Important notice: Breastfeeding is the best form of nutrition for babies and provides many benefits to babies and mothers. It is important that, in preparation for and during breastfeeding, you eat a healthy, balanced diet. Combined and bottle feeding in the first weeks of life may reduce the supply of your own breast milk, and reversing the decision not to breastfeed is difficult. Always consult your healthcare professional for advice about feeding your baby. If you use infant formula, you should follow manufacturer's instructions for use carefully.

Written in collaboration with healthcare professionals for Nutricia Limited t/a Danone UK, London, W4 5YG and Nutricia Ireland Ltd, Block 1, Deansgrange Business Park, Deansgrange, Co. Dublin, A94 P9T3.

Nov 2026

Bringing your preterm baby home

Tiny bundle of joy



The practical and reassuring guide to caring for your preterm baby after leaving the hospital

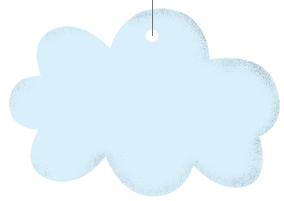
Hello, nice to meet you!

Your preterm baby is leaving the neonatal unit and you can finally take them home. We know it is a big step and a very exciting time.

With the needs of new parents to neonatal care babies in mind, we've put together this book to provide support and advice alongside that of your healthcare professionals. Containing information about the months ahead, this book includes baby feeding, baby development and introducing complementary (solid) food sections.

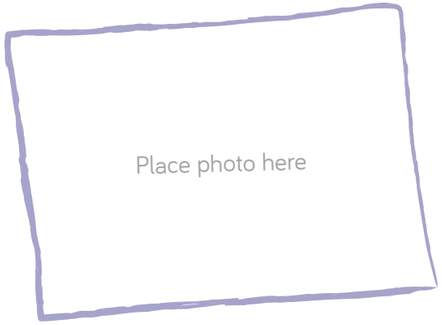
This book will hopefully help to guide you through the early months of parenthood.

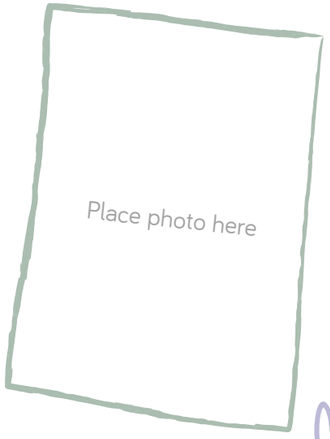
If you have any further questions, we are here to help you.



This book is released in partnership with the Preemie Hub and has been written with the support of healthcare professionals.

If you want to know more, or have any questions, call the Aptamil Careline on UK 0800 996 1000 or ROI 1800 22 1234 or to find out more about preterm babies visit our "Baby" section at www.aptaclub.co.uk or www.aptaclub.ie.





This is me...

My name is _____

I was born on _____ My expected delivery date was _____

I was born at a gestational age of _____ weeks _____ days

At birth, I weighed _____ kg, length _____ cm

When I left hospital, I weighed _____ kg, length _____ cm

I was discharged at a gestational age of _____ weeks _____ days

My corrected age at discharge was _____ weeks _____ days

Contents

1. Graduating from the neonatal unit – goodbye hospital, welcome home **5**
2. Getting to know your baby outside of the hospital **9**
3. Your baby's growth and corrected age **11**
4. Bonding with your baby **15**
5. Skin-to-skin contact **17**
6. Your baby's sleep **19**
7. Bath time **25**
8. Feeding your baby **29**
9. Starting complementary food **41**
10. Common health problems **51**
11. Your baby's development **57**
12. Looking after you **63**
13. Health and safety at home **67**

Goodbye hospital, welcome home!



Graduating from the neonatal unit

Goodbye hospital, welcome home

Your baby is leaving the hospital and coming home for the first time. You may have been waiting days, weeks or even months for this moment. It's a big milestone for you and your little one, so it's natural to feel emotional – happy and excited but maybe a little nervous too. Remember that your baby is coming home because they're well enough to leave the neonatal unit, so there's no reason why you can't take care of them now yourselves.

Before your baby comes home, make sure you're ready for the big day with a little advanced planning. The more you practise caring for your baby at the hospital, the more ready you'll be, and the easier it will be to make their homecoming a smooth experience.

If you're worried about anything or need some practical advice, speak to the hospital team. You may be able to find a local support group or join a group for parents at the neonatal unit where your baby was born.

In many ways, caring for a preterm baby at home shouldn't be that different to caring for any newborn. A lot of the basic items you'll need will be the same to keep your baby clean, fed, warm and entertained.

For a little help gathering together everything you need, use the checklist on the next two pages, as well as our safety advice and checklist starting on page 69.

Getting ready to take your baby home
A checklist

- ☐ Baby's Personal Child Health Record or Red Book (UK only)
- ☐ Baby's toys
- ☐ Baby's feeding plan – breast milk or formula feeds
- ☐ Blankets and swaddling cloths
- ☐ Bottles and teats
- ☐ Breast milk expressing kits
- ☐ Bottle sterilising equipment
- ☐ Breast milk pump
- ☐ Car seat
- ☐ Clothes – vests, baby grows and sleepsuits, cardigans, coat
- ☐ Cot, carrycot or Moses basket
- ☐ Cotton wool
- ☐ Home supply of your baby's usual formula milk (if needed)
- ☐ Nappies
- ☐ Dummies
- ☐ Pram or pushchair
- ☐ Thermometer

Your preterm baby may need to have a 'car seat challenge' before you take them home, to make sure they fit in their car seat, especially if they're still very little.

Additional items or information you may need

If your baby needs extra care, you may need some other items and information, depending on the neonatal unit and your baby's health.

- ☐ Neonatal discharge summary letter
- ☐ Neonatal prescription for vitamins, iron and breastmilk fortifier and/or specialist milk (if required)
- ☐ Important safety information from your neonatal unit on:
  - *What to do in an emergency*
  - *Common signs of illness – who to contact and when*
  - *Safe sleeping*
  - *How to use a thermometer*
  - *Good hand hygiene*
  - *Car seats*
  - *Smoke alarms*
  - *Second hand smoke*

Useful contact details/dates

Lots of healthcare professionals will be available to give support and advice when you need it. Don't forget to keep a list of useful contact details/dates handy, and store these below:

Dates for follow up appointment _____

Contact details of your health visitor/public health nurse _____

Contact details of your GP _____

Contact details of your Neonatal Community Nurse (UK only) _____

If it's an emergency, always dial 999 or 112



Adjusting at home

Getting to know your baby outside the hospital

Now your little one has left the hospital, you can finally care for them in the privacy of your own home. Savour every moment and enjoy all of their reactions as you show them the outside world – new sights, new sounds or anything else that stimulates their senses. This is a special time for your whole family, as you share these experiences and create long-lasting memories.

During your baby's hospital stay, you'll have learnt plenty of useful skills – and now you can put these into practice.

Your baby may still need some extra care, but you'll gradually get into a daily routine. Remember you know your baby best, so trust your instinct or 'gut feeling'. If something doesn't feel right, contact your baby's healthcare team.

It can take time for you and your little one to get to know each other and settle into being at home as a family. Learn more about bonding with your baby on page 15 and read more about your baby's development on page 61.

Enjoy the special times ahead!

Your baby's growth and corrected age



Your preterm baby may be smaller than babies born at full term, so it's natural to wonder about their growth. But by the time they reach two years, they'll usually have caught up to their full-term peers.

Corrected age

Your baby is considered to be preterm if they were born before the 37th week of your pregnancy (called your baby's gestational age). It's important to correct your baby's age, as otherwise they can seem to be underweight as well as being behind developmentally as they get older. Your baby's growth will be corrected using 40 weeks (full term – the average length of a pregnancy) or your expected delivery date to work out their corrected age on their growth chart.

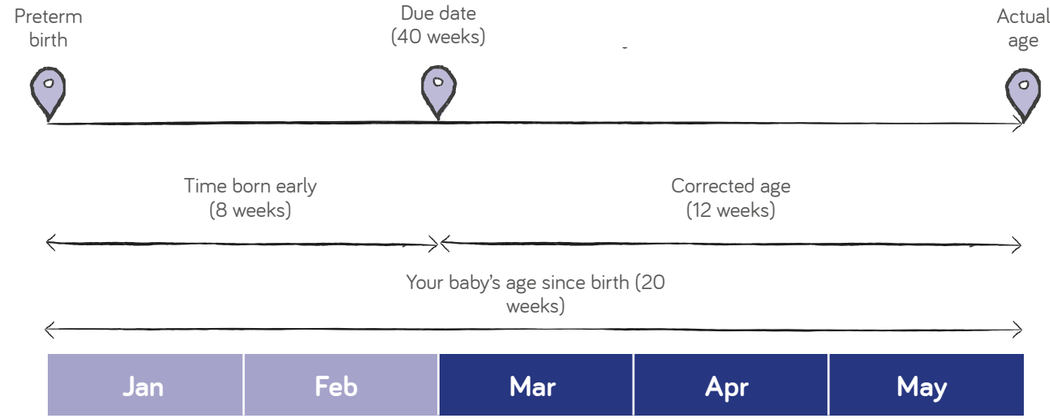
Example: A baby was born at 32 weeks into the pregnancy. At a follow up clinic appointment, it is now 20 weeks since he was born (his actual age). So, to calculate his corrected age, we need to do the following:

Step 1: 40-32 = he was born eight weeks early

Step 2: 20-8 = his corrected age is 12 weeks

Step 3: His measurements will be plotted at 12 weeks after the expected delivery date

Example of how to calculate corrected age



On this baby's growth chart, his actual age of 20 weeks will be plotted with an arrow back by eight weeks to 12 weeks, to show where his growth is at 12 weeks corrected age.



Preterm babies born between 32 and 36 weeks of pregnancy should have their measurements corrected until they reach 12 months. Babies born before 32 weeks of pregnancy should have their measurements corrected until they reach two years.

Regular checks

Your baby's growth will be monitored closely by their healthcare team. Their weight, head circumference and height will be checked regularly against a growth chart to help track their growth to help track their growth.

Your health visitor, community neonatal nurse or public health nurse will visit regularly and weigh your baby, especially during their first few weeks at home. When your baby is older, you can also take them to your GP surgery to be weighed. If you're worried about your baby's growth, speak to your baby's healthcare team, GP or health visitor/public health nurse.



Bonding with your baby

Getting to know your baby, and bonding with them, is a very natural experience for all parents. Bonding is the intense emotion you feel towards your baby, and the intense emotion they feel towards you. Strengthening this bond takes place throughout your baby's life, as you shower them with love and affection.

You and your baby may have spent time apart in the early days (or even weeks) but you have plenty of time now to build a special, loving relationship.

Caring for your baby every day will help you both to bond, especially as you respond to your little one if they're crying, while preparing them for a nappy change, or during a cuddle or feed. Responding quickly to your baby's cries will show them that they're safe and loved. Talking softly to your little one, giving them cuddles and plenty of smiles whenever you can will help to strengthen the bond between you.

You may wonder if you're doing it right, but soon you'll notice little signs that your baby is responding to you, recognising you and giving the love back. Here's an idea of what to expect – using your baby's corrected age:

- By four weeks, your baby should respond to your smile.
- By three months, they should smile at you.
- By four to six months, they should turn to you and expect you to respond when they're crying.
- By seven or eight months, they should have a special response just for you.



Skin-to-skin contact

Kangaroo Care

Kangaroo Care is a great way to bond with your baby. This is when you have skin-to-skin contact by holding your baby close to your chest – your little one is usually naked, except for a nappy. You may have used Kangaroo Care when your baby was in hospital, and there's no reason why you can't carry on doing it at home too.

Whenever you can, try to have kangaroo cuddles with your baby, especially in the first few weeks. It can help your baby to relax, so they seem calmer, and may comfort you as well. You'll get to know each other better as you spend close time together, and this may help you feel more confident in caring for your little one. If you're breastfeeding, it may help to boost your breast milk supply.

Partners can do Kangaroo Care too, so there's no need for them to miss out on the experience!

Kangaroo Care tips:

- Wear a loose-fitting front-opening top.
- Wash your hands before picking up your baby.
- When you're sitting in a comfortable chair, lean your baby on your partially exposed chest.
- Cover your baby with a light blanket to keep you both warm.
- Lean back, relax and enjoy your cuddles.

Your baby's sleep



Sleep is a gift to babies and parents! It's vital for your baby's development and long-term health and also gives you a chance to get some rest. Most babies don't sleep throughout the night, but there are lots of things you can do to encourage a good sleep routine.

Good sleep habits start when your baby is very young. They need to learn how to soothe themselves and go to sleep on their own. This isn't something they're born knowing how to do – it takes time and practice.

Sleep patterns

To begin with, your baby may sleep for three to four hours at night before waking for a feed. If you hear your baby stirring in their cot, give them a few minutes before going in, to see if they'll settle. Babies have shorter sleep cycles than adults – they normally sleep in 45-minute cycles, compared with an adult sleep cycle of 100 to 110 minutes. Most babies are able to link their sleep cycles together and go back to sleep if they stir in the night. But preterm babies are usually more active in their sleep than babies born at full term.

Signs of sleepiness

Try to put your baby down to sleep when they're drowsy but not completely asleep. Look out for signs that your baby is getting tired. Your baby may:

- Be fussy
- Yawn
- Rub their eyes

Babies' sleep times

Babies need different amounts of sleep, but usually a baby under 12 months needs 12 to 16 hours of sleep every day. Preterm babies who haven't yet reached the equivalent of full term (40 weeks gestational age) need around 18 hours of sleep.

- By four months, most babies need three naps a day – in the morning, afternoon and early evening – and then a long stretch of sleep at night.
- From six months, your baby will probably go from three naps to two longer naps, in the morning and afternoon.
- Every baby is different – some nap for as little as 20 minutes but others sleep for more than three hours.



Good sleeping habits





- Create a bedtime routine – in the evening, this could be a bath followed by a baby massage.
- Before any sleep time, read a story to your baby, sing to them, gently rock them or cuddle them – babies can never have too many cuddles!
- Try to put your baby down for a sleep at similar times during the day and evening.
- Help to teach your baby the difference between day and night (or nap times) by making sure the bedroom is dark (using black out blinds can help).
- Preterm babies have often been used to sleeping in a noisy environment, so sometimes white noise (such as radio static) can help to settle them.
- Babies cry for different reasons, with time, you'll learn to read your little one's signals and have different soothing strategies for day and night.
- Trust your baby's cues – even though it may not be their usual time for sleeping, let your baby have a nap if they're tired.
- Napping during the day helps your baby sleep better at night – but try not to let them nap too close to their usual bedtime.
- If your baby is over-tired or has had too much stimulation (e.g. baby classes or play), they may find it harder to settle – if this keeps happening, try to give them fewer activities for a couple of days.
- A pacifier or dummy can help your baby to settle, even if they're breastfed.
- When you're changing a nappy or feeding at night, try to keep the lights turned down low.



Sleep struggles

It's stressful when your baby doesn't sleep well, as everyone at home ends up tired after a disturbed night. It can also make the day ahead seem very long if you're staying at home with your little one. It's normal for babies to sleep poorly after their jabs or when they have a cold – but it's not normal for them to regularly wake during the night or to struggle with naps during the day.

If you're worried that your baby isn't sleeping well or getting enough sleep, it may help if you keep a sleep diary. Work out how many hours your baby is sleeping in one day (over 24 hours) and check this against how much they should be sleeping (12 to 16 hours every day). You may find they're getting enough sleep, or you may realise why or how their sleep is being disturbed.

If you're going out in the day during a naptime, for example, you may realise they're going to bed too late in the evening.

If you're at home with your baby in the day and caring for them during the night, try to nap with them or go to bed at the same time for a few nights – so you can catch up on some sleep as well. If you're back at work, try to catch up on sleep at the weekends. If you or your baby are still struggling with sleep, speak to your baby's healthcare team about local support groups, as other families are likely to be struggling too.

To keep your baby safe at sleep time, follow this safe sleep advice.

This is in line with advice that is given to all parents of newborns to keep their baby safe and reduce the risk of sudden infant death syndrome (SIDS, which used to be called cot death).

Things to do	Things to avoid
Always place your baby on their back to sleep.	Never sleep on a sofa or in an armchair with your baby.
Put your baby in their cot in a 'feet to foot' position, so their feet are at the bottom end of the cot and they can't wriggle down under the blankets.	Don't sleep in the same bed as your baby if you smoke, drink, take drugs or are extremely tired, or if your baby was born prematurely or had a low birth weight.
Keep your baby away from anyone who is smoking.	Check that your baby isn't too hot or too cold; babies don't need to wear hats indoors – use light bedding or a lightweight well-fitting baby sleep bag.
The safest place for your baby to sleep is in a separate cot or Moses basket in the same room as you for the first six months.	Your baby's face or head should never be covered by blankets or clothing while they're sleeping. Make sure any lightweight blankets are firmly tucked in, no higher than their shoulders, or they sleep in an appropriate-size baby sleep bag.
Use a firm, flat, waterproof mattress in good condition.	Your baby's room shouldn't be too hot or too cold, the recommended temperature is around 16°C to 20°C.

Bath time



Bath time can be a fun part of your baby's routine. Your baby doesn't need a bath every day, but having a bath once or twice a week can make them feel more confident in the water, as well as keep them clean. Giving them a bath before they go to bed is a great way to help them relax in the evening. Ideally, don't bathe your baby straight after a feed or when they're too tired or too hungry. Between baths, keep your little one clean by washing their face and nappy area with a clean cloth.

Bathing and wrapped bathing

For some preterm babies, having a naked bath at home makes them too cold and can be upsetting. You may have been shown wrapped bathing in the neonatal unit. This is when you keep your baby wrapped up warmly while you wash one part of them at a time, such as their arm, then their other arm, then their tummy, and so on. For the first few weeks at home, your baby may prefer this to naked bathing.

Here's some helpful advice for bath time:

- Before a bath, check that the bathroom is warm.
- Make sure you have everything you need – such as a towel, fresh nappy, change of clothes, baby soap or bath wash and unscented moisturising cream – **as you must never leave your baby alone in the bathroom.**
- For young babies, you don't need to fill the whole bath – you only need 8 to 10 cm of water.
- Make sure the bath water isn't too hot or too cold before you put your baby in – dip your elbow into the water to test it.
- Take off any jewellery that could scratch your baby.
- If you're doing wrapped bathing, use one of your baby's light cotton blankets to keep them warm.
- Take off your baby's clothes and nappy, keeping them wrapped in the blanket.



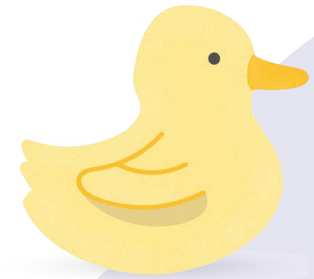
More helpful advice for bath time:

- Hold your baby securely and gently place them in the water – you may find it easier to use a baby bath seat or bath support.
- Once your baby is in the water, unwrap the blanket. With your free hand, gently wash your baby using a clean cloth. If you're doing wrapped bathing, only wash one part of your baby at any one time, keeping the rest of them wrapped up warm.
- If you use soap or bath wash, make sure it's fragrance free and suitable for young babies – rinse any soap off thoroughly, as it can irritate your baby's skin if it dries.
- When you've finished washing your baby, lift them out of the water without the blanket.
- Wrap your baby in a warm towel and gently pat them dry.
- If your baby has dry skin, use unscented baby moisturising lotion or cream, massaging it in –you can do this in sections, so your baby isn't fully exposed to the cold.

Never leave your baby unattended in a bath, even for a second.

Baby massage

Baby massage is a lovely way to feel close to your little one and to get to know them better. Set aside some time straight after their evening bath, as this may help to soothe them before bedtime so they're more likely to settle easily. Ask your baby's healthcare team or your health visitor/ public health nurse if there are any baby massage classes in your area, or check online.



Feeding your baby



Breast milk is best for all babies, including those born preterm. It's also convenient, as it's readily available and doesn't need any preparation. Breastfeeding has many other benefits for you and your baby too.

Breastfeeding success

Breastfeeding is a wonderful experience, but it can sometimes take a little bit of time to get the hang of it. These simple tips may help to make breastfeeding easier:

- *Stay relaxed* – breastfeeding can be tiring, so try to get enough sleep (when your baby has a nap in the day, try to have one too).
- *Look after yourself* – make sure you have regular meals and snacks and drink plenty of liquids. Consider taking a daily vitamin supplement containing 10µg of vitamin D, especially in autumn and winter. Vitamin D is important for healthy teeth and bones, as well as for the normal function of the immune system.
- *Try mindfulness every day* – you can download a mindfulness app for your phone or tablet, buy books or use a website – you can practice this when your baby is sleeping.
- *Learn more about breastfeeding* – check whether there's a local breastfeeding workshop/group. If you have a breastfeeding problem, speak to your health visitor/public health nurse, GP or baby's healthcare team about how they can help or whether they can recommend a lactation consultant.

Expressing your milk

If you express some breast milk into a bottle, partners can get involved in breastfeeding too. When feeding expressed milk from a bottle, hold your baby as if you're breastfeeding, making eye contact as your baby feeds. You can also do this if you've chosen not to breastfeed.

If you were expressing milk during your baby's neonatal unit stay, you probably had a good routine. Now you're home, things may be slightly different. The expressing pumps won't be quite the same and you may also be worrying that you're not making as much breast milk.

How much breast milk you make can be affected by how you're feeling. It's important to look after yourself, especially in the early days when you first bring your baby home. It's normal for your breast milk supply to vary throughout the day – you may notice it tails off in the afternoons.

Boosting your milk flow

An empty breast makes milk faster than a full one. So if you breastfeed or express regularly, your breasts should make more milk. If you're breastfeeding, do this on demand, which will be around every two to three hours. If you're expressing breast milk and giving it to your baby in a bottle, express every three hours.

- *'Cluster'* pumping helps with breast milk production. You can do this throughout the day by pumping multiple times in quick succession. Make sure you don't 'cluster' pump and then leave a long gap before you express again, as this will reduce your milk production.
- *'Double'* pumping is when you express from both breasts at the same time. It takes less time and also increases your milk supply and hormone levels.

To make expressing easier:

- Set small goals – if you're finding it hard to express, set yourself a specific goal of doing it to the end of the day or the end of the week.
- Always massage your breasts before expressing, as this helps to get your milk flowing.
- Express until your milk stops flowing, then express for two minutes more.
- Skin-to-skin contact can boost your hormone levels so you make more milk. Try to express when you're cuddling your baby, or shortly afterwards.

Storing breast milk

Always use a sterilised container to store your breast milk. If you're storing expressed breast milk in the fridge or freezer, label it with the date and time of expressing.

Storing breast milk in the fridge (at 4°C or lower)	Storing breast milk in the freezer (at -20°C)
Use a fridge thermometer to check the fridge temperature. You can store breast milk in the fridge for up to five days.	You must freeze breast milk within 24 hours of expressing it – you can keep it frozen for six months. Defrost breast milk slowly in the fridge. Once thawed, use it straight away.

Good hygiene

Breast milk is best for your baby. But you'll need to follow strict hygiene standards to make sure your expressed breast milk isn't contaminated with germs. Your baby's immune system is still immature, especially if they're under six months corrected age, and this can make them more likely to get infections. Here are some ways to keep bacteria at bay.

- Wash your hands thoroughly before expressing breast milk.
- Have a daily bath or shower.
- Use a separate towel from the rest of your family for drying your breasts.
- Avoid using soap, as this can dry out your skin and nipples.
- If you're using breast pads to mop up leaks, change them regularly.
- Change your bra every day.
- Sterilise your breast pump and any accessories before you use them each time and always clean them before you store them away afterwards.
- Use clean sterilised bottles every time (see next page).



Sterilising choices

Always clean and sterilise your baby's bottles and teats after they've been used, whether you're using expressed breast milk or formula milk. This will kill any germs on your baby's feeding equipment and make sure it's safe to use. Clean and sterilise all dummies after your baby has used them.

Before sterilising, clean the bottles and teats thoroughly with warm, soapy water. You can sterilise your baby's feeding equipment in several ways, by boiling, steam sterilising or cold water sterilising, following the manufacturer's instructions. A dishwasher will clean your baby's bottles and other feeding equipment but doesn't get hot enough to sterilise them.

Your baby's healthcare team will have given you a feeding plan, with advice on how much milk your baby should drink each day. It's important to follow this plan. Get in touch with the team if you have any problems or any questions.

Feeding tubes

Your preterm baby may have had a small feeding tube inserted down into their tummy when they were in the neonatal unit. Some babies may still need a feeding tube during the first few weeks at home until they can drink all of their milk by mouth.

Sometimes your baby may get quite tired if they're drinking milk. They may be able to do some breastfeeds or bottle feeds, but may not finish everything. Your healthcare team may advise you to give some top up feeds using the feeding tube.



Dummies – to use or not to use?

Using a dummy or pacifier is a personal choice. Everyone around you will have an opinion – some will love the idea and others will hate it. Your baby may have been given a dummy in the neonatal unit, especially if they weren't able to have any milk through their mouth.

Giving your baby a dummy will help them to practise their sucking skills. This doesn't affect how much breast milk they'll drink. Dummies may also:

- Help your baby learn to use their mouth properly.
- Settle your baby by comforting them.
- Give your baby a positive, pleasurable feeling around their mouth.

If you've decided to use a dummy, try to stop using it by the time your baby reaches 10 to 12 months, and all children should stop sucking on dummies by two years. This is important for healthy teeth, normal jaw development and learning to talk.

Don't buy a dummy with an attached cord or string, as this can be a strangling hazard.

Dummies must meet the standard safety guidelines. To make sure your baby's dummies are safe, always:

- Have enough sterilised dummies for your baby to use
- Check the dummies are strong so they don't break into small pieces
- Use dummy guards or shields that are large enough to stop the whole dummy being sucked into your baby's mouth
- Use dummy guards or shields with holes in them, so your baby's nose doesn't get blocked when sucking on the dummy
- Check the dummies after sterilising them to make sure they're still safe for your baby – old dummies can sometimes get damaged



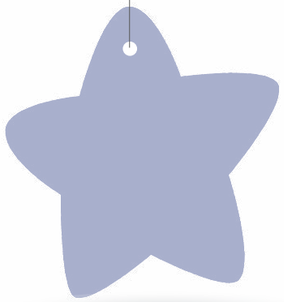
Topping up feeds

During your baby's stay in the neonatal unit, breast milk fortifier may have been added to their milk to help them grow. You may or may not be advised to stop doing this once your baby comes home. It's important to get your little one weighed regularly, to make sure they're still growing as they should be.

Your baby's healthcare team may advise you to give top ups with a specialist formula milk for preterm babies. These formula milks contain increased protein, minerals and trace elements to help support your baby's growth. Depending on how early your baby was born, they may also have been prescribed some vitamins and iron, so it's important to keep giving these to your little one. But check this with your baby's healthcare team.

Choosing formula milk

If breast milk isn't available or you've decided not to breastfeed, your healthcare team will usually advise you to use a preterm formula milk – this has been specially designed to meet the needs of preterm babies, especially if they were born below 1.8 kg birthweight or before 34 weeks of pregnancy. Usually your baby should have preterm formula milk until they're six months old. Your GP will let you know when your baby no longer needs preterm formula milk.



Specialist preterm post-discharge formula milk (prescribed)	Age-appropriate formula milk (non-prescription)
When is it used? • From hospital discharge until your baby is six months corrected age. **What is it?** • A post-discharge formula milk is used for preterm babies once they've been discharged from hospital, as it's specially formulated with added nutrients to meet the needs of preterm babies. • Speak to your health visitor/public health nurse or GP about when to switch to another formula milk or if your baby has any feeding problems.	**When is it used?** • As soon as your healthcare professional tells you that your baby doesn't need specialist preterm post-discharge formula milk any more – this is usually around six months corrected age, but may be earlier. **What is it?** • An age-appropriate formula milk, designed to meet the nutritional needs of a baby of a specific age (shown on the product packaging). • Speak to your healthcare professional before you move your baby off the post-discharge formula.

When to feed your baby

Preterm babies can be fed on demand. This means feeding your baby when they show signs of being hungry. All babies are unique, so your little one won't necessarily follow the same feeding patterns as their older siblings or other babies of a similar age or gestational age.

Don't just assume that your baby is hungry whenever they cry. Babies can cry for up to three-and-a-half hours a day and cry for lots of different reasons. They may be tired or have a wet or dirty nappy – so before you feed your little one, check they're crying because they're actually hungry. Learn to read your baby's signals so you can respond to them in the best way each time.

Responsive feeding

Responsive feeding is a great way to give your baby a healthy start in life. If you follow responsive feeding, this means you learn to recognise little signs that show when your baby is hungry and when they've had enough milk. If your baby shows signs of being full, stop feeding them. Otherwise, you could be teaching them to overeat. Your baby may be full if they're falling asleep, turning their head or trying to spit the milk out.

Your baby's appetite will vary, so they won't drink or eat exactly the same amount every day or even every week. How much milk your baby drinks may vary from feed to feed too. Sometimes they may drink a little bit less and sometimes a little bit more. This is perfectly normal and nothing to worry about. It's important not to push your little one to finish a bottle or a meal if they've signalled they've had enough. If you're bottlefeeding follow the recommendations for your baby's age, including bottle size and teat flow. Don't reward behaviour or soothe distress using milk feeds or food, unless you know your baby is hungry.

If you're wondering whether your baby is drinking enough milk, you may find it helpful to keep a diary. Make a note of how much milk your baby drinks at every feed. Then add these amounts together to give you a daily total.

After a week, add up all of the daily amounts to give you a weekly total. If you then divide this weekly total by seven days, you'll see how much (on average) your baby drinks every day – this is likely to be roughly the same amount of milk on a weekly basis.

For up to **six months**, your baby's only source of nutrition should be breast milk or the appropriate substitute. But the amount of milk they need will change as they get older.

- Most babies, including those born preterm, need around 150ml of fluid per kg of bodyweight each day.

Wean your baby onto complementary (solid) foods at around 5-6 months corrected age, but not before 17 weeks corrected age.
See "Starting complementary food" on page 41.

If you're worried about your baby's feeding pattern or have any other questions, speak to your baby's healthcare team.



Your daily feeding routine

Waking up

Your baby wakes up, it's a new day! Let your baby know you're there, by talking to and touching them.

Prepare to feed your baby

If you're breastfeeding, you don't usually need to prepare very much in advance. Sit comfortably and feed your baby, starting with alternate breasts at every feed, or use expressed breast milk that's already in your fridge. Store the full bottles at the back of your fridge to keep the breast milk as fresh as possible. If your baby is bottle fed, make up a new bottle for every feed, according to the manufacturer's instructions. Use the bottle straight away.

Feeding your baby

Take your baby out of their cot, carrycot or Moses basket and find a comfortable place to sit. Hold your baby while you're feeding them, making eye contact all the time, as this strengthens the bond between you.

Sterilising baby bottles and breast expressing kits

Your baby is happy with a clean nappy and a full tummy. So now is a good time to clean and sterilise the bottles or breast expressing kits while your baby is lying under their baby gym or having some tummy time. Once the bottles have been cleaned, sterilised and dried, you can assemble them. Take care not to touch the clean teats with your fingers. Make sure you can see your baby at all times while your busy doing this.

Napping

By now, your baby will be tired again from eating, playing and all other activities. Close the blinds or draw the curtains. Put your baby into the cot, carrycot or Moses basket when they're drowsy but still awake. If you're tired – take a nap too. Sleep tight!

Expressing milk

This is a good time to take out the breast pump and produce a new stock of milk if you are expressing. Relax and maybe read a book, watch some TV or listen to some music. Store the breast milk in the fridge or freezer straight away. If you put it in the fridge your partner can use it as a night feed. Store breast milk in the back of the fridge for up to 5 days at 4°C or lower. If you're topping up your supply, it's good to express regularly throughout the day. Sometimes your baby may only drink from one breast – so express from the other. Don't forget to get enough rest, eat healthily and drink plenty of liquids. As soon as you've finished expressing, clean the breast pump and accessories and sterilise them.

Going for a walk

In the afternoon, after the next feed, you'll probably have time to take your baby out for a walk in their pram or pushchair. This may be a good time to meet up with some friends who also have babies or go to a Parent & Baby group. Back home, you could read, sing or play with your baby to keep them busy and entertained. As the afternoon comes to an end, start your baby's bedtime routine – bath, book and bed.

Starting complementary food



Weaning is an exciting and important milestone, as your baby explores new tastes and textures for the first time. Most babies will be ready for weaning onto complementary (solid) food when they're around 5-6 months corrected age. The exact timing will depend on many things, including how well they can use their mouth (see "Ready for weaning?" below). If your baby is 7 months corrected age, and you haven't been able to start weaning, speak to your healthcare team, as your baby may need a referral to a speech and language therapist and dietitian.

To begin with, your baby will just be having tiny amounts of food – think of these as tasters. So even when you start introducing complementary food, your baby's usual milk (breast milk or formula milk) will supply most of their energy and nutrients. Even once you're weaning your baby properly, they should still carry on drinking their usual milk. Breastfeeding has lots of benefits for your baby, especially when you're introducing solids – you can carry on breastfeeding until your baby reaches around two years. You shouldn't give cow's milk to your baby as a drink until they reach at least twelve months.

Babies learn to eat and enjoy food by watching other people eat, so include your little one in mealtimes, even when they're still just drinking their usual milk. Describe what you're eating, what it looks like and what it tastes like. This will help them to get used to the smell of food and see you enjoy a varied diet, including fruit and vegetables.

Ready for weaning?

Before your baby starts weaning, make sure they are ready. Discuss this with their healthcare team. As a general guide, your baby may be ready if they:

- Hold their head up with good head and neck control
- Sit with support
- Explore objects with their fingers, hands and mouth
- Watch you eat and reach for food
- Lean forward and open their mouth when food approaches

If your baby is pushing food straight back out of their mouth with their tongue, their oral skills might not be quite ready for weaning. You can also contact your healthcare professional for advice.

Five steps to get you started

Using our weaning plan will help to guide you from the first few spoonfuls to three meals a day. Some babies take longer than others to move through the different texture stages, so the weaning process may take anything from a few weeks to a couple of months.

Weaning is a new experience for both of you. So, like anything, it may take a while to get the hang of it. Some days will be easier than others. Here are some hints to help you and your baby on your way:

- Relax! If you're relaxed and happy, your baby should be relaxed and happy too.
- Begin weaning at home or somewhere your baby knows well.
- Make sure there aren't too many distractions
- Pick a time when your baby isn't too tired, too full or even too hungry.
- Taste the food in front of them, making appropriate noises to let them know you've enjoyed it.
- Let them play with their food – put some puree on their high chair table, so they can stick their hands in it, or give them a spoon – let them have fun!
- Try not to clean their face between mouthfuls – babies are meant to be messy!
- Make sure the food is cool before you serve it.
- Don't add extra salt or sugar to your baby's food
- Keep on trying. Babies may need to try something 8 to 10 times (sometimes more) before they like it. So, if a new taste is refused, try again another day. Don't give up!
- Don't get put off by your baby pulling a funny face, as this is normal.

Tips to get your baby started

Here's a general guide to step-by-step weaning, based on baby foods available in the supermarket and how homemade foods should look and feel. These steps are usually taken at around 5-6 months corrected age.

Start with single vegetables.

Give vegetables to your baby first, as this should help them to get a taste for healthy food.

Mix it up with new fruit and vegetable flavours.

Introduce a range of different flavour combinations now, so your baby will be a more adventurous eater later on.

Introduce meat, fish, dairy, other protein foods and carbohydrate like potatoes, rice or pasta.

Have fun with yummy new combinations and exciting new ingredients.

Introduce the idea of mealtimes, starting with a delicious age-appropriate breakfast.

Enjoy breakfast with your baby every morning; this is a great start to any daily routine.

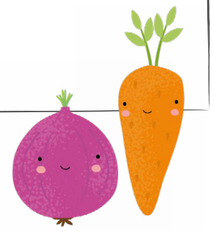


Get your baby into a routine by introducing three meals a day.

Eat together as a family at mealtimes, as this helps to establish good habits for the future.

General weaning advice

Food and feeding advice	Stage 1: From around six months corrected age	Stage 2: From around seven months corrected age	Stage 3 & 4: From around ten months corrected age
Type of food to offer	• Use our weaning plan on the previous page to introduce a variety of foods. • Carry on with your baby's usual milk. • Give your baby one new food every day at a time when they're not too hungry, too tired or too full. • Give single vegetables to your baby first, then mix it up with new vegetables, fruit and baby cereals. • Move on to foods such as milk, egg, nuts (ground/nut butters), chicken, turkey, lamb, beef, fish, cereals and pulses and other carbohydrates.* • Once weaning is established from six months, your baby's main meals should include protein (e.g. dairy, chicken, fish, beans, lentils or meat) with vegetables and carbohydrates (e.g. potato, rice or pasta). • If you're considering weaning your baby on a vegetarian or vegan diet speak with your healthcare team to ensure your baby is getting all the nutrients they need.	• Carry on with your baby's usual milk but gradually decrease the amount of milk as you progress. • Main meals should include protein (e.g. dairy, chicken, fish, beans, lentils or meat) with vegetables and carbohydrates (e.g. potato, rice or pasta).	• Carry on with your baby's usual milk but gradually decrease the amount of milk as you progress. • Main meals should include protein (e.g. dairy, chicken, fish, beans, lentils or meat) along with vegetables and carbohydrates (e.g. potato, rice or pasta).
Portions	• Start with one or two ice cube sized amounts of food for every meal. • At this stage of weaning, new tastes are more important than the portion size. • Start to introduce a routine by offering breakfast and then increase to three meals a day.** • Know when your little one has had enough (e.g. turning their head away, closing their mouth). • From six months, leave finger foods on a highchair table at the same time as other foods.	• Make soft lumpy meals (gradually bigger lumps). • Know when your little one has had enough (e.g. turning their head away, closing their mouth).	• Give small pieces and bigger lumps. • Encourage finger foods. • Know when your little one has had enough. (e.g. turning their head away, closing their mouth)
Mealtimes	• When your baby can sit, introduce a highchair. • Give your baby a spoon and encourage them to play with their food – getting as messy as possible! • Mealtimes should last for up to 15 minutes.	• Your baby should sit in a highchair. • Give them a spoon to play with. • Let your little one touch or play with their food. • Mealtimes should last for up to 15 minutes.**	• Your baby should sit in a highchair. • Let your little one touch or play with their food. • Encourage self-feeding. • Mealtimes should last for up to 20 minutes.**



*The Department of Health advises that allergenic foods such as cow's milk, egg, wheat and fish be introduced from around six months.

**Suggested feeding times: 8–9am, 11–1pm, 4–5pm with their usual milk between meals (remember this is just a guidance so you'll need to adapt it to your daily routine).



Never leave your baby alone when feeding

Stages of weaning

All babies, especially those born early, grow and mature differently. Some may need a smoother puree for longer than others. Use the table below as a guide. If you've been given specific feeding advice by your healthcare team, speak to them too.

Stage	*What does it look like?*	*Feeding skills*	*Texture*
	• Stage 1 foods are very smooth and don't have any lumps. • These foods need to be blended. or sieved for a very smooth texture.	• Smooth purees can be swallowed easily. • No chewing is needed. • Puree can be eaten by sucking and swallowing. • A standard puree that drops easily off a spoon is the easiest for little ones to suck when they first start weaning.	• Your baby's healthcare team may suggest a particular thickness of puree. • Smooth puree can be either: - *thin puree, running easily off a spoon* - *standard puree, dropping easily off a spoon* - *thick puree, eaten with a spoon* • The thickness of a puree changes with temperature (e.g. as food cools, it becomes thicker). • Other foods, such as cereals, need extra liquid or extra time for the milk to soak in.
	• When your baby is ready to move to stage 2 foods, start by offering a thicker smooth Stage 1 puree. • Stage 2 foods are still blended but a coarser puree with a thick sauce. • They contain small moist, soft lumps.	• In stage 2, your baby will develop extra feeding skills, as they learn to use their lips and tongues for eating. • Some little ones take a while to adapt to a change in texture – this is normal as not every baby develops, grows and matures at the same pace. • Try to make very small changes, one thing at a time. • Stage 2 flavour combinations are more complex and have slightly stronger tastes (e.g. cottage pie).	• Stage 2 lumps should be small and soft. • To start with, stage 2 foods should only contain a few lumps. • Blend the food, stopping just before it's a smooth puree – take out a teaspoon of very well-mashed food and put this to one side – then carry on blending and add the coarser texture back in. • If your little one still finds this texture difficult, try adding just half a teaspoon of mashed food next time. • Some foods may still need to be a smooth puree (e.g. meat) but others can be mashed (e.g. vegetables). • Gradually increase the texture every two or three days unless your healthcare professional says otherwise.
	• Stage 3 foods can be well mashed with a fork and have less sauce. • Lumps should be moist and soft.	• Babies often enjoy quite strong tastes (e.g. mild curry) and new combinations (e.g. sweet and savoury chicken).	• Fork-mashed foods need some preparation in the mouth before swallowing. • Avoid offering foods containing a mix of textures (e.g. lumps floating in liquid such as cereal in milk).
	• Stage 4 foods are fork-mashed with some bite-size pieces. • Stage 4 foods can have tender soft-cooked pieces.	• Bite-sized pieces help with developing chewing skills and older babies can pick these up as finger foods.	• Sometimes when babies aren't well, they go back a couple of stages with textures and feeding – this is normal so try not worry.

Food safety and hygiene

Sometimes, bacteria in contaminated food can cause an upset tummy or sickness. Young babies can be particularly prone to food poisoning, as their immune systems are still maturing. Fortunately, there are lots of things you can do to keep your baby's food free from germs.

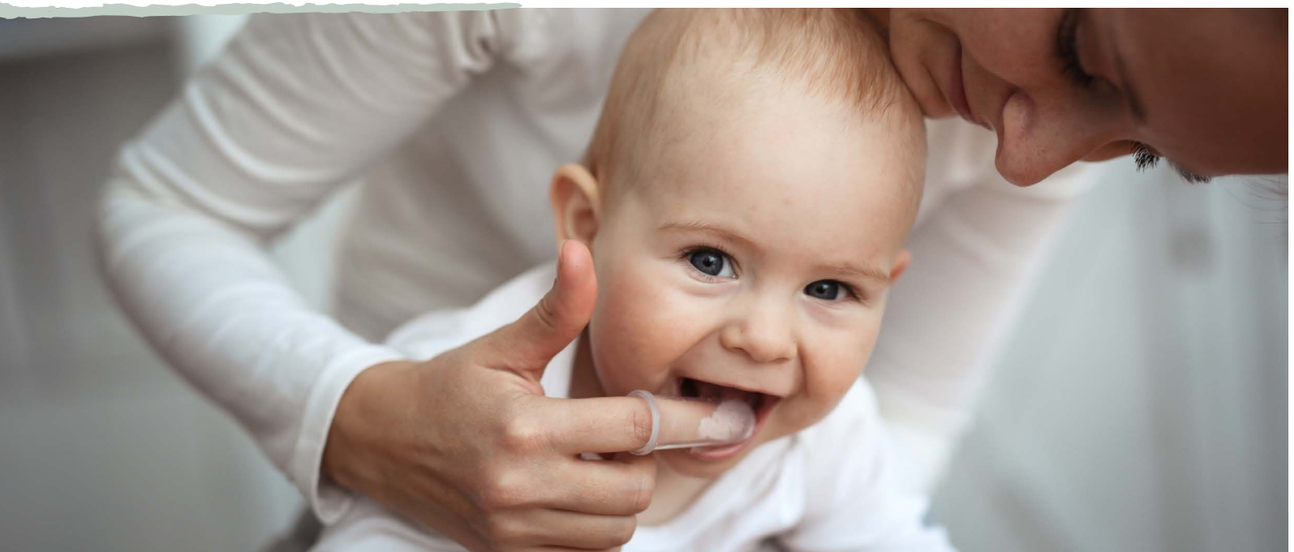
Cool food as quickly as possible (ideally within one to two hours) and store it in the fridge or freezer. Food in the fridge should be eaten within one to two days. Frozen food should be thoroughly defrosted before reheating.

The safest way to do this is to put frozen food into your fridge overnight or using the defrost setting on your microwave, but watch for heat spots.

Reheat food so it's really hot, but remember to let it cool down before you offer it to your baby. To cool food quickly, put it in an airtight container and hold it under a running cold tap, stopping to stir the contents from time to time, so it's cool all the way through.

Healthy teeth

As soon as you see your baby's first tooth appearing, start brushing their teeth and gums. Brush their teeth twice a day with a small baby toothbrush and a smear of fluoride toothpaste suitable for your baby's age. Once you can see a tooth, try not to let your baby fall asleep while they're breastfeeding or with a bottle of milk in their mouth. Offer a feed before they go to bed, then always brush their teeth afterwards.



Do

- Always wash your hands before preparing foods. Wash your baby's hands before feeding.
- Wash all bowls, spoons and other utensils in hot soapy water or put them on a hot wash in the dishwasher. Keep utensils, chopping boards and surfaces clean.
- Keep pets away from food or surfaces where you're preparing food.
- When you're reheating food from frozen, make sure it's hot all the way through. If you're using a microwave, always stir the food and check the temperature before feeding it to your baby. Cook all food thoroughly and cool it to a lukewarm temperature before giving it to your baby.
- Store cooked and raw meats separately in the fridge. Always wash your hands after touching raw meat.
- Wash and peel fruit and vegetables, such as apples and carrots.

Don't

- Don't save and reuse food that your baby has half eaten as it will be contaminated with bacteria from their mouth.
- Avoid anything pre-prepared containing raw eggs – this includes uncooked cake mixture, homemade ice creams, mayonnaise or desserts containing uncooked raw eggs.
- Don't give your baby raw or lightly cooked shellfish.
- Don't give young children any food or drink while they're. sitting on a potty
- Don't reheat cooked food more than once, as this can increase the chances of food poisoning.

Common health problems



If your baby doesn't seem like themselves, it's natural to worry that they may be ill. Some babies may drink less milk, cry more often or sleep for longer when they're poorly. Fortunately, most baby health problems aren't serious. If your baby shows signs of being unwell, call your GP or health visitor/public health nurse to check whether your little one needs any treatment and to put your mind at rest.

Your baby's skin

Your baby's skin isn't as fragile as it was when they were first born, but it's still very sensitive. As your baby grows, you may notice their skin changes – this is usually normal and nothing to worry about.

Common skin problems in babies include:

- Baby acne – this is usually a red, spotty rash on your baby's face that disappears within a few weeks. It doesn't need any treatment.
- Milia – these are tiny whiteheads on your baby's face that will disappear on their own.
- Eczema – young babies often have an occasional patch of dry skin, but if your baby's skin is constantly dry and baby moisturisers don't help, speak to your healthcare professional about how to treat it.

Rashes in babies

Rashes aren't usually serious. **But if your baby has any of the following symptoms, go immediately to A&E or call the emergency services 999 or 112.**

- A rash that doesn't fade when you press it
- Your baby's skin looks mottled, bluish or pale
- Your baby seems very sleepy or difficult to wake
- Your baby feels abnormally cold to touch
- Your baby is breathing very fast
- Your baby is having a fit or convulsion

Warning signs of possible illness

It can be difficult to know when to seek advice when your baby is unwell, *always call your GP surgery if your baby has any of the symptoms below:*

Fever

Your baby is three months corrected age and has a temperature of 38°C or higher.

Your baby is three to six months corrected age and has a temperature of 39°C or higher.

Your baby has a temperature of 36°C or lower (check three times in a 10-minute period).

Breathing

Your baby's breathing looks like hard work.

Your baby is making a grunting noise.

Eating and drinking

Your baby hasn't had a drink for more than eight hours (when awake).

Your baby isn't interested in feeding.

Your baby is being sick with bile-stained (green) or black vomit.

Nappies

Your baby hasn't had a wet nappy for 12 hours.

Your baby's appearance

Your baby's soft spot on their head is bulging.

Your baby's eyes look 'sunken'.

Your baby is floppy.

Diarrhoea and vomiting

If your baby has diarrhoea or is being sick, seek medical help if they:

- Are under three months corrected age and have a temperature of 38°C or higher.
- Are three to six months corrected age and have a temperature of 39°C or higher.
- Keep vomiting and are unable to keep fluid down.

Trust your instincts. If your baby is getting worse or seems worse than you expect, even if their temperature falls, seek urgent medical advice from NHS 111 or go immediately to A&E.



Constipation

How often your baby does a poo will vary each day. It may also depend on how they're being fed, how much they're drinking and their age.

Babies who are having formula milk will usually poo around four times a day for their first couple of months. By three months corrected age, this should change to two to four times a day. By six months corrected age, this should only be one or two times a day. Babies having formula milk are usually considered to be constipated if they haven't done a poo for four days and, when they do, their poo is hard and dry.

Constipation is rare in breastfed babies, and some breastfed babies only do a poo once a week. If you're worried about how many times your baby is pooing, speak to your baby's healthcare team or GP.

Constipation is especially common in preterm babies. It may be triggered by:

- A change of formula milk (changing the stage or brand).
- Making up the formula milk incorrectly.
- Drinking too little fluid (e.g. babies aren't drinking all their milk).
- Weaning (moving from an all-liquid diet to one including solids).
- An illness with a fever.

How can you help?

- Keep a diary of how often your baby has a dirty nappy every day – you may find that over the course of a week they're pooing often enough.
- Speak to your baby's healthcare team about whether any of your baby's medicines could cause constipation as a side effect – don't stop any medicines without checking with your baby's healthcare team first.
- Make sure your baby is drinking enough liquid – most babies, including those born preterm, need around 150 ml of fluid per kg of bodyweight each day.
- If bottlefeeding, make sure you are making their formula milk up correctly, according to the manufacturer's instructions.
- If your baby seems to be in any discomfort when they poo, try gently massaging their tummy or gently pushing their knees towards their tummy.
- If your baby's symptoms continue, speak to your GP about prescribing a gentle stool softener – don't use any over-the-counter medicines from a pharmacy without advice from a healthcare professional.

Colic

Colic is common in babies under five months corrected age. It's usual for babies to cry for up to three-and-a-half hours a day. But if your baby has colic, they may have frequent prolonged periods of crying, fussing or irritability without any obvious cause. Colic symptoms usually clear up when your baby reaches between four and six months corrected age, however if you are having trouble soothing your baby, see "Calming a fussy baby" on page 56.

Posseting (regurgitation)

After they were fed, your baby may bring up some milk two or more times a day. Posseting (bringing up some milk) is common in all babies between three weeks and 12 months corrected age. It doesn't usually need any effort (there's usually no retching) and isn't linked to any other symptoms. **If you have concerns about your baby's posseting or think that it might be linked to something more serious, please seek medical advice.**

To reduce posseting:

- Avoid over-feeding your baby at each feed.
- Practise responsive feeding and look for signs to show they've had enough.
- Try feeding your baby smaller amounts and more often, to see if this helps.
- Feed your baby in a more upright position (If breastfeeding, get additional support from a trained healthcare professional on alternative feeding positions to position your infant in a more upright position).
- Keep your baby upright for half an hour after a feed.
- Make sure their clothes and nappies aren't too tight.

Refusing milk or food

Babies can refuse milk or food for lots of reasons. They may be full, tired, distracted or unwell. Some preterm babies have unpleasant experiences around their mouth in the early days, such as a feeding or breathing tube. This may make them start to retch or gag the minute you try to put anything near their mouth. If this is the case, speak to your baby's healthcare team.

Encourage your little one to bring their hands to their mouth as much as possible to help them enjoy using their mouth again. This can also help them to self soothe. Remember – all types of feeding are new to your baby, and some babies take longer than others to get the hang of them.

Calming a fussy baby

Every baby is unique, so what helps to soothe one baby may not work for another. Some preterm babies are very fussy, cry a lot (more than three-and-a-half hours a day) and have feeding and sleeping difficulties, so they can't calm themselves easily or fall back to sleep.

It may take a little while to work out what helps to soothe your baby when they cry.

- Check to see if they need something, such as a nappy change or a feed.
- Check whether they're too hot or too cold or have a fever.
- Soft music, white noise, gentle swaying, patting or a shushing noise can soothe some babies.
- A gentle baby massage may help.
- Many babies are soothed by motion, such as going out for a walk in a sling/wrap or pram.
- Sucking sometimes helps babies to stay calm and relax, so encourage your little one to breastfeed or offer a dummy.

Whatever you do to calm your baby, it should be gentle and soothing. Never shake your baby. If you're frustrated by your baby's crying, and have tried your best to help, put them in a safe place (such as their cot) and take a moment to calm yourself.

Remember: There may be times when nothing works, even though you try everything. This doesn't mean you're a bad parent.



Your baby's development



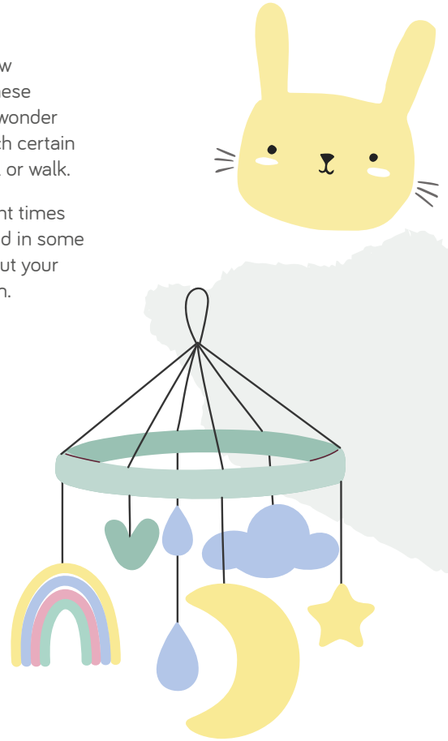
Your baby's brain is constantly maturing. Anything that stimulates their senses can encourage their brain development – playing with toys, being read or sung to, looking at the world around them and interacting with other people.

Creating loving and positive relationships are an essential part of your baby's brain development. At birth, your baby already knows the sound of your voice, as they'll have heard you talking during your pregnancy. As preterm babies get closer to their due date, they start to learn how to read signals all around them by listening to voices, watching faces and reading body language.

What to expect

Babies are amazing and change very rapidly. Just when you think you know everything about your little one, they do something new. Watching all of these changes is one of the most thrilling parts of being a parent. It's natural to wonder what to expect as your baby reaches certain ages and whether they'll reach certain milestones at the right time – when they smile, reach for toys, sit up, crawl or walk.

But it's important to remember that all babies learn to do things at different times and at a different pace. It's completely normal for some babies to be ahead in some areas and behind in others, even those born preterm. If you're worried about your baby not meeting some of their milestones, speak to your healthcare team.





Learning new skills

Babies learn and develop different skills as they get older.

- Gross motor skills: these involve your baby's large muscles and movements including head control and rolling – these develop before their fine motor skills.
- Fine motor skills: these involve the small muscles in your baby's hands and fingers. They involve eye-hand coordination and include using a pincer grip (with the thumb and first finger) to hold or pick something up. These skills are used for eating, drawing and writing, and will develop over time.
- Language skills: these start with early babbling, blowing raspberries and mirroring adult expressions such as smiling. As your baby gets older, they'll learn to speak, use body language and gestures and understand what others say.
- Cognitive skills: these are needed for thinking, learning, problem solving and remembering – they develop over time and mature throughout childhood.
- Social skills: these involve connecting and developing relationships with other people, such as siblings or grandparents.

Developing motor skills

To encourage your baby's development, let your baby lie on their front when they're awake. As your baby grows, they'll soon be able to lift their head up and reach for things. From around two months corrected age, babies should lie on their tummy two or three times a day for 10 to 15 minutes at a time. To help your baby enjoy tummy time, get down on the floor with them and play some games, such as peek-a-boo.

As your baby learns to roll, crawl and walk, make sure you've taken steps to 'baby proof' your home. See "Health and safety at home"on page 67.

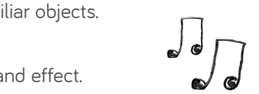
Help your baby learn

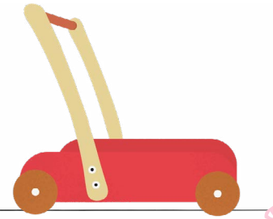
From early on, your baby develops skills needed for speech and, later in childhood, reading. The following tips will help their brain to grow and mature. They'll be useful as your baby gets older too.

- **Always respond warmly to your baby, as this will help them to feel safe.** As you get to know your baby at home, you'll recognise when they're tired, hungry or just need a cuddle.
- **Have fun!** Cuddle, gaze at each other's eyes and use silly voices while you enjoy books and conversations together.
- **Your baby doesn't need expensive toys.** Simple games, such as peek-a-boo, will have them giggling away. Smiling faces are the best toys. Try not to let your baby watch a DVD or TV, as babies need to actively interact and explore the world around them.
- **Help your baby explore his surroundings in and out of the home.** In warmer weather, go to a nearby park and put a blanket on the grass. In colder weather, go to a local library or free museum. Even going to the shops can help your baby learn.
- **Talk about what's going on.** Chat to your baby, talking out loud about anything and everything. Describe what you're doing, how things smell, what things feel like etc. This will help your baby learn different words before they can even talk.
- **Encourage your baby to babble.** This is how they learn to make sounds with their own voices. They'll think it's funny when you repeat these sounds back to them and they'll eventually turn these sounds into real words.
- **Try rhymes that involve gentle touch.** Pat their feet or give them a little bounce while you're talking – gentle rocking backwards and forwards is also good, especially for newborns and very young babies.
- **Reward your baby's first tries at making sounds with smiles and cuddles.** This early form of talking is exciting for you and your baby, and your approval will encourage them to keep trying.
- **Ask questions.** Saying "What's that?" and naming the picture in a book will teach your baby that things have names.
- **Sing songs.** Music makes words easier to remember and is a fun way to make language come alive!
- **Give face-to-face attention.** Young children learn best by mirroring what other people do. Try to give your baby your full attention when you're with them. Screen time isn't recommended for children under two years, so try not to give them a tablet or phone to play with.
- **Develop community connections.** Get to know what's going on around you and where to find your local baby groups, playgroups and drop in centres. Speak to local parents and healthcare professionals and also check online.

Learning skills in babies under 15 months

Corrected age	Gross motor	Fine motor	Social/Language	Cognitive
At around six months	• roll from back to front. • control their head and neck movement when sitting. • raise their head and chest when lying on their tummy • kick their legs when lying on their tummy or back. • push down with their legs when their feet are on a firm surface.	• bring their hands together and to their mouth. • open and shut their hands. • take swipes at a hanging object.	• smile when you smile and on their own. • start to copy body movements and expressions from adults around them.	• watch faces closely. • follow moving objects. • recognise objects and people they know.
At around twelve months	• reach a sitting position without help. • crawl on their hands and knees, or scoot around on their bum. • get from a sitting to a crawling position or onto their tummy. • pull up to a standing position. • cruise, holding onto furniture. • stand briefly without support. • walk holding an adult's hand, and maybe take two or three steps on their own. • start to climb stairs with help.	• finger-feed using their thumb and forefinger. • put objects into a container (and take them out again). • release objects voluntarily. • poke with an index finger. • push a toy. • begin to drink from a cup or beaker. • scribble with a crayon. • begin to use a spoon.	• be shy or anxious with strangers • copy during play. • have favourite toys and people. • test limits to actions and behaviours. • put out an arm or leg to help when being dressed. • take off socks. • come when called (respond to their name). • say "mama" or "dada" with at least one other word with meaning. • communicate a need without crying. • stop an action if you say "no".	• explore objects in different ways (shaking, banging, throwing, dropping). • know the names of familiar objects. • respond to music. • begin to explore cause and effect.





Looking after you



Being a parent is very rewarding but can be very tiring, especially in the first few weeks or months if you're not getting enough sleep or if your baby needs extra care. It's important to look after yourself to make sure you're well enough (physically and emotionally) to take care of your baby's needs.

See overleaf for some useful tips on making more time for yourself and looking after your own health.

If you're tired or stressed, this can affect your relationships with your partner and other family members, who may not fully understand how difficult your whole experience has been. If your baby cries constantly, this can be upsetting, but remember that it's not your fault (or theirs) and things will get better. Talk to someone about how you're feeling, this could be your partner, a friend or a family member. If you feel depressed, angry or resentful, talk to your baby's healthcare team, health visitor/public health nurse or GP and ask for help.

Take a break

All parents need a break at some point.

- Find a friend, family member or someone else you trust to look after your baby for short periods of time.
- Aim to get some exercise, read, meet up with a friend or do anything else you enjoy.
- Don't be afraid to ask for help – or accept any help if it's offered.
- Make sure you and your partner get a chance to spend some time together – a night out or even just a long walk.

Get enough sleep

A good night's sleep will help to restore your energy levels and mean you're more resilient for the day ahead.

- Try to have at least three hours of sleep in a row, twice a day.
- When your baby has a nap in the day, have one too.
- Take turns with your partner to do the feeds and nappy changes when you can – if you're breastfeeding, express some breast milk into a bottle and let your partner feed this to your baby while you rest.

Eat well

You'll find it harder to look after your baby if you don't keep your strength up.

- Make sure you have regular meals and snacks, especially if you're breastfeeding, to give you plenty of energy and nutrients.
- When you're cooking meals, make larger quantities and freeze extra portions for another day.
- Drink enough liquids – even though you're tired, try not to drink more than 200 mg of caffeine a day (one mug of instant coffee contains 100 mg of caffeine and one mug of filter coffee contains 140 mg of caffeine).

Get to know local parents

Getting to know local parents can be really helpful for sharing experiences and staying positive, while also giving you a reason to get out of the house.

- Join local Facebook groups, especially ones for new parents or parents with babies of a similar age.
- Look out for local parenting groups and activities.
- Meet up with friends to share experiences (and have a laugh together) – invite them to bring along other friends with babies too.
- Go to some local shops and get chatting to other parents with babies.
- Get some fresh air every day – take your baby for a walk or join a parents' walking/gym club.

Stay positive

Caring for your baby may seem hard at first. But this should get better over time as your baby gets stronger and bigger and you feel more confident.

- Challenge unhelpful thoughts to overcome the voice of self-doubt in your head.
- Keep reminding yourself you can do this!
- Give yourself regular praise.

Set simple goals

Give yourself something specific to do each day, even if it's only small, to give yourself a sense of achievement and boost your confidence.

- Get dressed.
- Go outside for a walk.
- Meet up with a friend.
- Cook a meal.

Practise mindfulness

Mindfulness can keep you calm and relaxed. You can practise mindfulness in one minute or 10 minutes – you don't need a lot of time.

- Download a mindfulness app for your phone or tablet.
- Look online for mindfulness websites.
- Look online for local mindfulness meet-ups.



Health & Safety at home



Having a clean and safe home is essential to reduce the chances of your baby getting ill or injured, especially as they get older and more mobile.

Good hygiene

Babies can catch infections at any time of the year. But in the winter, there are often more coughs and colds around. Preterm babies are especially prone to infections, especially those affecting their lungs.

It's not always possible to prevent infections. But good hygiene in and around your home will help your baby to stay healthy and strong. There are a few simple things you can do to reduce the chances of your baby getting poorly.

- Regularly wash your hands with soap and water, especially:
  - *before touching your baby*
  - *after changing your baby's nappy*
  - *after helping another child to blow their nose or blowing your own nose*
  - *before making your baby's feed or preparing food*
- Stop people smoking in or around your home – even smoke on clothes can affect your baby's health.
- Make sure family, friends and other children with coughs and colds don't come too close to your baby.
- If you don't need to visit people when they have a cold, stay away until they're better.
- Catch coughs and sneezes in a tissue or handkerchief and throw these away as soon as you've used them, as viruses and bacteria can survive for hours – make sure everyone washes their hands afterwards.
- Wipe down used toys at the end of every play session.
- Keep other siblings at bay by creating special 'play zones' for them – especially if they have a cough or cold.

Safety in the home

There are lots of things you can do at home to keep your baby out of harm's way and help to prevent common injuries – use our checklist on the following pages. Accidents and injuries can happen anywhere, but the most serious childhood injuries tend to happen in the kitchen or bathroom.

Basic home safety checklist

Whole home

- [ ] Install carbon monoxide detectors (testers) on every level of your home.
- [ ] Install smoke detectors on every level of your home, including near sleeping areas
  - *Check them monthly to make sure they're working*
  - *Change batteries twice a year, when you change the clocks in the spring and autumn*
  - *Replace alarms older than 10 years*
- [ ] Set your hot water heater to no more than 49°C (120°F) or have an anti-scald device installed on your taps.
- [ ] Install child-resistant door handle covers – especially for rooms with safety hazards and your back and front doors.
- [ ] Store cleaning supplies and other corrosive or poisonous household products (laundry detergent, dishwasher detergent, bleach) safely out of sight in a high cupboard (not below the sink), out of reach and away from food.
- [ ] Remove or place out of reach any sharp, breakable or heavy objects.
- [ ] Install child-proof locks on all low cupboards and drawers.
- [ ] Secure curtain and blind cords to the wall or beyond your baby/child's reach.
- [ ] Make sure space heaters are cool-to-the-touch models, have an automatic shut-off and are kept away from fabrics, such as curtains.
- [ ] Install window guards or make sure windows are latched, so they won't open more than 10 cm (4 in).
- [ ] Keep furniture away from windows that open.
- [ ] Secure non-slip backing under loose rugs, so babies/toddlers don't trip on them.
- [ ] Put away toys when they're not being used, so no one trips on them.
- [ ] Be careful when opening or closing doors, and teach siblings to take care too. Little fingers often get caught in closing doors – pinch injuries are especially common in households with more than one child.
- [ ] Keep pet food and water off the floor in any area babies and children can access.

Electrical sockets

Electrical sockets are right at a baby's eye level. Dangling wires, a power bar or even empty wall sockets will attract the attention of a curious baby. Remember, a baby may want to chew on that wire or examine that socket with wet fingers.

- [ ] Put safety covers on all electrical sockets that aren't being used.
- [ ] Keep all electrical cords out of reach.

Safety gates and barriers

Safety gates stop your baby falling down stairs or going into rooms you want them to stay away from, such as a busy kitchen. Fire-safe barriers stop babies from stumbling into something hot, such as a gas fireplace, and getting burned.

- [ ] Make sure your safety gates meet current safety standards and are labelled with the manufacturer's name, model name or number, date of manufacture and a warning statement about use and installation. Follow the instructions carefully.
- [ ] At the top and bottom of your stairs, install gates with vertical bars made of metal or wood and make sure they're fixed securely to studs in the wall. Pressure-mounted gates aren't safe at the top of stairs.
- [ ] Place fire-safe barriers around, and at a safe distance from, space heaters, fireplaces and wood stoves.



The kitchen

- [ ] Keep your baby behind a safety gate or secure in a highchair when you're cleaning, cooking or making/carrying hot drinks.
- [ ] Cook on your stove's back burners or hot plates with the pan handles turned in from the stove edge.
- [ ] Tie up dangling cords and push appliances or gadgets to the back of the kitchen counter when you're not using them.
- [ ] Keep your oven and dishwasher doors closed.
- [ ] Keep sharp or pointy objects (scissors, skewers, knives) in a drawer with a child-proof lock/latch or out of reach.
- [ ] Keep hot food and drinks away from the table or counter edges.
- [ ] Use non-slip placemats rather than a tablecloth.
- [ ] Tie plastic bags in a knot before putting them out of reach and out of sight.
- [ ] Keep kitchen rubbish in a latched or locked cupboard.
- [ ] Keep a fire extinguisher in the kitchen and check it monthly.

The bathroom

- [ ] Install hook-and-eye latches on the outside of the bathroom door, so it's always closed when you're not using it.
- [ ] Keep all cleaning products, medicines, toiletries, make-up and tools (hairdryer, straighteners, shaving equipment) out of reach.
- [ ] Roll up dangling electrical cords and keep them out of reach.
- [ ] Keep the toilet lid latched tightly, so your baby can't open it.

The living or family room

- [ ] Anchor top-heavy furniture or objects (such as televisions or bookcases) to the wall.
- [ ] Reclining (La-Z-Boy-type) chairs have a space between the foot rest and seat when the chair is raised. Lower the foot rest when it's not being used and keep young children away when you're raising and lowering it.
- [ ] Keep exercise equipment out of the room where your baby plays.
- [ ] Make sure your waste bins or baskets have secure lids or are kept in a latched or locked cupboard.
- [ ] Install safety locks and guards on all patio or balcony doors.

The baby's room

Your baby's nursery needs to be safe, especially if they're crawling, sitting up, pulling up to standing and/or reaching to grab things.

- [ ] Set the cot mattress at its lowest level. Once your baby starts trying to climb out of their cot or grows to 90 cm in length, they're probably ready to switch to a toddler bed.
- [ ] Lock and raise the cot rail to its highest position when your baby is in their cot.
- [ ] Remove bumper pads, pillows, quilts, stuffed toys or comforters from their cot.
- [ ] Remove cot gyms and mobiles when your baby is sleeping.
- [ ] Keep large toys out of the cot or crib, as babies can use these to climb out.
- [ ] Remove wall hangings, pictures, furniture and blinds that are near enough for your baby to grab from inside their cot.
- [ ] Keep any bin to store nappies in a latched or locked cupboard.
- [ ] Keep nightlights away from the cot or changing table, as your baby will want to reach for them.
- [ ] Keep containers for creams, lotions and other toiletries (or medicines) closed and safely out of your baby's reach.