



HUNGRY BABY SIGNS

'Neh' sounds, lip smacking, sticking tongue out, pursed open mouth, sucking hand/fist, active alertness, turning head & eye movement (looking for nipple). Very Hungry Sign: Cough-cough 'aaah' sounds.

HUNGRY BABY REMEDY

Feed Babe: Newborns typically 30-40 mins of productive suckling every 2½ to 3½ hours.

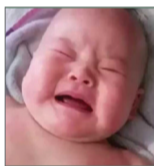


UNDERFED SIGNS

Lethargic, sleepy, weak cry, worried-looking, rarely content, dry lips, dissatisfied and fussy after feeds. Dehydrated (hard stools, dark urine), weak cry & sunken fontanelle are very underfed signs. Gaining < 120g/week or 500g/month.

UNDER-FED BABY REMEDY

Feed Baby more: Underfed newborns typically need half-hour productive suckling every 2-3 hours, topped up with 30-60ml expressed breastmilk over 5-10 mins every feed.

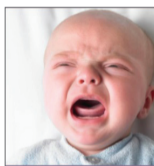


OVER-FED SIGNS

Very windy, bright green 'guacamole' stools, head-banging, pulling off from feeds, breasts leaking a lot during feeds, snack-and-snooze 1-2 hourly feeds (short feed, short sleep cycle), extraordinary weight gains.

OVER-FED REMEDIES

Are you mistaking Tired Signs for Hungry Signs? Lactation over production: If mum still over-producing milk at 2-3 months, helpful solutions can include reclining backwards during feeds, drinking Sage/Jasmine tea, eating Parsley (eg. tabbouleh), and in extreme situations a few days of prescribed Combined Oral Contraceptive tablets.



WINDY BABY SIGNS

'Eh' 'Eairh' sounds, screwed-up face, curling tongue upwards, silent screams, high pitched shrills, breath holding, gasps, pants, tense, squirming, pulls legs to chest.

WINDY BABY REMEDIES

Burb the baby – and no, there is no one magical remedy that works for every baby. It is trial and error. YouTube has some useful technique videos.



SICK-UNWELL SIGNS

Weak prolonged whiny nasal cry, wheezing, coughing and/or rash, sunken fontanelle, vomiting and/or diarrhea, refusing feeds and/or lethargic, Temp ≥ 38°, possible temporary seizures.

SICK-UNWELL SIGNS REMEDY

Remove 1-2 clothing layers when ≥ 37.5°. And frequent 1-2 hourly feeds to avoid dehydration. Seek prompt medical diagnosis.



TONGUE-TIE SIGNS

Ankyloglossia (short fraenum): Latching and feeding problems (slipping off latch), maternal severe nipple trauma, recurring mastitis, dissatisfied baby, poor weight gain.

TONGUE-TIE REMEDIES

Fraenulotomy (quick snip by a trained midwife or GP or Paediatrician).



CMPA: COWS MILK PROTEIN ALLERGY

Commonest childhood allergy to formula, or dairy consumed by lactating mother.

CMPA: SIGNS

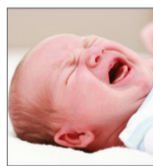
Sniffles, wheezing, irritable crying, hives, eczema, dermatitis, nappy rash, vomiting diarrhea, constipation.

CMPA: REMEDIES

Mum needs to remove dairy from diet. Breastfeed for more than 6 months (ideally two years to reduce likelihood of allergies). Avoid formula under 3 months and/or try hypoallergenic formulas. Try infant antihistamine. Have baby see a naturopath or homeopath.

LACTOSE INTOLERANCE (ie. LACTASE DEFICIENCY)

Lactase-enzyme digests Lactose milk-sugars, low levels of Lactase is rare in Europeans, except Scandinavians (more common in dark-skin races). Babies can have temporary low levels of Lactase caused by antibiotics, parasitic infection or gastroenteritis. It is very rare that no Lactase is produced at all.



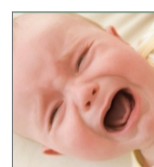
LACTASE DEFICIENCY SIGNS

Watery acidic diarrhea-ish frothy stools. Excessive farting, swollen, bloated, rumbling tummy, stomach-cramp-like pained crying. NOTE: It does not cause vomiting.

LACTASE DEFICIENCY REMEDIES

Mother's diet does not affect milk lactose levels. Ensure baby receives fatter hind-milk (feed every 3-4 hours to avoid foremilk 1-2 hour snacks). Delay weaning (breastmilk has lactase). Use infant lactase drops. If using formula swap to lactose-free.

GASTRO-OESOPHAGEAL ACID-REFLUX SIGNS



Wet hiccups/burps, projectile vomiting, erratic feeding, drooling, wheezing, coughing, lots of swallowing, choking-gagging sounds, sour breath, after-feed in-pain fussing, better lying upright, and poor sleeping.

G.O.R. REMEDIES:

Breastmilk preferable (natural antacid), 3-4 hour feeds (rather than 1-2 hour snacks) for the heavier hind-milk, burping between feeds, winding drops, infant antacids, lactation teas, wellness check with homeopath, naturopath and acupuncturist.

G.O.R.D. REMEDIES (BLOOD-STAINED PROJECTILE-VOMITING):

Paediatrician may prescribe Omeprazole (eg Losec) or Ranitidine (eg Zantac) to reduce stomach acid, or Metoclopramide (eg Maxolon) to reduce vomiting. And/or GP may endorse introduction of solids (heavier food) from 4-5 months old if 100% milk feeds is proving extremely problematic.



COLIC

This is a bit of a mystery. The term applies to any healthy, well-fed infant who cries more than 3 hours a day, more than 3 days a week, for more than 3 weeks.

COLIC BABY SIGNS

Prolonged loud, intense, inconsolable, ear-piercing crying starting in 1st month and occurring around the same time daily which is often in the evening. Cause is ultimately unknown and a cure is ultimately unknown.

COLIC BABY REMEDIES

Aim for a calm non-stimulating home environment. Try Baby Colic Powder, Colimed Relief, Winding drops like Infacol, Gripe Water and/or a dummy, Acidophilus-Bifidus yoghurt. For Mum Lactogogue Tea. See an Osteopath, naturopath or homeopath.

ARSENIC HOUR

Most babies have fussy periods late afternoon or early evening displaying Tired Signs, but hard to settle. This can be best time for: Extra 'cluster' feeding, bath-time routine or handing to Dad!

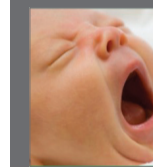


CRANKY-CLINGY CRYING

Research shows it is normal for babes to go through a cranky-clingy period as massive neurological developmental changes occur.

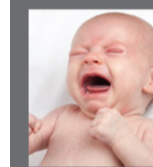
Based on gestational age: at around 5 weeks, 8 weeks, 12 weeks, 19 weeks, 26 weeks, 37 weeks, 46 weeks, 64 weeks, 75 weeks (The onset may vary, but it will arrive!).

SLEEP GUIDE



TIRED SIGNS

Grizzling, 'Owh' sounds, frowning, contorting, unhappy face, clenched fists, jerky arm/leg movements, avoiding eye contact, slow blinks.



OVER-TIRED SIGNS

Beyond a first yawn, super-alert wide-eyed focused look and/or angry wailing cries and flailing arm and legs. (Rubbing eyes with fists is not a newborn sign).

NEWBORN SLEEP BASICS

The commonest reasons babies don't feed well or don't sleep well, is because they are overtired from being overstimulated. So keep your baby in a 'boring' environment for the first 40-days, until they are more robust by being over 5-weeks and over 5-kilos.

UNDER 1 MONTH: 16-20 hours of sleep per 24 hours.

Say 6-8 sleeps of 2-3 hours, then by 3-4 weeks one 5-6 hour sleep overnight (eg. 10pm-4am)

2-3 MONTH OLD: 15-18 hours of sleep per 24 hours.

Say 3 x 1½-3 hours day sleeps with the rest overnight (eg. 7-8 hours at 7-9 weeks, 9-11 hours at 3-4 months).

SETTLING NEWBORNS IN BED

Babies should wake to have a feed – not feed to go to sleep.

Normal rhythm:

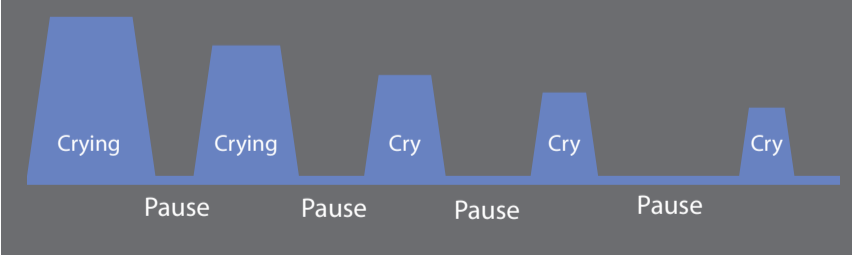
- Feed-time and nappy change (first 30-45mins)
- Play-time relaxed interaction (next 15-30mins)
- Tired-signs (about 1¼ hours after waking)
- Sleep-time (swaddled and put to bed in a darkened room)

[Babies' Sleep-Cycles are around 45mins long, so do expect to hear babe stirring between sleep-cycles at around an hour but this does not mean they've finished their full sleep time].

NEWBORNS SELF-SETTLING

Tired babies have a predictable 2-20-minute intermittent-cry pattern as they fall asleep.

Newborns can go from Tired to Overtired in 10 mins – your job is to vigilantly monitor for their Tired Signs, to avoid the continuous wailing screams of an overtired baby trying to self-settle to sleep.



ALWAYS REMEMBER

It is normal for babies to cry – it is how they communicate with you. It's ok to walk away. Never, ever shake a babe! And never leave your baby alone with someone who may lose control. Share this message with everyone who is caring for your baby. If you think your baby might be injured, seek medical help at once.

High Needs Baby = High Needs Parents
Be kind to yourself - accept help