



Positioning your baby.

Early Steps

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Babies

- Infants
- Premature infants
- Low birth weight infants
- Infants with special needs

Development

- A premature baby may develop in a similar way to typical children however the timing for meeting developmental milestones may be different.
- For example a five month old infant would not be expected to be able to perform the same skills as a 7 month old child (e.g. sitting up by themselves).
- Some preterm babies may have additional medical problems that may prevent them learning skills that typical babies may learn.
- The environment a child is in may affect development

Changing Positions

- Babies who stay in one position are at risk for a mishapen head (plagiocephaly) or keeping the head turned to one side and tilted to the other (torticollis).
- Prevention
 - Supervised tummy time
 - Frequent position changes
 - Place head at one end of crib then the other end so they will turn to both sides



Handling Infants

- Parents are best
- Be aware of stress
- Always support the babies head
- Be aware of medical needs affecting positioning
- Wash your hands

What can you do?



Wash your hands!!!



Back to sleep, Tummy to play.



If you use a blanket, place the baby with feet at the end of the crib. The blanket should reach no higher than the baby's chest. Tuck the ends of the blanket under the crib mattress to ensure safety.



Your baby needs Tummy Time! Place babies on their stomachs when they are awake and someone is watching. Tummy Time helps your baby's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

Positioning & GERD

- Left side and stomach now recommended
- 2 studies in preemies shows left side and stomach positioning may limit reflux.
- Always speak with your doctor
- Look for sign of stress
- Keep a log of positioning and reflux events.
- Each baby is different.

Common signs of reflux

- pain, irritability, constant or sudden crying, "colic"
- frequent spitting-up or vomiting
- vomiting or spitting-up more than one hour after eating
- not outgrowing the spitting-up stage
- refusing food or accepting only a few bites besides being hungry
- poor sleep habits, frequent waking
- "wet burp" or "wet hiccup" sounds
- bad breath

Using a wedge

- Sometimes a wedge is recommended.
- Sling to hold baby in place, Wedge for play under chest
- Wedge under mattress
- SIDS danger do not use pillows or a soft wedge in the crib while the baby is asleep.



Play time

- Supervised tummy time
- Side lying
- Face to face and social play
- In the lap, facing you
- Avoid keeping the baby strapped in car seats and high chairs,
- Vary the positions

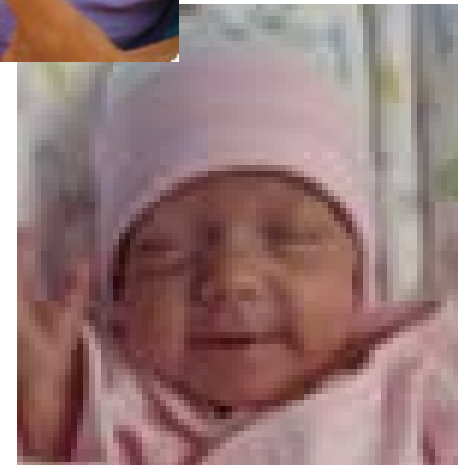
Calming a crying baby.

- Check if the baby is hungry or needs a diaper change
- Position him so he can see you, smile.
- Lower your voice and talk softly.
- Try his pacifier or help him put his hand in his mouth
- Swaddle him
- Hold him close and try gentle rocking
- Walk with the baby talking gently
- Try a warm bath
- Sometimes the baby may need to cry it out by themselves.

Never shake a baby to stop him crying. Shaking a baby can result in serious injury or death.

If your baby cries for an unusually long time you should call your health care provider.

Positioning for communication



- ❖ Kangaroo care
- ❖ You can't spoil a baby!
- ❖ Soft speech
- ❖ Eye contact
- ❖ Songs and nursery rhymes
- ❖ Body language

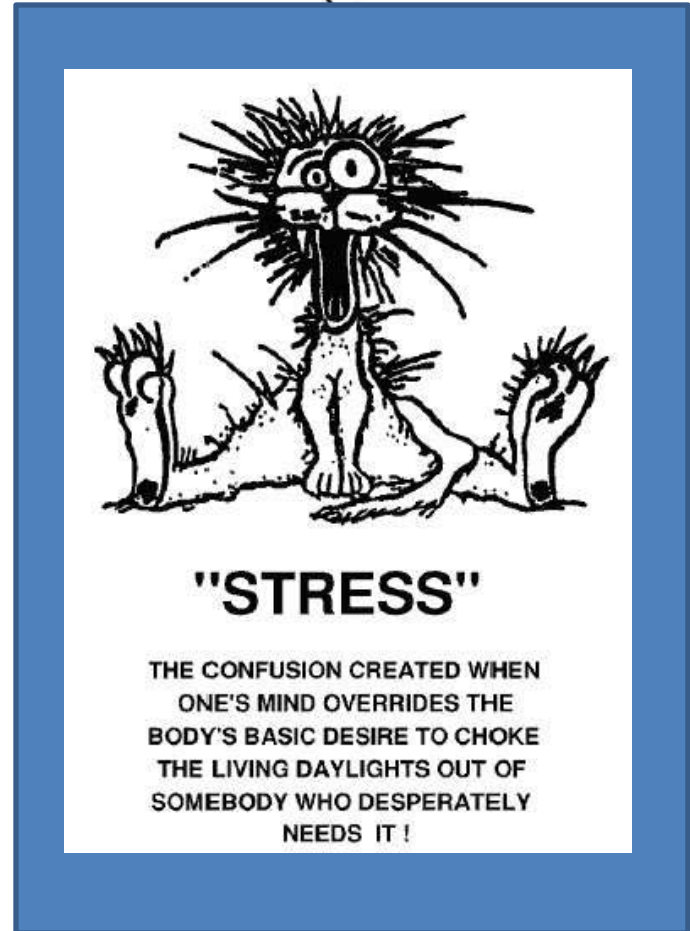
Recognize comfort signals

- Good skin color
- Bright and alert expression
- Eye contact
- Hands across chest
- Fist to mouth
- Relaxed arms and legs



Recognize stress signals

- Looking away
- Fuss and cry
- Hiccups
- Spitting up and vomiting
- Arching backward
- Stiffening arms and legs



If stress signals occur slow down or stop the activity and try some baby calming techniques.

Safety First

- Handwashing – infection control
- CPR
- Understand stress and comfort signals
- Communicate with parents
- Obtain support from others
- Help the baby feel comfortable and loved.

Questions

