

"Reading" My Body Language

When am I stressed? When am I ready to play?

When I am stressed or over-stimulated I may:

- Turn my body or face away from you
- Avoid looking at you or shut my eyes
- Spit up
- Hiccough
- Have rapid-shallow breathing
- Arch my neck and back
- Change color
- Cry or fuss
- Straighten my arms out to the side
- Put my hand toward my forehead



Ideas to HELP

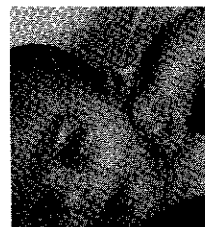
If I seem stressed or over-stimulated, explore ways to help me "reorganize" and calm. For example:

1. Give me some quiet time alone.
2. Place your hand on my chest.
3. Talk to me in a soft voice.
4. Hold my hands so I am grasping your thumbs and bring my arms folded close to my chest.
5. Change my position, e.g., if I am on my back, put me on my tummy or hold me close to your chest.
6. Place one of your hands on my head and one hand on my feet to help me "tuck" or flex my body.
7. Remain quiet and turn your eyes away (sometimes eye-contact is too much for me to handle).
8. Let me suck on my hand, your finger, or a pacifier.
9. Gently rock me in a cradled position.
10. Pick me up and hold me at your shoulder or in a cradled position.

When I am content and ready to play or interact I may:

I may:

- Become quiet and have an alert expression
- Look at you
- Hold my hands near my chest
- Hold my hands near my mouth
- Reach out to you with my feet, hands or eyes
- Hold my mouth in the shape of an "O"
- "Talk to you" with my sounds



Ideas to HELP

When I seem content and ready to interact, I may like it if you:

1. Nod, smile, and talk to me.
2. Pause for a few seconds during your conversation to give me time to respond.
3. Pick me up.
4. Show me a toy or picture.
5. Play Peek-a-boo with me.
6. Tell me a story.
7. Play Pat-a-cake.
8. Let me hold a rattle.
9. Give me a massage.
10. Sing a song to me.
11. Dance with me.
12. Stroke my arms or legs.
13. Tell me what you are doing.
14. Let me look in a mirror.

Keeping Me Safe at Home

Childproofing our home is one of the most important things you can do to protect me. The following are some important ways to help keep me safe. Remember childproofing does not replace my need for close supervision. It is important that my parents and caregivers are trained in basic infant CPR techniques and first-aid.

Kitchen

- Use back burners on the stove and keep pot handles turned to the back.
- Avoid table cloths that I can pull off the table.
- Place out of reach, and use safety latches on kitchen cabinets and drawers that contain toxic substances, cleaning materials, alcohol, wrap paper boxes with serrated edges for cutting, plastic bags, knives, and, breakable items.
- Keep all small appliances and electrical cords safely stored out of reach. Monitor and keep mugs with hot drinks safely out of my reach.
- Use stove knob covers, stove top shields and stove locks

Cribs

- Only use a crib that meets Federal safety regulations and industry voluntary standards (ASTM) and make sure it has a tight fitting mattress. If you can fit more than two fingers between the edge of the mattress and crib side, the mattress is too small. Check the labeling on these products to make sure they meet safety requirements.
- Never use a crib with broken, loose, or missing parts. Be sure that all slats are securely fastened in place and the space between slats is no more than 2-3/8 inches (60 mm).

- If you paint or refinish the crib, use only high quality household lead-free enamel paint and let it dry thoroughly so there are no residual fumes. Check the label on the paint can to make sure the manufacturer does not recommend against using the paint on items such as cribs.

Bathroom

- Keep all medicines and drugs in a locked cabinet out of my reach. Aspirin is one of the most common causes of childhood poisoning. Be careful to return all drugs to the cabinet after you use them.
- Keep shampoo and soap out of my reach.
- Keep all personal electric appliances such as hairdryers, razors and curling irons unplugged to avoid electric shock if they should be pulled or dropped into water.
- Lower the thermostat on your hot water heater to 120°F (48.9°C) or use anti-scalding devices. Always double check water temperature before letting me touch it at the sink or tub.
- Be careful about what you throw away. I will find the wastebasket full of interesting things. Put pills, razor blades, etc. in a wastebasket with a lid that is out of my reach.
- Use lid locks to keep me from opening the toilet seat. Always leave the lid down.
- Put a high hook on the outside of the bathroom door or put on a plastic door-knob cover. Keep the bathroom door closed.
- Use plastic or paper cups and containers in the bathroom to avoid broken glass.

Keeping Me Safe at Home (Continued)

Windows

- Eliminate loops on cords. Cut them above the tassel.
- Keep all cords from drapes or blinds out of reach or use a cord wind-up device.
- Use window guards or netting to protect me from falling out of an upper story window.
- Never place a crib or my bed near a window.
- Never put a chair, sofa, bench, or bookcase near a window with a dangling cord. Children climb on furniture, play with cords or chains, and can become entangled.

Baby Gates

- Some baby gates themselves are dangerous. If you will be using a baby gate:
- Choose a gate with a straight top edge and rigid bars or mesh screen, or an accordion-style gate with small V-shapes and diamond-shaped openings. Entrances to V-shapes should be no more than 1-1/2 inches (38 mm) in width to prevent head entrapment. Be sure the baby gate is securely anchored in the doorway or stairway it is blocking. If the gate is not secured properly I could push it over and fall down the stairs.
- Gates that are retained with an expanding pressure bar should be installed with the bar facing away from me because I could use it as a toehold to climb over. Pressure gates are not recommended at the top of stairways.

High Chairs

- The majority of the injuries result from falls when restraining straps are not used and when children are not closely supervised.
- The crotch strap and belt around my waist should be fastened as soon as I am placed

in the chair. Remember, the feeding tray is not a restraint. Only safety straps keep me from climbing out or sliding down and strangling.

- Be sure that the locking device on a folding high chair is locked each time you set up the chair.
- Never allow me to climb into or stand up in a high chair, nor allow older child to hang on it.

Playpens

- Look for mesh netting with a very small weave (less than 1/4 inch)-smaller than the tiny buttons on my clothing. Slat spaces on a wooden playpen should be no more than 2-3/8 inches (60 mm) in width.
- Always show my caregivers how to properly set up my playpen according to the manufacturer's instructions. Improper setup can cause the playpen to collapse on me.
- Never leave me in a mesh playpen or crib with the drop-side down. I could roll into the space between the mattress and loose mesh side and suffocate. Even when I am not in a playpen, leave the drop-side up.
- Remove large toys, bumper pads, or boxes from inside the playpen so I can't use them to climb out.
- Don't tie any items across the top or corner of the playpen; nor, hang toys with strings or ribbons on the sides. They can be a strangulation hazard. Examine the mesh and its attachment to the top rail and floor frequently for loose threads and holes in the mesh sides. I could become entangled. Only use snug fitting pads so I can't suffocate between the pad and the side.

Keeping Me Safe at Home (Continued)

Automobile Safety

Always place me in an approved car seat when driving, even for one block. For information on children's car seats and Auto Safety Hotline, contact the National Highway Traffic Safety Administration, 1-800-424-9393 www.nhtsa.dot.gov

Outdoor Play

- Keep plenty of drinking water on hand before, during and after outdoor play.
- Discuss using sunscreen with my health care provider. Sunscreen with a SPF of at least 15 is generally recommended for children during outdoor play.
- I need constant adult supervision outdoors.
- Keep toys, tricycles and other playthings away from pools so I am not attracted to play near the water.
- Make sure I wear a comfortable but secure helmet when riding on bicycles.
- Avoid letting me play in areas where poisonous plants and insects may be found such as standing water and flower gardens.
- Ensure that I never play near traffic or driveways.
- Examine all outdoor toys regularly for rust or weak parts that could become hazardous.

CPSC Note:

The handouts on pages 523-527 were adapted from the Consumer Product Safety Commission CPSC. The CPSC has many other publications that have more complete information about these tips and publishes Safety Alerts and recall notices, and, a Hotline service (1-800-638-2772, TTY: 1-800-638-8270). For further information, write: U.S. Consumer Product Safety Commission Washington, D.C. 20207 or see Website page (www.cpsc.gov)

Safe Sleep for Your Baby: (SIDS)

Ten Ways to Reduce the Risk of Sudden Infant Death Syndrome

What is SIDS?

SIDS stands for Sudden Infant Death Syndrome.

This term describes the sudden, unexplained death of an infant younger than 1 year of age. Some people call SIDS "crib death" because many babies who die of SIDS are found in their cribs. But, cribs don't cause SIDS.

What can I do to lower my baby's risk of SIDS?

1. **Always place your baby on his or her back to sleep, for naps and at night.** The back sleep position is the safest, and every sleep time counts.
2. **Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.** Never place your baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.
3. **Keep soft objects, toys, and loose bedding out of your baby's sleep area.** Don't use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in your baby's sleep area, and keep any other items away from your baby's face.
4. **Do not allow smoking around your baby.** Don't smoke before or after the birth of your baby, and don't let others smoke around your baby.
5. **Keep your baby's sleep area close to, but separate from, where you and others sleep.** Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside cosleeper (infant bed that attaches to an adult bed) when finished.
6. **Think about using a clean, dry pacifier when placing the infant down to sleep, but don't force the baby to take it.** (If you are breastfeeding your baby, wait until your child is one month old or is used to breast-feeding before using a pacifier.)
7. **Do not let your baby overheat during sleep.** Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.
8. Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.
9. **Do not use home monitors to reduce the risk of SIDS.** If you have questions about using monitors for other conditions talk to your health care provider.
10. **Reduce the chance that flat spots will develop on your baby's head:** provide "Tummy Time" when your baby is awake and someone is watching; change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

Babies sleep safest on their backs. One of the easiest ways to lower your baby's risk of SIDS is to put him or her on their back to sleep, for naps and at night. Health care providers used to think that babies should sleep on their stomachs, but research now shows that babies are less likely to die of SIDS when they sleep on their backs. Placing your baby on his or her back to sleep is the number one way to reduce the risk of SIDS.

But won't my baby choke if he or she sleeps on his or her back? No. Healthy babies automatically swallow or cough up fluids. There has been no increase in choking or other problems for babies who sleep on their backs.

Spread the word! Make sure everyone who cares for your baby knows the Safe Sleep Top 10! Tell grandparents, babysitters, childcare providers, and other caregivers to always place your baby on his or her back to sleep to reduce the risk of SIDS. Babies who usually sleep on their backs but who are then placed on their stomachs, even for a nap, are at very high risk for SIDS—so every sleep time counts!

Definitions of Terms Used by Child Development Specialists

A. Terms Associated with Movement, Motor Development, and Muscles

Abduction: Movement of an arm or leg *away* from the midline of the body.

Adduction: Movement of an arm or leg *toward* the midline of the body. The opposite of abduction.

Asymmetrical Tonic Neck Reflex (ATNR): A reflex that is most obvious during the first few months after birth. It is elicited when a baby turns his head to one side while lying on his back. As the head is turned to the side, the arm and leg on the same side straighten and the arm and leg on the opposite side bend. This is sometimes called the "fencer" position.

Bilateral: Relating to or affecting both sides of the body

Crawl: Moving forward with arms, legs, and tummy on the floor.

Creep: Moving forward on hands and knees, with tummy off of the floor.

Extension: The straightening of trunk and limbs. Total extension is the straightening out of all joints of the body. The opposite of flexion.

Extensor thrust: The strong extension of one or more limbs in response to a stimulus.

Extremities: Arms and legs. Upper extremities refer to arms and lower extremities refer to legs.

Fine Motor: The area of development concerned with using hands, eyes, and, eyes and hands together to reach, grasp, and manipulate. Usually refers to the "finer" or small muscle movements.

Flexion: Decreasing the angle or bending of a joint. The opposite of extension.

Gross Motor: The area of development concerned with how a child controls larger body movements such as sitting, crawling, and walking skills.

Hemiplegia: A condition affecting one side of the body due to brain damage.

Hypertonia: Hypertonic. Increased tone or tension of muscles. Sometimes referred as "tight muscles". Opposite of hypotonia.

Hypotonia: Hypotonic. Decreased tone or tension of the muscles, making upright postures difficult to hold. Sometime referred as "floppy". The opposite of hypertonia.

Midline: An imaginary line down the center of the body, separating right from left sides.

Pincer Grasp: A mature grasp that involves using only the index finger and thumb only to pick up a tiny object such as a raisin.

Pronate: The hand or forearm is turned so the palm faces downward. Opposite of supination.

Prone: Lying on stomach.

Protective Reactions: Automatic response to prevent falling, e.g., if your child is pushed to the side when sitting, your child automatically puts his arms out to the side to prevent a fall.

Raking: Picking up a small object using the whole hand, fingers against palm, but not the thumb.

Radial: Pertaining to the thumb side of the forearm and hand.

Reciprocal: Moving one arm or leg at a time in alternation with the other arm or leg.

Spasticity: Hypertonic or tight muscles causing stiff and awkward movements.

Supination: Turning of forearm with palm upward. The opposite of pronation.

Supine: Lying on the back.

Symmetrical movements: Moving corresponding parts of the body simultaneously, equally, and in the same direction.

Unilateral: Affecting or occurring on only one side of the body.

Jaw Support

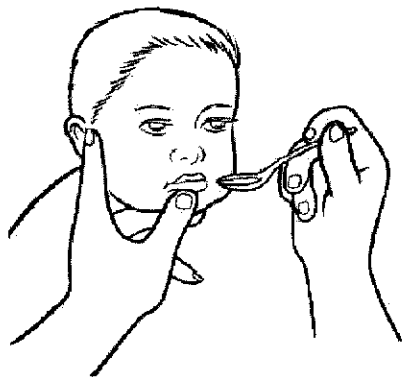
Jaw Support can help me open and close my mouth effectively when you feed me with a spoon or help me drink from a cup. There are two positions you can provide jaw support: face to face, or, from the side.

Things to remember:

- I should be sitting with enough support so I am relaxed and can focus on feeding.
- I should be looking straight ahead with my head at midline and bent forward a bit so my chin is not jutting out.
- Present a child-sized spoon to the middle of my lips and place food toward the side or on the molar area.
- Maintain jaw support and lip closure until I swallow
- Reduce your jaw support, as my chewing and swallowing improve.
- Give me verbal cues such as "Close your mouth"

Face to Face Method:

1. Place your thumb on my chin, under my lip. Gently press my lower lip upward with your thumb to help me bring my lips together.

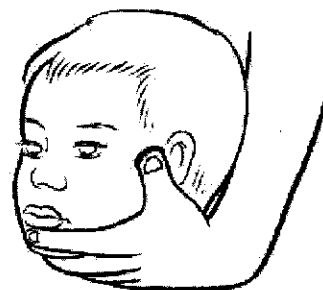


2. Place your index finger on my cheek, along my jawbone. Apply slight pressure inward and forward on my cheek if needed to decrease muscle tightness.

3. Place the length of your middle finger under my jaw, just behind my chin. Guide my jaw up and down only as needed during chewing, but don't do all the work. Encourage me to be as active in the process as possible.
4. Keep the little finger side of your hand lightly pressed on my breast bone if needed to help maintain proper head and trunk alignment.

Jaw Support From the Side:

1. Bring your non-feeding arm around the back of my head. This can help prevent me from pushing my head back, but avoid putting any pressure directly on the back of my head.
2. Place your index finger under my bottom lip on my chin to help me keep my lips together after I take a bite of food or a sip of liquid.
3. Place your thumb on my cheek, at the back of my jaw bone. Use your thumb to help control my cheek and keep my head in midline.
4. Place your middle finger under my chin, just behind the bone on the soft tissue. Guide my jaw up and down only as needed during chewing, but don't do all the work. Encourage me to be as active as possible.



Positioning Guidelines

When I'm Lying on My Tummy to Play

Playing on my tummy is good for me because:

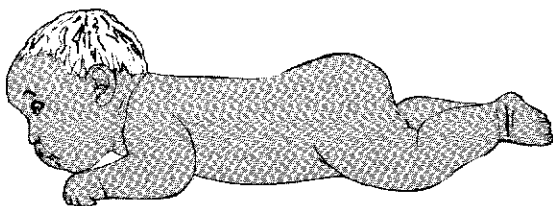
- It encourages me to lift my head so I can look at people and toys. Lifting my head encourages the development of better head control and helps me strengthen the muscles of my neck, arms, chest, and back.
- It can reduce the chance that flat spots will develop on my head since I need to spend so much time on my back to sleep.
- Being on my tummy tends to encourage more flexion. This helps if I have increased muscle tone and tend to keep my arms and legs straight or stiff.
- Provides a safe position for me to play if I am within your direct sight.

Positioning Guidelines

1. Make sure I can clear my nose and mouth to breath easily.
2. It is important for me to spend equal time with my head turned toward my left and turned toward my right when I am lying on my tummy to prevent muscle tightness in my neck and prevent flattening of my head on one side. Approach me from different sides, and alternate the position of my toys in my play areas.
3. If I am able to lift my head up from my tummy, it is good for me to hold it up in mid-line, facing straight ahead. Position toys, a mirror, or pictures directly at my midline to encourage me to look straight ahead.
4. My arms should be flexed with my hands near my head if I am lying flat on my tummy without propping on my forearms.
5. If I am able to prop or push myself up on my forearms, then my elbows should be under my shoulders.
6. My legs should be extended rather than flexed out to the side in a frog position.
7. If I resist lying on my stomach, introduce and increase tummy time gradually, one minute the first time, two minutes the next time, etc. Help me associate this position with pleasant experiences.
 - a. See if I will tolerate lying across your knees or on your chest when you are lying in a semi-reclined position.
 - b. Gently rub my back while you sing or talk to me with your soothing voice.
 - c. Have something special for me to look at.
 - d. Experiment with laying me on different textures to see if I am able to tolerate some textures more than others, e.g., a terry towel, carpet, a jersey knit sheet, a smooth cotton sheet.

/!\ Safety Check

- I should only lie on my back to sleep. Do not let me sleep on my tummy. Always closely supervise me when I am playing on my tummy. This is not a position for sleep.
- If I have muscle tone problems, ask my therapist to recommend how long and how frequently to let me play on my tummy.



Positioning Guidelines Lying on My Side to Play

Lying on my side is a good position for me because it:

- Reduces the effect of reflexes that can affect my voluntary movements.
- Helps me keep my head and arms in mid-line so I can see my hands, move my hands together, bring them to my mouth, and play with toys.
- Provides different pressure on my head that is necessary since I spend so much of time on my back when I sleep.



Positioning Guidelines

1. Place a small pillow under the lower side of my head if needed to keep my head in proper alignment with my body when I am lying on my side.
2. My head should be flexed a bit forward with my chin tucked toward my chest. If I usually push my head backwards, place a rolled towel or bag of flour behind my head.
3. Both arms should be forward so that I can bring my hands together and see my hands.
4. My legs should either be both flexed at my hips and knees, or, with my underside leg straight and upper leg flexed. If needed, place a small pillow between my legs to help separate them and help keep my upper leg bent.
5. I should spend equal time lying on each side to promote symmetry and prevent tightness on one side.

Ideas to Help Me Maintain a Side-lying Position

1. Place a rolled blanket, bolster, or firm pillow behind my back to help prevent me from unintentionally rolling over to my back.
2. Place a rolled towel, stuffed animal, or small pillow in front of my chest if I have a tendency to roll over to my tummy. *Do not let any supports rest near my face.*
3. Position me on my side with my back against the side of a stable, safe piece of furniture where there is no danger of falling if I happen to roll. For example, against the side of my play-pen or, on the floor against the wall, or, at back of a couch (but only if you are sitting next to me).

!/\ Safety Check

Always place me on my back to sleep. Always supervise me when I play on my side and when I am around soft toys, pillows and cushions. Do with demonstration and supervision of a therapist.

HELP® - Hawaii Early Learning Profile (Birth-3 years)

Comprehensive, ongoing, family-centered curriculum-based assessment

All HELP products use the same skill numbers for easy cross-reference e.g., 3.21

Initially: meet with family to identify priorities and child needs [#157-Family Interview]

1. On-going: (with family) use *Inside HELP* [#159] to plan, guidelines and criteria

2. Assess/record progress in *Strands* [#158]; select next developmental skill(s); share Charts with parents

4. Provide instruction, record progress [#158] and continue ongoing assessment

Inside HELP Assessment Planning

3.21 Holds head steady in supported sitting 3-5

Holding My Head Steady

At this stage... I am working on developing enough head control to hold my head up steadily for a minute or so without bobbing forward or to the side when I sit with support.

HELP at Home Parent Handouts

3.21

3. Based on *Strands* assessment and family priorities, photocopy [#156] activity sheets - handout to family

3-0 GROSS MOTOR: BIRTH - 15 Months

3-1 Prone (lying on stomach)

3-2 Supine (lying on back)

3-3 Sitting

HELP Strands Assessment Record

Skill #	Age	Notes
3.05	0-2	Rolls head to one side in prone
3.06	0-2	Rolls head to other side in prone
3.07	0-2	Rolls head up 45 degrees in prone
3.08	0-2	Rolls head down 45 degrees in prone
3.09	15-25	Extends both legs - hold leg in "frog" or "dolphin" position
3.10	2-3	Rotates and extends head - turns head to each side at least 45 degrees
3.11	2-4	Holds chest up in prone - weight on forearms
3.12	3-5	Holds head up 90 degrees in prone

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HELP Products: Birth-Three

All HELP products are cross-referenced by number to the same 685 HELP skills for ease-of-use. HELP is one of the most popular and widely-used curriculum-based assessment systems and is available in Spanish and as a comprehensive software/database package. Learn more on our web site: <http://www.vort.com>

Prod# Title

#159 - *Inside HELP Administration and Reference Manual*—essential guidelines and procedures for HELP developmental assessment, planning, therapy, instruction, and intervention. 400 pages.

#157 - *HELP Family-Centered Interview*—simple booklet to focus assessment and discussions on family priorities, concerns, and child outcomes for effective intervention - lists 80 key open-ended questions and prompts linked to 400 questions from *Inside HELP*. 8 pages.

#158 - *HELP Strands*—Developmental Assessment Record/booklet groups the 685 HELP skills into 58 "concept-based" Strands for easier assessment and developmental planning. Provides columns for easy recording of credit notes/dates/ observations. 28 pages.

#156 - *HELP at Home*—540 pages of unique, reproducible, ready- to-use parent handouts/activity sheets for each HELP skill - annotate, copy and handout directly to parents to facilitate their involvement.

#150 - *HELP Charts* — Set of three sheets displaying the 685 HELP developmentally sequenced skills as a horizontal continuum - ideal for communicating with and involving parents - visually track progress.

#153 - *HELP When the Parent has Disabilities*—comprehensive and unique resource offers thousands of activities and training techniques for directly involving all parents in their child's cognitive, motor, social and language development. 296 pages.

#152 - *HELP Activity Guide*—comprehensive program-based activities and curriculum. 208 pages.

Positioning Guidelines When I am Sitting

Sitting is good for me because this position:

- Promotes the development of head and trunk control.
- Encourages me to be alert.
- Lets me look around to explore my environment.
- Enhances interaction with others.

Sitting on The Floor:

1. Provide enough support for me so that my:
 - a. head is erect and free to turn;
 - b. trunk is fairly straight;
 - c. weight is directly on my bottom, not on my lower back; and, my
 - d. legs are in front of me, either loosely crossed or straight out (but not "locked" in to a stiff position).

Sitting in a Chair

1. My head should be erect and free to turn. If my head tilts to one side, place a small pillow or rolled towel at the side or sides of my head to help keep it erect at mid-line.
2. My trunk should be straight with my hips placed well back in the chair and my thighs fully supported.
 - a. If my trunk slumps to one side, place a rolled towel to that side to help my trunk stay erect, with my arms forward.
 - b. If I tend to slide my bottom forward, try placing a piece of non-slip material on the seat of the chair. The rubbery material used under a rug or as drawer liner can be cut to fit my seat.
 - c. The height of the chair's back support that I need will depend on my balance and posture needs.

3. I should use a seat belt for safety and to help me maintain a good sitting position. The seat belt should be positioned across my hips at a 45 degree angle along the bend between my trunk and thighs. It should not be strapped high around my waist because it is uncomfortable and ineffective.
4. The depth of the seat should allow my knees to bend comfortably at a 90 degree angle, when I am sitting all the way back in the seat. If the seat is too deep, add a back panel to the back of the chair. A covered phone book can be used for a back panel. Test various sizes to ensure a good fit.
5. My legs should be at 90 degree angles at my hips, knees, and ankles
6. My feet should rest flat on the floor or footrest. If my feet do not rest flat on the floor, add a footrest or place a support such as a phone book under my feet.

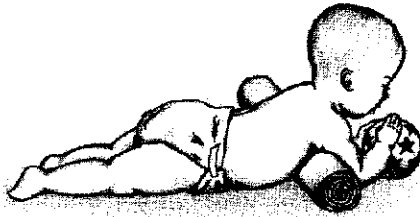
Note:

- I need experience in many positions so I should not spend all of my waking time sitting. Sitting is a static position that does not allow for much movement. Help me move to another position after I have been sitting for about 10-15 minutes, or sooner if my head bobs or I let you know I want to move.
- Avoid: "W" sitting (i.e., sitting with my feet placed back beside my hips).

Positioning Me On My Tummy

A. Using a Roll

1. Roll up a towel or small blanket to make a roll to place under my chest. The roll should be:



- a. Thick enough to raise my chest so that I can comfortably bear weight on my elbows and forearms, and,
 - b. Long enough to help keep my arms forward. Two feet is usually a good length.
2. Place me over the roll so that the roll is under my chest, near my armpits, with my elbows in front of the roll.

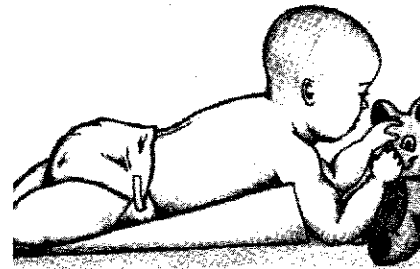
B. Using a Bolster

Bolsters can be used in the same manner as a towel or blanket roll, but can be better because they are firmer.

1. A bolster can be purchased or made out of a firm cardboard tube. If you are making a bolster, cover the cardboard tube with a sheet of foam and then cover foam with washable vinyl or cloth. The bolster should be:
 - a. Thick enough to raise my chest so I can comfortably bear weight on my elbows and forearms, and,
 - b. Long enough to help keep my arms forward.
2. As with the towel roll, place me over the bolster so that it is under my chest, near my arm pits with my elbows in front of the bolster.

C. Using A Wedge

1. Use a wedged shaped cushion that is about the length of the distance between my shoulders and thighs.
2. Position me over the wedge with my chest over the thicker end, near my armpits, and my arms positioned forward.
3. The height of the thicker end of the wedge should allow me to bear my weight on my forearms or hands, dependent upon my developmental level.
4. The wedge should have a gradual decline that ends at my thighs.



! \ Safety Check

If you are unfamiliar with the use of bolsters or wedges, consult with a therapist. Ask about any safety precautions. Always closely supervise me when I am playing on my tummy. This is not a position for sleep.

Positioning Guidelines When I'm Lying on My Back to Play

1. **My head should be centered at mid-line and be slightly elevated.**
 - a. Place a wedge or crescent shaped cushion or pillow under my head and upper back. This is important because if only my head was elevated and not my back, my neck could bend too far forward and make it too difficult to breathe.
 - b. To help keep my head in mid-line, place small rolled towels at each side of my head, or use a small covered foam cushions.



2. **My arms should be able to move forward to my mid-line to help me reach and play.** If my arms appear "stuck" back, or, if I have difficulty bringing them forward:
 - a. Place rolled towels under each shoulder.
 - b. Or, wrap and secure a small folded towel or blanket around my shoulders so that it supports my arms forward.
3. **My legs should be relaxed and able to kick and bend.** If my legs are stiff and extended, help me relax and bend them:
 - a. Place a small rolled towel or pillow under my knees;
 - b. Place another small towel between my legs if I hold them too close together and it is difficult to separate them.

Reminders:

- These Guidelines are not intended for sleeping.
- Always be sure I have something interesting to look at or play with.
- Change my position periodically. Check with my therapist regarding frequency.

Additional equipment for good positioning:

Small Swim Rings or Boppy Pillow®: A small swim ring or Boppy Pillow can be useful to help position me on my back with arms and legs forward. Place me on my back so that my trunk and hips fit within the circle. Test different sized rings or pillows to insure a good fit.

! \ Important

Do with demonstration and supervision of a therapist.

Definitions of Terms Used by Child Development Specialists (Continued)

B. Terms Associated With Language Development

Articulation: The production of individual sounds in connected speech.

Babble: Repetition of consonant-vowel combinations in play.

Diphthongs: A speech sound gliding two vowels as one syllable, e.g., "a" and "i" in "mail"

Expressive Language: Gestures, vocalizations, and words used to communicate to others.

Inflection: A change in pitch to help get meaning across in speech, e.g., the rise in pitch when asking a question.

Intelligible: Speech that can be understood, even by a stranger. A child may have many articulation errors but his speech can still be understood.

Intonation: Rising and falling speech pattern to help get the meaning across.

Jargon: The use of assorted meaningless syllables with speech inflection patterns; production of sentence-like utterances without using words.

Linguistics: The study of the origin, structure, and modifications of language, including grammar and use of functional language.

Misarticulation: Incorrect production of an individual speech sound through omission, distortion, or substitution of a sound, e.g., saying "baw" for ball.

Mispronunciation: Incorrect pronunciation of a word; the individual speech sound may be produced correctly, but not in the correct order, such as "pasgetti" for "spaghetti".

Model: To give an example for your child to imitate. For example, adults model words and sentences when they name objects or say sentences for their child to imitate.

Phonation: The production of voiced sound by means of vocal cord vibration.

Receptive Language: The ability to understand what others are communicating.

Verbalize: To express something in words.

Vocalize: To produce consonant or vowel speech sounds, or, to use words.

C. Additional Terms

Adjusted Age, or, Corrected Age: Age of child taking into consideration the amount of prematurity, e.g., a child who was born January 1, but was due March 1 is two months premature. Therefore, although on July 1, the child's chronological age is six months, and adjusted age is 4 months.

Chronological Age: Actual age from your child's date of birth, e.g., a child born on January 1, is chronologically six months old on July 1.

Cognitive Skills: Those skills associated with mental development. These include how your child solves problems, foresees an event, and interacts with my environment.

Shaken Baby Syndrome: The medical term used to describe the injuries resulting from shaking an infant or young child too vigorously.

Tactile Defensive: Oversensitive to touch sensations. Resists, avoids, fears, or actively rejects touching and handling.

Keeping Me Safe – Never Shake Me “Shaken Baby Syndrome”

What Is Shaken Baby Syndrome?

Shaken Baby Syndrome is the medical term used to describe the injuries resulting from shaking a baby too vigorously. Shaking is of such force that someone seeing this occur would recognize the shaking as dangerous. Serious brain injury, blindness, and death can result.

When Does It Happen?

Shaken Baby Syndrome usually occurs when a parent or other caregiver is overly stressed, angry, or frustrated because their baby is crying or screaming inconsolably and nothing seems to help. They shake their baby repeatedly and forcefully in an effort to quiet the baby.

What are the symptoms of Shaken Baby Syndrome?

Symptoms may include changes in behavior, irritability, lethargy, loss of consciousness, pale or bluish skin, vomiting, and convulsions. Although there are usually no outward physical signs of trauma, there may be broken, injured, or dislocated bones, and, injuries to the neck and spine.

Why Does Such Serious Injury Result?

The neck muscles of babies are too weak and immature to provide good support for their heavy heads. In addition, a baby's brain and blood vessels are fragile and immature. Consequently, when shaken vigorously, a baby's head flops back and forth uncontrollably with such force that it ruptures blood vessels and damages the brain. Head impact is not necessary for serious injury, but does frequently occur.

Can Frolic Play Hurt My Baby?

Normal playful interactions with a child such as bouncing and dancing do not cause Shaken Baby Syndrome. Shaken Baby Syndrome occurs from rapid repetitive violent shaking. Support your baby's head while holding, playing and carrying until your child has

developed enough strength and control to hold his or her head steady when upright.

How Can I Prevent Shaken Baby Syndrome?

These are some ways adults can prevent Shaken Baby Syndrome:

1. Learn about the dangers of shaking a baby. Many people do not realize that shaking a baby can result in serious injury or death. Spread the word to other parents and caregivers you know.
2. Talk to everyone who cares for your baby about the dangers of shaking and explain that it is NEVER okay to shake your baby. Leave care providers specific instructions about what to do if your baby cries and what to do if your baby will not stop crying, e.g., place your baby in a safe place and call you. This includes siblings, babysitters, childcare providers, spouses, boyfriends, girlfriends, and grandparents.
3. Have a plan if you can't calm your baby and the screaming is wearing you out. Ask a friend or other family member to take over, or, place your baby in a safe place such as the crib and walk away until you feel in control. It is okay for your baby to cry alone when you have checked that your baby's needs have been met and they are safe.
4. **Remember: Shaking is not first aid!** If a baby is not breathing, shaking will not help. The appropriate treatment is CPR without shaking, after calling 911.

If you have any concerns that your baby has been shaken or suddenly starts to show any of these changes call 911 IMMEDIATELY!

For More Information Contact:
National Center on Shaken Baby Syndrome
2955 Harrison Blvd #102
Ogden, UT 84403
www.dontshake.com
888-273-0071 Toll Free

Toy Safety

Making sure my toys are safe is an important part of childproofing our home. Here are some basic toy safety tips to help prevent choking, strangulation, and entrapment. It's not possible to list every situation or toy so add to this list to fit our home and family situation.

Do NOT let me play with:

- Small toys such as rattles, small balls, squeeze toys, and teethingers that I could choke on. If a toy fits inside a paper towel tube, it is probably too small.
- Cords, ribbons or strings longer than 12 inches.
- Toys with sharp edges or small parts.
- Toys belonging to older children.
- Balloons, even if they are not inflated or broken.
- Crib toys with catch points that can hook clothing.
- Rattles, squeeze toys with ball-shaped ends.
- Plastic wrap from my toys.

Strings, Cords, Ribbons Cautions

- **Never** use strings to hang any object, such as a mobile or a toy or a diaper bag, on or near the crib where I could become entangled.
- If I have toys with cords or elastic for hanging, cut the strings/cords off.
- **Never** tie pacifiers or teethingers around my neck.
- Remove bibs whenever you put me in my crib or playpen.
- Remove any drawstrings from my clothing.
- Use cordless telephones.
- Crib gyms and other toys that stretch across the crib with strings, cords or ribbons can be a hazard for older or more active babies.
- Make sure that crib gyms are installed securely at both ends so they cannot be

pulled down into the crib.

- Remove all crib toys which are strung across crib or playpen area when I am beginning to push up on my hands and knees or when I am 5 months of age, whichever comes earliest.
- Mobiles and other toys that hang over my crib or playpen should be out of my reach.

Large Toys

Remove large toys that are next to safety gates, and, from my crib and playpen. I could use large toys as steps to climb over safety gates and rails.

Toy Labels

Be a toy label reader. Do not let me play with any toy labeled: "Not recommended for children under three". This label means that the toy is dangerous for me. Look for other safety labels including: "Flame retardant/Flame resistant" on fabric products and "Washable/hygienic materials".

Toys on the Internet

- The labels and warnings required on toys in stores are rarely repeated on web sites that sell toys. Parents and consumers using the Internet to buy toys should remember:
- Some toys sold on the Internet may be manufactured by companies that do not comply with U.S. toy regulations.
- Be careful about older toys sold on discount or auction sites. They may have been recalled by the Consumer Product Safety Commission because of safety hazards.

This handout has been adapted from the Consumer Product Safety Commission CPSC. The CPSC has many other publications that have more complete information about these tips and publishes Safety Alerts and recall notices as well as a Hotline service (1-800-638-2772, TTY: 1-800-638-8270). For further information, write: U.S. Consumer Product Safety Commission Washington, D.C. 20207 or see Website page (www.cpsc.gov)

Keeping Me Safe at Home (Continued)

Toy Chests

- Accidents can occur if I reach into the chest and the lid were to drop on my head or neck, or, if I climbed into toy chests to hide or sleep with the lid closed. Only use toy chests that have a support to hold a hinged lid in any position or, only use chests that do not have a lid.

Baby Walkers

- The U.S. Consumer Product Safety Commission estimates that more children are injured in baby walkers than with any other nursery product. The accidents happen even when a caregiver is nearby and include falling down stairs, tipping over and burns. If you plan to use a walker, it is important to buy a new walker that has safety features to help prevent falls down stairs. However, it is not possible to find a product that is safe in every situation. Follow all safety instructions on the warning labels.

Carrier Seats

- Most injuries associated with carrier seats result from falls: The carrier should have a wide, sturdy base for stability with non-skid feet. Stay within arm's reach of me when the carrier seat is on tables, counters, or other furniture. Never turn your back. Always use the safety belts and keep them snug.
- Never place a carrier seat on soft surfaces such as beds or sofas.

Changing Tables

- Look for a table with safety straps and always use them. In the instant it takes to turn for diapers and pins, I can roll over and fall. Remember, just because you are using the safety straps it does not mean that you can leave me unattended.
- Baby powders and talc can be dangerous. Never use them near a fan or allow me to play with the container because I could choke on the dust.

Drawstrings on children's clothing

- Loose drawstrings pose strangulation and entanglement hazards because they can get caught on playground equipment, cribs, and other furniture. Use alternative closures, such as snaps, buttons, or Velcro. Remove drawstrings from hood and the neck area of my outerwear including jackets and sweatshirts.

Store Poisons Safely

- Store medicines and household products locked up, where I cannot see or reach them.
- Lock up and store poisons in their original containers.
- Use child-resistant packaging, but remember — nothing is child-proof!
- If you think someone has been poisoned, call the poison center right away — Keep this number posted by our phone: 1-800-222-1222.

Fire Prevention

Install smoke detectors on each floor of our home, especially near sleeping areas; test them on a regular basis and change the batteries each year, or when a "chirping" sound is heard.

Carbon monoxide poisoning

Make sure all fuel-burning appliances are properly installed, used, and maintained annually at the start of the heating season. Do not leave vehicles running in garages. Install CO detectors that meet the requirement of the most recent UL standard.

Keeping Me Safe at Home (Continued)

Bathtub Safety

- Never, even for a moment, leave me alone in the tub. Turning away to get a towel, or to answer the doorbell or telephone could result in drowning.
- Do not rely on bath rings or seats to keep me safe in the bath. Never leave me alone in a bath ring or seat in the tub.
- Never rely on a sibling to supervise me in a bathtub.
- Place all necessary bathing items (soap, washcloths) in the tub before you put me in.
- Only fill the tub with enough water to cover my legs. However, be aware that babies can drown in a very small amount of water. All it takes is enough water to cover the nose and mouth.
- If I use a bath seat or bath ring, only use them only when they are attached securely to tubs with a smooth surface. Suction cups will NOT stick to textured, ridged, appliquéd, or factory designed non-skid bathtub surfaces. Suction cups will not stick to scratched, chipped, or repainted tub surfaces.
- Hot water can scald. To prevent skin burns always check bath water temperature with your wrist or elbow before placing me in the bath.

Buckets & Pails

- Keep diaper pails tightly closed, and out of my reach. I could pull myself up to an open diaper pail and fall in headfirst.
- Never use open buckets as diaper pails or leave open buckets containing liquids where I can reach them. They pose a drowning hazard.

Furniture

- Heavy furniture can topple on me when I pull up or try to climb on it. Use angle braces or anchors to securely fasten book-

cases, entertainment centers, tall chests, and any other heavy furniture to wall studs.

- Keep heavy electronics such as computers, TVs, lamps, and other heavy items on lower furniture as far back as possible on the shelf.
- Place corner and edge bumpers on sharp edges such as coffee tables, end tables, and your fireplace hearth.
- Store or remove all reachable plants, breakable and valuable items.

Floor

- Check the floor area daily for small objects that I could choke on: pins, batteries, coins, small bits of food such as popcorn, peanuts, etc.
- Make sure heaters are well ventilated and are protected by safety guards/grill.

Outlets and Cords

- Cover unused electrical outlets.
- Never leave extension cords plugged in where I can find and chew on them. Tape any excess cord down.
- Use cordless phones to prevent strangulation. Keep phone wiring out of my reach, so I don't pull the phone down on my head.

Doors and gates

- Put a fireplace door lock or gate around your fireplace.
- Use doorknob covers and door locks to help keep me from rooms that are hazardous.
- Use door stops or door hinges to prevent my fingers from being pinched on rooms that do not need to be locked.

Ideas to HELP Me Stop Crying

Comforting me will probably be a trial and error process. After checking that I am not hungry, wet, sick, tired, or need a burp, experiment with any of following "parent-tested" suggestions to see what works best for you and me. Sometimes one method might work while at other times another method works better. There may be times when nothing helps.

1. **Change my position.** For example, move me from lying on my back to my infant seat, or, hold me upright facing outward instead of cradled.
2. **Reduce Stimulation:** For example, dim the lights, remove loud or bright toys, move me to a quieter room, or place me in my crib.
3. **Let me listen to monotonous** or repetitive background sound such as:
 - Your humming or "Shhh shhh shhh".
 - A ticking clock. A hair dryer or fan.
 - A dishwasher, vacuum cleaner, or washing machine.
 - Easy listening music or nature sound recording (waves, birds).
4. **Encourage me to suck.** Help me bring my hand or a pacifier to my mouth.
5. **Hold me close and rock** or walk me.
6. **Stroke my head or pat my back.** Use firm, slow rhythmic pats or strokes.
7. **Carry me in a sling carrier.** Be sure the sling supports my neck, is a snug fit, and cradles me as your arms would.
8. **Swaddle me** in a blanket, firmly but not tightly, with my arms and legs flexed close to my body. Do not cover my head.
9. **Take me for a ride** in my stroller.
10. **Put me in my car seat** and go for a drive if you are not too stressed
11. **Rock me in a rocking chair** as you think about a relaxing enjoyable event and sing about it softly to me.
12. **Cuddle me with your bare skin** against mine, kangaroo style.
13. **Hold my hands together** in one of your hands against my chest.
14. **Hold me upright** against your chest as you walk, rock or gently bounce me.
15. **Give me a warm bath.**
16. **Give me a massage** with or without a little lotion warmed in your hands. Use firm rhythmic strokes because light tickle strokes may be irritating.
17. **Hold me carefully near a running dishwasher** so I can feel the repetitive vibrations and hear the monotonous sounds.
18. **Try a baby swing** or automatic cradle.
19. **Loosen tight** clothing or a tightly wrapped blanket.
20. **Place me across your lap**, tummy down; rhythmically stroke my back or sway your knees from side to side.
21. **Distract me** with an interesting sight, e.g., Fish swimming in a tank, a candle light flickering in a dark room, the light from a flashlight dancing slowly against a wall in a dim room.
22. **If I am extra sensitive** or if I was born prematurely, I may calm best with only one type of stimulation at a time. For example, instead of holding, rocking, patting, and singing to me at the same time, try just only holding me or only rubbing my back.

! \ Caution:

Never shake me to try to make me stop crying. Shaking can cause serious harm. My brain tissue has not firmed up enough to withstand this type of "to and fro" motion.