Baby Basics: Getting Ready for Grand-, Great-, and All Other Babies

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Baby Basic #1: Secure attachment

What is secure attachment?

• A bond of love, trust, and acceptance between baby and caregiver.

• A baby’s assurance that the caregiver will meet his/her needs and provide safety and comfort from distress.

• A baby’s confidence that the caregiver supports, protects and rejoices in her/his exploration.

• A baby’s reliance on the caregiver’s loving and welcoming presence.


CIRCLE OF SECURITY
PARENT ATTENDING TO THE CHILD'S NEEDS

I need you to...

Watch over me
Delight in me
Help me
Enjoy with me

Support My Exploration

Welcome My Coming To You

Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child's need.
Whenever necessary: take charge.


https://www.youtube.com/watch?v=cW2BfxsWguc
Baby Basic #1: Secure attachment

Why is secure attachment important?

• Compared to their peers, babies who develop a secure attachment to their caregivers
  • Become more self-reliant
  • Are more likely to trust people they love
  • Develop stronger friendships
  • Become better able to regulate emotions
    • Less fussiness and whining
    • Less frustrated and aggressive
    • Less likely to give up in the face of difficulties
  • Develop better relationships with siblings

Baby Basic #1: Secure attachment

• What can caregivers do to increase secure attachment?
  • Respond promptly, appropriately, and consistently to the infant’s needs (hunger, discomfort, distress, boredom).
  • Show warmth, love, and affection.
    • Gentle touches, hugging, kissing, cooing, crooning, singing to baby
  • Stay calm, soothing, and predictable.
  • Label infant’s emotions and accept them.
  • When possible and appropriate, soothe and calm negative emotions and help infant learn self-soothing.
  • Support, protect, and rejoice in baby’s exploration.
Baby Basic #1: Secure Attachment

How do grandparents, aunts, uncles, great-aunts, etc. facilitate secure attachment for an infant?

• Remember: a secure attachment is a relationship between a baby and another person.
  • Promote secure attachment between you and baby.
  • If you are not baby’s primary caregiver, support primary caregiver(s) in their attempts to help baby become securely attached to them.
    • This may mean that you are the secure base and safe haven for the parent(s) as they explore the new world of being a family and as they need support in this new relationship.
    • Be “bigger, stronger, wiser, and kind” for parent(s) and baby.
Baby Basic #2: Infant Safety

Car Seats and Slings

• Before baby comes home, parents need to discuss baby car seat with hospital staff for recommendations on size and type.

• Head support in car seats and slings is very important in first two months of life because baby cannot hold up head well. Head can slump over or chin can press into chest blocking the passage of air from mouth and nose to the baby’s lungs.

• Premature infants are more at risk so be sure parents ask for special instructions at the hospital or from baby’s pediatrician.

• Grandparent role: if primary caregiver, then follow rules for parents. If not, support baby’s safety and parents’ efforts.


In collaboration with Associate Professor, Dr. Gina Peek and initiated by Lesa Raugh, Garfield County.

Baby Basic #2: Infant Safety

Sleep Safety Rules

• Back to sleep
  • Place baby on back on a safety-approved mattress in a safety-approved crib or bassinet.

• Room share; don’t bed share
  • Newborns and infants (through age 1) should share a room with parents but should not share a bed with parents (or anyone).

• Place baby’s bassinet next to parents’ bed
  [Link](https://www.nichd.nih.gov/sts/about/environment/Pages/look.aspx)

• No crib bumpers, blankets, pillows, sheepskins, toys, soft objects, or loose bedding in bassinet or crib.

• Make sure baby’s head is not and cannot be covered.

• Stop smoking – preferably before pregnancy.

Safety suggestions are not exhaustive and parents and grandparents should always consult with baby’s pediatrician.
All Babies Cry

What do cries mean and what should you do?

• Crying is the baby’s first language.

• You need to try to learn his/her language.
  - Feed me!
  - Change my diaper!
  - I’m hot!
  - I hurt – fix it!
  - Pay attention to me!
  - Sing to me!
  - Walk with me!
  - Hold me!
  - Don’t hold me!
  - Give me quiet time!

• When you show baby you understand what his/her cries mean by how you respond, he/she will cry less.

Understanding and responding to baby’s cries

video from Active Parenting: First Five Years
Baby Basic #3: Responding to infants’ cries

What should you try – 1?

• Check if hungry or needs diaper changed first.
• If hungry, feed slowly and stop frequently to burp.
• Check body temperature with hand – and remove or add clothing.
• If child feels hot, check temp with thermometer and call physician if above 100.4°F.
• Rock gently in a rocking chair or in your arms.
• Gently stroke head or pat back or chest.
• Offer a pacifier.
• Swaddle (wrap snugly in a receiving blanket).
• Sing or talk softly or play soft music.
• Hold baby against your bare skin – cheek-to-cheek or on your chest.

Check baby’s response to each of the above suggestions to see what helps.

Baby Basic #3: Responding to infants’ cries

• **What should you try – 2?**
  - Walk baby in your arms or a stroller
  - Burp baby to relieve any trapped gas bubbles.
  - Place baby on left side or stomach on your knees and rub baby’s back gently. Place sleeping baby in crib on his/her back.
  - Place baby in warm bath (if baby likes baths).
  - Limit naps to no more than 3 hours in daytime.
  - Provide rhythmic noise such as white noise, a fan, or a recording of a heartbeat.
  - Fasten baby in car safety seat and go for a ride in your car (check baby frequently) – included in AAP recommendations but I dislike this for many reasons (e.g., two parents are needed, not feasible or sustainable in many living situations).

Check baby’s response to each of these to see what helps.
Baby Basic #3: Responding to infants’ cries

• What should you try – 3?

• Write down baby’s eating, sleeping, awake, and crying times. Take record to pediatrician to discuss associations of baby’s crying with these other times.

• If you are feeding your baby formula, ask pediatrician whether you should substitute different formula to see whether crying is reduced.

• If you are breastfeeding baby, add what you are eating and drinking to the record you are keeping and modify your foods and beverages based on associations you see with baby’s crying.

• Space feedings apart by 2 to 2 ½ hours.

Check baby’s response to each of these to see what helps.


Baby Basic #4: Reading to baby

Myths and Realities of Reading to Babies

• Myth: You don’t need to read to a baby. In a Zero to Three survey 45% of parents said reading to children does not benefit them until children are age 2 or older.

• Reality: Benefits to children of having their parents read to them begin when babies are 6 months old – or younger!
  • Babies develop better vocabulary and when they start school, they are more interested in reading.
  • Reading strengthens relationship with parent (or grandparent), boosts brain activity, and fine-tunes social and emotional skills
  • Tips with infants: Point to picture, say the word. When you speak the word while baby is looking at picture, she learns the word and what it means!
Baby Basic #4: Reading to baby

• Myth: You have to finish the story.
  • Reality: Base the amount of story you read or tell on how long baby can sit still and pay attention.
    • To keep babies engaged with the book, let them turn the pages.
    • Let babies explore books in any way that is appropriate for them – with fingers, mouths, etc.

Raising Oklahoma: http://okcfox.com/features/living-oklahoma/reading-to-a-baby
Baby Basic #5: Sleep for Baby

American Academy of Pediatrics - Guidelines for Sleep

- Infants 4 months to 12 months: 12 to 16 hours (including naps)
- Children 1 to 2 years: 11 to 14 hours (including naps)
- Children 3 to 5 years: 10 to 13 hours (including naps)

Health Outcomes Associated with Adequate Sleep for Age

- Improved attention, behavior, learning, memory, emotional regulation, quality of life, and mental and physical health

What should parents do?

- Establish bedtime routine

Questions?

Thank you!

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