intervention, causing sleepiness in some babies
- anaesthetics and other drugs given during labour, so they may be sleepy for long periods.

The first 72 hours are very important in the stimulation of breastmilk. If a baby is fed well at least once in the first day since birth there is no cause for concern. During the day time if your baby does not ‘ask’ for a feed after about 5 hours, they can be woken and put to the breast. It is recommended that your baby has a minimum of 6 (but preferably at least 8–10) breastfeeds in 24 hours. It will be easier to demand feed if your baby is in the same room as you in hospital.

Try these ideas to help to stimulate your sleepy baby and encourage them to feed:

- Allow skin to skin contact between you and your baby.
- Change their nappy.
- Express a little colostrum and give it by teaspoon, syringe or cup to give your baby the ‘taste’ so they will start seeking your breast.
- Unwrap your baby, talk to them and gently stroke their legs and tummy.
- Stroke their lip and cheek.
- Cuddle your baby against your breast.
- If your baby is too sleepy to accept your breast when offered, you will need to express your colostrum and offer this to your baby. If your baby continues to be sleepy and you are concerned, seek advice from your GP or breastfeeding trained health professional.
- Jaundice may make your baby sleepy. Talk to your health professional if you are concerned about jaundice.

Common breastfeeding concerns

Sleepy or unsettled baby (continued)

Unsettled baby

Babies cry for many reasons. It is your baby's most powerful means of communication. Babies cry with their whole bodies including their legs, so the normal leg action of a baby is often misinterpreted as wind.

It is normal for babies to have **at least** one unsettled period per day. It usually occurs in the evening but can happen at any time. During these times your baby may want to feed frequently and often seems to be snacking. This often causes mothers to be worried about their milk supply but that is rarely the cause of the problem. These frequent feeds 'put in the order' for the next day and should be welcomed as they will ensure your continued milk supply. Do not offer formula as it will upset this delicate balance. As you get to know your baby better and they get to know you, you will develop skills to manage these unsettled times better.

See 'Is my baby getting enough milk?' on page 47 if you are concerned about your supply.

Regurgitation is common and may occur in about 40 per cent of babies under 3 months. Most babies with regurgitation or reflux are healthy and grow well. By 6–10 months, as your baby spends more time during the day in an upright position, the regurgitation usually settles. Breastfeeding is not the cause and does not make regurgitation any worse.

Breastfeeding does not cause colic or reflux.

Tip

- The process of winding wakens a baby into action for the rest of the feed, but you do not have to wait for a 'burp' before continuing the feed or settling your baby to sleep.



Common breastfeeding concerns

Common early problems — tender or cracked nipples

Tender nipples

Some nipple tenderness is normal at the start of feeds in the first 1–2 weeks. After these early days, incorrect attachment is the most common cause of nipple pain.

Tips

- Wash hands well before handling breasts.
- If you are using breast pads, change them when they are wet.
- Avoid using shampoos and soaps on nipples.
- When you need to take your baby off your breast, do it carefully by breaking the suction with your little finger in the corner of your baby's mouth.
- Expose your nipples to the air after each feed.
- Allow breastmilk to dry on your nipples after each feed as it has properties that protect against infection.
- Generally avoid applying ointments, sprays, tinctures and powders.

Cracked nipples

Tips

- Seek assistance from your child health nurse, an Australian Breastfeeding Association counsellor or other breastfeeding trained health professional.
- Poor attachment is the most common cause of cracked nipples.
- Follow suggestions on this page for tender nipples.
- If it is too painful to breastfeed, avoid feeding on the sore breast (for 12–24 hours) but express milk during this period.
- Express milk by hand and feed the milk to your baby in a bottle or cup.
- Gently remove breast pads to stop further damage to your nipples. If the pad sticks to the breast, express a little breastmilk to moisten it before trying to remove it again.
- Put expressed breastmilk on nipples following feeds to promote healing.
- Let your nipples air dry naturally.
- Research suggests the application of nipple cream is ineffective in most cases.

Common breastfeeding concerns

Swollen breasts, blocked ducts, mastitis

Swollen breasts

Swollen breasts in the first few weeks can be normal. It can also happen when there has been a long separation from the mother or when breastfeeding has been stopped too suddenly. Some mothers get concerned that they have too much milk. This is only a temporary problem and will sort itself out as your body gets used to breastfeeding.

Tips

- Wear a comfortable, supporting bra that is not too tight.
- Take your bra off to feed when able and let the milk flow freely from your second breast onto a towel.
- Massage your breasts gently during feeds.
- If your baby is having difficulty attaching, gently express a small amount of milk to soften the areola (the darker area around the nipple) before a feed.
- Demand feed your baby to keep your breasts comfortable (8–10 feeds or more in 24 hours).
- If your breasts become painful, seek assistance from a breastfeeding trained health professional.

Weaning is also a common time for swollen breasts and mastitis. If your breasts become engorged when cutting down the number of feeds, you may need to express a little for comfort to prevent the risk of mastitis. Too much expressing may stimulate further milk production.

Blocked milk duct

A blocked milk duct presents as a painful, swollen firm mass in the breast and the skin over that area may be red. If left untreated can lead to mastitis.

Tips

- Feed your baby as often as possible, starting with the affected breast.
- Gently massage the lump towards the nipple while your baby is feeding to help clear the blockage.
- Start each feed on the affected side for 2–3 consecutive feeds to help the breast drain. Then offer the second breast or express for comfort.
- To improve drainage of the affected area, it is best to have your baby's chin pointing towards the blocked duct.
- If your baby's feeding has not reduced the lump, gently massage toward the nipple while hand expressing.
- Apply warmth before and during a feed and cold afterwards to the area. (A warm shower or a cool compress can relieve pain or discomfort.)
- Check your bra is not too tight and remove during feeds if you prefer.
- Sleep without a bra as much as possible.
- Positioning and attachment should be checked.

If a blocked duct persists for longer than 12–24 hours, seek assistance from a breastfeeding trained health professional.



Mastitis

Onset of mastitis can be gradual or sudden and usually occurs in one breast but may spread to the other.

Symptoms of mastitis include:

- inflammation of the breast
- hot, red, extremely painful area of the breast
- flu like symptoms, e.g. high temperature, headaches, aching all over and generally feeling unwell.

Symptoms can include all or some of these points.

Tips

- Continue to breastfeed — mastitis is not a reason to stop breastfeeding.
- Follow tips on page 52 for blocked ducts.
- Prompt treatment is essential. If you are experiencing flu-like symptoms and fever see your GP immediately.
- Most antibiotics for mastitis are safe for the breastfeeding mother. Talk to your GP or pharmacist about your treatment.
- If you are not feeling better within 24–48 hours after starting antibiotics, inform your Doctor.
- Rest and plenty of fluids are important.
- Analgesia such as paracetamol or ibuprofen may provide relief.

Remember

- Emptying of the affected breast by breastfeeding or expressing is very important until infection has gone, to reduce the chance of complications.
- Check your attachment is correct.

Common breastfeeding concerns

Breastfeeding when you are working or away from your baby

There may be many choices available if you are working or away from your baby:

- Talk to your employer as early as possible, even when you are still pregnant.
- Take as much time off work as you can.
- Work from home.
- Work part-time.
- Have someone bring your baby to you when she or he needs a breastfeed.
- Use a child carer close to where you work so you can go to your baby to feed.
- Express breastmilk while you are away and replace the missed breastfeeds with expressed milk fed from a cup or a bottle.
- For babies over 6 months, continue breastfeeding and replace missed breastfeeds with appropriate solid food. Offer expressed breastmilk or water.
- Replace breastfeeds while you are away from your baby with infant formula and then continue to breastfeed in the hours and days when you are not at work.
- Use night feeds to meet your baby's need for comfort and closeness.

Expressing breastmilk

- Wash your hands with soap and warm water. Dry hands with a clean towel, single-use towel or air dryer.
- Find somewhere private where you can sit down, relax and not be interrupted.
- Have all expressing equipment ready, clean and sterilised.
- Encourage the milkflow by gently massaging the breast – start from the top of the breast and stroke towards the nipple, massage the underside too and repeat several times to ensure that the whole breast is massaged.

Hand expressing

- Place thumb and fingers on opposite sides of your breast just behind the areola (the darker skin around your nipple).
- Rhythmically squeeze your breast with a rolling movement between the thumb and fingers. Try about twice per second. Be gentle especially if your breast is very full.
- Drops of milk form on the nipple. Milkflow may soon start and milk may spray. When the flow stops, move your thumb and fingers around the areola so that all the milk ducts are stimulated and drained.
- Change hands or breasts when you get tired.



Using a pump

- Follow the directions that come with the pump.
- Ask whoever you got it from to show you how it works.
- It is often faster than hand expressing (should only take around 10 mins) but you will not necessarily get more milk.
- Massage the breast towards the nipple while you are using the pump. This helps to get the breastmilk out. Use a warm washer to assist breastmilk to flow.

Storing expressed breastmilk

Pour the collected milk into a sterilised container and put it in the refrigerator or into the freezer, making sure to label with the date and time before freezing.

Breastmilk can be:

- refrigerated for up to 3 days (4°C or lower)
- stored without refrigeration (if needed) for 6–8 hours if the temperature is less than 26°C
- frozen in the freezer section of a refrigerator with a separate freezer door (-18°C) for up to 3 months
- frozen in the deep freeze (-20°C or lower) for 6–12 months.

Always store breastmilk in the back of the refrigerator, not in the door. Freeze milk that will not be used within 2 days. If your freezer is a compartment inside your refrigerator, then only store the breastmilk for 2 weeks.

Warming breastmilk

- Stand the bottle of breastmilk in a container of warm water for a few minutes (no more than 10 minutes).
- Before feeding your baby, check the temperature of the milk by letting a little drop onto the inside of your wrist. It should feel comfortably warm or even a little bit cool. (This is safe on unbroken skin.)
- Never microwave breastmilk.
- Discard any warmed milk that has not been used.

Transportation of breastmilk

- Use an insulated container (such as an esky) with a freezer brick.
- If frozen milk remains frozen on arrival, put it directly into the freezer.
- If some of the frozen milk has thawed put it in the refrigerator and use it within 4 hours. Do not refreeze it.
- If the milk has never been frozen you can either store it in the refrigerator or freeze it.

Common breastfeeding concerns

Breastfeeding when you are working or away from your baby (continued)

Using frozen breastmilk

- When needed, use oldest frozen milk first.
- Never refreeze thawed breastmilk.
- Frozen breastmilk can be thawed in the refrigerator and used within 24 hours.
- Frozen breastmilk can also be thawed by standing in a container of lukewarm water and using it straight away.
- Only warm refrigerated breastmilk once and discard any that is left over.
- Never microwave breastmilk.

Tips

- Leftover expressed milk from feeding should be discarded.

Cleaning expressing equipment

A mother's own expressing equipment:

- Storage containers, expressing equipment and feeding devices do not need to be sterilised if used:
 - for human milk
 - for home use
 - for a healthy infant
- Feeding devices: Containers and feeding devices used to feed the infant should be cleaned with soap and water and air dried before / after every use. They do not need to be sterilised for a healthy infant.

- Expressing equipment:

- should be rinsed well between uses and stored in a clean, closed container. Unrinsed expressing equipment may be stored in a clean, closed container in the fridge between uses.

- Must be cleaned thoroughly at least every 24 hours:

- Take apart all containers and the breast pump so that every part can be cleaned well. Rinse in cold water to remove milk from all the parts.
- Take care to remove all traces of grease, milk and dirt with a small amount of dishwashing liquid and hot water. Use a brush kept just for this purpose.
- Rinse at least twice in hot water.
- Drain bottles and containers upside-down on clean paper towel or a clean cloth towel. Cover while they air dry. Before putting away, ensure no water droplets remain in the containers or on any parts. If any water remains, dry carefully with paper towel.
- Store the dry kit in a clean, covered container until next use.
- In areas where there are different water supplies for drinking and washing, use drinking water to wash and rinse the pump equipment.
- Breast infections or conditions, unwell infants or non-home environments (e.g. hospital) may require more stringent cleaning practices.



Common breastfeeding concerns

When do I stop breastfeeding?

Breastmilk gives your baby all the nutrients she or he needs for around the first 6 months of life. After this time babies need solid food in addition to breastmilk.

Queensland Health, the National Health and Medical Research Council and the World Health Organisation all recommend that you continue breastfeeding until your baby is at least 12 months old and for as long after that suits both you and your baby.

As your baby gets older, you may experience the following concerns. Here are some tips to help you to keep breastfeeding.

Low supply

The more you feed, the more milk you will make. Offer the breast between the usual feeds; offer the breast as a comforter instead of a pacifier. Always feed from each breast more than once each feed. Express milk between feeds.

Teeth

Teeth may initially make the feed feel different but should not cause any discomfort. Biting may occur at this stage when your baby is getting used to and testing out her or his new teeth. When this occurs, temporarily remove your baby from the breast and return them when they are ready to feed. Your baby will soon learn not to bite at feeding time.

Distractions

As your baby gets older and more interested in and aware of the surrounding world, he or she may frequently come off during a feed to have a look around. You may need to feed in a quiet room with fewer distractions.

Breast refusal

Babies can sometimes refuse the breast. This can be one-off or repeated and is most often temporary. Causes can be baby related (e.g. a cold, distractions, teething) or mother related (e.g. hormonal changes, medications, change in perfume). Try to find and deal with the underlying problem. If refusal continues, contact your child health nurse, an Australian Breastfeeding Association counsellor, lactation consultant or other breastfeeding trained professional.

Return of menstrual cycle

You may notice that your baby is a bit fussier with feeding, however this will pass after the first few days of your cycle.

Support and assistance

If you need assistance or support with any of these concerns, refer to the sources listed on page 43.



Common breastfeeding concerns

When do I stop breastfeeding? (continued)

Tips for discontinuing breastfeeding

- Wean gradually — over several weeks or months, depending on your comfort and your baby's acceptance.
- Be led by your baby and start by weaning the feed they are least interested in.
- If your baby is 6 months or younger, replace missed breastfeeds with expressed breastmilk or infant formula.
- For babies over the age of 6 months, you may choose to wean onto a cup rather than a feeding bottle and encourage cessation of bottle use by 12 months.
- If your baby is older, the foods or drinks you could replace feeds with depend on your baby's age. Refer to the sections on "Introducing solid foods" in this booklet (beginning on page 68) for the different age groups.
- If your breasts become engorged, try to resist expressing milk as you do not want your supply to increase. Express just a little for comfort and to reduce the risk of mastitis.



Common breastfeeding concerns

Drugs and breastfeeding

Drugs taken by a breastfeeding mother may pass from the blood into the breastmilk, usually in very small amounts. The extent to which this happens depends on a number of factors, including the nature of the drug concerned, the fat content of the breastmilk and the drug level in the mother's body.

Breastfeeding mothers can safely use most prescribed medications. If you do need to take medications, always check with your pharmacist or doctor before taking the drug. This includes prescription and non prescription items as well as vitamins, minerals, and herbal preparations.

Recreational drugs are excreted into breast milk and may be passed on to the baby. Contact your nearest Alcohol and Drug Services for more information.

Use this booklet as ready reference to work out which common drugs are safe to take. For further information about the use of medicines/drugs in breastfeeding contact the NPS Medicines Line: 1300633424

Maintain breastfeeding

Breastfeeding is the normal way to feed babies and has many advantages for both you and your baby.

Its benefits are so important that breastfeeding should only be discontinued if there is strong evidence that a drug taken by the mother will harm the infant and there is no alternative treatment.

Choose the right medication

If you need to take medications while breastfeeding, discuss with your doctor about the safest option for you and your baby. If required, your doctor will discuss the risks and benefits of using the medication while breastfeeding and have your therapy individualised.

Talk to a pharmacist for advice on the best time to take your medications to minimise drug exposure to your child.

Exposure in the womb

Babies are exposed to more medication in the womb than through breastfeeding.

If you have been taking medications during your pregnancy, make sure your paediatrician is aware. He/she can monitor any potential side effects to your baby.

Common breastfeeding concerns

Drugs and breastfeeding (continued)

Drugs to relieve headache, aches, pain or fever

Paracetamol, when taken as directed is quite safe to take while breastfeeding. Common brand names for paracetamol include Pandol, Dymadon and Panamax.

Aspirin at doses used for pain relief should be avoided. However, a once off single dose may be taken.

Products containing codeine such as Panadeine, Dymadon Co and Codalgin should only be used after consultation with your doctor.

For period or muscular pain, you can take the above drugs. As well, anti-inflammatory drugs such as ibuprofen (Nurofen®, Actiprofen®) and diclofenac (Voltaren®) are very effective, but should be taken in low doses for short periods of time only.

Creams and sprays available for muscle aches and pains are safe to use. Avoid applying to chest areas in case babies accidentally ingest it during breastfeeding.

Mefenamic acid (found in Ponstan®) and indomethacin (e.g. Indocid®) are best avoided by breastfeeding mothers. Other anti-inflammatory drugs such as ibuprofen or diclofenac are preferred.

Cold, flu and asthma drugs

Breastfeeding mothers should try to avoid cold and flu tablets containing pseudoephedrine and phenylephrine, such as Sudafed® and Demazin®. That's because these agents can sometimes cause breastfeeding babies to become irritable and restless. Pseudoephedrine can also cause a significant reduction in milk volume.

Try decongestant nasal sprays instead, like Sinex® and Otrivin®. Your pharmacist will be able to identify these for you.

Lozenges and gargles are safe for sore throats, though it is best to avoid gargles containing povidone-iodine, such as found in Betadine® and Viodine®.

Most cough mixtures are safe, but avoid products containing pseudoephedrine and phenylephrine.

Asthma treatment (e.g. puffers) is quite safe in breastfeeding.



Hayfever and allergies

There are some antihistamines on the market such as loratadine (Claratyne[®]), fexofenadine (Telfast[®]) and cetirizine (Zyrtec[®]) that do not cause sleepiness. Of these, loratadine (Claratyne[®]) is the safest for you to use.

Older antihistamines such as dexchlorpheniramine (Polaramine[®]), promethazine (Phenergan[®]) and pheniramine (Avil[®]) may cause drowsiness as a side effect and are better avoided. Use with caution while breastfeeding and observe your baby for side effects such as excessive sleepiness. Avoid sustained release preparations (such as Polaramine Repetabs[®]).

Nasal sprays such as budesonide (Rhinocort[®]) and beclomethasone (Aldecin[®] and Beconase[®]) are quite safe.

Contraception

If you want to take the contraceptive pill while breastfeeding, you should only be prescribed the mini-pill. Common brand names include Microlut[®], Noriday[®], Locilan[®] and Micronor[®].

Combined oral contraceptive pills – like Nordette[®], Microgynon[®], Triphasil[®], Triquilar[®] and many others – should not be taken.

The morning-after pill (Postinor[®]) is quite safe for emergency contraception.

Depo-Provera[®] and Depo-Ralovera[®] (both three-monthly injectable contraceptives) are excreted into breastmilk in very low amounts, and are also safe for use. They should be given about 6 weeks after the birth.

Some implanted or inserted contraceptive devices (such as Mirena[®] or Implanon[®]) are safe to use during breastfeeding. You should discuss options, risks and benefits with your doctor prior to implantation.

Common breastfeeding concerns

Drugs and breastfeeding (continued)

Constipation

If breastfeeding, the safest laxatives to use are fibre-based products, such as Metamucil® and Fybogel®, followed by docusate (Coloxyl®).

Large doses of senna (as found in Senokot®, Coloxyl® with Senna®, and Nulax®) or bisacodyl (Duloxax®) can cause diarrhoea in your baby.

Vitamins, minerals and herbal preparations

Many vitamin and mineral supplements are safe to use during the breastfeeding period.

In fact, B-group vitamins in normal recommended dosages may be particularly beneficial to mothers lacking energy.

Be aware, though, that natural drugs like herbal preparations may be natural but they may not necessarily be harmless. Many herbal drugs contain chemical substances that may be dangerous to the infant and numerous poisonings have been reported in the past.

So if you are breastfeeding and want to take a herbal supplement, check with your pharmacist, doctor or child health nurse about its safety first.

For example, high doses of garlic can really irritate breastfed babies, so it's best to avoid garlic as a supplement.

At all times, do not use more than the recommended standard dose of herbal products, and use single ingredient products rather than combination products of unknown herbs.

Alcohol

The national alcohol guidelines recommend that if you are breastfeeding, the safest option is not to drink alcohol. When you drink alcohol it enters your breast milk and within 30-60 minutes your breastmilk has the same blood alcohol level as you do.

During the first years of life, your baby's brain is still developing at a very rapid rate and drinking alcohol while breastfeeding can affect your baby's brain development.

If you are breastfeeding and you choose to drink alcohol, try to avoid alcohol in the first month after your baby is born until breastfeeding is well-established. After that:

- alcohol intake should be limited to no more than two standard drinks a day
- you should not drink alcohol immediately before you breastfeed. There should be 2-3 hours between the alcohol consumption and breastfeeding
- you should consider expressing milk in advance if you want to drink alcohol.



Smoking

The best thing you can do for your health and the health of your children is to quit smoking.

Smoking, apart from the adverse effects on babies, has also shown to reduce breastmilk production.

Queensland Health's Quitline service has a free quit smoking support program for parents/carers/guardians of children aged 3 and under. The 'Smoke-free Family' program combines a series of quit smoking support calls (delivered over the phone) with a 12-week supply of Nicotine Replacement Products (these are posted to you) to help you confidently on your way to a smoke free future. To join, call Quitline on 13 78 48 and mention 'Smoke-free Family'.

If you find it difficult to quit smoking, it is important that you take action to avoid exposing babies and children to second-hand smoke by:

- not smoking one hour before breastfeeding and during breastfeeding
- making sure no-one smokes inside your house, in a car that has children as passengers, or outside near open windows or doors (In Queensland, it is illegal to smoke in a car with a child under the age of 16 years.)

* If you are having difficulty connecting it may be useful to dial 13HEALTH using only the first six digits of the phone number (13 43 25). If you are still unable to connect to 13HEALTH then please contact your service provider to discuss the issue.

Illicit drugs

Illicit drugs include illegal drugs — like marijuana, heroin and amphetamines — and prescription drugs prescribed for another person.

You should avoid the use of illicit drugs or prescription drugs prescribed for another person if you are breastfeeding.

Recreational drugs are excreted into breast milk in varying amounts, and are passed on to the baby.

Prolonged exposure to these drugs can also result in both the mother and the baby becoming dependent on the drugs.

If you are using illicit drugs, you should disclose this to your health care professional so that they can assess whether it is safe to breastfeed your baby.

ADIS (Alcohol and Drug Information Services) is a confidential 24/7 telephone counselling, information and referral service for those struggling with alcohol and drug use. 1800 177 833, or www.adis.health.qld.gov.au

For more information

Keep this booklet as a handy reference.

If you want more details, talk to your pharmacist, doctor or child health nurse, or call the Medication Helpline on 1300 888 763 or 13 HEALTH (13 43 25 84*).

Formula feeding

Bottle feeding

If breastfeeding is not possible, the use of a commercial infant formula is recommended. Cows milk-based formula is suitable for most babies and is recommended over formulas made from soy or goats milk. These and other specialised formulas should only be used under the advice of a health professional. Regular unmodified cows or goats milk is not suitable for babies and should never be given as a drink in the first 12 months.

In Australia, a range of suitable infant formulas is available. It is preferable to use an infant formula with a lower protein level. The use of 'follow-on formula' for infants aged 6–12 months is not considered necessary and no evidence has shown advantages over using 'infant formula'. It is recommended to keep your baby on infant formula until 12 months of age. After around 12 months you can introduce pasteurised full cream milk.

Holding your baby close during feeding builds a close, loving bond between you. Your baby can feel, smell and see you, and this is when strong bonding between the baby and the carer can develop.

Getting started

Check the instructions on the formula container and always use the scoop provided with the formula being used.

Always follow the manufacturer's formula preparation instructions on the tin unless advised otherwise by your healthcare professional. Formula that is made too concentrated/strong may hurt your baby's kidneys; too weak/dilute and your baby may not grow well.

1. Clean surfaces where formula will be made with a clean cloth.
2. Wash your hands using soap and water and dry well.
3. Clean and sterilise the bottle, teat and other feeding equipment before you start (see page 66 on cleaning infant feeding equipment).
4. Boil fresh tap water and allow it to cool until luke warm – to cool to a safe temperature, allow the water to sit for at least 30 minutes.
5. Pour the required amount of cooled, boiled water into the sterilised bottle.
6. Add the required number of scoops of formula to the water. The scoop should be lightly tapped to remove any air bubbles, then use a sterilised knife to level off each scoop. Keep the scoop in the can when not in use – do not wash the scoop as this can introduce moisture into the tin if not dried adequately.
7. Place the teat and cap on the bottle and shake it until the powder dissolves.



8. Before feeding your baby, check the temperature of the feed by letting a little milk drop onto the side of your wrist. It should feel just warm, but cool is better than too hot.
9. Discard any formula that has been offered to your baby and not been consumed within 1 hour. Do not reheat half-empty bottles.
10. Hold your baby close and talk to your baby (if it is not too distracting) while feeding and respond to your baby's cues – parent–infant contact is extremely important. Look, watch, gaze and delight in your baby.

Do not leave your baby alone to drink the bottle. Do not put your baby to sleep while drinking from a bottle – as well as the risk of choking, this increases the risk of infant tooth decay, ear infections and associated hearing loss.

Teats

Teats are available in a range of shapes and materials. There is no evidence to support the benefits of particular teats for problems such as colic (unsettled infants). Several types of teats may have to be tried until a suitable one is found.

All teats should be cleaned well with a bottle/teat brush and sterilised correctly. Teats need to be checked and replaced regularly.

Preparing feeds in advance

Ideally, prepare only one bottle of formula at a time, just before feeding. If formula needs to be prepared in advance it must be refrigerated (at 5°C or below) and used within 24 hours. Alternatively, prepared sterilised bottles of boiled water may be refrigerated and used as required, first warming by standing bottle in a container of warm water and then adding formula.

Warming formula

It is safe to give cool formula to babies; however most babies seem to prefer to have it warmed.

- Refrigerated prepared formula should be warmed by standing the bottle in a container of warm water before feeding the infant.
- Do not use a microwave to heat infant formula, as heating can occur unevenly and burn the infant's mouth.
- Formula should not be removed from the refrigerator and warmed until immediately before feeding.
- Discard any formula left at the end of the feed. Any formula that has been at room temperature for longer than 1 hour should be discarded.

Formula feeding

Bottle feeding (continued)

Transportation of formula

- The safest way to transport feeds is to carry individual portions of the powdered formula and the cooled boiled water in separate sterile containers, and make up the formula when required.
- Alternatively, the formula can be made up and refrigerated (temperature no higher than 5°C) until they are cold before transporting.
- Do not remove the feed from the refrigerator until immediately before transporting.
- Transport feeds in an insulated bag with ice bricks and use within 2 hours. If you reach the destination within 2 hours, place the feeds in the refrigerator at the destination and use within 24 hours of the time of preparation.

Cleaning infant formula feeding equipment (bottles and teats)

Feeding equipment should be sterilised until the baby is at least 12 months old. Thoroughly clean bottles and teats manually or in a dishwasher. Bottles and teats can be sterilised using boiling or steaming methods or cold sterilisation. Use commercial steamers according to the manufacturers' instructions. Chemical sterilisers can be used with cold water. It is a good idea to keep some sterilising liquid or tablets on hand for emergencies.

Boiling method

1. Wash your hands using soap and water.
2. Wash teats and bottles in hot, soapy water using a bottle brush and rinse well.
3. Place equipment (including bottles, teats and caps) in a large saucepan on the back burner of the stove.
4. Cover utensils with water, making sure to eliminate all air bubbles from the bottle.
5. Bring to the boil and boil for 5 minutes. Turn off – do not allow it to boil dry.
6. Allow the equipment to cool in the saucepan until it is hand hot and then remove it – be very careful if children are present.
7. Store dry sterilised equipment that is not being used straight away in a clean covered container.
8. Sterilised equipment can be stored in the refrigerator for up to 24 hours.

Cold sterilisation

1. Wash the bottles and teats with cold, soapy water. Rinse with cold water.
2. Make up the sterilisation solution following the manufacturer's instructions carefully when making up the solution to ensure the correct dilution.
3. Make sure all equipment is made of plastic or glass: metal corrodes when left in chemical sterilant.
4. Completely submerge everything, making sure there are no air bubbles, and leave it in the solution for at



least the recommended time – equipment can be left in the solution until it is needed.

5. Use tongs to remove items from solution and shake off excess liquid when you are ready to use a bottle and teat. Use the bottle and teat immediately, do not rinse solution off.
6. Discard the solution after 24 hours, thoroughly scrub the container and equipment in warm water with detergent and make up a new solution.
7. Store the sterilising concentrate and solution well out of the reach of children.

How much formula?

Bottle fed babies should be fed on demand. Each baby is different and needs vary from day to day. Refer to the 'Is my baby getting enough milk?' section on page 47 if you are concerned about how much your baby is drinking.

The following can be used as a general guide:

- **1 to 4 days:** Commence at 30-60ml/kg body weight/day and increase over the next few days
- **5 days – 3 months:** 150ml/kg bodyweight/day
- **3-6 months:** 120ml/kg bodyweight/day
- **6-12 months:** 100ml/kg bodyweight/day.

It is important to be aware that there are many individual variations in the amount of formula and the number of bottles consumed each 24 hours. Information on formula packages recommending certain amounts for various ages is a guide only and does not necessarily suit every infant.

Plenty of wet nappies (six or more per day), consistent (but not excessive) weight gain, and a thriving, active infant indicate that all is well.

How to feed

Seat yourself comfortably and hold your baby in your arms while giving the bottle. Hold the bottle tilted, with the neck and teat filled with formula. If your baby does not firmly grip the teat, gently press under their chin with your middle finger and slightly withdraw the teat to encourage sucking. This method will help to prevent your baby from swallowing air, which can cause wind pain.

Check the bottle flow. When the bottle is upside down, the milk should drop at a steady flow from the teat. Sometimes the teat gets clogged when a powdered formula is used. Check teats often.

Even when fed properly, a baby swallows some air. Hold your baby upright over your shoulder or upright on your lap with your hand supporting under their chin. Pat or rub the middle of their back gently until they burp. If the baby is feeding happily, don't stop until they are ready! Watch for signs that your baby has had enough such as turning their head to the side or closing their mouth firmly.

Introducing solid foods

When and why

At around 6 months, your baby needs to start on foods and drinks along with continuing breastmilk or infant formula. Baby's first foods and other drinks are commonly referred to as 'solids'. Some signs to look for before starting your baby on solids are:

- your baby can hold his or her head steady and can sit on your lap with support or in a high chair
- your baby opens his or her mouth when you put a spoon near it
- your baby is starting to reach for food and is getting excited when watching others eat.

If your child is not showing these signs at 6 months of age, talk to your health professional.

For good health, your baby needs to start eating solids at around 6 months because his or her stores of iron and zinc begin to fall and energy needs are starting to increase. Introducing solids too early may make your baby sick, as their digestive system has not developed enough. Delaying introduction of solids beyond 6 months may cause nutrient deficiencies, increase the risk of food allergy, and may result in food refusal or fussy eating.

This is another opportunity to emotionally connect with your child, so it is important to try to make it a positive experience for everyone.

Food allergies

What is an allergy?

An allergy is an adverse reaction by the body to a foreign material. Antibodies are produced and these cause the allergic reaction.

There appears to be increased allergy risk with starting solids early (less than 4 months) and late (after 7 months).

Symptoms of allergies

- Skin rash and swelling
- Abdominal pain and diarrhoea
- Vomiting
- Eczema
- **Difficulty breathing or swelling of tongue***
- **Becoming pale and floppy***

* **Serious reactions – call ambulance immediately.**

Reactions can occur immediately (within seconds to 2 hours of eating) or may be delayed (may take hours or days after eating).

Note: Food intolerance (an adverse reaction to food which doesn't result in the production of antibodies) and food aversion (an avoidance of foods which may be based on individual sensitivities) are not the same as allergy.



Allergies can be caused by factors other than food

- It is difficult to identify problem foods when there are other factors that could be causing the responses. Allergies and intolerances are more common in young children as their immune system is not yet fully developed. Most will grow out of these responses.
- If food is found to be the problem, a decision must be made as to whether dietary restriction is needed.
- Restricting dietary intake places the entire family under great strain — nutritional, social and psychological — and other treatments may be more realistic.
- Parents need to be realistic and seek advice before changing their child's diet.

Most babies will not have any problems with new foods. While children with a family history of allergy are at higher risk of allergy, many children with no family history of food allergy also develop allergy. Most children grow out of their food allergies by adolescence. Parents should seek advice if they are concerned.

It is important to get specialist help

You don't want to unnecessarily restrict a child's diet, especially during periods of vital growth and development.

Sensible precautions

There is insufficient evidence to support previous advice to specifically delay or avoid potentially allergenic foods. All infants should be given allergenic complementary foods including peanut butter, cooked egg, dairy and wheat products in the first year of life. This includes infants at high risk of allergy.

If you have concerns, you should seek advice from your health professional.

For more information regarding allergy causing foods please refer to www.allergy.org.au

Introducing solid foods

Feeding from around 6 months

How to start

- Choose a time when your baby is happy, you are calm and have time to focus on your baby.
- Solid foods should supplement breastfeeding or formula but not replace it. Continue to breastfeed or formula feed as you were doing before you introduced solids.
- Start with iron fortified infant cereal and/or iron rich foods such as pureed meat or tofu, followed by other foods from the Five Food Groups (see www.eatforhealth.gov.au/food-essentials/five-food-groups). Introduce different tastes and textures as your baby grows.
- Make the food smooth and mushy by adding breastmilk or formula. This may mean pureeing food with a blender or pushing it through a sieve.
- Do not add sugar, honey or salt. Babies have very sensitive taste buds and added salt can be bad for their kidneys, whilst sugar can cause tooth decay.
- Offer 1–2 teaspoons after a breast or formula feed. Slowly increase this to around 2 tablespoons.
- Start with offering solids once a day and gradually build up to 3 times a day.
- Expect that your baby may refuse some new foods. This is normal and it might take up to 30 times before your baby learns to like some foods. Continue offering it at other times and on other days.

- Respond to signs that baby is full – turning head, refusing to open mouth. Never force baby to eat or finish all the food in their bowl.
- Don't put the spoon or food in your mouth before giving it to your baby. Transferring bacteria from your mouth can cause tooth decay.
- Cows milk should not be introduced as a drink until 12 months of age but can be added to food.
- Honey can cause infant botulism, a rare but serious illness that can cause paralysis. It is not an essential food and should not be introduced before 12 months. Do not use honey as a sweetener on dummies or bottles.

Breastmilk and formula feeds

Continue to breastfeed on demand or bottle feed. Breastmilk or infant formula is still your baby's main food at this age.

Tips

- Clean your baby's teeth as soon as they appear to prevent tooth decay. Start by using a small, soft toothbrush moistened with water. At 18 months, brush with a small (pea-sized) amount of low fluoride toothpaste.

- Make sure the food you feed your baby is stored correctly and prepared in a clean environment. Babies are very sensitive to food poisoning. Keep prepared food in your fridge for 1–2 days only. Prepared foods should not be reheated more than once, and any foods served but not eaten by your baby should be thrown away.
- Expect changes in your baby's nappies as new foods are introduced.
- Drinking plain water is a good habit to start early. Start to introduce cooled boiled water from a cup with a spout. Soft drinks, cordials and tea are not suitable drinks for babies. Fruit juice is also unnecessary.
- For convenience, prepare food ahead of time and freeze it in ice cube trays or small individual containers for later use.

This is a really exciting time. It is not just about nutrition, it's also about exposing your baby to a variety of healthy foods to improve their acceptance of new flavours, and sharing the enjoyment and social aspects of eating.

Check your baby's growth regularly and make sure it is recorded on the growth chart in your baby's *Personal Health Record* book. Continue to check that your baby's growth follows the pattern or curve of the graph. If the line of growth curve is flat or moving downward at all or upward crossing a number of percentiles, speak with a health professional.

Sample Meal Ideas 6–7 months

Breakfast

Baby cereal mixed with breastmilk or formula and/or
Mashed fruit and
Breastmilk/infant formula

Mid morning

Breastmilk /infant formula

Lunch

Blended/mashed meat and
Blended/mashed vegetables and
Pureed pasta or rice and
Breastmilk/infant formula

Mid afternoon

Breastmilk /infant formula

Dinner

Blended/mashed meat and
Blended/mashed vegetables and
Pasta or rice and
Breastmilk /infant formula

Introducing solid foods

Feeding from 7 to 12 months

By now your baby is eating pureed meats, baby rice cereal, pureed fruit and pureed vegetables, as well as breastmilk or formula.

Breastmilk and formula feeds

Continue to breastfeed on demand or bottle feed. Only expressed breastmilk, formula or water should be put in your baby's bottle. Babies can also be fed by a feeding cup from around 6 months. It is recommended that breastfeeding be continued to at least 12 months and beyond. If your baby is formula fed, 11–12 months is a good time to stop using bottles and use a cup, but infant formula should still be used until 12 months.

Foods to add in

- Once baby is managing to eat smooth food, vary the texture of the foods from smooth, to fine mash, to lumpy mash and minced food. Giving different textures of food is good for jaw and speech development, and can reduce the risk of later feeding difficulties.
- Offer food three times a day, at routine meal times.
- As food intake increases offer solid foods before breast or formula feeds.
- By 8 months, offer a range of finger foods including rusks, toast, soft cooked vegetables and soft fruits which encourages self feeding.
- Accept mess! This is an important time for your baby to experiment with food — let them touch it and self feed.
- Introducing a variety of foods at this age will make refusal of new foods and feeding problems less likely later on.
- Keep trying a variety of new foods from the Five Food Groups. (see www.eatforhealth.gov.au/food-essentials/five-food-groups)
- Sugar or salt should not be added to food for babies.
- Fish: Cook fresh boneless fish well and check thoroughly by feeling all the fish with your fingers for bones. If using canned fish, use unsalted water-packed fish.
- Avoid high sugar, fat or salty foods such as lollies, sweet drinks, chips and savoury biscuits. These do not help your baby grow well, and can lead to less room for acceptance of healthy foods.
- Cooled boiled water, expressed breastmilk or formula can be offered from a cup.
- Cows milk should not be introduced as a drink until 12 months of age but can be added to food.
- Foods with a high risk of choking such as whole nuts, seeds, raw carrot, celery sticks and chunks of apple should be avoided for the first 3 years as their size and/or consistency increases the risk of inhalation and choking. However, nut pastes and nut spreads can be offered to infants from around 6 months of age.



Tips

- Serve freshly prepared food or food that has been kept in the refrigerator for no longer than 1–2 days.
- Sit your baby with the family at meal times to watch and learn. Give your baby a spoon to hold too, even if you are feeding them.
- The amount of food your baby needs will vary — provide healthy foods and allow your baby to decide how much they want to eat. Don't expect them to always finish the food on their plate. Use their growth and contentment as a guide that they are getting enough.

The quantities in the following sample menu are a guide only. How much babies eat varies a lot from one baby to the next. Appropriate weight gain and development will guide whether your baby is getting enough. Your baby's appetite may vary during growth spurts and teething. Respond to signs of fullness and never force your baby to eat — it is OK to have food left over on their plate.

Check your baby's growth regularly and make sure it is recorded on the growth chart in your baby's *Personal Health Record* book. Continue to check that your baby's growth follows the pattern or curve of the graph. If the line of growth curve is flat or moving downward at all or upward crossing a number of percentiles, speak with a health professional.

Planning meals from 7 to 12 months

How much food is eaten at this age varies from child to child and from day to day and is influenced by growth and activity levels. These serving sizes and amounts can be used as a guide to feeding your 7–12 month old each day. Some serving sizes are different to those commonly used for adults. While it is recommended to introduce solid foods from around 6 months of age, it may take around a month to reach these amounts.

By 12 months of age, infants should be consuming a wide variety of nutritious foods enjoyed by the rest of the family.

Grains (cereal) foods

Bread, roll or flat bread or cooked rice, pasta, noodles, porridge or polenta, barley, buckwheat, semolina, cornmeal, quinoa, bulgur, quinoa or crisp breads, English muffin or scone or crumpet

Infant cereal (dried)

Porridge, rice, oats and mixed grain cereals.



Introducing solid foods

Feeding from 7 to 12 months (continued)

Vegetables

Cooked vegetables, fresh vegetables are best but frozen and canned are also good alternatives.

Fruit

Fresh fruit is best but frozen and canned (with no added sugar) are also good alternatives.

Lean meats and poultry, fish, eggs, tofu, legumes/beans

Cooked meat, cooked chicken, cooked fish, egg, tofu or legumes/beans

Breastmilk or formula

Yoghurt/cheese or alternatives

Yoghurt or cheese, choose full cream varieties.

From 10-12 months add in midmeals for example fruit, yoghurt, toast, sandwich

For more information see www.eatforhealth.gov.au.

Sample Meal Ideas 7-12 months

Breakfast

Baby cereal mixed with breastmilk or formula or full cream milk and/or
Mashed fruit and/or
Full cream yoghurt and
Breastmilk/infant formula

Mid morning

Breastmilk /infant formula

Lunch

Blended/mashed meat or fish or egg or alternative and
Blended/mashed or chopped well cooked vegetables and
Bread cut into pieces or cooked pasta/rice and
Breastmilk/infant formula

Mid afternoon

Breastmilk /infant formula

Dinner

Blended/mashed meat or fish or egg or alternative and
Blended/mashed or chopped well cooked vegetables and
Cooked pasta/rice and
Breastmilk/infant formula



Introducing solid foods

Feeding from 12 months

Your child can now eat a wide range of family foods.

Foods to add in

- Full cream cows milk
- Regular (unboiled) tap water
- Infant formula can be replaced by full cream cows milk.
Limit cows milk intake to around 500 ml to leave enough room for solid foods.

Hints on preparing food for this age group

Your child should now be eating and enjoying healthy meals and meal times with the rest of the family. As much as possible, offer 'family meals'. Children do not need special foods. If you need to, just modify the texture of the food you are eating, e.g. cut up meats, or serve small pasta pieces that are easy for your child to pick up.

This is a great time for learning and exploring. Give a variety of foods. Some foods won't be well accepted until your child tastes them 10–20 times. So be patient!

Do not use food as a bribe or offer treats to force your child to eat.

This is a time for learning the social skills of eating together as a family. Eating times should be pleasant.

Encourage your child to feed themselves.

Do not force your child to finish all of their food.

Your baby is now mobile and exploring and so will be exposed to more infections. Making sure he or she is eating healthy food will help protect against infection, as will continuing to breastfeed.

Give solids first before fluids.

Plan regular meal and snack times and allow enough time for your child to eat a meal.

Do not add sugar and salt to basic foods.

Be consistent!

If food choices are limited or you have special diet needs, seek advice from a dietitian, child health nurse or other suitably qualified health professional.

Introducing solid foods

Feeding from 12 months (continued)

Breastmilk and formula feeds

Continue to breastfeed as often as your child desires and you are able. The use of formula or follow-on formula after 12 months is not necessary. Solid or family foods should provide an increasing proportion of energy intake after 12 months. After 12 months, water and full cream cows milk should be the main drinks offered, from a cup.

Frequent consumption of sugary drinks is associated with increased risk of infant tooth decay. Fruit juice is also acidic and can increase the risk of infant tooth decay and erosion. It is especially important to avoid feeding these drinks from baby bottles.

Planning meals from 12 months

There may be some variations in nutritional needs due to growth and different activity levels, but it is important to keep providing a variety of foods from the Five Food Groups. (see www.eatforhealth.gov.au/food-essentials/five-food-groups). The servings listed here provide a general guide for toddlers aged around 1–2 years. Appropriate growth and development will also indicate whether food intake is at an appropriate overall level for your child.

Grain (cereal) foods, mostly whole grain and/or high cereal fibre varieties

Bread, roll or flat bread or cooked rice, pasta, noodles, porridge or polenta, barley, buckwheat, semolina, cornmeal, quinoa, bulgur, quinoa or crisp breads, English muffin or scone or crumpet

Vegetables and legumes/beans

Cooked vegetables or legumes or green leafy or raw vegetables.

Encourage your baby to taste and try a wide variety of both raw and cooked vegetables. This is important in helping your baby to develop healthy eating habits. Fresh vegetables are best but frozen and canned are also good alternatives.

Fruit

Apple, banana, orange or pear; or apricots, kiwi fruits, or plums; or diced fruit; or only occasionally fruit juice (no added sugar); or dried fruit (dried apricot halves, tablespoons of sultanas).

Fresh fruit is best but frozen and canned (with no added sugar) are also good alternatives. Fruit juice is low in fibre and dried fruit has high concentrations of natural sugar and sticks to teeth, which can contribute to infant tooth decay.



Milk, yoghurt, cheese and/or alternatives

Milk or yoghurt or cheese or ricotta cheese or soy, rice or other cereal drink with at least 100mg of calcium per 100ml.

Choose full cream fat varieties, as reduced fat milk, yoghurt and cheese products are not recommended for children under 2 years. Continue to breastfeed on demand for as long as you and your baby would like to.

Lean meats and poultry, fish, eggs, tofu, nuts, seeds, and legumes/beans

Cooked meat, cooked chicken, cooked fish or eggs or cooked or canned legumes/beans or tofu or nut or seed paste (peanut or almond butter or tahini).

Red meat is an excellent source of iron. Try to include it often. Nuts are not recommended for young children as they may cause choking. Use only smooth nut pastes.

For more information see www.eatforhealth.gov.au.

Sample Meal Ideas 12 months

This sample menu gives an example of how these foods could be eaten over the day.

Breakfast

Breastfeed
Cereal with milk
Fruit

Mid-morning

Toast or crackers with spread
Water

Lunch

Meat/chicken/fish/eggs/legumes and
A range of orange and green vegetables (cooked and raw)
and
Bread or Pasta/rice/noodles
(e.g. chicken or egg sandwich with cucumber sticks and cherry tomatoes)

Mid-afternoon

Yoghurt
Water

Dinner

Meat/chicken/fish/eggs/legumes and
A range of orange and green vegetables (cooked and raw)
and
Pasta/rice/noodles

Supper

Breastfeed/milk
Water is the best drink. Fruit juice is unnecessary.

Introducing solid foods

Suggestions

There are many foods that toddlers often enjoy:

- shepherd's pie
- macaroni cheese
- minced meat and pasta shells
- fish or chicken fingers
- ravioli
- risottos and pastas made with vegetables
- diced meats
- cheese
- food cut into different shapes, e.g. melon balls, use biscuit cutters for different sandwich shapes
- pikelets
- little fruit and vegetables, e.g. cherry tomatoes, grapes
- noodles
- spaghetti and all different shapes of pasta
- boiled or scrambled egg
- potato patties
- home-made pizza fingers
- mini chicken drumsticks
- meatballs
- baked beans

- mini muffins
- beef patties
- diced fresh fruit
- vegetable soups with pasta and cheese they sprinkle on themselves
- foods where they are involved in the preparation.

Vegetables may be better accepted if presented separately, so they can be identified. Try making them into a face. Sometimes raw vegetables are accepted better than cooked.

Try varying the way you serve a vegetable to improve its acceptance, e.g. mashed potato might be more popular than boiled potato. Grated carrot in a bolognese sauce might be eaten when carrot pieces aren't.

Remember

- Food can be simple. It does not need to be complex.
- Adapt family food to suit your baby's developmental stage.
- If you are using commercially prepared food, start with single ingredients such as apple or sweet potato. Only use commercially prepared food sometimes as they do not offer enough variety in foods, textures and tastes.



Introducing solid foods

Recipes for babies

When preparing food for your baby use a variety of foods and avoid adding salt, sugar or honey. Your baby's taste buds are more concentrated than ours and it is important to develop a taste for the natural flavour of foods.

Babies and children do not need special foods. By 12 months your baby should be eating the same healthy meals as the rest of the family. At earliest stages, the easiest approach is to take part of your family meal and change its texture to suit their developmental stage.

For example, from 6 months, a roast for the rest of the family could become pureed potato, pumpkin and beans for your baby with finely chopped and pureed meat blended with meat juices. Children like to watch and imitate people around them. This may be a time to reassess your own food choices.

Expressed breastmilk, infant formula or cows milk may be used in recipes for babies. All the recipes can be given from 6 to 8 months depending on the developmental stage of your baby.

As you become more confident feeding your baby, you will be able to develop your own recipes. Here are some to get you started.

1. Pureed vegetables

Ingredients

(finely chopped)

1 small potato, peeled

1 small piece pumpkin, peeled

½ cup carrot, grated

1 small piece green leafy vegetable
(broccoli, zucchini, lettuce)

Method

Using a steamer or saucepan, bring a small amount of water to the boil.

Add the vegetables, cover with a tight-fitting lid and cook quickly until vegetables are soft.

Press vegetables through a strainer or puree in a blender or food processor.

Offer the new food at the beginning of feeding time when your baby is hungry. This will increase acceptance of new flavours.



Introducing solid foods

Recipes for babies (continued)

2. Pureed fruit

Ingredients

Fresh apple, pear, peach, apricot or dried prunes (stones removed)

Method

If using fresh fruit, wash, peel, core and dice.

If using dried fruit, wash, dice and soak in just enough water to cover fruit for at least 15 minutes before cooking.

Place fresh fruit or soaked, dried fruit and any remaining liquid in a saucepan. Add just enough water to cover the bottom of the saucepan and cook quickly until fruit is soft.

Press pulp through a strainer or puree in a blender.

3. Pureed meat with sweet potato

Ingredients

¼ cup of lean meat (e.g. chicken, beef, veal, lamb) – finely chopped or minced

½ cup sweet potato – peeled and chopped

Method

Place meat and sweet potato in a saucepan with enough water to cover. Simmer gently until tender and well cooked.

Press through a sieve or blend to a smooth consistency and serve.

4. Rusks

Ingredients

1 loaf unsliced wholemeal bread

Method

Cut about 4cm of crust from all sides of bread. Cut crusts into fingers.

Spread crusts over a baking tray and bake in a slow oven for approximately 1 hour until dry.

Allow to cool, then store in an airtight container in the refrigerator. Use as required. Store for a maximum of 1 week.



5. Pureed steamed fish

Ingredients

1 fillet of fish

Method

Place fish in a steamer or saucepan with a small amount of water.

Cover and steam until fish is well cooked.

Carefully remove all bones and skin and press through a strainer or puree in a blender.

The fish may be served with white sauce from 9 months.

6. Banana rice pudding

Ingredients

$\frac{3}{4}$ cup cooked rice

$\frac{3}{4}$ cup (180ml) full cream milk

$\frac{1}{2}$ teaspoon vanilla essence

$\frac{1}{2}$ banana – mashed

Method

Mix together the cooked rice, milk and banana.

Heat in a saucepan over low heat until milk is absorbed, stirring frequently, then stir in vanilla.

Cool and serve warm or cold.

7. Milk custard

Ingredients

1 tablespoon cornflour

250ml milk

$\frac{1}{2}$ teaspoon vanilla essence

1 tablespoon pureed fruit of choice

Method

Place cornflour and vanilla in a saucepan and mix to a smooth paste with a little milk.

Stir in the remaining milk.

Over medium heat, slowly bring to the boil, stirring continuously for approximately for 10–15 minutes until thickened.

Remove from heat, stir and pour into bowl.

Allow to cool slightly, then refrigerate to set.

Serve with the pureed fruit.



Introducing solid foods

Recipes for babies (continued)

8. Pureed chicken in white sauce

Ingredients

- 2 teaspoons flour or cornflour
- ½ teaspoon butter or oil
- 100ml milk
- 1 tablespoon finely chopped cooked chicken (no skin)

Method

Over a gentle heat, blend flour and butter in a small saucepan until a paste is formed.

Add milk gradually and stir continuously so lumps don't form.

Bring to the boil and keep stirring until a thick sauce forms.

Add chicken and press through a strainer or puree in a blender.

9. Scrambled egg

Ingredients

- 1 egg
- 150ml milk

Method

Whisk egg and milk.

Pour mixture into a nonstick frypan and cook over a low heat, stirring occasionally with a fork.

When cooked, cool slightly and serve.



10. Baked egg custard

Ingredients

1 egg
150ml full cream milk
½ teaspoon vanilla essence
1 tablespoon pureed fruit

Method

Beat egg, milk and vanilla all ingredients together.

Pour into an ovenproof dish (approximately the size of 1 cup – 250ml). Stand in a baking dish containing enough water to come halfway up the side of the ovenproof dish.

Bake in a moderate oven (180° C) for approximately 25–30 minutes or until custard is set.

Serve when warm or cold with pureed fruit.

11. Mince stew

Ingredients

¼ finely chopped onion
½ diced carrot
½ stick of celery finely chopped
¼ cup mince

Method

Saute onion in a little vegetable oil.

When onion is soft, add in carrot, celery and stir.

When these vegetables have slightly softened, add in mince and brown thoroughly.

Add a little water if needed. This will also help break up the mince and form a sauce.

Solids guide

From around 6 months

	Around 6 months	6 – 12 months	12 + months
Food	High iron foods (e.g. baby rice cereal, pureed meat, pureed beans, pureed lentils and other legumes) made up with expressed breastmilk, formula or boiled tap water.	A variety of healthy foods excluding choking hazards (e.g. nuts, popcorn, lollies): <ul style="list-style-type: none">• soft/cooked vegetables• soft/cooked fruit• cereals, rice, pasta, breads• beef, lamb, veal, pork, chicken, fish, legumes (e.g. lentils)• full cream yoghurt, custard, cheese and milk (milk only in food preparation not as a drink)	A variety of healthy foods excluding choking hazards (e.g. nuts, popcorn, lollies): <ul style="list-style-type: none">• soft/cooked vegetables• soft/cooked fruit• cereals, rice, pasta, breads• beef, lamb, veal, pork, chicken, fish, legumes (e.g. lentils)• full cream milk, yoghurt, custard and cheese
Flavourings	<ul style="list-style-type: none">• No added salt or sugar• No honey	<ul style="list-style-type: none">• No added salt or sugar• No honey	<ul style="list-style-type: none">• No added salt or sugar• Honey is not necessary
Texture	<ul style="list-style-type: none">• Start with smooth, pureed foods – start thin and gradually thicken	<ul style="list-style-type: none">• Move on to mashed foods, then minced and chopped foods, by 8 months most babies should be able to manage ‘finger foods’	<ul style="list-style-type: none">• Move on to chopped ‘family’ foods
Drinks	<ul style="list-style-type: none">• Breastmilk or formula• Cooled boiled tap water from a cup• Fruit juice is not necessary	<ul style="list-style-type: none">• Breastmilk or formula• Cooled boiled tap water from a cup• Fruit juice is not necessary	<ul style="list-style-type: none">• Cows milk / breastmilk• Formula is not necessary• Regular (unboiled) tap water from a cup• Fruit juice is not necessary



Physical activity

Physical activity from birth to one year is important for health. It is important for you to make time to play with your baby.

For healthy development in infants (birth to one year), physical activity, particularly supervised floor-based play in safe environments, should be encouraged from birth.

Following the guidelines on physical activity, sedentary behaviour and sleep during a child's early years is associated with better growth, stronger muscles and bones; better learning and thinking; better mental, emotional and social well-being; better motor skills; as well as reduced injuries.

Activity or movement in the first 6 months of life includes reaching for and grasping objects, turning the head toward stimuli (sound, movement or touch), and movement of arms and legs whilst lying on the stomach ('tummy-time').

The second 6 months of life are characterised by learning basic movement skills such as crawling, pulling up to a standing position, creeping whilst using an object for support, and finally, walking.

Tips

- Help your baby be physically active several times a day in a variety of ways, particularly through supervised interactive floor-based play, including crawling; more is better.
- For those not yet mobile, ensure there is at least 30 minutes of tummy time which includes reaching, grasping, pushing and pulling, spread throughout the day while awake.
- Ensure your baby is not restrained for more than 1 hour at a time (e.g. in a stroller, car seat or high chair).
- Help your baby get comfortable with the world around them and introduce them to the sounds, sights and feel of the outdoor environment. But always remember sun safety – see the sun protection tips on the next page.
- Sleep time is also important. Although no 2 days will be the same, as a guide you should aim for babies 0–3 months to be getting 14–17 hours sleep per day including naps and babies 4–11 months to be getting 12–16 hours.

Physical Activity

No screen-time

No Screen time

When sedentary (sitting or lying down, except when sleeping) children should engage in pursuits such as reading, singing, puzzles and storytelling with a caregiver.

No screen-time is recommended for children less than two years of age. This includes televisions, mobile phones, iPads and tablets.

Although a variety of TV programs have been created for children under 2 years, it is questionable whether TV enhances development in the first 2 years of life.

The most important factor for parents and carers to consider is the undeniable benefits associated with children participating in active play and interacting with others. Through play and interaction, young children learn valuable movement and communication skills.

For more information

- <https://www.health.qld.gov.au/news-events/news/screen-time-advice-parents-baby-child-infant-toddler-guideline-queensland-health>
- Department of Health:
Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years): An integration of Physical Activity, Sedentary Behaviour, and Sleep.
www.health.gov.au.

Sun protection

- Baby's and young children's skin is very sensitive and susceptible to sunburn. Infants under 12 months should not be intentionally exposed to direct sunlight.
- Plan your daily activities to ensure your baby is well protected from the sun. Try to schedule outdoor activities for the early morning or late afternoon.
- Use physical/barrier protection methods such as shade, elbow length or longer collared shirts, knee length or longer shorts/dresses/skirts and broad brim, bucket or legionnaire style hats. Ensure hat straps do not become a choking hazard. However, do not cover the pram or stroller with a blanket as this cuts the air circulation and increases temperature to unsafe levels.
- Babies should not be exposed to direct or indirect sunlight to treat nappy rash or neonatal jaundice, as this puts them at high risk of sunburn and skin damage.
- The use of sunscreen for babies under 6 months of age is not generally recommended as their skin is very sensitive and may be more likely to suffer a reaction.
- After 6 months apply a broad-spectrum SPF 30 or higher sunscreen designed for children or sensitive skin on areas that are not covered by clothing at least 20 minutes before going outside and remember to reapply every 2 hours.
- Use infant sunglasses if practical to protect your baby's eyes.



Acknowledgements

Breastfeeding and infant nutrition

The chapters on infant nutrition are consistent with the *Australian National Breastfeeding Strategy: 2019 and Beyond*.

Information is drawn from:

- *Infant Feeding Guidelines*, National Health and Medical Research Council, 2013 www.eatforhealth.gov.au
- *Breastfeeding and your baby*, Queensland Health, www.qld.gov.au/health/children/babies/breastfeeding
- *Growing Strong: Feeding You and Your Baby*, (for Aboriginal and Torres Strait Islander families) Public Health Queensland, Queensland Health, https://www.health.qld.gov.au/___data/assets/pdf_file/0018/162900/healthy_food_pregnant.pdf
- *Good start to life* (for Maori and Pacific Islander children and families) <https://www.childrens.health.qld.gov.au/service-good-start/>

Thank you

This booklet is the result of input and effort from many health professionals in Queensland. Their assistance with the content for this booklet is greatly appreciated.

When your child is sick

This section draws on information from:

- *Giving Medication*, The Centre for Community Child Health, Royal Children's Hospital Melbourne, 2005
- *Using Paracetamol or Ibuprofen*, Children, Women's and Children's Health Network – www.cyh.com
- *Fever - Children: When to See the Doctor*, Better Health Channel – www.betterhealth.vic.gov.au
- *Fever in Children*, The Royal Children's Hospital Melbourne www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/
- *Parent Information About Children with High Temperatures*, Department of Paediatric Emergency Medicine, The Mater Misericordiae Children's Hospital.

This information is provided as general information only and should not be relied upon as professional or medical advice. Professional and medical advice should be sought for particular health concerns or manifestations. Best efforts have been used to develop this information which is considered correct and current in accordance with accepted best practice in Queensland as at the date of production.

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Useful contacts and websites

Alcohol and Drug Information Service

1800 177 833 (free call) www.adis.health.qld.gov.au

Australian Breastfeeding Association

1800 686 268 (free call) www.breastfeeding.asn.au

Australian Immunisation Register

1800 653 809 (free call)
www.servicesaustralia.gov.au/australian-immunisation-register

Australian Multiple Birth Association- AMBA

1300 886 499 www.amba.org.au

Beyond Blue Healthy Families

1300 22 4636 healthyfamilies.beyondblue.org.au

Breastfeeding information (Queensland Health)

www.health.qld.gov.au/breastfeeding

Children's Health Queensland

www.childrens.health.qld.gov.au

Child Safety After Hours Service Centre

1800 177 135 (free call)

DV Connect (domestic violence hotline)

www.dvconnect.org Women: 1800 811 811 (24hr, 7 days)
Men: 1800 600 636 (9 am-12.00 midnight, 7 days)

Ellen Barron Family Centre

(parenting support service – by referral only) 07 3139 6500
www.childrens.health.qld.gov.au/ellen-barron-family-centre

Immunisation information (Queensland Health)

www.qld.gov.au/health/conditions/immunisation

Kidsafe Queensland

07 3854 1829 www.kidsafeqld.com.au

Lactation Consultants of Australia and New Zealand

02 9431 8621 www.lcanz.org

IN AN EMERGENCY, ALWAYS CALL 000 AND ASK FOR THE AMBULANCE, POLICE, OR FIRE SERVICE.

Lifeline (24-hour hotline)

13 11 14 (free call) www.lifeline.org.au

MensLine Australia

1300 789 978 mensline.org.au

National Immunisation Information Line

1800 671 811 (free call)

PANDA (Perinatal Anxiety & Depression Association)

1300 726 306 (helpline) www.panda.org.au

Queensland Poisons Information Centre (24-hour hotline)

13 11 26 www.childrens.health.qld.gov.au/chq/our-services/queensland-poisons-information-centre

Queensland Centre for Perinatal and Infant Mental Health

www.childrens.health.qld.gov.au/chq/our-services/mental-health-services/qcpimh

Quit HQ (smoking cessation)

Quitline: 13 78 48 quithq.initiatives.qld.gov.au

Raising Children Network

www.raisingchildren.net.au

Red Nose (SIDS and Kids) (24-hour support line)

1300 308 307 www.rednose.org.au

True (Relationship and Reproductive Health)

07 3250 0200 www.true.org.au (lists local clinics)

13 HEALTH (24 hour health hotline including child health)

13 43 25 84 *and ask for the Child Health Nurse
www.health.qld.gov.au/13health

Note: If you have difficulty connecting, try dialing only the first six digits of the phone number (13 43 25).



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