



*Ministero della Salute*



**CANDELARIA**  
DONNE IMMIGRATE - ONLUS

# BABY GIRLS **and** BOYS **of the** WORLD

FAMILY GUIDE-BOOK

INGLESE



**SIN**  
SOCIETÀ ITALIANA DI  
NEONATOLOGIA



**unicef**



**Società Italiana di Pediatria**

**INMP**



**NIHMP**

**fimpo** Federazione italiana  
Medici Pediatrici

*To Jociara*

*For her sunny way of combating  
Because this guide is also hers*

Born in Brazil, she lived a good part of her life in Italy where she carried out a passionate activity together with immigrant women.

As a member and counsellor of the Associazione Candelaria Donne Immigrate (Candelaria Association of Immigrant Women), we shared with her every dream and hope in trying to realise these.

This manual is one of those realized dreams.

*Language has rules which recognise and refer to the different genders. Some words have masculine gender for males and feminine for females. In writing this booklet, we have referred to people, or children, in general and have not always written "boys and girls, son and daughter, he or she etc.*

*In order to facilitate the reading of the text in most cases we have chosen to disregard these language rules.*



*Ministero della Salute*

Direzione Generale della  
Prevenzione Sanitaria

Dear Parents,

Being healthy is the right of every baby boy or girl whatever their origin or nationality. Parents have the role of protecting the wellbeing of their son or daughter from birth. Therefore it is important to know the services that our country has to offer. Furthermore, protecting the health of little children means not only ensuring that they have the best possible cures, but also protection against illnesses and dangerous accidents.

My desire is that every mother can find in this guidebook the necessary information giving her the knowledge to understand and properly care for her child and that this knowledge will allow her to know when it is necessary to ask for the help of the paediatrician or that of other health care professionals.

Many services are available to children and in particular: paediatricians of your own choice, family clinics, outpatient clinics and the maternal-infant departments of hospitals. These structures are present throughout the Italian territory and are able to play a fundamental role in the prevention and cure of illnesses in children. This guidebook wishes to accompany the parents of all nationalities present in Italy with useful recommendations for the care of the newborn baby and child up to one year of age. It is because of this wish that it has been translated into ten different languages, those languages most present in Italy.

During the nursing period the migrant woman lives moments of greatest vulnerability and fragility. She feels the loss of family support and is aware of the educational differences between her own cultural system and those of the west.

To become a mother in a foreign country is therefore a “challenge” that can also come to be an opportunity for knowledge, growth and integration.

*IL DIRETTORE GENERALE  
Dott. Fabrizio OLEARI*

# INDEX

<b>PREFACE</b>	<b>5</b>
<b>1. FINALLY HOME</b>	<b>9</b>
At home awaiting you are ...little brothers or sisters and a pet animal ...	
<b>2. GETTING TO KNOW OUR BABY</b>	<b>13</b>
Why does he cry? Dummy (Pacifier): yes or no? Why does baby have hiccups? Is vomiting normal? For how long must baby sleep? And the “little colics”?	
<b>3. LEARNING TO LOOK AFTER THEM</b>	<b>17</b>
A little more hygiene. Treatment of the umbilical scar. Male circumcision. Changing the nappy (diaper), Redness. And every now and then a nice bath.	
<b>4. IT'S FEEDING TIME</b>	<b>25</b>
Breastfeeding. How is the milk production regulated? How many feeds a day? Integrations with the maternal milk Artificial (formula) milk Weaning. Some simple general rules.	
<b>AN IN DEPTH EXAMINATION CONTRACEPTION DURING BREASTFEEDING.</b>	<b>37</b>
<b>5. VACCINATIONS</b>	<b>39</b>
Vaccinations, do they really help? Which vaccinations When Where Vaccinate with Confidence Contraindications.	
<b>6. BABY'S GROWTH</b>	<b>43</b>
Weight and stature Development	
<b>7. FIRST ILLNESSES, FIRST CURES, FIRST MEDICINES</b>	<b>47</b>
<b>GASSEOUS COLIC</b>	

What is it and how does it manifest?	
What are the causes?	
What can you do to prevent it or cure it?	
How long do these attacks last?	
<b>DIARRHEA AND VOMITING</b>	
What are these?	
When is it time to worry?	
What is to be Done?	
And to avoid contagion?	
If medicine must be given?	
<b>COUGH</b>	
What is it?	
When does it occur?	
What is to be done?	
When does it become urgent to call the paediatrician?	
<b>FEVER (TEMPERATURE)</b>	
What is it?	
What causes it?	
Is it dangerous?	
Is it necessary to lower the temperature?	
How does one measure a fever?	
How to measure the fever?	
What is to be done?	
Could some check-ups be useful?	
Other useful provisions.	
<b>THE TEETH</b>	
When do these start to appear?	
What “troubles” are connected to the appearance of the teeth (teething)?	
<b>THE PAEDIATRICIAN</b>	
<b>AN IN DEPTH EXAMINATION SUDDEN INFANT DEATH SYNDROME – SIDS</b>	<b>63</b>
<b>8. SMALL AND FRAGILE: HOW TO PROTECT THEM IN THE HOME</b>	<b>67</b>
Burns, falls, Bruises or injuries, accidental swallowing of..., The risk of inhalation...	
<b>WHEN TRAVELLING</b>	
By car, Other means of transport.	
<b>9. IF MUMMY IS A LITTLE “DOWN”</b>	<b>75</b>
Useful information for the future mother	
<b>TO KNOW MORE: RECOMMENDED WEBSITES AND PUBLICATIONS</b>	<b>78</b>

# 1. Finally home

Arriving home with your baby boy or baby girl you might have some doubts as to how you will manage, or about your house, if it is suitable or not for your son or daughter. Don't worry, it is easier than you think.

It is important that the floors are clean, that the walls and in general all the surfaces where you will put the things that you will need are clean.

If possible, the **temperature** of the house should be warm, between 18°C and 22°C.

To know if the baby is hot or cold during the first days it will be helpful to touch him and see if there are any changes in the normal colour of his face, hands, feet and the tip of the nose. If he or she is hot, the little hands and feet will be hot and the cheeks very red. If he or she is cold, the face and lips will be a grey-purple colour. After the first weeks dress your baby as you would yourself.

## **In the home, it is sufficient:**

- to make sure the temperature is not too high;
- to air the rooms often, simply by opening the windows for a few minutes, but protecting the baby from any changes in temperature and wind drafts before doing so;
- Not to smoke and keep the baby away from the kitchen when cooking. Even the smoke from oil frying can be irritating to the throat and chest and can open the way for germs and viruses to enter, bringing sickness and diseases.
- Not to cover the baby excessively when sleeping. Put him to sleep on his back, stomach facing up;
- It is inadvisable to take babies to places that are polluted from smoke and irritating dust particles (smog from automobiles).



Exposure of the **baby** to cigarette **smoke** can provoke diseases in the nose and the throat causing ear aches and bronchial asthma. **Therefore, it is recommended that the mother does not smoke during breastfeeding and does not allow other adults to smoke in the home.**

### >> AT HOME AWAITING YOU ARE

#### *...little brothers or sisters...*

After the first moments of stupor and curiosity that the newborn brings, the baby's brothers and sisters could feel deluded because

they realise that the situation has changed and it is not to their advantage, and that they will be "forced" to make some sacrifices. To have the new arrival accepted without frustrating the older ones, especially during the first weeks, it is helpful:

- not to place excessive limits without giving a fair and clear reason why ("and now you can't do it like this anymore"; "be careful, otherwise the baby will wake up; "just a moment, I must change this bed wetter", etc).
- to encourage the older child to help with care of the new baby because it can make the child feel important.

At least during the first weeks of life, even if the relationship seems to be good, it is necessary

however, to be very careful to watch for displays of affection or hostility by the older children towards the baby. This attention must be even more vigilant when the baby starts to spend some time outside of his crib or cradle.

It is good to observe the

behaviour of the older children

and clearly explain to them what the risks are in the home for their little brother or sister and what inadvertent actions made by them could also become risks.

#### **BANGLADESH**

*The name of the newborn baby is chosen on the basis of its local significance and on the quality it contains, in the hope that as part of the person's identity the name will positively influence his life.*

#### *...and a pet animal...*

Having a pet animal in the home is undoubtedly very nice and useful for a child's development, but it also asks for some clever observations for the baby's security. First of all you need to:

- be aware of the risk of transmitting germs and parasites from the animals to the baby, by carefully washing your hands before touching the baby or its food;

- be sure that food and products used for the care of the animal are out of little children's reach;
- train the animals to protect the children from any danger of attack;
- never leave the child alone with the animal;

The arrival of a baby in the home can be seen as an intrusion for the pet animal, or as someone outside of the family, causing changes in their daily life even for them. Therefore, especially during the first weeks, even if the animal has lived with you for a long time, you will need to carefully watch its reactions and behaviour so as not to expose your little one to possible danger.

## 2. Getting to know our baby

### >> WHY DOES BABY CRY?

Crying is a form of communication for the newborn baby: it is important to learn to pay attention to it. During the first weeks of your baby's life you might feel troubled when hearing him cry. It's normal. You try giving food, changing the nappy, rocking him and you just can't console him. Perhaps he only wants to be held in your arms and cuddled for a long time. Your baby has passed nine months tight inside the uterus and now feeling almost without boundaries can give him an unpleasant sense of disorientation, which makes him cry.

**PERÙ**  
*In many Latin American countries children have the surnames of both parents: one is the first surname of the father and the other is the first surname of the mother. If a father does not recognise his child then often both surnames of the mother are used.*

Don't be angry with yourself and don't be desperate. Remember instead that as the baby starts to become interested in the surroundings he or she will cry less and less.

At times the cry will seem to be different. Changes in the way of crying can be signs of tiredness or perhaps because he does not feel well. **If instead you think that he could be sick, don't hesitate to ask the paediatrician's advice.**

## >> *DUMMY (PACIFIER): YES OR NO?*

The dummy (pacifier) can be useful for tranquillising the baby, but understand that a dummy, especially during the first weeks, could hamper breast feeding. Therefore, if you decide to use it, wait until the little one is at least one month old, by which time breastfeeding should be completely established.

The dummy should be given to the baby when put down to sleep and once asleep, gently taken away. If the dummy is refused, don't force the baby to take it.

Don't cover the dummy with sweet substances (sugars): in particular don't use honey for the whole of the first year because it could promote the development of dangerous infections. The dummy must be cleaned often and substituted regularly.

Sucking the dummy (or his own thumb) is a source of tranquillity and satisfaction for the baby: to use it a lot in moments of crisis is not harmful, but allowing the little one to pass hour upon hour with the dummy in the mouth disturbs the normal growth of the palate. For the whole period that the baby's food is only the mother's milk, or is fed formula milk through the feeding-bottle, it is best that the dummy is often sterilised throughout the day. This will not be necessary when the baby is older and puts everything into his mouth as a way of learning.

## >> *WHY DOES BABY HAVE HICCUPS?*

During the first 2-3 months hiccups are quite frequent especially after feeding. Don't worry. It's something that is well tolerated by the little one and they go away by themselves. They last just a few minutes and quite often finish when baby burps. Among the many hypotheses that can start hiccupping it is thought that these might be voracity or excessive distension of the stomach, which can be avoided by latching the baby onto the breast in a way that

the mouth grasps all of the mammary areola and letting him or her pause when required.

## >> *IS VOMITING NORMAL?*

**Vomiting small quantities of milk is a regurgitation. It is just a little disturbance that does not compromise the baby's health.**

If it happens often during the day ask your paediatrician to see if it has an influence on the baby's growth (also see Chapter 7).

## >> *FOR HOW LONG MUST BABY SLEEP?*

The alternation between sleep and wakefulness are basic needs for the newborn and can be influenced a lot by your daily routine. Even if feeding, especially during the first weeks of life does not tire the newborn baby, it is natural for the little one to fall asleep. In the first days the demand for milk can be quite irregular as can be the times. However, as soon as the amount of milk sucked by the baby is adequate for his needs, a good rotation between sleep and wakefulness is established.

The quality and the duration of sleep depends exclusively on the meals, but not only. Also important is the home atmosphere. A baby sleeps easier if basic needs are met: if hunger is satisfied, if the temperature is adequate, if the surroundings are tranquil and not noisy and if he is cuddled and loved.

When however, baby sucks properly at the breast, too frequent feeding times can interfere with the rhythm of sleep-wakefulness. Feeding, even though it is gratifying for the baby, also because of contact with the mother, is however, work that then requires sleeping.

So if the mother feeds her baby too often, maybe because she thinks the crying is the result of hunger, the baby as well as tiring himself all the more, also has less rest time... and so does the mother.



## >> AND THE "LITTLE COLICS"?

**Gaseous colic:** up until about 3 months of age a baby can cry because of the presence of air in the abdomen. It helps to lay baby face down on your arms. (see chapter 7).

## 3. Learning to look after them

Healthy babies, boy and girl, born at the end of nine months, have at birth antibodies and a skin to protect them from any germs in the environment that may be on the skin, in the respiratory tract and the intestine, and which in most cases do not cause infections.

For all baby's natural capacities to defend himself, the infant needs protection from contagious germs and viruses that can break this equilibrium and provoke infectious diseases.

The baby is at risk of infections, mainly respiratory, if he or she lives with children aged 0-6 years. In part, these infections can be avoided by having no close contact with sick children.

### >> A LITTLE MORE HYGIENE FOR HIM AND FOR HER

**To prevent the transmission of diseases, it is particularly important to have hygienically clean hands.** Hands can carry the same germs that are transmitted through breathing.

Remember always to **wash your hands well** before touching or picking up a very tiny baby, when feeding, when washing, when inspecting the umbilical scar, etc... and don't forget to wash them after changing a nappy. Using soap and water is sufficient, but wash them slowly and well. After washing your hands it is advisable **to dry them with towels used only for the care of the baby.**

### >> TREATMENT OF THE UMBILICAL SCAR

The earlier you leave the hospital to return home with your baby, the more it is necessary to control the remaining stump of the umbilical cord until it has completely healed. The cord dries up and becomes mummified, which then helps in its detachment, usually around 15 days after birth. For this reason when caring for the baby it is necessary to do the following:

- always wash your hands well with soap and water before medi-

- cating the umbilical cord;
- make sure the baby does not remain damp through the presence of urine, faeces, damp gauzes, etc.;
- change the dressings with sterile gauze twice a day, making sure there is no secretion or blood, which are warnings of possible local infection and dress the umbilical cord in a way that it always stays outside of the nappy;
- to hold the gauze in place apply an elastic abdominal bandage, never use a plaster (band aid, elastoplast);
- examine the umbilical cord frequently to check if the skin around the base of the cord is red, or if there is any greenish-yellowish coloured secretion, or any coagulated blood, or if there is a bad smell. If these symptoms persist for a number of hours, contact the paediatrician. It is a fact that the umbilical cord up until it has completely healed is considered one of the main “entrances” for germs and subsequent neonatal infections.

*Remember: if the umbilical cord has not detached after 15-20 days, or if there is the presence of umbilical infection or PERIUMBILICAL, medical intervention and treatment by specialised medical personnel is necessary.*

## >> MALE CIRCUMCISION

**Circumcision in male infants:** In some populations, for religious or traditional reasons, or for any other reasons male circumcision is practiced. This consists in the surgical removal of the skin (foreskin) that covers the balanus (the tip of the penis).

This operation, which is not provided gratuitously by the Italian National Health System (Servizio Sanitario Nazionale Italiano), **must be performed in a hospital by a surgeon** employed by the Italian National Health System who operates in that hospital. The operation is to be paid for, it is not free. **The operation must not be done by people who are not qualified and must not be performed in structures that are not approved by the health system.** On the baby’s discharge from the hospital the surgeon or the hospital personnel in the baby’s ward will give instructions on medicating the little suture.

## >> CHANGING THE NAPPY

**The nappy** needs to be changed often. A baby can dirty up to 10-12 a day in the first days of life and up to 6 when he or she is a little older. Changing the nappy when you notice that it is dirty or wet helps to prevent irritation of the skin (called erythema).

It is very important that before changing the nappy you organize yourself so that everything you need is at hand and you do not have to leave the baby alone, not even for a moment. Always remember that babies move very fast and unexpectedly. **Therefore never leave them alone on the changing table.** If you have to leave them, it is better to lie them on a clean mat on the floor.

Use only water to clean the genitals and the area covered by the nappy. To stop the passage of germs from the faeces to the vagina in baby girls, it is best to wash this

area from front to back. If you notice any vaginal secretions, which can be of a pinkish colour, during the first days after birth, don’t worry: these are due to the mother’s hormones. It is important that you don’t try to remove them from inside the vagina.

In baby boys gently wash around the penis and testicles so not to make them red. Also it is a good idea not to roll back the foreskin, which might be a little tight after birth, but loosens with growth.

**To wash** the baby you can use warm water and a mild baby soap or extra virgin olive oil and cotton wool, or clean gauze. It is not necessary to use expensive lotions or specific hygienic serviettes for the newborn. **It is always good not to use products containing perfume of any type.**

After bathing leave the skin clean and dry. You can massage the skin with olive oil. Do not cover the baby’s body with talcum powder; the improper use of talcum powder could be a source of danger for the baby (inhalation pneumonia – from inhaling the powder).

### NIGERIA

*The Muslim religion foresees that on the eighth day after the birth of a baby a welcome party is given. In this ambit for the first time in the presence of family and friends a name is given to the baby.*

## THE SHELVES OF SUPERMARKETS AND PHARMACIES

(chemists) are full of liquid detergents, lotions, bubble baths, shampoos, serviettes, massage oils, etc. All contain chemical substances and perfumes, which besides being irritants confuse the organ of smell in the baby. In truth to maintain the baby's skin healthy its physiology must be respected: the lipidic film (on the skin) must be maintained and aggressive cleaning products will destroy it. For the body's hygiene a warm bath and neutral soap, such as Marsiglia soap, and rice starch (the water in which rice has been cooked contains a lot of starch), is sufficient. For the skin's protection common olive oil can be used (yes, the oil for salads!), because it both washes and hydrates. Olive oil is also recommended for the milk crust. Wipe the oil over the head with a piece of cotton wool and leave it to penetrate; then wash with water and brush with a soft brush to remove the crust. Massaging with olive oil hydrates the skin of the whole body.

At the supermarkets you can now find ecological nappies, called "ecological" because these can be easily re-used and are a great help to the environment (disposable nappies are made of cellulose from trees and become rubbish, which then must be disposed of.



**It is worth remembering that the control of the sphincter (toilet training) is happening at an ever more advanced age and perhaps the use of disposable nappies is responsible for this because children no longer have the sensation of being wet.**

### **Redness.**

If any redness (erythema) appears (on the skin) you can use a cream that has been recommended by the paediatrician or the pharmacist (chemist). If the erythema persists, see the paediatrician because it could be a fungus infection that needs a doctor's prescription.

After each nappy change remember to always carefully wash your hands.

**NAPPIES:** there are various types in the supermarkets. The most important thing is to change them often so that the urine and the lack of oxygen don't irritate the skin. Moreover, your little boy or girl will consume around 4,500 disposable nappies in three years, about 20 large trees, amounting to approximately a tonne of rubbish, needing 500 years to decompose. A heavy blow to an environment already in danger. One solution is the ecological nappies: these are very similar to the disposable ones, but can be washed in the washing machine. They are made of 100% organically grown non-bleached cotton, have the same shape as the disposable ones and are fastened by a sticky strip. A micro-fibre panty made of polyester and polyurethane is slipped over the nappy, which thanks to its composition allows the air to pass through but not the urine. Between the baby's bottom and the nappy there is a thin cloth of white cellulose that allows the faeces to be thrown into the toilet. This can then be washed and reused. Washable nappies are adaptable to the size of the baby. They are very economical and long lasting, up until the use of the pot (4-15 kg approx). You can then put them away for your next baby or give them to the baby of a friend. For those who do not want to give up the use of the disposable nappy, please note that there are brands available that are not whitened with chlorine bleach and others that are made of corn starch a biodegradable and decomposable material, or others made with wheat starch, also less polluting thanks to the fact that they are recyclable.

## *>> AND EVERY NOW AND THEN A NICE BATH*

**A bath** is a ritual that can seem very complicated at the beginning. There is no set hour for a bath time. It is usually better not to do it when the baby has just eaten or is hungry. With a little imagination it can be a time for play. In the first weeks after birth it is better not to immerge the baby in water until after the umbilical cord has fallen off. Just wash him or her with a sponge used only for this purpose, even though it is not at all dangerous to bath the baby. The same is true with male circumcision, don't bath him until the wound has



healed.

It is not necessary to bath the baby every day. If the baby is carefully washed after feeding and after each nappy change, a bath 2-3 times a week is enough.

For a lot of babies a bath is a time of relaxation and for others it is not because if their shoulders are not held properly in your hands it causes the Moro reflex (the sudden widening of both arms), which scares the newborn baby. The baby may need time to get used to having a bath and

as he or she get older their reaction changes. So if you see your baby very agitated you can go back to washing with a sponge and try a bath when a little older.

Generally it is a good idea not to bath a baby in a large bathtub for the first six months, but do it in a small bath filled with about 5-8cm of water, making sure it is placed on a very stable surface that will not overturn. The water must only be warm: the ideal temperature is between 32° and 35°C. To make sure that the water is the right temperature, you can check it with the inside of your wrist or elbow, or simply with a thermometer made for this purpose and these can be easily bought.

If the baby is near the hot water tap, make sure that the tap is not accidentally turned on: burns received from hot water from the tap are one of the major causes of hospital admission in children under four years of age. To prevent these accidental burns from happening it is sufficient to regulate the thermostat on the hot water heater to 60°C, an ideal temperature for hot water and a temperature that will not cause burns.

Before undressing the baby make sure that the room temperature is warm enough because the body of a baby loses heat very quickly. While washing the baby make sure to hold his neck, head and shoulders with one arm and use the free hand to wash him. If the father is present have him help in the bathing, making it a three-some relationship. Also men generally have bigger hands and babies feel well supported.

It is recommended not to try and clean the ears with cotton buds or other objects, but just clean the outside part of the ear with a piece of cotton wool or the corner of a towel. Similarly foreign bodies should not be introduced into the baby's nostrils to clean them. Under normal conditions the inside parts of the ears and nose do not need any particular type of cleaning. Immediately after bathing is a good time to cut the baby's nails as these will have been softened by the water. Use scissors suitable for babies.

In many populations it is the custom to bath every day. A lot of mothers who live in Italy and in Europe keep to this custom. If this is the case and especially in winter, it is important to have the room heated, the window closed and control the temperature of the water when bathing the baby. Also keep the clean baby clothes at hand in the same room. After a bath massaging the baby is very good.



# IN ITALY THE MUTILATION OF FEMALE GENITALS,

even in a mild form, is prohibited by law and carries 4 to 12 years imprisonment for anyone who practices or collaborates in the circumcision, including the parents.

For the doctors who practice female circumcision there is a ten year suspension from the Order of Medicine.

## 4. It's feeding time

### >> *BREASTFEEDING*

**Breastfeeding is very important.** The milk that a mother produces is a unique milk, unmatched, specific for her child only, an ideal composition for the nutritional needs and development. It is also rich in biologically living substances that have many positive effects: they help the baby's digestion and strengthen the immune system, and help in the maturity of the nervous system and other organs.

The first milk, that of the first days after birth ( called colostrum), is particularly precious for the antibodies it contains and the contribution to the nutritive necessities of the newborn baby while waiting for the milk to "come in". The colostrum is yellowish in colour. Moreover, and something not to forget, mother's milk is always ready to use, it is always the right temperature and always hygienic.

**The benefits that your little one obtains from breastfeeding are many.** In respect to a baby fed with artificial milk, a breastfed baby is more protected against many illnesses and consequently needs less medical care and less hospitalisation.

This protection is long lasting and is valid not only against infectious diseases (respiratory and especially diarrhoea), but also against allergies, obesity and certain tumours. Breastfeeding helps in the harmonious development of intelligence and the correct balancing of the immune system.

**Breastfeeding bring benefits also to the mother.** Mothers who breastfeed will have:

- a saving in money
- a reduction in the risk of breast cancer
- a strengthening of the bones with lesser risk of osteoporosis in old age
- a quicker return to her pre-pregnancy weight, especially when the breastfeeding is prolonged further than the first months after the birth.



## >> HOW IS THE MILK PRODUCTION REGULATED?

The mechanisms for the production of milk are so connected to the evolution of the human race that the mother is naturally able to breastfeed. Approximately 2-3 days after the birth the milk “comes in”, the milk becomes more plentiful and it gradually substitutes the precious milk of the first days, the colostrum.

During the first days, the more time and the longer the time the baby is able to suck at the breast, the greater is the stimulation of the hormones that produce the milk for the baby to feed.

It is important to know that all women are able to breastfeed, that is unless they are very sick, and even if conditions of stress, of pain, of worries connected to the capacity of being able to breastfeed can interfere negatively with the hormonal mechanisms that control

the milk production.

A little bit of relaxation, a little bit of affection, being sure of yourself, are all conditions that favour breastfeeding. Every woman must be fully conscious of the fact that hers is the best milk for her son or daughter. When a baby sucks the production of milk is activated through the activation of the prolactin. The prolactin is a hormone produced in the pituitary gland (a gland situated in the centre of the brain), and when the baby stimulates the breasts while sucking, it allows the mother to produce the necessary quantity of milk: the more the baby sucks, the more milk produced.

The majority of babies are fully able, based on their hunger, to suck more or less at the same hour and more or less the same length of time for every feed and according to their real needs (**breast-feeding on demand**). Some babies however, tend to sleep too long, even though healthy; they need to be woken and stimulated to suck, especially during the first days after birth, the early stages of breastfeeding. If during this initial period other liquids are given (camomile, tisanes, glucose solutions, water and sugar), instead of milk from the mother, the baby will suck less at the breast and will not stimulate the mammary gland enough, which will then produce less milk.

One of the questions that mothers ask themselves is if breastfeeding alone is sufficient to nourish their baby. Some signs are: a sufficient amount of urine in a 24 hour period (6 or more cotton nappies, 4 or more disposable nappies); 3-8 faecal discharges over 24 hours during the first month (then the frequency diminishes); liveliness; a good muscle tone; healthy skin; verification of growth by the baby clothes, which through growing, are replaced.

### *How many feeds a day?*

More or less 8 per day, with a good amount of variations (also up to 12 and sometimes over). However, the majority of exclusively breastfed babies continue to want around 8 feeds per day for the first 6 months of life. But this rate can vary according to other needs of the baby or the mother.

In a situation where a baby has unusual or strange feeding habits,

it would be a good idea to find out the reason why and eventually seek the help of more experienced people.

The baby should be left to suck on one side until he wants to, in order to receive that part of the milk that has the fat, found at the end of the sucking, which gives the sense of being full. Sometimes it might be enough just sucking on one breast, but the baby might want to suck on the other as well.

Some mothers feel tired during breastfeeding and probably will need more help and more encouragement from other family members. If the baby latches incorrectly on to the breast and consequently sucks in a way that gives little milk, the mother's breast will show signs of rhagades, sore cuts in the skin and the nipples.

Therefore it is a good idea for the mother to put herself in a comfortable position is relaxed without any muscle contraction when holding her baby, and if possible have her feet raised a little. To make sure that the baby is well latched on to the breast, and to reduce any eventual breast soreness, it is helpful that:

- the bodies of the baby and the mother are in an intimate contact (tummy to tummy);
- head, body and legs are in a straight line;
- the nipple and a good portion of the areola of the breast correctly enter into the mouth of the baby; the lower lip pulled down

It is not correct if: the baby latches on to the nipple only, sucks only with the lower lip, clucks his tongue while sucking; these are all elements that prevent proper sucking.

A number of rules made for the woman who breastfeeds have

#### DEMOCRATIC REPUBLIC OF THE CONGO

*In Kasai, with the coming of the night, the child who has just lost a tooth is accompanied outside of the house by an older brother or an adult. Tradition has it that the child holds his tooth and a piece of charcoal tightly in his hand; then watching the moon throws the tooth away asking it to bring another when it returns the next day. Then turning around in the opposite direction, throws away the charcoal (a symbol of loss and suffering) telling it to leave and not return.*

evolved during the course of the centuries and have reached us today. This collection of rules could have been fundamental in past times for the hygienic conditions and the life of a woman at that time but today has no significance whatsoever and we will see why.

#### ATTENTION:

*Many old myths are to be discredited.*

- The woman who breastfeeds must feel free to eat what she normally eats. If the mother notices that eating certain foods creates disturbances in the baby, she can decide, after having experimented, to eliminate these from her diet. If the woman is a strict vegetarian her milk may be lacking vitamin B12, and in this case she can take the specific vitamin supplements.
- There is no documentation that drinking a lot of liquids (water, beer, chicken broth, boza, mate cocido, etc.), augments the production of milk. It is a belief that is justified in a very hot climate where the mother loses a lot of liquid through perspiration. In this case, it is thirst that will guide the mother to drink the right amount of liquids without making any mental calculations. If it is not a very hot climate the production of milk is helped by sucking correctly and the baby's need of the breast.
- Daily bathing of the body and the breasts is sufficient to protect the baby from the risks of infection, without having to resort to any particular hygienic ritual.
- The mother can continue to breastfeed even if she has influenza or any other common infections.
- The mother can play sport, in actual fact this increases the production of milk.
- The mother can undergo any diagnostic tests (for example ex-rays), have anaesthetic injections (for example dental), and take most pharmaceutical medicine if it is necessary, once their compatibility with breastfeeding has been checked.

#### ATTENTION:

*There are habits that should be avoided because these can negatively influence breastfeeding.*

- Cigarette smoking can reduce the production of milk and be

harmful to the mother and whoever is near her. It increases the risk of respiratory diseases and sudden cot deaths (see chapters 1 and 7).

- Alcohol is to be avoided, or at least consumed in strict moderation and only with meals because alcohol is easily absorbed in the milk and if drunk in excess is capable of causing sleepiness and disturbances in breastfeeding.

**It is very important that it is only breastfeeding**, this means without the addition of other liquids (artificial milk, tisanes, camomile), or semi-solid and solid foods (fruit, pap and baby soups).

The more it is exclusively mother's milk means the longer the baby is at the breast and the more it is beneficial to mother and baby.

Avoiding unnecessary additives means that breastfeeding will probably continue for a longer period with its subsequent benefits.

If the baby has a regular growth rate, breastfeeding alone can continue for all of the first six months. Mother's milk has the right composition to respond to all of the nutritional needs of the baby during this period. If you have some doubts that the milk is insufficient or it seems that your baby needs more, count how many wet nappies there are in an arc of 24 hours. If there are 4-5 or more, relax. There is enough milk.

**Giving the baby food other than mother's milk without any real reason does not have any advantage.**

*During breastfeeding breast problems can occur.* But most of these such as rhagades (painful lesions of the nipple), engorgement (a congestion of milk making it difficult for the milk to flow out), mastitis (congestion of the milk that cannot flow out, causing an infection in the mammary gland) and the lack of milk, in reality can all be prevented with the correct latching on to the maternal breast by the baby and allowing him to suck on demand. Engorgement can be overcome by applying hot water to the breast (hot compresses, hot shower or bath) and squeezing them with your hand.

If rhagades are present check to see if these are due to the baby not latching on to the breast correctly and if this is the case, then the error can be corrected. The validity of using of creams, ointments and localised treatments is not proven. Resorting to the use

of nipple shields (little thin plastic covers to protect the nipple) is very much discouraged and if used in certain cases, can only be a temporary solution to the problem: one should try and stop using the shields as soon as there is an improvement in the rhagades.

Where there is a proven reduction in the daily assumption of milk, it can be squeezed out of the breast (manually or with a pump), to avoid the sudden accumulation of milk and engorgements.

## >> INTEGRATIONS WITH THE MATERNAL MILK

After the 6th month it is time to try and introduce food other than milk, in particular those foods rich in iron, such as meat, fish or cereals.

### Preparing artificial milk



1. Pour boiling water into a clean bottle
2. Control the volume to avoid a mistake in its concentration
3. Use flat measures to avoid making the milk too concentrated and indigestible.
4. Add the correct amount of milk (usually 1 measure to every 30ml of water)
5. Seal the bottle with the clean teat and plastic screw top.
6. Shake well
7. Test the temperature on the inside of your wrist
8. When feeding is finished carefully wash the bottle and the teat.

Regarding the milk, if you want, you can continue to give your child your own up to 2 years of age and over.

A mother can decide to **resort to artificial milk** (formula milk) by her own choice or because she produces little milk, because there are contraindications in breastfeeding, or because she must return to work.



In the past there was a list of contraindications in breastfeeding, which are now no longer recognised as such. **Real contraindications are very rare:** the mother being sero-positive to the AIDS virus and the assumption of particular medicines and substances connected to radionucleide scanning are the only indisputable ones. In these two cases one falls back on the use of artificial milk following the paediatrician's guidance ( formula milk during the first months and after the 6th month a so-called follow-on milk).

Cows milk and goats milk are to be avoided during the first year because their nutritional composition is inadequate for the needs of a baby, and also because they cause the lack of iron in an infant. The use of special milks (soy, rice, anti-reflux, anti-allergic) must only be given under the guidance of the paediatrician.

**Artificial (formula) milk** can be liquid (ready to use) or powdered; in this case it is prepared by mixing it with water from the tap that has previously been boiled for 20 minutes. Once the can has been opened make sure to keep the lid on to protect the powdered milk, or keep the liquid milk in the fridge.

Wash your hands well before preparing the milk and before giving the bottle to the baby check the temperature.

If the baby does not drink all of the milk in the bottle, it cannot be reused and must be thrown away.

Bottles and teats must be kept clean and periodically sterilized using commercial preparations or by boiling them.

Even bottle feeding, just like breastfeeding, must allow a certain elasticity for the amount and the number of meals. It is important to be guided by the demands (and appetite) of the baby. The amount of artificial milk to be given to the baby as suggested on the commercial products is in actual fact only an indication.

## >> INTRODUCTION OF SUPPLEMENTARY FOODS: "WEANING"

**After the sixth month weaning can be started, this means the integration of semi-solid and solid foods** (biscuits, fruit, pap, baby soups, etc...) together with the milk (breast or bottle adopted

during the first six months).

**At this age the baby**, when he is by now certainly ready from all points of view (psychological, motorial, digestive) to integrate another type of nourishment, different from milk, given by spoon and is able to swallow thicker foods.

At the same time breast and bottle feeding is a way to give the baby nourishment and security, in short a considerable affective reference for the acquisition of independence. If the mother wants, breastfeeding can continue from the second six months up to the second year of life and even after, as the World Health Organization suggests. The baby who is breastfed for over two years is not considered to be a spoilt child and the mother must not believe she is limiting his maturation and independence. The truth is actually the contrary and the opinion of the experts and scientific studies prove this.

Apart from the nutritional needs, weaning represents a delicate and important moment from the acquisition of behaviour and attitudes in front of olfactory and taste experiences to the acceptance of eating with a spoon, etc.

### *Some simple general rules.*

The order in which semi-solid and solid foods are introduced during the weaning period does not have the importance it once had and can vary based on the preferences of the baby and on the gastronomic culture of the family and what the paediatrician advises. It is not necessary to postpone the consumption of bread and pasta (both containing gluten). However, it is absolutely valid, and is the current recommendation, **not to exaggerate in the offering of salty foods and foods with a high protein content during the weaning period.** The errors most common during this period are those of eating too much cheese, processed cheeses and meat, all of which are too heavy for the baby's metabolism and can also influence his future preferences towards food that is less healthy because it contains too much protein and too much salt.

When the baby is being fed with artificial milk, it is necessary to avoid adding biscuits, cream and anything else to the milk even during the first months. One should wait at least until the 4th month and preferably until after the 6th, when weaning starts, following the general guidelines given for the breastfed baby.

### *What are the first foods?*

Other than milk the first foods that can be given to try, based on the mother's choice, on your cultural habits and on the baby's acceptance, can be the following:

- cooked and pureed vegetables such as potatoes, carrots.
- grated bananas or pears or apples
- cream of rice put in the milk
- and later
- carbohydrates such as rice, maize/corn, porridge, akamu, tapioca, yucca
- protein (without exaggerating): lamb, mutton, chicken, beef, fish, goat, pork

### **>> WHAT FOODS ARE TO BE AVOIDED?**

To the above foods do not add sugar (it can cause dental decays), salt (there is already enough contained in the foods) and honey (never use under 1 year of age because it can contain a dangerous germ called botulin). It is better to avoid foods with a reduced fat content, such as certain types of milk and yoghurt, because fat is important for a growing organism, especially for the brain.

As the baby eats more and more semi-solid and solid foods so he will gradually drink less milk (maternal or artificial). Today it is considered that continuing to breastfeed one's baby, even after he starts to eat solid and semi-solid foods is very beneficial.

**In certain cases and conditions during the first year and on the advice of the paediatrician, it can be useful to add certain vitamins to the diet.**

## Concluding recommendations

During the first year of life feeding can be planned in a very simple manner, considering mother's milk to be the ideal reference.

### **REMEMBER THAT:**

1. Mother's milk is sufficient as the only food for the baby for the first 6 months of life.
2. As an alternative and in addition to the mother's milk artificial milk is used during the first months followed by follow-on milk (latte di proseguimento).
3. Special milks, such as soy or for allergies are prescribed only if there are special reasons, according to precise individual conditions.
4. Weaning starts after the 6th month of life has been reached, at the same time continuing to breastfeed or bottle feed.
5. Breastfeeding together with solid and semi-solid foods can continue up to two years of age and over at the mother's discretion.
6. Once weaning is started, foods rich in iron are given immediately, but do not exaggerate in introducing foods rich in protein.
7. In normal babies gluten (bread, pasta or pastina) can be freely consumed.
8. During the first year it may be required to give vitamin D when breastfeeding only, if the paediatrician thinks it necessary.

## OTHER USEFUL RECOMMENDATIONS FOR THE WHOLE FAMILY

- In certain conditions it may be convenient to use infant foods that have been industrially prepared, but do not allow these to completely substitute home cooked food. When you do use these foods, check the "use by" date on the packaging and make sure they are properly vacuum sealed.
- Make sure that the preparation of the food is hygienically safe. Wash your hands well with soap and water before preparing and giving the food to the baby.
- Keep the surfaces clean where the food is prepared and do not allow pets to come into the kitchen.
- All food and particularly if it is to be consumed by small children is not to be reheated more than once.
- Don't use raw eggs because of the risk of salmonella contamination. Therefore, also avoid sweets and desserts where the eggs are not cooked.
- Separate raw food from cooked food. Raw food, especially meat and poultry can contain dangerous micro organisms that can be transferred to other food during their preparation and conservation in the fridge.
- Keep the food at the right temperature. Micro organisms can multiply very quickly if food is conserved at room temperature especially during the summer. The growth of micro organisms is slowed, if not blocked when the temperature is below 5°C or above 70°C.
- Don't leave cooked food at room temperature for more than 2 hours.
- Quickly refrigerate all cooked and perishable foods, which are not to be eaten immediately (preferably below 5°C).
- Food, especially meat, poultry, eggs and fish must be well cooked; always boil the baby soups prior to consumption.
- When reheating leftovers, make sure that they are very well heated; it is not enough to just warm them.



## an INDEPTH EXAMINATION

### CONTRACEPTION DURING BREAST FEEDING

During breastfeeding the prolactin, the hormone responsible for the production of milk can inhibit ovulation in accordance to the amount of milk produced. The quantity of prolactin produced depends on the suction force and how frequent the baby sucks at the breast. Therefore there is no constant level during the breastfeeding period. Consequently one cannot be sure about the complete prevention of ovulation. It is for this reason that one must look at another way to control fertility.

There are two possibilities during breastfeeding:

- a barrier: the condom
- hormonal: the pill that has a progesterone base, which will be prescribed by the doctor based on your personal history (it is the only hormonal contraceptive that can be used during breastfeeding)



## 5. Vaccinations

### >> *VACCINATIONS, DO THEY REALLY HELP?*

Vaccinations are simple instruments of prevention, but are formidable: they imitate nature in the construction of immune defences without provoking the damages of the disease!

With vaccines, administered just once, or at various times during a lifetime, a long lasting protection is established in the body's immune memory base, without the, at times devastating, consequences of the disease.

Keep in mind that, together with that of non contaminated drinking water, the availability of effective and safe vaccinations have contributed most to the betterment of the general health conditions of the population.

Indeed vaccinations combat very dangerous infectious diseases for which there are no cures available, or if cures exist, these are not always effective, or on the other hand the diseases can cause very serious complications.

### >> *WHICH VACCINATIONS*

In Italy it is obligatory for all babies soon after they are born to be vaccinated against tetanus, diphtheria, poliomyelitis and viral hepatitis B. Vaccinations against measles, mumps, rubella – commonly called German measles, (MMR-measles-mumps-rubella vaccination) whooping cough and Haemophilus influenzae (Hib), are also recommended. There are other vaccines useful for the prevention of some diseases, such as influenza, pneumococcus, meningitis C and chickenpox that are recommended for children in certain conditions.

### >> *WHEN?*

Vaccinations are recommended once the baby is two months old. However, the estimated age for the first dose and for successive doses varies according to the type of vaccine, obligatory or recommended.

## WHERE

You can obtain precise information on the “vaccination calendar” from the paediatrician or from the vaccination centre in the area where you live.

The vaccination centres where you can bring your baby are found throughout Italy. Every ASL has its own organization, but in every district there is at least one.

The centres provide all of the obligatory vaccines noted on the national calendar, while every Region has their own list of the recommended vaccinations. The vaccinations can also be done at centres other than those of the ASL (hospital centres, National Health paediatricians and private paediatricians), in all cases however, the paediatrician who administers the vaccine must complete a medical certificate indicating the type of vaccine, lot number and expiry date, and the certification must be registered with the competent vaccination centre.

If your baby was born or lived the first years of his or her life in a country other than Italy, and even if you are sure that the vaccinations have been received, get in touch with the Vaccination Centre to know if the vaccines and the doses already done are those that are obligatory and recommended here in Italy and to program any eventual integrations and recalls.



## >> VACCINATE WITH CONFIDENCE

Vaccines today are prepared in a very sophisticated manner. They are therefore much safer and have less side effects. Furthermore they are often mixed vaccines, that is more than one vaccine together in the same phial. This way there are less injections to give, which saves time and is less stressful for the baby and yourself.

### Contraindications

Even if vaccines are safe for the majority of babies, there are however, situations where there can be temporary or strict contraindications..

Temporary contraindications are when there are transitory conditions that do not permit the vaccination to be done while these conditions exist.

**One must postpone the vaccination when:**

- the baby is sick with a high temperature/fever;
- If the baby is taking medicines, such as high doses of cortisones,

which act on the immune system.

**If there are strict contraindications**, it is better not to do vaccinations when the baby:

- has had very bad reactions to previous vaccinations;
- is suffering from any neurological illnesses;
- is allergic to certain types of antibiotics, such as streptomycin and neomycin (if these are present in the antibiotic).

If the baby has certain illnesses such as leukaemia, tumours, AIDS, the situation is evaluated on a case by case basis.

There are other situations that do not represent real contraindications, but ask for some **precautions**. **You must therefore tell the paediatrician:**

- if the baby had a very high temperature after a previous dose of the same vaccine;
- if the baby cried a lot and was inconsolable;
- if the baby had convulsions with a high temperature;
- if immunoglobulins were recently administered.

Like all medicines, vaccines can also have undesired effects, but in most cases these are slight and transitory. Usually these effects consist of a temperature and swelling around the needle prick of the inoculation. These effects can easily be anticipated and treated with anti-inflammatory and antipyretic (to lower the temperature) medicines.

More serious adverse occasions happen very rarely: one in every thousand or every million administered doses.

In some countries, especially in the developing ones, there can be infectious diseases that in Italy have been eliminated for some time.

Before leaving for these countries it is always good to ask the paediatrician (at least a month before), if it would not be a good idea to do other vaccinations and receive other information

on other important measures of prevention, which can help you travel with peace of mind, reducing the risks of diseases for your child and yourself.

**In every Region in Italy there are centres where international travellers can go for vaccinations and advice.**

All of the baby's vaccinations are written into a little booklet or on a card or certificate. Keep it in a safe place. It is an important document. Take it with you when you visit the paediatrician or another specialist, a First Aid station (Emergency) or a hospital, or when you travel abroad, or return to your own country.



# VACCINATION CALENDAR

VACCINE	2 MONTHS	4 MONTHS	10 MONTHS	12 MONTHS	5-6 YEARS	11 YEARS	15 YEARS	OGNI 10 YEARS
DIPHTHERIA TETANUS WHOOPING COUGH	✓	✓		✓	✓		✓	✓
POLIOMYELITIS	✓	✓		✓	✓			
HEPATITIS B	✓	✓		✓				
HAEMOPHILUS INFLUENZAE B	✓	✓		✓				
MEASLES, MUMPS, RUBELLA				✓	✓			
PAPILLOMAVIORUS (FEMALES ONLY)						✓✓✓		
PNEUMOCOCCUS*	✓	✓	✓					
MENINCOCCUS C*	✓	✓	✓					
CHICKENPOX						✓✓		
ROTAVIRUS	Two or three doses by mouth after the sixth week of birth							

Vaccinations against Diphtheria, Tetanus, Whooping Cough, Poliomyelitis, Hepatitis B and Haemophilus are united in one injection.

The vaccinations on the blue background are free only in some ASL regions, in other regions they are reserved for babies "at risk"; others can have the vaccinations paying a ticket.

The vaccinations on the pink background are done only against payment.

\* For the anti-pneumococcus and anti-meningococcus vaccinations get information from your paediatrician or from the vaccination centre re the possibility of immunization at different times and in reduced doses.

## 6. Baby's growth

The increases in weight, in the baby's size and the circumference of the head are all signs of good health. The paediatrician will compare the baby's measurements with standard tables to check if the baby's growth and development progresses normally.

If the baby's weight, length and the circumference of the head are not in line with the standard measurements, it is necessary to know what are the causes, especially if these happen after a period of normal growth. This is very important in the first months of life when a baby grows very rapidly; just think that in 4-5 months he doubles his weight to what it was at birth. Growth is due to the multiplication of the baby's cells in the body and in the brain. It is for this reason that it is particularly important to control the circumference of the baby's head during the first year of life. It is a time when the various nervous centres of the brain are organizing themselves, forming the basis of acquisition of knowledge and memory during the baby's growth towards independence and the definition of his identity.

**It is important that when evaluating the development of your child you do not compare him with that of other children. You must com-**

### BULGARIA

*When a baby takes his first steps a ritual called Prostapalnik is done, which is supposed to determine his future profession in life.*

*The women of the family lay a white sheet on the floor on which they place various objects: a pencil, a hammer, a book, a telephone, some money, a screwdriver, a bottle of perfume, etc., each object symbolically representing a profession. During this preparation the mother makes a cake and when cooked rolls it towards the sheet, making sure that the baby follows it to the objects placed on the sheet; the first object that the baby grabs, urged on by the family, will indicate his future profession.*

*The ritual finishes with the cake being served with honey and cheese, and offered to those present after the baby has eaten the first piece.*

Taken From "Speciale Vaccinazioni: Lunga vita ai vaccini" by Maria Edoardo Trillò in UPPA Un Pediatra Per Amico, anno 8 n.3 - Maggio-Giugno 2008. ( Vaccinations Special: Long Live Vaccinations by Maria Edoardo Trillò in UPPA A Paediatrician For a Friend, year 8 no.3 - May-June 2008)

**pare him only with himself.**

Weight and stature are to a certain extent genetically determined, that is to say, there are hereditary influences, and these in part depend on the quality of nutrition, stimulations and life style.

Therefore, when controlling the weight and stature you need to keep in mind

- The parents' and siblings' (brothers' and sisters') characteristics;
- Living conditions and the environment;
- The growth curves, which are the control standards, of the population to which you and therefore your baby, belong.

Paediatricians encourage us to pay attention to the baby's growth curve, but it is important that it does not become a point of anxiety for you. **It is not necessary to weigh and measure the little one every day. Follow the development of his or her growth and check with the paediatrician if you notice that there is a considerable slowing down in growth.**

The family paediatrician will carry out periodical evaluations of the baby's health: these are occasions to check on the growth, but even more to discuss any eventual problems in nutrition, behaviour and development. The timetable for these periodical evaluations and the observance of the various stages in the vaccination program offer a number of occasions for the family to meet with the paediatrician, guaranteeing the well being of the baby during the first year of life. The timetable for these controls can vary a little from region to region. However, these differences do not modify the validity of this free preventive program.

Just before leaving the hospital the neonatologist will do the first health evaluation of the newborn baby and the parents will receive information on his or her health, on the normalcy of weight and length, on the absence of any important disturbances in hearing and sight, on the neuromotor functions, and in general on the absence of any evident malfunctions present at the time.

In the **table** below are the most common elements to help evaluate the **development** of your baby during the course of the first 12-15 months.

**Don't worry if the baby does not exactly conform to the stages of development indicated for his or her age. The development can be earlier or slower, but in either case normal.**

In case of any doubts, worry or anxiety it will be the paediatrician who has followed the baby since birth, together with the parents, to decide on any changes in the frequency of controls, to suggest modifications in the care of the child, or if necessary suggest other treatments.

## “BORN TO READ” AND “BORN FOR MUSIC”

Recent scientific research shows that early encouragements such as to read out aloud and to sing or listen to music, to play with musical instruments together with children has a positive influence both from an affective point of view (the opportunity of children and parents being able to relate to each other), and from the cognitive point of view (development of language comprehension, the capacity to read and the expression of a child's musical potential).

Born to Read is a project for the promotion of reading in children from the age of one (many of the project's published books are multilingual); [www.natiperleggere.it](http://www.natiperleggere.it)

Born for Music is an invitation to draw the child closer to music starting from the prenatal period: [www.natiperlamusica.it](http://www.natiperlamusica.it)

## PRINCIPAL STAGES IN DEVELOPMENT

AGE IN MONTHS	Neuromotor Development	Cognitive Development
2-3	Stomach up, raises the head and turns it from side to side. Will soon find hands and look at them at length.	Stares directly at the mother's face (or the face of the assiduous caregiver) and follows with eyes for short periods. Grasps with clenched fingers the first objects placed on the palm of the hands. Laughs and reacts to loud noises in the vicinity.
4	Easily raises the head and turns it from side to side even lying on stomach. Tries to lie on side when lying stomach up, to try and grasp objects, and if in a comfortable position starts to bring objects to mouth as a way to get to know them.	Begins to localise sounds and reacts to the mother's voice. Responds with simple vocal sounds to the voice of a person nearby and begins to smile and respond to stimuli and smiles from people. Examines the face of the person nearby and the objects held in his hand.
6	Placed stomach down supports himself well with arms, raises the head and good part of trunk and can roll from lying on stomach to lying on back. Holds objects in the hand for a longer time and attempts to pass these from one hand to another.	Distinguishes familiar sounds even if at a distance and tries to imitate them, repeating over and over. In front of the mirror reacts with movements and repetitive sounds (gurgling, mamama, bababa). Launches little screams and becomes agitated when sees food arrive and accepts it when offered with a spoon
9	Sitting in the pusher/stroller or on a baby seat, remains for long period, freely moving arms and legs. Starts to remain sitting without support for some minutes. Starts to crawl (some on their stomach, some trying to slither in sitting position). Grasps objects with two fingers.	Recognises objects that are given often. Responds to simple orders and starts to understand the meaning of "no". Pronounces the first words and turns around when called by name. Likes semi-solid foods which he brings to the mouth with his hands and accepts food given by spoon.
10-12	With the help of a support can stand up and shows signs of stepping sideways. Later, with the help of a hand and also by himself starts to walk.	Follows moving objects which interest him/her, understands the sense of the words most used, especially when these words indicate familiar objects. Says "mumma" and "dadda" and hints at others words ". Plays with his clothes and, if able to, pulls off his socks. Starts to feed himself with a spoon.

## 7. First illnesses, first cures, first medicines

All babies can have some discomforts, some are mild, some more serious. What babies haven't had colic, a little cough, and a slight fever! In these instances the mother must not substitute herself for the doctor. However, she must be able to recognise the symptoms and the changes they cause in the baby, to know if it is necessary to call the doctor and explain the problem. Below is some useful information and advice, which can help in these moments of doubt. If you cannot manage the situation then call the paediatrician.

### >> GASEOUS COLIC

#### *What is it and how does it manifest?*

It happens very frequently and generally in babies under three months old.

A gaseous colic attack is characterized by a sudden, acute and intense cry, which is difficult to console and happens generally in the afternoon or evening. The abdomen in general is distended and the baby's legs are bent on to the abdomen. The face is purple, the feet can be cold and the hands closed tight.

#### *What are the causes?*

The pain is provoked by the rapid distension of the intestinal walls caused by the passage of an air bubble.

There is no real explanation as to what is the cause. It can be caused by the parents' anxiety, the consumption of food rich in carbohydrates; a possible allergy or intolerance to the milk, or to other foods eaten by the mother; excessive swallowing of air due to hunger and not sucking properly.

#### *What can you do to prevent it or cure it?*

Because the possible causes are many and at times simultaneous, the treatments will be different.

It is easy to recognize that the evacuation of faeces and gas pro-



duces temporary relief in the baby. Consequently rocking the baby and holding him face down in the prone position on the forearm as though to massage the abdomen are small immediate blessings, even if temporary.

Giving the baby a happy family atmosphere that is emotionally stable and without excesses of anxiety can lessen the frequency and length of the colic attack.

Encouraging the emission of air during the pauses while breast feeding or bottle feeding can help.

Remember that feeding too much or not enough can cause a colic attack. Also **administering** a glycerine suppository helps the evacuation of faeces and gas and can give relief.

However, only on the advice of the baby's personal paediatrician can medicine be given or the diet modified.

### *How long do these attacks last?*

It is difficult that these gaseous colic attacks continue after three months of age. The parents need to know that for how desperate the symptoms seem to be, it is an occurrence destined to disappear just as it appeared.

## >> DIARRREA AND VOMITING

### *What are these?*

One speaks of diarrhoea when the baby has a number of liquid or semi solid mucous discharges of faeces. Vomiting instead is the forced emission of gastric or gastrointestinal contents through the mouth. Of-

### RUMANIA

*In Transylvania the forty days following the birth of a baby is a very important period for both the newborn and the mother; such importance is very much due to the vulnerability of both. A woman who has just given birth cannot leave her home without first saying a special prayer; this prayer will purify and protect her from all evil that could lie in wait for her outside of the house.*

*But these behavioural taboos are not only for the new mother. The baby also cannot leave the house after sunset or have strangers visit because the little one is vulnerable and still not immune to jealousy, envy, egoism and evilness of adults, to hate and all forms of negative energies and thoughts.*

ten these symptoms are associated with stomach ache, irritability and fever. Diarrhoea and vomiting almost always are due to infections caused by microbes (viruses, bacteria, parasites), which enter the organism through the mouth.

### *When is it time to worry?*

Whatever reason caused the diarrhoea and vomiting, the most worrying aspect is the loss of water, which can dehydrate the baby. The most important thing to do is to evaluate if there is a weight loss. Therefore it is necessary to weigh the baby suffering from diarrhoea each day and to consult the paediatrician where there is a weight loss. The presence of a dry mouth and very little urination during the day are to be considered alarm signals.

### *What is to be Done?*

It is essential that the baby during the first 4-6 hours drinks all he or she wants: it is necessary to give via the mouth and for the duration of the symptoms a glucose-saline solution (these can be bought commercially) to restore the loss of mineral salts due to the vomiting and diarrhoea. Other liquids such as tea, camomile, water tisanes, fruit juices, etc., are considered not suitable for oral re-hydration because of the incorrect balance of their components. These can be used as an alternative in cases that are less serious if the baby refuses the glucose-saline solution.

If there is vomiting drinks must be given at room temperature, or better, cool and in small sips.

Breast feeding is not to be suspended. If the baby is weaned, it is necessary to return to its normal diet after the first six hours, gratifying his tastes. The paediatrician will give advice on other kinds of intervention.

### *And to avoid contagion?*

Diarrhoea is very contagious: the transmission of the illness usually happens through the hands if these are contaminated by the faeces and then put into the mouth.

To prevent contagion it is useful to:

- carefully wash hands with soap and water before and after attending the baby and changing his nappy.

- prepare separate towels for the baby with diarrhoea and frequently change them.
- disinfect the toilet and bidet with bleach
- regularly wash ones own hands with soap and water, before cooking or sitting at the table
- dispose of the nappy dirty with faeces as soon as possible, after having wrapped it up
- if you use material nappies/diapers change them often and wash them in very hot water.

### *If medicine must be given?*

#### *Use only the medicine prescribed by your Paediatrician.*

Remember that:

- in the case of profuse diarrhoea the re-hydrating glucose-saline solutions (drinks containing mineral salts and sugar) are recommended.
- if repeated vomiting is present, anti-vomit medicine can be used, but always with a doctor's prescription.
- if the baby's bottom is red, change the nappy regularly and spread an ointment containing zinc oxide on the irritated part at each change: often the redness remains for the whole time that the baby suffers with diarrhoea.

### *When should one immediately call the paediatrician?*

If:

- the baby is less than 3 months old
- repeated vomiting is present and it stops the baby from drinking
- the baby appears dehydrated (has lost weight, urinates very little, has a dry mouth, is prostrate)
- continues to have a watery discharge, pains in the abdomen and cannot swallow food or medicine
- you are very worried about the health of your child

## >> **COUGH**

### *What is it?*

A cough is a natural response by the organism and serves to expel air rapidly and forcefully from the respiratory tract. It is the mech-

anism whereby harmful substances that try to enter the respiratory branches are removed. A cough can be dry and fitful or wet and prolific. It can be acute when it has a sudden onset and is of short duration, or it can be chronic when it lasts more than three weeks.

### *When does it Occur?*

It is a very common symptom in infancy, so much so that it represents one of the most frequent medical consultations.

Normally a cough occurs when an obstacle obstructs normal respiration: it can be from mucous that forms along the respiratory tract, to some foreign body which has been inhaled (dust, food particles, liquids); the cough however has the purpose of freeing the respiratory tract and protecting the lungs from infection or inflammation. In most cases a cough is caused by viral infections in the respiratory tract, producing pharyngitis, laryngitis, tracheitis or bronchitis. Little children attending communal groups (nurseries and kindergartens) are those most exposed.

Other factors that can cause coughs or can be predisposing factors are:

- passive smoking
- polluted environments
- inhaled allergens
- not washing ones hands before and after attending the baby

### *What is to be done?*

A cough is a defence mechanism and must not necessarily be fought. Because its causes can be many there is no single remedy. However, when a cough is so prominent that it awakens the baby and provokes vomiting, or causes suffering, consult the paediatrician for the cure.

### *When does it become urgent to call the paediatrician?*

If:

- your baby is less than one month old and coughs incessantly
- the breathing is difficult and produces a hissing sound, even after cleaning the nose.
- the breathing is fast and the baby seems to be fatigued even in

- those moments when there is no cough
- has respiratory in-drawing in the intercostals spaces
- has lost consciousness during a coughing attack
- the lips become bluish while coughing
- there is blood in the baby's mucous
- there is a suspicion that a foreign body had been inhaled (a small part of a toy, a food particle); in this case the cough usually appears suddenly after a moment when it seems that the baby is suffocating
- the baby is, or seems to be suffering
- has had a fever for more than 3 days
- the cough has lasted for more than 2 weeks
- the baby is less than 3 months old and has had an insistent cough for 2-3 days
- you suspect an allergy (e.g. pollen)
- the cough disturbs the baby's sleep or makes him vomit

If

- however, you are worried

Your paediatrician will know what to advise and measures to be taken, if you feel that a visit is necessary

While waiting to see the paediatrician, it is possible to do the following:

- Hydrate the baby by making him drink
- Carefully clean the nose a number of times during the day with a physiological solution (at least 1 ml each nostril) and draw the solution out with a nasal aspirator after each wash
- Avoid passive smoking: cigarette smoke has an irritating effect on the respiratory mucous, which stimulates coughing. Never allow someone to smoke in the presence of the baby. Keep the baby out of the kitchen: cooking fumes can also irritate
- Don't make the baby eat if he doesn't want to; if he vomits because of a cough, you can try giving something to eat, but in small doses and only after having waited a while
- Only use drops or a cough syrup on the recommendation of your paediatrician

## >> *FEVER (TEMPERATURE)*

### *What is it?*

It is the rise in body temperature over the normal values. For a baby these values vary slightly during the course of the day and can be slightly higher after an intense cry or after being fed. It can be considered a fever when it is above 38°C measured in the rectum or 37.5°C measured under the armpit.

### *What Causes it?*

A fever is not an illness. The rise in body temperature is caused by substances that are released during the production of the natural defences and this rise in temperature is one of the mechanisms by which the baby defends itself when confronted by an external virus or bacteria that like a low body temperature. The body by raising its temperature defends itself against invasive organisms.

### *Is it dangerous?*

A fever can be caused by an insignificant illness (most common), or by a more serious illness (very rare).

There is no specific relationship between the value of a temperature and the gravity of the illness: luckily a high temperature does not necessarily mean that the illness is serious. High body temperatures can cause intense discomfort in the baby, but it does not mean that the cause has to be serious.

### *Is it necessary to lower the temperature?*

A fever is not an enemy to be fought at all costs. Therefore it is not necessary to administer medicine every time the temperature rises above the normal values.

Lowering the temperature does not help the baby to recover sooner. If, however, the baby shows uneasiness and irritability, or suffers, it is good to give some relief by lowering the temperature. In predisposed babies, a high temperature can cause convulsions of short duration, but which don't need anti-epileptic therapy because there are no reoccurrences. Only in these babies would it be worthwhile

giving an antipyretic for a temperature less than 38°C.

### *How does one measure a fever?*

How does one measure a fever?

To measure a fever one needs a thermometer.

It is not correct to trust only one's feelings to say that the baby is hot or not.

Having said this, it is however, necessary to add that there are many types of thermometers. The most reliable are:

#### >> Digital (electronic or liquid crystal)

These are fast, precise (if positioned correctly), safe and resistant, even if dropped. The temperature appears on the display after the emission of an acoustic signal.

#### >> Glass (paediatric type)

**This glass paediatric type is no longer available. However, it is possible that you have one in the house. In this case you can continue to use it.** It is made of glass, shaped like a graduated cylinder and contains mercury. It is very precise and quite fast. Reading it is not always easy and it can break. There are types with a plastic covering over the area between the bulb and the cylinder to avoid accidental breakage and hurting the baby.

One can also buy the following types:

- **Auricular (infrared)**
- **Cutaneous (infrared)**
- **Reactive strips (liquid crystal)**

More expensive and not always easy to use.

**We advise the use of the digital thermometer, or if you already have one, the paediatric glass version.**

### *How to measure the fever?*

With both the digital or the mercury thermometer, the body temperature can be taken either in the rectum or under the armpit. In very tiny babies it is usually much easier in the rectum.

If you use the mercury thermometer remember to give the thermometer short hard shakes in the air, holding it between the thumb and forefinger to bring the mercury down into the bulb.

If you use a digital thermometer, remember to turn it on before using it.

To take the temperature in the rectum it is preferable to lubricate the bulb of the thermometer with oil or water and after placing the baby on his side or on the stomach insert the thermometer approximately 2cm into the rectum, holding the baby still for the entire operation.

After the necessary waiting period one can read on the thermometer the temperature registered. When taking the temperature under the armpit one must take off half a degree. This means a temperature of 38°C via the rectum corresponds to approximately a temperature 37.5°C taken under the armpit.

### *What is to be done?*

- If your baby is less than 3 months old, consult the paediatrician as soon as possible.
- If the baby is older than 3 months, remember that the level of the temperature (a moderate to a high fever) is not sufficient by itself to understand if the illness is slight or severe.

It is important to understand that it is necessary to watch the baby more than the thermometer before deciding when it is the case to consult the paediatrician urgently, or when it is possible to remain calm, at least for a while, and await the evolution of the illness (which in most cases passes spontaneously within 2-4 days).

For you who know your baby well you can draw your conclusions by simply observing his behaviour and some signs that can help you understand when he is really sick.

Note these signs (the baby's appearance, agitation, pain, if he sleeps well or not, if there is difficulty in breathing) and tell your paediatrician. This will help you understand if the problem is serious or not and, more than anything, put you in the situation to know when to visit the paediatrician.

Therefore:

**First of all keep watch on your baby's behaviour:**

- is he tranquil or agitated?
- Is he suffering?

**Notice if there are other disturbances:**

- vomiting?
- diarrhoea?
- crying as though in pain?
- a cough?
- any blotches on the skin?
- difficulty in breathing?
- is able to stand up?

If the baby shows signs of illness or irritability administer medicine to lower the temperature (antipyretic). The medicines most used are Paracetamol and Ibuprofen and many different preparations are commercially available.

For both these medicines it is recommended not to exceed 30 mg per Kg of body weight a day (normally 10 mg per Kg of weight per dose, not more than three times a day is enough).

It is advisable to give the medicine by mouth, to be sure that it is absorbed. If the medicine is given through the rectum it is not always completely absorbed and therefore, can have a reduced effect or can seem to be ineffectual.

For further advice it is better to consult the paediatrician.

**60-90 minutes after the administration of the medicine make note:**

- the illness has subsided and the baby is suffering less?
- The baby is more tranquil and not crying?
- if crying it is only for brief moments and the cry is similar to when he is not sick and stops when picked up?

RUMANIA

*At Bucovina a healing ritual was once performed on sick infants. The mother would pass the baby and a candle through a window entrusting both to another adult; that person would then return the little one together with the candle through the front door of the house. Cultural custom wanted that from this moment by giving a new name and therefore a new identity the illness would no longer be able to recognise the infant.*

- the baby's colour is normal?
- if you provoke and try to make him play, he smiles?

If the baby behaves in this way and there is no other trouble, the ailment that caused the fever is more than likely insignificant and if the baby's condition does not change, one can wait another day before again contacting the paediatrician (if the baby is more than 3 months old). **While waiting, when during the high points of the fever the baby demonstrates uneasiness or irritability, you can continue to give water or milk, don't excessively cover the baby and if necessary administer an antipyretic medicine.**

**If however, the fever is very high (39°-40°C) and even with the administration of medicine the fever does not go down, even a little and the baby seems to be suffering, or if there are any other disturbances which worry you CONSULT THE PAEDIATRICIAN AT ONCE.**

**TELL THE PAEDIATRICIAN:****>> What the associated disturbances present**

- diarrhoea, vomiting, difficulty in breathing, blotches on the skin, etc.
- if the baby cries and above all how he cries:
- in a lively way, a way similar to when he is not sick
- in a complaining way or with hiccups: **Alarm**
- in a feeble way or screaming: **Alarm**
- for a short period and then stops
- intermittent but repeatedly
- continuous: **Alarm**

**>> How the baby behaves and reacts when provoked**

- is alert
- if asleep, does he wake up easily when stimulated
- if you try to make him play does he smile, give you his attention
- if you try to make him play does he smile just for a moment: **Alarm**
- maintains his attention just for a few moments: **Alarm**
- not even a smile, does not give you his attention even for a moment: **Alarm**
- is inexpressive or has an expression of anxiety and does not cry: **Alarm**
- continually closes his eyes and wakes up just for brief periods and only if stimulated for a long time: **Alarm**
- sleeps very heavily: **Alarm**
- has not been able to sleep for many hours: **Alarm**

**>> What does the skin look like**

- the colour is normal
- seems to be normally moist
- the hands and feet are pale or purple
- the whole body is pale or purple or grey: **Alarm**
- the skin and mucous membranes are dry, the eyes have black circles and are sunken: **Alarm**

*Could some check-ups be useful?*

Sometimes, to understand the importance of the illness and its cause, the paediatrician, as well as your visiting the surgery, may need to do some check-ups.

In particular, in very small babies where there is a fever it may be helpful to do a urine test. For this reason it is a good idea to get a small amount of the baby's urine and take it with you to the paediatrician's surgery.

Where possible other investigations can be done directly at the paediatrician's surgery, or if the paediatrician thinks it necessary, at an outside laboratory.

*Other useful provisions*

- Make the baby drink a little more than usual, or breast feed more frequently
- Don't make him eat more than he wants
- Don't over-dress the baby
- Don't make him stay in bed if he doesn't want to
- Don't give him antibiotics without a prescription from the paediatrician
- If it is necessary you can take the baby out, for example to take him to another family's home (to allow you to go to work or to carry out other tasks), or to take him to the paediatrician or to a laboratory for tests.

Taking the baby outside has no risk on his health, the weather conditions do not influence the progress of the illness.

**REMEMBER NEVER SMOKE IN THE PRESENCE OF THE BABY OR IN THE HOUSE OR IN THE CAR AND TO WASH YOUR HANDS BEFORE ATTENDING TO AND AFTER HAVING CHANGED THE NAPPY.**



## >> THE TEETH

### *When do these start to appear?*

The teeth start to form while the baby is still in the mother's abdomen, around the second – third month of pregnancy. Therefore, every newborn baby already possesses his future teeth in his gums. To be able to see them erupt however, one generally needs to wait a few months. In most cases the first teeth appear between the sixth and eighth month. But this is not a strict rule. It can often happen that the first tooth appears later than this. It can also be normal to see 4 month old babies with some teeth, while with others it may be necessary to wait up to 17 months to see that “longed for” tooth to appear.

### *What “troubles” are connected to the appearance of the teeth (teething)?*

Teething is a normal event and in general does not represent a problem for the infant.

However, some symptoms can be directly connected to teething. For example abundant salivation, the need to gnaw everything the baby lays his hands on, swollen gums, a certain restlessness during the night.

In general there is no real painful symptom, but there can be an

“annoying” sensation, which can vary and can be irritating for the infant. Your paediatrician will know what to advise, and if it is necessary, will give the right cure according to each circumstance.

It is the general opinion that teething is also connected to more important pathological events, such as fever, episodes of diarrhoea and bronchitis.

To date there is no direct proof that these episodes are connected with teething. It is presumed however, that the onset of the teeth can make the baby more “susceptible” to viral, respiratory and gastrointestinal infections, which represent the real cause of the symptoms described above (also because in this teething phase the baby puts everything he can lay his hands on into the mouth) Your paediatrician will advise you of the right cure in this case.

### *Does one look after milk teeth?*

Milk teeth are destined to fall out.

The replacement of milk teeth with permanent teeth starts normally around six years of age and continues through to the twelfth year. It is important however, to look after these milk teeth because they accompany the life of your child for quite a long time.

Most important it is absolutely necessary not to sweeten the dummy with sugar or honey. This practice, used unfortunately to calm the baby, creates the presence of very painful tooth decay in milk teeth because they are more fragile when they erupt, or can even be decayed on eruption.

Secondly, the teeth must be cleaned with a wet tooth brush. It is not recommended using toothpaste until the child is able to clean his teeth without swallowing the toothpaste.

Lastly, and in accordance with your paediatrician, who will evaluate the amount of fluoride present in the water in your area, it could be useful to administer fluoride to your child.

The administration of fluoride, if done correctly, has shown to also reduce the incidence of decay in permanent teeth, reinforcing the enamel and reducing the formation of “bacterial plaque”.

Furthermore, accurately looking after milk teeth helps in the correct development of the dental arch and for the permanent teeth to find the right space when it is their turn to erupt. It is for this reason that milk teeth are also important and must be looked after.



# THE PAEDIATRICIAN

After the birth of a baby, boy or girl, the choice and the help of a specialist doctor (paediatrician) is very important, whether it is following each step of the baby's health and growth, or for giving expert advice to the parents when confronted with any doubts as they arise.

## What are the possibilities to be able to have access to a paediatrician?

Italian citizens resident in Italy and foreigners in possession (or have asked for renewal) of the foreigners permit of stay (permesso di soggiorno) for whatever motive, must register their child with the Italian National Health (Servizio Sanitario Nazionale –SSN-) and choose an appropriate paediatrician for the child.

The choice of the family paediatrician is made at the counter window marked "Scelta e revoca del Medico" (Choice and revocation of the Doctor), at the appropriate ASL. The paediatrician is part of the SSN and it is a service without charge. The paediatrician's duty is to look after the health of your child.

The majority of the family health centres also offer free paediatric visits. They provide a complete team: paediatrician, gynaecologist, midwife and mother-craft specialist, sociologist and health care professional, psychologist, etc. A lot of these centres also have cultural mediators.

For up to date information regarding the access to medical treatment for those persons who are living in the Italian territory and who do not have the foreigners permit of stay (permesso di soggiorno), they should seek the advice of, or contact the ASL where they reside and/or the organizations who look after the health of the immigrant population.

## an INDEPTH EXAMINATION

### SUDDEN INFANT DEATH SYNDROME – SIDS

#### LITTLE STEPS TOWARDS ITS PREVENTION

SIDS means the sudden unexplainable death of a child under the age of one year.

In Italy after the neonatal period, SIDS is the principle cause of death during the first year of life.

The causes, not all known, are many and not one works alone. The preventions are based on guaranteeing good environmental and care conditions (for the baby), both of which have shown to be helpful in reducing the risk. In particular the following five simple steps have proved to be effective:



**YES**



Air the baby's room often and do not over-heat;

**YES**



Put the baby to sleep lying on his back, stomach up.

**NO**



Don't excessively cover the baby when sleeping.

**NO**



Do not smoke in the home.

**YES**



Even the use of the dummy while sleeping can reduce the risk of SIDS.

Sleeping lying in the stomach up position does not increase the risk of suffocating through regurgitation because the baby by itself will turn his head to the right or to the left.

- During the first weeks of life it is preferable that the baby does not sleep in your bed because of the danger of suffocation whilst sleeping. It would be better to have your baby sleep in a bassinette or a cot in your bedroom. If you choose to have your baby sleep with you, make sure that you respect all of the other recommendations for his protection.
- Don't let the baby slide down toward the foot of the cot and under the covers.
- Accordingly, the bassinette or cot must not be too big and the mattress must be the same size, and not too soft; also you must lay the baby in a way that his feet touch the bottom of the bassinette or cot so that he cannot slide down.
- Don't have the baby sleep on a divan or sofa (also because of the danger of falling), on stuffed cushions or quilts, or have soft objects nearby, such as plush toys (for example teddy bears), or padding, to avoid the danger of ingesting a foreign body. In particular the pillow should be very thin.
- It is very important not to have the baby sleep in a room that is very hot. The ideal room temperature should be approximately 20°C. Also pay attention to the baby's clothes and bed covers: avoid over dressing the baby or having too heavy blankets and covers, making him too hot.
- The air must also be free of cigarette or cigar smoke;

- therefore don't smoke in the home and do not allow others to smoke.
- In the use of the dummy while sleeping it is important that it be given only one month after birth (so not to interfere with the beginning of breastfeeding), and to stop its use by the end of the first year (to avoid disturbances in the proper development of the teeth).

## 8. Small and fragile: how to protect them

From the beginning the baby's safety depends on your lifestyle and your behaviour.

In fact when the baby is very tiny his safety and the prevention of accidents depends on the care and attention given by the adults, who must keep him away from danger and remove all of the conditions that could represent a risk. These correct procedures not only serve to protect the baby, but also contribute in a positive manner towards his growth and progressive independence.

During the first months the supervision given directly to the infant and the adoption of cautionary measures are fundamental.

In the successive months, when the baby will have slowly acquired new capacities (rolling, crawling, able to hold objects, etc), the acquisition of low risk behaviour will be very much influenced by the good examples given by the adults and their verbal and non verbal communications.

Easily understood information given to the baby at the right moment when he starts to acquire freedom of movement in the available spaces in the home, helps in the formation of "responsible" behaviour.

As soon as the first steps towards independence outside of the home are allowed, the risks (not always preventable or foreseeable), of accidents, physical harm, and infections, can be even greater than those at home: therefore the attention of the adult must be in proportion to the situation and the environment.

The adult must always be on the alert, but without however, repressing the baby's desire to explore. This also means that the baby confronts little daily traumas, which constitute useful experiences during his growth.

## >> IN THE HOME

The home is seen by most adults as the most protective and secure environment for the newborn baby, but this is not always the case.

**Burns** happen nearly always in the home and in general are caused by:

### CHINA

The welcoming of the newborn baby is celebrated by family and friends one month after birth, with presents of all kinds: money, clothes and games. It is local tradition that the maternal grandmother gives the little baby one or more bracelets with a little bell attached, generally worn around the ankle. The little bell has many uses:

its tinkling keeps the bad spirits away;  
it infuses strength and courage into the baby;  
it helps to keep watch over the little one because one is aware of the baby's every movement;  
it is a reassuring presence when mummy is not nearby

- the water used to wash the baby is the wrong temperature, especially when giving a bath: the ideal water temperature is between 35.5°C and 37°C, and is easy to measure, even only with your arm (see the paragraph on bathing). The biggest risks are run when the hot water tap is suddenly turned on with the baby already in the bath or in the sink; or when he starts to walk, finds the bidet and turns on the hot water tap to play with the water. The risk of becoming too cold is less with a sudden burst of cold water;

- placing the bassinette or the baby capsule too near a source of heat (stoves, radiators), or the incautious use of pots, pans, coffee pots, teapots, very hot food and even more if liquid, when holding the baby in your arms;

- leaving the bassinette or pram unattended on the balcony, in the garden or on the beach with the consequent risk of sunburn by being left in the direct sun;

**Trauma from falls** is another risk for the baby in the home: falls from the changing table, from the bed, from the sink, or when tak-

ing the baby from the baby bath to the changing table, from falling out of the pram or the baby capsule, from high places, on roads with a steep decline.....

**Attention: every piece of equipment fitted with locking brakes or positioning devices must only be used for its specific purpose.**

When using a baby seat that can be connected to different bases (in the home or outside), it is important to make sure it is securely fixed to its base.

**Bruises and injuries** are only some of the risks that will confront a baby in the home, caused by objects carelessly left on benches near the bassinette or cot, or by solid objects or toys thrown by brothers or sisters when away from the watchful eye of adults and who are too small to understand the danger these objects can cause.

**Attention: The bassinette, cot and pram must always be under surveillance whenever a brother or sister under the age of 3 to 4 years is near the newborn baby.**

Toys with blunt or sharp parts, ribbons, cords, etc., or plastic materials (polystyrene, etc), are things which can suffocate or strangle a newborn baby; likewise giving sweets, candies, chocolates and solid foods can be dangerous.

**The accidental swallowing** of buttons, parts of toys, caps of small dimensions are quite common events.

A baby is exposed to **the risk of inhalation** when having a bath and when having his bottom cleaned.

Inhaling water, dust, talcum powder, bath oils or body oils through the nose can cause pneumonia.

## >> WHEN TRAVELLING

### By car

Excluding the perinatal period accidents are the first cause of death in children from 0-14 years of age. Approximately 37% of deaths are in car accidents and nearly half of these deaths are caused by not using baby seats or seat belts, or by their incorrect use.

The baby can be placed back to front on the front passenger seat or placed on the back passenger seat of the car. In both cases the

baby seat must be correctly fixed in place on the passenger seat with its safety belt.

All other methods (the newborn infant in the arms of an adult, the baby seated on the back passenger seat, etc.), are prohibited by Italian law and do not guarantee sufficient protection in the case of sudden braking or the collision with another vehicle.

The baby runs the same risks, often greater when the carry cot is placed on the back passenger seat with him lying in it, even if the cot is blocked by the seat belt.

Therefore, it is important not to use the baby's carry cot, with the

baby in it even on short journeys.

#### ATTENTION:

the use of protective devices (car seats, baby capsules and adjusters) is fundamental from birth, even for short stretches, for the prevention of traumas and the risk of death in case of accidents. If your baby seat is placed on the front passenger seat, you must remember to deactivate the airbag on that side of the seat.



## Protect your child from auto accidents.

In the car, securely fastening the car seat is the best way to prevent injury: a correctly secured child runs five times lower the risk than a child who is not.

Use the car seat every time you use your car, even for short trips.

Use an approved car seat that is suitable for your child's weight.

Replace the car seat as your child grows.



### Group 0

For infants under 10 kg. They should be facing towards the rear of the car, or facing forward if the infant weighs at least 6 kg.

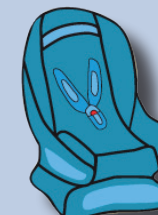
This group also includes the baby capsules that have to be secured with seat belts.



### Group 0+

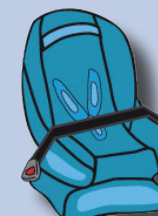
For infants under 13 kg.

These have the same characteristics as the above group but provide more protection for the head and legs.



### Group 1

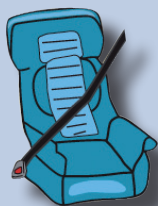
For infants weighing between 9 and 18 kg. These are forward facing and are secured with car seat belts.



## Group 2

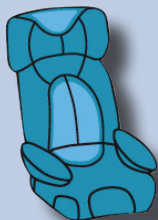
For infants weighing between 15 and 25 kg.

Cushioned with armrests (a clip is used with the car seat belts and secured at the shoulders).



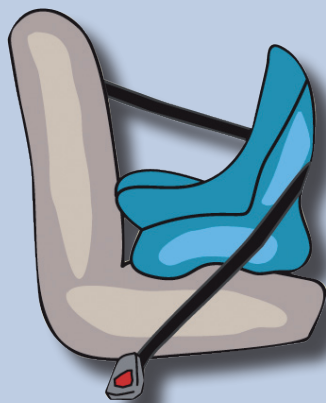
## Group 3

For infants between 22 and 36 kg. Cushioned, without armrests, to use on the seat of the vehicle that raises the child high enough to use the regular seat belts.



- Be careful when using second-hand car seats, always make sure they are still perfectly safe.
- Make sure that your child's car seat is installed correctly.
- Position the car seat in the back; the center is the best place.
- Never place the car seat where there is an activated air bag.
- Position the car seat facing the rear when your infant is very small (under 10 kg).

Lead by example: always fasten your seat belts in the car and drive carefully. If your child does not want to use the car seat don't be persuaded by protests: he will soon understand that the car seat is the only choice in the car and that there are no exceptions when it comes to safety!



*Extract from the booklet*

*"Il tuo bambino è nato: impara a proteggerlo"*

*("Your baby is born: learn to protect him")*

Laziosanita – ASP Agenzia di Sanità Pubblica (ASP Public Health Agency)



## >> OTHER MEANS OF TRANSPORT

The risk of traumas is greater if the newborn baby is travelling on a bus, the metro and on a train. In these forms of transport it is better to carry the baby in a well attached marsupial and move with extreme care, making sure not to squash him and not to fall.

The same precautions must be taken when travelling in aeroplanes and ships. The marsupial protects the baby from the risk of jolts, but also from risks connected to the environment found in waiting rooms (especially in train stations), to the changes in temperature,

to infections transmissible through the air, etc...

When travelling by plane, it is also recommended to take a few precautions on take off and landing ( such as give your baby the dummy or feed him), to help soothe the pain in the ears caused by the change in air pressure.

## 9. If mummy is a little “down”

The birth of a baby is not always an immediate reason for joy and excitement. As a matter of fact it can happen that you, mummy will have mood swings of unhappiness, anxiety, of wanting to cry for no reason, irritability, tiredness, headaches and a sense of inadequacy, especially in regards to the baby. If this happens to you, don't be surprised and above all don't be ashamed and don't feel guilty because there are many mothers who experience this mild depression, called “Baby Blues”, which will resolve itself in a matter of days or a week.

Try to talk with a person qualified to help you. It could be your gynaecologist or someone from the Family Advisory team. Exchanging your feelings and experiences with other mothers can be of great help. In these unhappy moments we think that the problem is only our own but this is not true. Sharing the same states of mind is comforting and helps you to regain your self confidence. Try not to withdraw into yourself. If you do not feel that your first cry for help was satisfactory or encouraging, then try another path, another person to listen to you. You have every right to be happy together with your baby and your companion or husband. You could change gynaecologist, look for a doctor, talk with another girlfriend, try another way to explain your feelings to your partner, talk to a spiritual advisor, have a long telephone conversation with your mother and try many other little moves in accordance with your aspirations, needs, values and beliefs. Remember that your little one who has come out of your belly is totally in symbiosis with you and is therefore incredibly sensitive to your emotions. It is useless trying to hide these emotions. This intense relationship between mother and child will last for at least the first 3 years of your baby's life. And it will remain with you both.

In a small number of women (and we are talking about more than 10% - which is quite a lot), a more severe type of depression can happen, called post partum depression and it can be serious. The symptoms and signs can be in part the same as those of “baby

blues”, but are more intense and last longer. There can also be other symptoms that can heavily interfere with your normal way of life. You might feel very tired, have a sense of sluggishness or failure, feel indifferent towards yourself and your baby, or on the contrary be excessively preoccupied, have little interest in any sexual activity, experience very severe mood swings, changes in your thinking capacity or concentration, insomnia or need to sleep longer, want to withdraw from your family and friends.

Even in these circumstances you do not need to feel inadequate or guilty. Above all you must not feel ashamed to speak with someone, especially a doctor to help you find a way to overcome this painful period. There are many options at your disposal from medicines to counselling, which can help you through a condition that otherwise can continue for many months.

It is important not to wait too long. Timely intervention can save you a period of great suffering, and save you from putting at risk the development of a healthy relationship between you and your baby.

However, in those rare cases where there is a risk of the said “depressive psychosis”, the look for help must be “immediate”. Luckily, this is very rare, but it can put the life of both mother and child at risk. When this condition occurs, to the symptoms of depression are added the fear of doing harm to yourself or to your child, confusion and disorientation, hallucinations and paranoia.

Why does all of this happen? The causes can be many: hormonal factors, social emotions linked to a certain lifestyle can temporarily cause problems. But whatever is the cause, it is important to know that it is not connected to a weakness of character or to a fault of yours, or your incapacity to be a good mother. It is simply something that can happen when one gives birth to a baby and feels all alone. With the right help, recovery can be quick and you can finally enjoy your baby.

#### NIGERIA

On the fortieth day after the birth of the baby the parents prepare sweets and they distribute these to the neighbours to celebrate the end of the mother and child’s vulnerable period, a period that symbolically determines the second birth of the little one, the social one.

## USEFUL INFORMATION FOR THE FUTURE MOTHER

### The expectant mother has the right

to free treatment in all public hospitals and all accredited maternity clinics, for certain clinical and laboratory tests, for specific specialist visits, for childbirth classes in Family Planning centres and recovery for the birth and treatment of any subsequent illnesses.

### Registration of the baby’s birth must be done:

- within 10 days after birth at the registry office (anagrafe) of the municipality where the mother is resident, or in the municipality where the birth took place.
- or
- Within 3 days after birth at the administrative offices of the hospital where the baby was born.

The necessary documents are: the baby’s birth certificate issued by the hospital and an identification document from each parent (consult the law currently in force).

### The foreign pregnant woman

who does not have a foreigners permit of stay (permesso di soggiorno) can ask for it for the period of her pregnancy and for the six successive months after the birth of the baby, by taking to the police station (questura) a medical certificate stating the month of the pregnancy and the presumed date of birth.

### Women in very difficult situations,

can ask for help at the Local Councils (communes, municipalities, territorial services), or specific Associations that provide help and social support, psychological and in some cases economical, and they have the right to give birth in a hospital and to choose to recognise or not the newborn baby. This is not considered a legal offence and does not expose the mother in any way to be reported to the authorities, and her anonymity is absolutely assured. Before the birth the woman must specify that she does not intend to recognise the newborn baby. The baby will remain in hospital and within a short time will be entrusted to a family who will take care of him or her. If the woman decides not to recognise the newborn after the birth, she can leave the baby in the hospital when she departs.

## TO KNOW MORE

### Recommended websites and publications

**Un Pediatra per amico**  
rivista bimestrale Edifarm

**Il tuo bambino è nato: impara a proteggerlo**  
Piano Regionale della Prevenzione degli incidenti stradali e domestici – Regione Lazio

**Guida alla maternità libera e responsabile**  
Comune di Roma, Politiche della Multietnicità  
[http://www.stranieriinitalia.it/guida\\_alla\\_maternita\\_in\\_6\\_lingue.html](http://www.stranieriinitalia.it/guida_alla_maternita_in_6_lingue.html)

**UNICEF**  
<http://www.unicef.it>

**La leche league nel mondo**  
<http://www.lalecheleague.org/>

**SaPeRiDoc**  
Centro di Documentazione sulla Salute Perinatale e Riproduttiva  
<http://www.saperidoc.it/>

**Department of Health – Publications**  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_074924](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074924)

**MedlinePlus: Postpartum Depression**  
<http://www.nlm.nih.gov/medlineplus/postpartumdepression.html>

**Salute Emilia-Romagna - Saluter - “Per loro è meglio”, opuscolo in dodici lingue**  
[http://www.saluter.it/wcm/saluter/pubblicazioni/tutte\\_le\\_pubblicazioni/allegati\\_pubblicazioni/pagina\\_prevenzione/sids/pagina\\_sids.htm](http://www.saluter.it/wcm/saluter/pubblicazioni/tutte_le_pubblicazioni/allegati_pubblicazioni/pagina_prevenzione/sids/pagina_sids.htm)

**UNICEF UK Baby Friendly Initiative**  
<http://www.babyfriendly.org.uk/>

**Food Standards Agency - Eat well, be well - Babies**  
<http://www.eatwell.gov.uk/agesandstages/baby/>

**Genitori Più – Campagna per la promozione della salute fisica e psicologica del bambino**  
<http://www.genitoripiù.it/>

**Nati per Leggere**  
<http://www.natiperleggere.it>

**Nati per la Musica**  
<http://www.natiperlamusica.it>

**Associazione Culturale Pediatri**  
<http://www.acp.it>

### The following collaborated in writing and editing this text:

Dr. Giovan Battista Ascone, Dr. Anna Di Nicola, Dr. Carla Mauro, Dr. Maria Grazia Pompa – Ministry of Labour, Health and Social Policies – General Direction for Care of Public Health

Dr. Fiorenza D’ippolito former Director of the Office for Protection of the Health of Women and Children of the former Ministry of Health

Dr. Riccardo D’Avanzo – IRCCS – Ospedale Burlo Garofalo, Trieste

Dr. Luigi Greco – FIMP – Italian Federation of Paediatric Doctors

Maria Cristina Lago - CALENDARA Association

Prof. Franco Macagno – SIN – Italian Society for the Newborn

Dr. Vaifra Palanca Office of the Prime Minister

Dr. Maria Edoarda Trillò Maternal Infantile Department, ASL Rome C

### Intercultural Editorial Committee:

Adela Ida Gutierrez

Project Scientific Consultant and Committee Coordinator

### Team Members:

Mercy J.Chilling Banchetti, Marcela Bulcu, Suzanne Diku, Mary Onyemaechi Ebonine, Esther Haile, Bistra Kirkova, Syeda Salma Akhter Zaman, Maria Edoarda Trillò, Zana Toka

### Graphics:

LINEA BASE – COMUNICAZIONE D’IMMAGINE

### Illustrations:

Cecilia Tomassi







This booklet, edited by the  
Associazione Candalaria - donne immigrate,  
was translated into English by  
Charmion Carroll

The booklet is also available in the following languages:

French  
Portuguese  
Spanish  
Polish  
Rumanian  
Chinese  
Tagalog  
Arabic  
Albanese

## **Under the patronage of:**

**ACP** - Associazione Culturale Pediatri

**F.I.M.P.** - Federazione Italiana Medici Pediatri

**INMP** - Istituto Nazionale per la promozione della salute delle popolazioni Migranti e per il contrasto delle malattie della Povertà

**S.I.M.M.** - Società Italiana di Medicina delle Migrazioni

**SIN** - Società Italiana di Neonatologia

**SIP** - Società Italiana di Pediatria

**UNICEF**