



Caring for Infants Then & Now

1935 TO THE PRESENT



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PREFACE

To celebrate the 75th Anniversary of Title V of the Social Security Act, the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) developed *Caring for Infants: Then and Now* to highlight the Bureau's longstanding commitment to high quality information for parents. This publication provides snapshots of infant care recommendations selected from *Infant Care*¹, published by the Federal Children's Bureau in 1935, and *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*², published by the American Academy of Pediatrics in 2008 under a cooperative agreement with the MCHB.



Infant Care was first published by the Children's Bureau in 1914 in response to high rates of infant death found throughout the country³. The pamphlet provided mothers with up-to-date information, with the goal of improving babies' health and preventing infant deaths. At the time, many women learned how to care for their children through motherly and peer advice, cultural traditions, and trial and error, rather than written resources. *Infant Care* was the first government publication of its kind, and it became a Children's Bureau "bestseller." In 1935, the year Title V of the Social Security was enacted, over 8 million families received a copy of *Infant Care*⁴. By the final 1989 edition, several hundred million copies had been distributed.

While some messages have remained consistent over time, others have changed, reflecting the evolution of both scientific knowledge and attitudes about the roles of parents vis-à-vis professional "experts." Since the first edition of *Infant Care* to the current *Bright Futures*, the Federal government has continued to support parents, families, and caregivers with up-to-date information about their infants' health and development.

References

- 1 United States Department of Labor. *Infant Care*, Children's Bureau Publication No. 8, Washington, DC: U. S. Government Printing Office; 1935.
- 2 Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics; 2008.
- 3 Reed J. Infant care - then and now. *Children Today*. 1981; Jan/Feb: 16-20.
- 4 U.S. Department of Health, Education, and Welfare. *The Story of Infant Care*. Washington, DC: U. S. Government Printing Office; 1965.



BATH TIME

In 1935 Infant Care advised...

A healthy baby should be bathed everyday. During the first two weeks this and all the matters pertaining to the care of the baby usually are under the supervision of the doctor or nurse. The full tub bath may be given as soon as the scar where the navel cord was attached has fully healed. For some weeks a tiny baby may be bathed in a basin or bowl; after that he should have a tub bath.

The mother may find it more convenient to give the bath before the mid-morning feeding, after the bowels have moved. Never bathe a baby within an hour after feeding. Sometimes it may be more convenient to give the bath at night, just before the baby's bedtime. The water should be slightly above body heat; that is about 105°F. A bath thermometer that floats is useful, but if none can be had the mother may test the temperature with her elbow. When the water is neither hot nor cold it will be comfortable for the baby. Never add hot water to the bath while the baby is in the tub. Never put the baby into the bath while the tub is standing on a stove or heater; he might be seriously burned in this way. Never bathe a baby close to the kitchen stove. Never leave a young baby alone in the tub.

Bright Futures now recommends...

Your baby's skin may not need to be washed with soap daily. However, "cradle cap" can be prevented with frequent washing of the scalp.

To protect your baby from tap-water scalds, the hottest temperature at the faucet should be no higher than 120°F. Before bathing the baby, always test the water temperature with your wrist to make sure it is not too hot.

Never leave your baby alone in a tub of water. A bath seat or bath ring is not a safety device and is not a substitute for adult supervision.

A newborn baby's skin is sensitive. Using fragrance-free soaps and lotions for bathing, and fragrance-free detergents for washing clothes will reduce the likelihood of rashes. In addition, oils and heavy lotions tend to clog pores and increase the likelihood of rashes. For areas of dry skin, such as creases and feet, moisturizing lotions are recommended. Powders are not recommended because of the possibility of inhalation and possible respiratory problems.



INFANT SLEEP

In 1935 Infant Care advised...

A very young baby should sleep from 20 to 22 hours out of the 24; during the second and third months about 18 to 20 hours. It should be remembered that babies vary in their needs for sleep. Some require less than these amounts; some require more. The baby should be trained from birth to have his longest unbroken sleep at night. He should always sleep in a bed by himself, and whenever possible in a room by himself, where he need not be disturbed by the presence of other persons and where light and ventilation may be adjusted to his particular needs.

A baby should never be put to sleep in all of his clothes. Before going to bed at night he should be sponged off with a wash cloth wrung out of lukewarm water. He will sleep better both day and night if he is comfortable. Never allow a baby to go to sleep with anything in his mouth. He should not be allowed to suck a pacifier, nor his fingers, nor even his bottle.

Bright Futures now recommends...

At this age, newborns usually lack a day/night schedule and sleep for a longer stretch during the day. Your baby will need help from you and other caregivers to develop sleep and feeding routines. Putting your baby down to sleep in the same place every time and establishing a regular routine for feeding and sleeping will help him get on a schedule and will help him sleep at night.

To reduce the risk of SIDS, it is best to always have your baby sleep on her back, not on her tummy or side.

Do not use loose, soft bedding (blankets, comforters, sheepskins, quilts, pillows, pillow-like bumper pads) or soft toys in the baby's crib, because they are associated with an increased risk of SIDS. Thin blankets can be used to swaddle the baby, or in a crib if the blankets are tucked in under the crib mattress.

It is also a good idea if your baby sleeps in your room in her own crib (not in your bed). If you breastfeed or bottle-feed your baby in your bed, return her to her own crib or bassinet when you both are ready to go back to sleep.

Remember to choose a crib with slats that are no more than 2 3/8 inches (60 mm) apart and with a mattress the same size as the crib. A crib should be certified by the Juvenile Products Manufacturers Association.

Using a pacifier during sleep is strongly associated with a reduced risk of Sudden Infant Death Syndrome (SIDS).



MEDICAL SUPERVISION

In 1935 Infant Care advised...

To keep a baby well there should be continued supervision by a doctor trained in the care of babies. The mother can not know nor recognize many of the early signs of trouble because she is not trained to do this and because she is too near the baby and sees him too often to realize that any change is taking place. The doctor, who sees the baby once or twice a month, looks at him with a trained



eye and can see whether he is as rosy as usual or is becoming a little pale, whether he is as active as he should be, or whether he shows other early signs that are the forerunners of trouble. A mother can not know just when her particular baby needs to have his food changed or increased, nor when is the best time for her baby to be protected from diphtheria and vaccinated against small pox. Such things as these the doctor will know, and his advice is of the greatest importance to every mother who would keep

her baby well. The doctor's supervision of a baby should begin as soon as the baby is born.

Regular visits to the doctor should be made for three purposes: (1) Weighing (weekly); (2) advice (monthly); (3) health examinations (every four months). The mother and baby should be seen by the doctor whether at his office or at a well-baby conference, at least once a month, and oftener if the baby is not doing well or if he is artificially fed so that the baby's diet may be discussed as well as his habits of eating, sleeping, exercise, outdoor life, and elimination.

Bright Futures now recommends...

The first priority of every health supervision visit is to attend to the concerns of the family. Many parents are aware of developmental delays or irregularities before they are told them by a health care professional. Their concerns must be promptly responded to, and an appropriate evaluation must be initiated.

The number of newborn health supervision visits will depend on the mode of delivery and the presence of maternal and neonatal complications.



Bright Futures Guidelines recommends at least a prenatal visit, newborn visit, first week visit, and follow-up visits at the first, second, fourth, sixth, and ninth month of life during the infancy period.





INFANT IMMUNIZATIONS

In 1935 Infant Care advised ...

The large majority of babies are well when they are born. The universal problem is how to keep them well. Many diseases of babyhood are much less common today than they used to be because modern science has found out how they can be prevented. Some diseases can be prevented by feeding the baby properly and by giving him plenty of sunlight and some by vaccinating or inoculating him with a protective substance.

Every baby should be vaccinated against smallpox before he is 12 months old. This should be done whether there is any smallpox in the community or not, as the disease may break out when least expected.

Every baby should be immunized against diphtheria when he is six months old or as soon as is possible. This is done by the injection of three doses of toxoid or toxin-antitoxin. Six months later the baby should be given the "Schick test" to see whether the treatment has protected him against the disease. In the majority of babies thus treated the test shows that the baby has been protected, but in a few the test will show that they need to have the injections repeated. Be sure to have the Schick test done and find out whether your baby is safe.

Bright Futures now recommends...

The value of immunizations in avoiding preventable diseases and disease complications is an important discussion for providers to have with parents.

For the immunization schedule, Bright Futures uses the most current recommendations of the CDC National Immunization Program (<http://www.cdc.gov/vaccines>) and the American Academy of Pediatrics Red Book (<http://www.aapredbook.org>). In 2010, these sources recommended immunizations in the first year of life to protect against hepatitis B, tetanus, diphtheria, pertussis, polio, *Haemophilus influenzae* type b, pneumococcus, and rotavirus.



PREVENTING ILLNESS

In 1935 Infant Care advised...

Prevention of Colds

Babies are very susceptible to common colds and are frequently made very ill by what is “just a cold” in adults. All persons having colds or coughs should be kept away from the baby. No one should lean or talk over a baby, or breath in his face, since breath carries a fine spray which may be loaded with germs. Some persons though they apparently have no colds themselves, are carrying germs in their noses or throats which will produce disease in a baby.

Avoid overheating of the rooms in which a baby lives. Keep the air fresh by leaving a window open a little way. Do not overheat the baby by wrapping him up too warmly when he goes out. If he perspires too freely outdoors he may be chilled when he comes indoors and has his wraps removed. Never take a baby into a crowded place, for some one in the crowd may have a cold and the baby is likely to catch it. Do not let the baby get too tired.

Bright Futures now recommends...

One of the most important steps in keeping your baby healthy is to wash your hands frequently with soap and water or a non-water antiseptic, always after diaper changes and before feeding your baby. You also should ask all family members and guests to wash their hands before handling the baby.

Newborns are susceptible to illnesses in the first few months of life and need to be protected from anyone with colds or other illnesses. Outings to faith-based activities, restaurants, and movies should be considered carefully and avoided during cold and flu season.

Avoid crowded places, overdressing, and exposure to very hot or cold temperatures.

As long as you wash your hands before breastfeeding, you can continue to breastfeed through most illnesses that you or your baby have.

INJURY PREVENTION

In 1935 Infant Care advised...

How to Prevent Accidents: Burns

Burns are far too common in infancy. They should be prevented by keeping the baby away from the stove, open fires, and gas or electric heaters. Keep him in his crib or in a play pen, at a safe distance from any heater. Never bathe him



close to the stove, as tragic accidents have been caused by overturned kettles of hot water.

How to Prevent Accidents: Poisonings

Keep all bottles of medicines or boxes of pills on high shelves or in cupboards well out of the baby's reach. Do not leave the bottle of iodine on the washstand or table. Keep the kerosene can in a closed cupboard or other safe place. A baby who bites his painted crib or other piece of painted furniture may get lead poisoning; he should have an unpainted wooden crib or one painted with paint containing no lead.

Never use a baby powder containing stearate of zinc unless ordered by your doctor. Never give a baby a can of baby powder as a plaything, even one that is apparently empty. If he puts the top in his mouth he may inhale the powder. If stearate of zinc is inhaled, a serious and often fatal form of pneumonia develops.

Always keep such poisons as lye on high shelves out of the baby's reach. Never leave a can of lye on the floor or in any place where a creeping child might get hold of it. Lye causes a type of burn in the mouth and throat that may result fatally. To avoid gas poisoning, be sure that gas fixtures do not leak and that lights that might be blown out accidentally are not left burning.

Bright Futures now recommends...

Promoting safety and preventing injuries is a continuing task for parents during the first year of their child's life. Although suffocation and motor vehicle crashes are the most common causes of unintentional injury and death during this age, the infant also is at risk of other injuries, including falls, fires and burns, poisoning, choking, and drowning. Each of these tragedies is preventable, and appropriate counseling can provide parents with the knowledge and strategies for reducing the likelihood that these injuries will occur.

- Always put your baby down to sleep on his back, not on his tummy or side.
- Always use a rear-facing car safety seat to transport your baby in all vehicles.
- It is very important for your baby's health that your home, vehicle, and other places the baby stays are smoke-free.
- Do not drink hot liquids while holding the baby.
- Always keep one hand on your baby when changing diapers or clothing on a changing table, couch or bed, especially as she begins to roll over. Falls are the most common reason for emergency room visits for injury.



BREASTFEEDING

In 1935 Infant Care advised...

The way the baby is fed during the first year of life may make him either strong and healthy or weak and sickly; wrong feeding may even be the cause of his death. For this reason a physician experienced in the care and feeding of infants should be consulted as soon as the baby is born and at regular intervals thereafter; at least once a month if the baby is breast fed and more frequently if he is artificially fed. He will advise the mother with regard to all the details of feeding. For the sake of the baby's health the doctor's advice should be followed with the greatest of care.

Breast milk is easily assimilated, cheap, clean, and convenient. No other thing has a greater influence on the development and health of the baby than breast feeding. Breast feeding gives a baby a better chance for life and for steady and normal growth. The death rate of babies not breast fed is higher than the death rate of breast-fed babies.



Bright Futures now recommends....

Breastfeeding is recommended for infants during at least the first year of life, because of its benefits to infant nutrition, gastrointestinal function, host defense, neurodevelopment, and psychological well-being. Cultural factors may influence breastfeeding initiation and success. Parents need practical support for breastfeeding, as well as culturally-appropriate information and guidance.

Breastfeeding during the first 4 to 6 months of life provides ideal nutrition and supports the best possible growth and development.

You should feed your baby when she is hungry. A baby's usual signs of hunger include putting her hand to her mouth, sucking, rooting, pre-cry facial grimaces, and fussing. Crying is a late sign of hunger. You can avoid crying by responding to the baby's more subtle cues.

In the first days of life, your baby should be encouraged to breastfeed about 8 to 12 times in 24 hours to help the mature breast milk come in.



Feed your baby until she seems full. Signs of fullness are turning the head away from the nipple, closing the mouth, and relaxed hands.

Burp your baby at natural breaks (e.g., midway through or after a feeding) by gently rubbing or patting her back while holding her against your shoulder and chest or supporting her in a sitting position on your lap.



Because alcohol is passed into the breast milk, it is important for mothers to avoid alcohol for 2 to 3 hours before breastfeeding or during breastfeeding.

If you do not know your HIV status, it is a good idea to get tested; if you are HIV positive, it is possible to prevent transmission of the virus to your baby.

Healthy babies do not require extra water, as breast milk and formula (when properly prepared) are adequate to meet the newborn's fluid needs.

BREAST MILK ALTERNATIVES

In 1935 Infant Care advised...

Artificial Feeding

Every baby should be under the supervision of a doctor, and at no time is this more necessary than when artificial feeding is begun. During the first six months of life there is no perfect substitute for breast feeding. Therefore no baby should be taken off the breast during this time unless there is a good reason. After the baby is 6 months old artificial feeding can be begun more safely, but it is best that a baby should be at least partly breast fed until he is 8 or 9 months old.

The most important problems in connection with artificial feeding are: (1) The choice of good milk supply; (2) the planning of the milk mixture so that it may be adequate in quantity and quality; (3) preparation of the milk mixture so that it may be safe and digestible. The problem of the milk supply may be met by buying a good grade of milk (certified or grade A) that has been pasteurized. Cow's milk is most commonly used, but in some sections of the country goat's milk is more abundant and may be used satisfactorily. The doctor should decide upon the ingredients of the feeding and upon the amounts to be used. It is the consensus of the opinion among child specialists to-day that any milk or milk mixture fed to a baby should be boiled to render it absolutely safe and at the same time more digestible.



Wet Nurses & Breast-Milk Agencies

Some newborn babies, especially those prematurely born, and some babies who are very delicate or who suffer from chronic digestive disturbances can not be made to thrive on artificial food. If such babies can not be nursed by their mothers it is wise to provide breast milk, either by engaging a wet nurse or by buying breast milk from a hospital or a breast milk agency. In some large cities there are agencies where breast milk can be bought or wet nurses engaged. In small towns or in the country wet nurses or breast milk can be had by advertising or by inquiring at a maternity hospital in some near-by city. Sometimes breast milk may be obtained from a friend or a relative. It is often more satisfactory to buy breast milk than to employ a wet nurse in the home. If it is bought from an individual, it is desirable that the woman should come to the baby's home, so that there may be supervision of the expression of the milk. All breast milk obtained from an agency or hospital or from a wet nurse or other individual should be boiled and kept on ice in sterile bottles.

BRIGHT FUTURES NOW RECOMMENDS.....

For mothers who are unable to breastfeed their baby or who choose not to breastfeed, iron-fortified formula is the recommended substitute for breast milk for feeding the full-term infant during the first year of life. Cow's milk, goat's milk, soy beverages (not soy formula), and low-iron formulas should not be used during the first year. Reduced fat (2%), low fat (1%), fat-free (skim), and soy milk are not recommended for infants during the first 2 years.

Carefully read the instructions on the formula container. It will give you important information about how to prepare the formula and store it safely. Talk with your health care professional if you have any questions about how to prepare formula or before switching to a different brand or kind of formula.

Prepare 2 oz of infant formula every 2 to 3 hours at first, and then provide more if your baby still seems hungry. As your baby's appetite increases over time, you will need to prepare and offer larger quantities of formula.

It is important to always hold your baby close when feeding, in a semi-upright position, so that you are able to sense her behavioral cues of hunger, being full, comfort, and distress. Hold your baby so you can look into her eyes during feeding.

When you feed your baby with a bottle, do not prop the bottle in her mouth. Propping increases the risk that she may choke, get an ear infection, and develop early childhood caries. Holding your baby in your arms and holding the bottle for her give you a wonderful opportunity for warm and loving interaction with her.

Burp your baby at natural breaks (e.g., midway through or after a feeding) by



gently rubbing or patting her back while holding her against your shoulder and chest or supporting her in a sitting position on your lap.

Because formula is expensive, you may be hesitant to throw away any that is left in the bottle. For food safety reasons, if your baby has not taken all of the formula at one feeding and you plan to continue using it, you should put it back in the refrigerator. Do not mix this formula with new formula. If the formula has been heated and has been out of the refrigerator for 1 hour or more, discard it.

INTRODUCTION TO SOLID FOODS

In 1935 Infant Care advised...

Some of the foods that a baby needs during his first year of life, in addition to breast milk, are as follows:

Cod-liver oil, which is given chiefly because it supplies vitamin D, the factor that prevents rickets.

Egg yolk, which is given chiefly because it supplies iron.

Cereals and bread, which are given because they supply starch, protein, and minerals. Dark wheat cereals and bread are especially valuable for minerals, vitamin B, and roughage.

Stewed fruits, such as prunes and apples, which are given chiefly because they help to regulate the bowels. These fruits also supply iron and other minerals and vitamins A and B and roughage.

Potatoes, which are given because they supply starch, minerals, and vitamin B.

Bright Future now recommends...

Complementary foods, commonly referred to as solids, include any foods or beverages besides human milk or formula. The AAP Committee on Nutrition states that complementary foods can be introduced in infants' diets between 4 and 6 months of age and when the infant is developmentally ready. The AAP recommends exclusive breastfeeding for a





minimum of 4 months, but preferably for 6 months. During the second 6 months of life, complementary foods are an addition to, not replacement for, breast milk or infant formula.

Foods associated with lifelong sensitization (peanuts, tree nuts, fish, and shellfish) should not be introduced until after 1 year or even later.

Your baby may be ready for solid foods when:

- The tongue thrust reflex (pushing food out of the mouth) fades.
- She can raise her tongue to move pureed food to the back of the mouth.
- As she sees a spoon approach, she opens her mouth in anticipation of the next bite.
- She sits with arm support and has good head and neck control so she can indicate a desire for food by opening her mouth and leaning forward.

Your baby can tell you she is full or doesn't want food by leaning back and turning away.

As you begin solids, it is important to feed your baby in a bouncy seat or high chair that is adjusted to make sure your baby's head, trunk, and feet are supported so that you can look at each other.

Introduce single-ingredient new foods, one at a time, and watch for adverse reactions over several days or weeks.

ORAL HEALTH

In 1935 Infant Care advised...

The development of teeth begins at least six months before birth. It is probable that the proper foods in the diet of the prospective mother help to lay the foundation for healthy teeth in the baby and that lack of proper food will deprive both her own and the baby's teeth of some part of their normal vigor. After the baby is born, in order that the teeth may continue to develop normally, it is of the utmost importance that he himself receive the best diet possible, namely, his mother's milk. During the period of breast feeding it is also important that the mother should eat the proper foods and get plenty of direct sunlight.



Teething is a normal process which continues from about the age of 6 months to 2 ½ years. During the time when a tooth is actually coming through the gum the baby may be irritable or fretful and may not eat well, but teething alone rarely accounts for illness or fever. If, during the period from 6 to 18 months when the first 12 teeth are coming through, the baby is feverish or sick, a doctor should be consulted, and the illness should not be attributed to “teething” until all other possible causes such as colds, abscess in the ear, and other diseases have been ruled out by the doctor.

The child’s gums should be firm, dense, and a clear light pink in color, and they should hold the teeth firmly in place. Any sign of a gumboil should be regarded as a danger signal.

Bright Future now recommends...

Sharing spoons and cleaning a dropped pacifier in your mouth may increase the growth of bacteria in your baby’s mouth and increase the risk that he will develop dental decay when his teeth come in.

To protect your child’s eventual dental health, it is important for you to maintain good dental health. Because you may be the source of caries-promoting bacteria for your baby, it is important you visit the dentist, reduce the amount of sugary drinks in your diet, take meticulous care of your teeth through brushing and flossing, and use a fluoridated toothpaste and/or rinse.

The use of fluoride supplements will depend on whether your baby is breast-fed or formula fed, as well as the water source. The local health department may be a resource for information about local community fluoride levels.

To avoid developing a habit that will harm your baby’s teeth, do not put him to bed with a bottle containing juice, milk, or other sugary liquid. Always hold your baby for a bottle-feeding and do not prop the bottle in his mouth or allow him to “graze” (drink from the bottle at will during the day).

If your baby is teething, he may drool, become fussy, or put things in his mouth. A cold teething ring may help ease his discomfort. Talk with a health professional if the symptoms persist.

Early dental care, with the eruption of the first tooth, means using a soft toothbrush or cloth to clean your baby’s teeth with water only.



SUN EXPOSURE

In 1935 Infant Care advised....

When a baby is 2 weeks old put him out of doors for a short time—a half hour to an hour, every day that the weather is pleasant—increasing the time gradually until he is staying out most of the day. Hardly anything will do more to insure a healthy babyhood than outdoor life, and the result will well repay whatever trouble is necessary to give the baby this advantage.

If no porch or yard is available the baby should be placed in a wide-open sunny window for several hours every day in the middle of the day. The room should be well heated and the doors kept closed.

SUN BATHS

Sunlight is necessary for the proper growth of a baby. The growth of a child's bones is dependent not only upon the food that he eats, but also upon the direct sunlight that he receives, for sunlight enables the body to utilize food. If the baby does not get enough direct sunlight and cod-liver oil, his bones will not develop normally, and his muscles will be flabby. He will probably have rickets.



The beneficial effect of sunlight is best obtained when the rays reach the skin directly. Clothing or ordinary window glass keeps out the ultra-violet rays—the rays that prevent and cure rickets. Tanning shows that the sun's rays are reaching the skin directly, but not all babies tan even though exposed to the sun.

Sun baths may be begun when the baby is about 3 or 4 weeks old—outdoor sun baths for the spring and summer baby, indoor sun baths given inside an open window for the late fall and the winter baby.

Bright Futures now recommends....

Because your baby's skin is sensitive, do not expose her to direct sunlight. Sunscreens are not recommended. As much as possible, keep your baby out of the sun. If she has to be in the sun, use a sunscreen made for children. For babies younger than 6 months, sunscreen may be used on small areas of the body, such as the face and backs of the hands, if adequate clothing and shade are not available.



PHYSICAL ACTIVITY

In 1935 Infant Care advised....

The normal baby exercises constantly when awake. At a very early age he throws his arms and legs about aimlessly; he closes and uncloses his hand, stretches himself, and twists his neck. He gets a good deal of exercise by crying; some crying every day does not hurt a baby but is good for him, as it expands his lungs thoroughly and stimulates vigorous use of his arms and legs.

A baby should not be so swaddled or wrapped about with clothing, shawls, and blankets that he can not move every part of the body freely, for this wrapping hampers him in getting his natural exercise. For this reason, also, the baby should not be left in his chair or carriage for any length of time, nor fastened by his clothing or bedding covers in such a way that he can not turn his body nor throw his arms and legs about as he wishes.

A baby should not be taught to walk until he is ready for it and shows that he is. Too early walking may keep the natural bowing of a little baby's legs from straightening out or may actually increase it. (At birth the normal baby's legs are somewhat bowed. As he grows older they straighten unless he has rickets or walks too soon.)



No "baby walker" should be used, nor any other device that forces the baby to walk with the legs spread apart. A baby walker may overtire a child because it holds him too long in a confined space and forces him to take a more or less rigid position.

Bright Futures now recommends....

Physical activity is an essential component of a healthy lifestyle and must begin in infancy and extend throughout adulthood. The first year of life is marked by dramatic changes in the amount and type of physical activity the infant displays. Motor skill development begins with involuntary reflexes that ensure the infant's survival. These reflexes become integrated as the infant gains voluntary control over his body. All infants usually acquire motor skills in the same order, but the rate at which these skills are acquired varies from child to child.

Infants need parents and other caregivers to provide consistent, lively, and developmentally appropriate physical activity. Without adequate physical stimu-



lation, infants adopt more sedentary behaviors and tend to roll over, crawl, and walk later than babies who enjoy physical activity with a parent or caregiver.

Part of the infant's day should be spent with a caregiver or parent who provide both systematic and spontaneous opportunities for active play and physical activity. Parents and caregivers can help the child be active through floor play, supervised "tummy time," and all daily routines, such as diapering, dressing and bathing, pulling to sit, rolling over, lifting arms over head, pulling to stand, and helping to lift a foot for a sock. Games such as pat-a-cake, peek-a-book, and "how big is baby?" all encourage active movement of the infant.



Giving infants freedom of movement encourages them to explore their environment and learn about their surroundings. Playpens, wings, and infant seats may be appropriate at certain times, but parents should be encouraged to let the infant move around freely with close supervision. Infant walkers and jumpers and car safety seats should not be used as positioning devices in the home.

When babies are awake, they enjoy looking around their environment and moving their bodies. One of the first skills babies must learn is holding their head up. One of the ways babies learn to do this is through "tummy time." Although babies need to sleep on their backs, we want to encourage them to play on their tummies. Having them lie on their father's chest and look up into the face is a good activity in their first month. Tummy time also can help prevent the development of a flat area on the back of the head.

Infant walkers should not be used by young children at any age. They are frequently associated with falls and can slow development of motor skills in children.

TRAVELING WITH BABY

In 1935 Infant Care advised...

Any trip with a baby should be carefully planned. During the journey try not to let anything interfere with the baby's regular feeding, bathing, sleep, exercise, elimination, and frequent change of diaper. Wash his hands and face several times each day. Do not let strangers handle him. Keep him as cool and quiet as possible.



A market basket is more comfortable for the baby than his mother's arms and more convenient for the mother. The basket should have a handle low enough to hold him safely inside. Arrange the basket like a bed, with a thin mattress, rubber sheeting, sheets, blankets, and if desired, sleeping bag. A cotton mosquito netting should be brought along to cover the basket. A young baby can stay in the basket throughout the journey except when it is time for changing the diaper, feeding, bathing, exercise, or other care.

For an automobile trip a small hammock should be used. Various types of this hammocks for this purpose are on the market.

The easiest child to feed on a journey is the breast-fed baby. The bottle-fed baby presents a problem, for his milk must be boiled and the bottles sterilized.

Bright Futures now recommends...

A rear-facing car safety seat that is properly secured in the back seat is the best place for your baby to ride in the vehicle. Parents should not place their baby's car safety seat in the front seat of a vehicle with a passenger air bag, because the air bags deploy with great force against a car safety seat and cause serious injury or death.

The harnesses should be snug and the car safety seat should be positioned at the recommended angle so that the baby's head does not fall forward. Babies with special needs, such as premature babies or babies in casts, need special consideration for safe transportation.

Your baby needs to stay in his car safety seat at all times during travel. If he becomes fussy or needs to nurse, stop the vehicle and take him out of the car safety seat to attend to his needs. Strap him safely back into his seat before traveling again.

Your own safe driving behaviors are important to the health of your children. Use a safety belt at all times and do not drive after using alcohol or drugs.

Infants who reach 20 pounds or 26 to 29 inches before 1 year should use a convertible seat or infant-only seat that is approved for use rear-facing to higher weights and heights. Your baby will be safest if she rides rear facing to the highest weight or height allowed by the manufacturer.



ROLE OF FATHERS

In 1935 Infant Care advised...

In 1935, Infant Care provided very little information on the role of fathers in relation to caring for infants. Fathers are mentioned twice throughout the 1935 edition of Infant Care, in the sections on prevention of tuberculosis and training the baby at birth.

Bright Futures now recommends...

Providers of pediatric health care most often interact with mothers, because women are typically the primary caregivers of children in our culture. As a result, the involvement of fathers in the care of their children traditionally has not received great emphasis in pediatric training. Social changes in this country have altered traditional father roles substantially, however, and parents now share more in the care of their children.

Moreover, a growing number of single fathers today are raising children on

their own, with 6% of children being raised in single-father households in 2003. A variety of "nonnuclear" family arrangements also are on the rise, in which the primary father figure is a stepfather, fiancé, grandfather, or other extended family member. At the same time more children than ever are growing up in "father absent," mother-only, families (26% in 2003). For all these reasons, health care professionals must increase their understanding of the fathers, as well as the mothers, of their patients.

Research on the impact of a father on his child's development and psychological growth has shown a range of important effects on the child's well-being, cognitive development, social competence, and later school success.





The health care professional should reach out to the prospective parents, emphasizing the importance of each parent's role in the health, development, and nurturing of the child, and encouraging both parents and other important caregivers to attend health supervision visits if possible.





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