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A Whole New Life.

A guide to caring for your new baby.



best for baby. best for you.

*Johnson's[®]
baby*

YOUR NEW BABY

Every day is new for you and your baby – with its triumphs and tribulations. You are the expert on your baby, though advice can always be reassuring. *A Whole New Life* contains many practical tips on the everyday care of your baby.

In compiling *A Whole New Life*, **Johnson & Johnson** has consulted many child healthcare professionals and parents. The result is a very sensible and modern guide to the common worries parents have about caring for their baby.

If you have any doubts or questions, consult the relevant page in this guide – it will help you put things in perspective and decide whether you need further advice.

A Whole New Life should confirm and increase your knowledge, your competence and your confidence. That's a good start for any parent and baby – I commend it to you!



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NOTE: when referring to babies in *A Whole New Life* we have alternated between male and female pronouns, to avoid awkwardly trying to cover both each time with 'he/she' or 'his/her'.

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Congratulations!

The first time you cuddle your new baby is a time to nurture and cherish. Both mums and dads will develop a special bond with their baby; a bond that lasts forever.

The illustration on the next page shows some of the unique characteristics of the newborn baby. At first, your baby may not look quite like you expected him to, but this is rarely a cause for concern. Your child health nurse in Australia, Plunket nurse in New Zealand or doctor will be happy to look at your baby if you are worried about his appearance.



CHARACTERISTICS OF THE NEWBORN

Head is large and may be moulded from the passage through the birth canal. There are two soft spots (fontanelles) where the bones have not yet fused. The skin over these spots is strong. The larger fontanelle, at the front of the head, closes within 18 months. The smaller fontanelle is at the back of the head and closes within eight to 12 weeks.

Eyes may be red and the eyelids puffy from the pressures of birth. Tears are not usually present at birth – they appear at about six weeks. Changes in the colour of the eyes are common in the first six months.

Nose looks flat. Breathing is often irregular – either slow and deep or fast and shallow. Babies sneeze and cough to clear mucus. The nose, chin and neck may have tiny white spots called milia. These are caused by overactive sebaceous glands and are nothing to worry about. They will become less obvious with time.

The breasts may be swollen in both sexes from the mother's hormones that pass to the baby before birth. Swelling disappears in the first weeks as hormone levels drop.

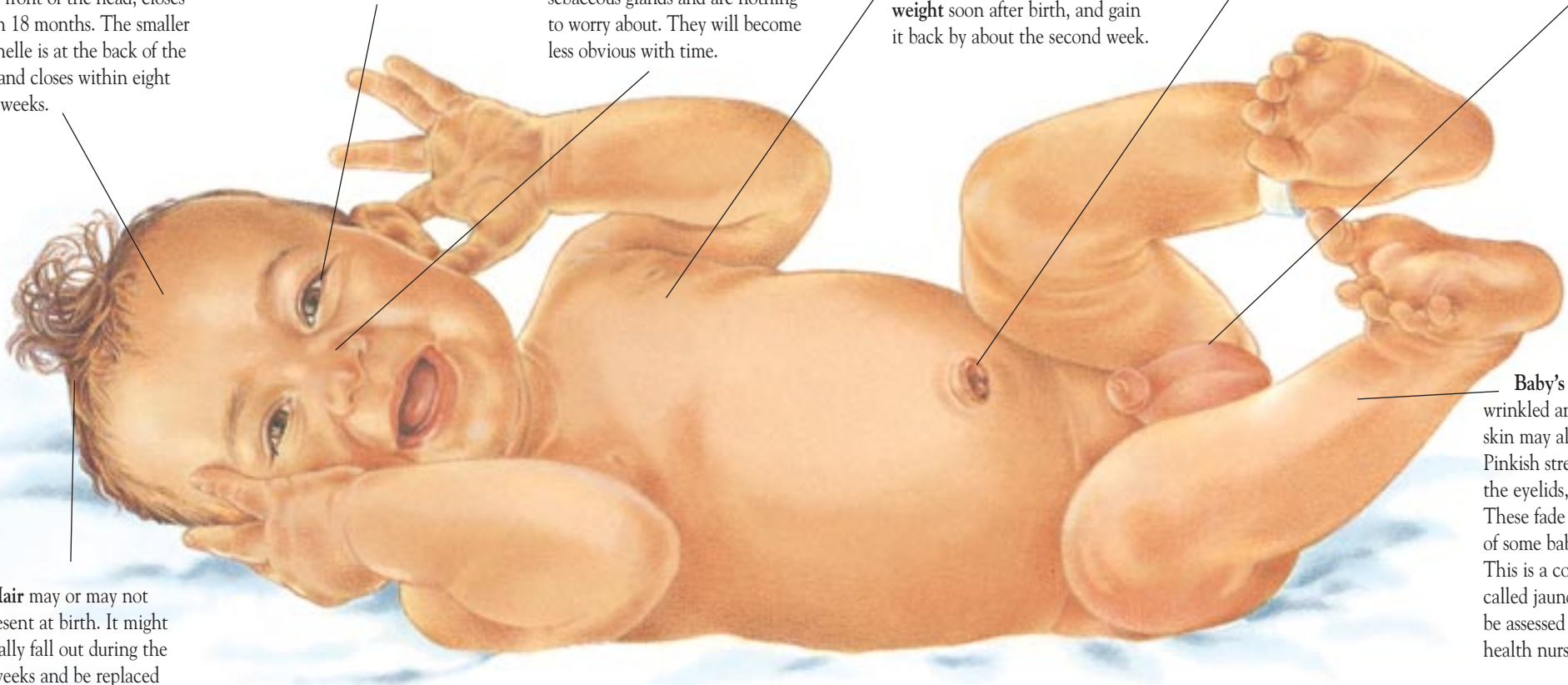
Some babies may lose a little weight soon after birth, and gain it back by about the second week.

The umbilical cord stump is attached to the navel. It will dry and fall off on its own in 10 to 14 days.

The genitals may look large in both sexes at first. In girls, the lips of the vulva may be swollen and some discharge is not uncommon. Boys may have a swollen scrotum containing some fluid for a few weeks.

Hair may or may not be present at birth. It might gradually fall out during the first weeks and be replaced by new hair.

Baby's skin is often wrinkled and red at birth. The skin may also be dry and puffy. Pinkish streaks are common on the eyelids, forehead and neck. These fade gradually. The skin of some babies may be yellowish. This is a common condition called jaundice, which should be assessed by your doctor, child health nurse or Plunket nurse.



LOVING YOUR BABY

Newborns can see, hear and feel from the moment of birth. Their curiosity and ability to interact with people are key to their development. Here are some ideas on how to communicate and bond with your baby.

Touching

Babies are very sensitive to touch. They enjoy cuddling, stroking and gentle massage. Touching is the first language of love and it creates a lasting bond between you and your baby.

Sight

Newborns are longsighted and their eyes may not move together for some weeks. They tend to focus at a distance of about 20cm and have a preference for faces.

Hearing

Babies seem to like high pitched voices and soft rhythmic sounds. They like it when you talk and sing to them and they usually recognise their parents' voices from a very early age.



BREASTFEEDING



As a mother, it's only natural that you want to make the best decisions for your new baby. That's why breastfeeding is the natural choice for many women. For the first six months, your breast milk will provide all the nutrition that your baby needs.

While babies are born with a need to suckle, it may take some time for you both to get used to breastfeeding and there could be some discomfort. Just remember, it's a learning process for both you and your baby as you establish a comfortable breastfeeding relationship.

Good for baby. Good for you.

Apart from giving your baby the best possible start in life and creating a unique loving bond, breastfeeding offers these benefits for mothers, too:

- breastfeeding can help you lose the weight you may have put on while you were pregnant
- it will help your uterus return to normal after childbirth
- research has shown that by breastfeeding you are less likely to suffer osteoporosis or heart disease later in life. It may even reduce the risk of cancer of the cervix and breast.

The *Australian Breastfeeding Association* and the *La Leche League* in New Zealand offer valuable advice and support to women who are breastfeeding

Australian Breastfeeding Association

National Headquarters:
1818-1822 Malvern Road,
East Malvern, Victoria 3145
Telephone: (03) 9885 0855
www.breastfeeding.asn.au

Australia wide breastfeeding helplines:

ACT/Southern
NSW: (02) 6258 8928
NSW: (02) 9639 8686
QLD: (07) 3844 8977
Townsville: (07) 4723 5566
NT/SA: (08) 8411 0050
TAS: (03) 6223 2609
VIC: (03) 9885 0653
WA: (08) 9340 1200

La Leche League, New Zealand

PO Box 1270, Wellington
www.lalecheleague.org/LLLNZ

HOW TO BREASTFEED



1. Hold your baby on his side, tucked closely across your body. Provide support with your arm on the same side as you are feeding. Your baby should be lying 'chest to chest, chin to breast' with the mouth facing your breast at the same level as your nipple. A pillow on your lap may help. Tuck your baby's lower arm around you.



4. As your baby sucks, you'll notice that the mouth is wide open and both lips are opened out, or 'flanged' over the breast.



2. With your free hand, guide your baby to your breast. Touch the bottom lip with your nipple and wait for your baby's mouth to open wide.



5. As an alternative position, you can hold your baby on the same side that you're feeding. Tuck your baby under your arm, supporting the head with your hand and the body with your forearm.



3. As soon as the mouth is gaped open, bring your baby quickly to the breast, making sure that your baby takes the nipple as well as a large amount of the darker part of your breast (areola).



6. Your baby will normally stop sucking and let go of your breast when satisfied. If you need to remove your baby from your breast, insert your clean little finger into the corner of the mouth to break the suction.

MOTIONS AND NAPPIES

Motions

Each baby is different. It may be normal for your baby to have one or several motions a day, or one motion every few days.

If you breastfeed, your baby's motions will be creamy to watery, mustard yellow in colour and have a mild smell.

If you feed your baby an infant formula, his motions will be more solid. The colour is usually light brown to golden and the smell more like that of adult motions. If you are concerned, consult your child health nurse, Plunket nurse or doctor.

Nappies

Choose between cloth or disposable nappies, or a combination of these. If you use cloth nappies, you may want to use disposable nappy liners* with them to protect your baby's skin by keeping him drier. Using nappy liners also makes it easier to wash the nappies. When deciding on what to use, think about your schedule, your budget and what suits your baby best. A nappy service can be a big help.

The amount of nappies you need will vary. Expect about eight or more wet nappies a day.

Preventing nappy rash

Change your baby's nappy soon after it becomes wet or soiled. Clean girls from front to back with cotton balls and some lotion or baby soap*.

Clean boys from front to back without pulling back the foreskin on the penis. Dry the area well – especially between the folds of skin.

Use pure baby cornstarch powder* to absorb moisture and protect your baby's delicate skin from chafing and nappy rash. Let your baby be without nappies for a while during the day.

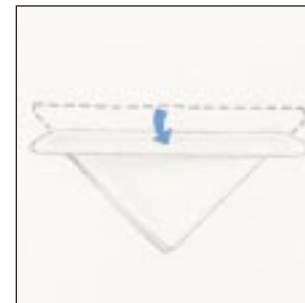


HOW TO FOLD NAPPIES

TRIANGLE – often recommended for younger babies



1. Fold nappy in half, joining the top and bottom corners.



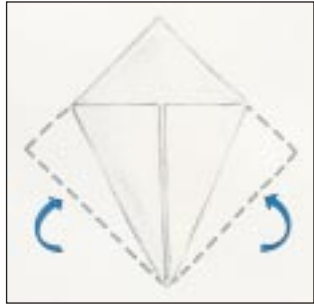
2. Fold down the edge, taking account of your baby's size.



3. Place your baby on the nappy and bring all three corners together and fasten with one pin running side-to-side.

HOW TO FOLD NAPPIES

KITE – gives thick padding in front



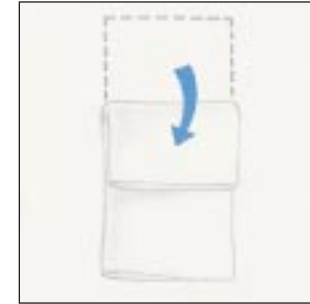
1. Fold in left and right hand corners till they meet.

2. Fold down the corner to make a triangle.

3. Fold up the lower point.

4. Place your baby on the nappy and fasten with two pins running side-to-side.

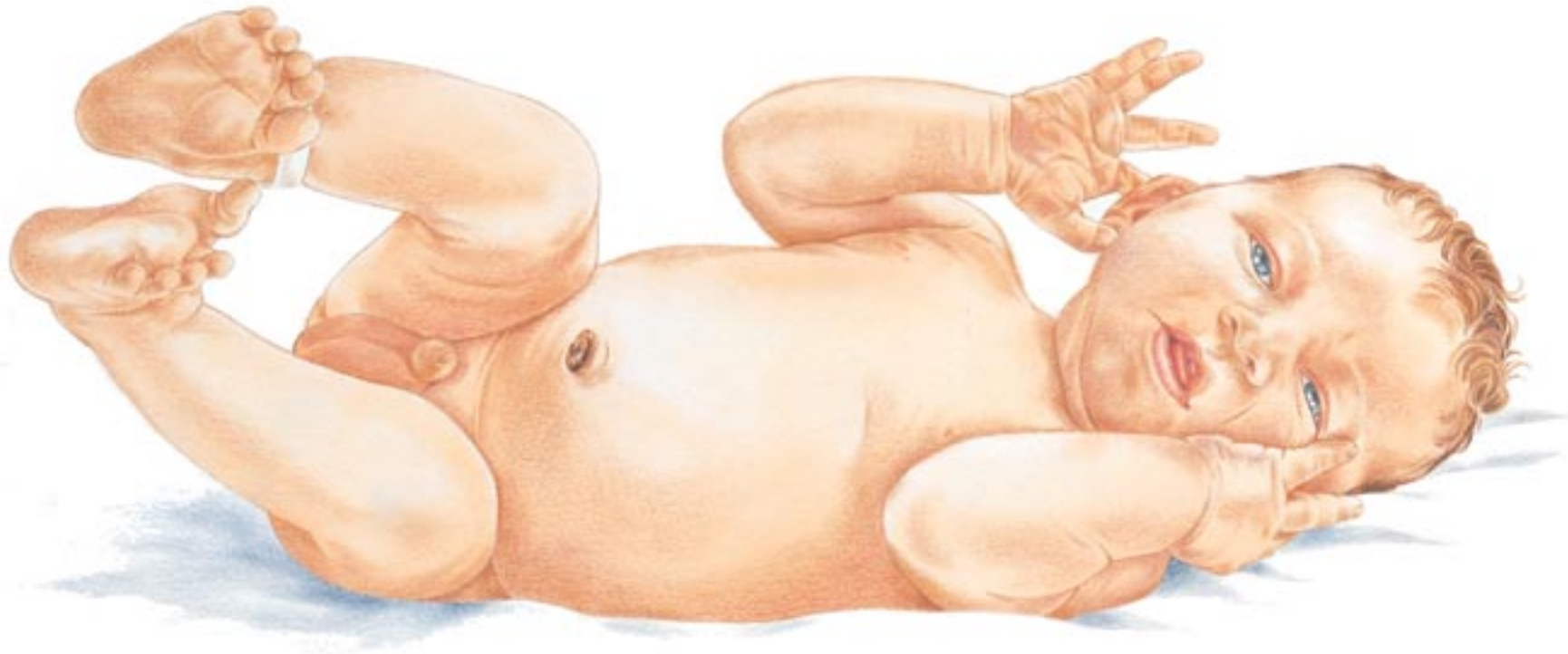
RECTANGLE – gives thickest padding at back



1. Fold nappy in half.

2. Fold down top one-third.

3. Place your baby on the nappy and fasten with two pins running side-to-side.



HOW TO CHANGE NAPPIES



1. Put your baby on his back. Lift his bottom and wipe from front to back with a damp cotton ball or a baby wipe. Use some baby lotion or oil to remove soil stuck to his skin. Pay special attention to skin folds. Remove dirty nappy.



2. Slide the fresh cloth or disposable nappy under his bottom with the top of the nappy at the waist. Apply pure cornstarch powder with aloe and vitamin E* on to your hand and smooth onto your baby's skin. If nappy rash is present, apply nappy rash treatment cream* instead.



3A. With cloth nappies, bring up the part between the legs. Put one hand between your baby and the nappy on the side you are pinning to avoid pricking your baby. Pin both sides to secure the nappy in place.



3B. With disposables, bring the centre part of the nappy over your baby and use the tabs on each side to secure the nappy in place.

BATH TIME

Bathing your baby is a great opportunity for you and your baby to get to know each other.

Good preparation will make bathing more enjoyable. Choose a place that is safe, warm and free of drafts. The surface should be waist high.

Have these within close reach:

- cotton balls*
- soft washcloths
- two towels
- disposable nappies, or cloth nappies, liners, nappy fasteners and pilchers
- clean baby clothes
- baby soap or baby bath solution*
- baby shampoo*
- baby lotion or disposable baby wipes*
- pure baby cornstarch powder*
- nappy rash cream*
- baby bath with water (put cold water in first to avoid burns).



HOW TO BATH YOUR BABY

For your baby's comfort and safety remember to choose a bathing place which is warm and free of draughts. Stand up with the bath at waist height. Don't sit or kneel. Have everything you need close at hand before you start. Test the temperature of the bath water with the inside of your wrist before starting. Hold your baby securely. Do not leave your baby alone for any reason.



1. Undress your baby but leave the nappy on. Wrap your baby in a clean dry towel so that you can wash her face and head.



2. Wipe each eye separately with cotton balls dipped in clean water. Gently wipe the eyes, using one cotton ball for each wipe, from the inside corner outwards.



3. Wash the rest of the face, nose, behind the neck and ears with a damp washcloth. Don't put anything inside the ears.



4. Hold your baby against your hip, supporting her head over the side of the bath to shampoo her hair. Place a small amount of baby shampoo onto her head and gently massage her scalp. Don't rub too vigorously or use your nails. Rinse off the shampoo and gently pat dry her head.



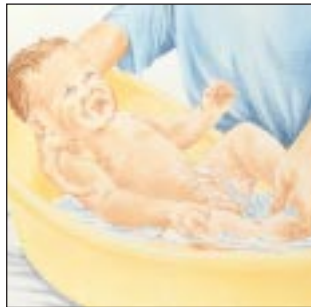
5. Now remove the nappy and test the bath water once more with the inside of your wrist.



6A. If you are using baby bath solution, add a little to the bath water before you put your baby into the bath.



6B. If you are using baby soap, use your free hand to lather the soap and wash your baby. Hold her securely and lower her body into the bath water. Massage her skin to remove the soap.



7. Carefully wash your baby's bottom last. Always wash from front to back. Don't pull back the foreskin on your son's penis. When bathing has finished, lift your baby out of the bath and wrap her in a clean towel. Pat her dry, don't rub her skin, and make sure that you dry between the folds of her skin.



8. Check the navel area for redness, swelling and moisture. While the cord on the navel is healing, wipe it with a cotton tip or ball dipped in water. Sometimes the cord needs special attention; **please be guided by the advice of your midwife or paediatrician.**



9. Soothe and moisturise your baby's skin by gently massaging her with baby lotion or oil. Your baby should enjoy this. Put on a fresh nappy and dress your baby.

HOW TO GIVE YOUR BABY A RELAXATION BATH

Before you give your baby a relaxation bath, refer to comfort and safety tips in the 'How to bath your baby' section of this booklet.

A relaxation bath can be performed at any time of the day. It needn't be a cleansing bath.

A relaxation bath followed by a gentle baby massage is therapeutic and pleasurable for your baby, enhancing love through touch.



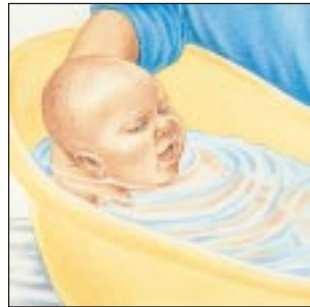
1. Undress your baby but leave the nappy on. Wrap your baby in a clean dry towel so that you can wash his face and head.



2. Fill the bath with warm water – approx. 15cms deep. If it is also a cleansing bath, add a little baby bath solution now.



3. Remove the nappy and test the water with the inside of your wrist. The temperature should be a little warmer than for a normal cleansing bath.



4. Lower your baby into the bath. Hold him securely with your forearm tucked securely behind his head and shoulders, gently holding your baby's arm under the armpit. Your baby will enjoy the floating sensation he will feel in a warmer, deeper bath.

HOW TO GIVE YOUR BABY A MASSAGE

There are no set rules to baby massage. You can modify this technique to suit your baby's needs.

Always remember to be sensitive and responsive. For newborns a massage up to 10 minutes is sufficient, while older babies can enjoy a massage for up to 20 minutes.

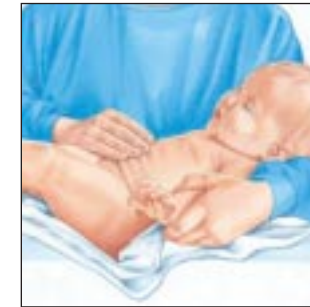
Respond to your baby's needs and stop when your baby has had enough.



1. Slowly and gently massage his head.



2. Using both hands, stroke from the centre outwards to the sides of your baby's body. Remember that the ribs curve and strokes should follow the spaces between the ribs.



3. Massage in a clockwise direction around the navel, in ever-widening circles. (Do not massage in this area until after the umbilical cord has fully separated.)



4. Stroke down his back from neck to bottom – including bottom. Then with the fingertips of both hands, lightly massage the muscles on either side of the spine, from neck to bottom again, using a descending circular movement.

CRYING

Crying is one of the ways your baby communicates.

Babies cry to let you know their needs and feelings. When you respond to your baby, he learns to trust your ability to comfort him.

At first, it may seem difficult to understand why your baby is crying and how to comfort him. With time, you will get to know each other better. Don't worry about picking up your baby when he cries – you won't spoil him by giving him too much love.



WHAT MAKES YOUR BABY CRY?

There are many reasons for crying and some babies are easier to settle than others. Here are some of the more common reasons for crying and ways to comfort your baby.

Hunger

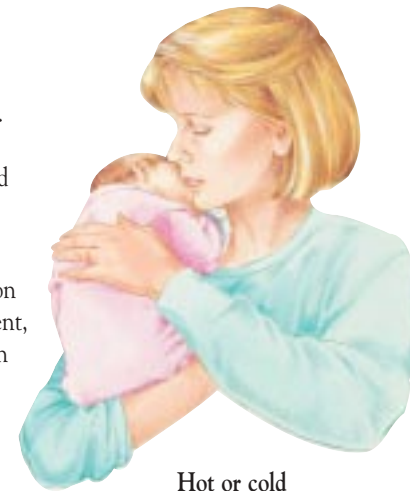
Hunger is a common reason for crying. Babies are not patient, so try to feed your baby as soon as he is hungry.

Wind

During feeding, babies often swallow air, which can cause discomfort until your baby has been burped. Burping happens naturally, but sometimes it's helpful to either place your baby over your shoulder and rub his back or hold your baby upright on your knee, supporting his head, and gently rub his back.

Dirty nappy

Change your baby's nappy if it is wet or dirty. Your baby's skin is very sensitive and can easily become irritated.



Hot or cold

Dress your baby according to the weather – babies are often overdressed. If it's hot, try bathing your baby in lukewarm water. If it's cold, you may need to cover his head because a lot of heat escapes through the head.

Boredom

Play and communicate with your baby during the day. Sing, play with soft toys and talk to him.

Tiredness

Babies have a short attention span. Let your baby set the pace of your times together, and try not to do too many things at once. If he is tired, try slow, rhythmic movements and soothing talk to help him relax and sleep.

Need to suck

Babies have a natural need to suck. If using a dummy, don't tie it around your baby's neck or dip it in anything sweet such as honey. Dummies should be regularly cleaned and then soaked in antibacterial solution.

Love and company

Babies need lots of physical contact. They like to be stroked, massaged, cuddled and held. It's often a good idea to hold your baby on the left side of your chest so he can hear your heartbeat. Try gently massaging your baby with a little baby oil or lotion or giving him a bath to help him relax.

If nothing seems to comfort your baby, consult your child health nurse, Plunket nurse or doctor. Your baby might be sick, have colic or something else may be making him cry. Ask for advice on ways to comfort your baby.

SLEEPING

Just as all babies grow and develop at a different rate, each baby will have different sleeping requirements. Some babies will settle most easily in dark and quiet environments while others seem to prefer sound and light. Some babies require more sleep than others. Below is an indication of how long you can expect your baby to sleep at different ages. Some babies will sleep two hours more and some two hours less. These are just averages.

Age	Average sleep over 24 hours	Range	
Newborns 0-2 months	14.5 hours	10.5 to 18 hours	
<i>Your baby will have no defined sleep pattern in the first few weeks. At first she might sleep for long stretches during the day and wake up often during the night. It is too early for structure – just go with the flow.</i>			
Infants 2-12 months		Average night-time sleep	Average nap sleep
<i>As your baby develops the balance shifts towards longer night-time sleeps with regular daytime naps.</i>			
2 months	14.5 hours	9.5 hours	5 hours
6 months	14.5 hours	11 hours	3.5 hours
12 months	14 hours	11.5 hours	2.5 hours

Adapted from the National Sleep Foundation Guidelines on Best Sleep Practices USA 2002.

A bedtime routine

Some babies settle easily while others may need help to relax into sleep. The important thing is to build a bedtime routine around things that you both enjoy. This could include:

- giving your baby a bedtime bath*
- giving your baby a massage
- changing from day clothes into pyjamas

- reading or telling your baby a story
- singing to your baby
- feeding with as little stimulation as possible when your baby wakes during the night so that your baby can learn the difference between night and day.

It is also a good idea to put your baby to bed sleepy but not asleep, so your baby can get used to falling asleep on her own.

Settling

Settling your baby can be frustrating and exhausting. Remember, your calmness will be reassuring and comforting. If you feel your baby's sleeping patterns are making you over-tired and irritable, seek advice from your child health nurse or Plunket nurse. It's important that parents get sleep too. Try to sleep when your baby does if you need to catch up on sleep.

*Refer to product section.

SIDS (COT DEATH)

A lot of research has been undertaken in recent times about Sudden Infant Death Syndrome (SIDS) and some risk factors have been identified. The best way to protect your baby is to reduce these risks.

Advice to new parents on minimising the risk of SIDS

1. Keep your baby in a smoke-free environment.
2. Do not overheat your baby.
3. Lay your baby on his back to sleep. Do not lay your baby on his tummy or side to sleep.
4. Your baby's feet should be positioned at the foot of the bassinet or cot.
5. Do not use pillows, doonas or cot bumpers, and do not leave soft toys with your baby while he sleeps.

Breastfeed your baby if you can

While bottle feeding doesn't necessarily increase the risk of SIDS, there is strong research to show that it increases the risk of chest and stomach infections. Breastfeeding, on the other hand, is known to help babies resist infections.

The family bed

SIDS and Kids discourages the family bed, because when babies sleep with their parents it increases the risk of sleeping accidents. A safer sleeping environment for your baby is in his own cot. If you do choose to have your baby sleep with you, *SIDS and Kids* recommends you use very light bedding.

You should not sleep with your baby if you are a smoker, overweight, on medication or excessively tired.

SIDS and Kids does not recommend babies sleep in a water-bed or on a beanbag, with parents or alone. Water-beds are heated, and neither water-beds nor beanbags are firm enough sleep environments for babies.

This section has been compiled with the assistance of SIDS and Kids. For further information see www.sidsandkids.org or contact SIDS and Kids directly (from anywhere in Australia for the cost of a local call) on 1300 308 307 or the New Zealand Cot Death Association if you're in New Zealand on (09) 358 5182.



CARE OF THE NEW MOTHER

It's important to take care of yourself so that you can attend to your baby's needs. You and your baby need to be pampered and loved. The first days after the birth are very emotional and tiring because your body is reversing the changes of pregnancy.

Rest and activity

Be patient, don't try to do too much too soon. Take time to rest and sleep when your baby does. If you have older children, try to give them special attention and quality time. Avoid heavy housework, lifting heavy things and doing other activities that your body is not yet ready for. If you have extra energy, do something you enjoy. If you had a caesarian section, do things even more slowly.

Exercise

Help your body recuperate. Watch your posture, keep your back straight and your tummy tucked in. Do pelvic floor exercises as soon as you can by contracting your pelvic floor muscles for three seconds and then releasing. You may not be able to feel this exercise right after giving birth, but it is important that you continue to do it because it helps to heal the muscle tone in your genital area. Do not do vigorous exercise before checking with your doctor.

Smoking

Smoking is harmful to you and your baby. If you still smoke, try to stop. Passive smoking is believed to be associated with a range of conditions that can cause illness and death in children, including asthma, respiratory tract illness, middle ear infections and SIDS. Talk to your doctor about it or ring the Quitline in Australia on 13 18 48 or in New Zealand on 0800 778 778.

Nutrition and weight loss

Avoid junk food and limit caffeine and alcohol intake, especially if you are breastfeeding. Eat a balanced and nutritious diet rich in proteins, iron, calcium and vitamin C. Drink plenty of fluids. Don't skip meals – you will lose weight gradually.

Emotions

Mild depression and mood swings are common in the ten days following the birth of your baby. It's because of hormonal changes occurring as your body adjusts to not being pregnant. The blues are temporary and are experienced by about 80% of women. Approximately one in three women experience post partum depression. Talk to your doctor, child health nurse or Plunket nurse about how you are feeling.

Bathing and hygiene

If you have stitches in your genital area, take showers for the first few days or as your doctor advises. When you bath, make sure the bathtub is clean and free of detergents. Salt baths are very relaxing and help heal the genital area. Some women experience increased perspiration and night sweats for some time after the birth.

Blood loss (lochia)

This vaginal discharge is called lochia. The colour changes in the first 10 days from red to pink-brown and then becomes cream-white. This white discharge may be present for up to six weeks. Because of the infection risk, tampons should not be used.

The flow may increase while you breastfeed or when you change positions from lying to standing. You may also experience period-like cramps as your uterus reverts to its normal size. Call your doctor if you're concerned about the amount, colour or smell of the discharge or if you feel faint.

Periods

The restart of periods varies widely. If you breastfeed, your periods may be delayed for six months or longer. If you are not breastfeeding, periods usually restart six to 10 weeks after delivery. The first few periods after delivery may be different to what you are used to because your body is still going through hormonal changes.

Bladder

During pregnancy, your bladder was compressed by the uterus and it may not give you an accurate sensation of fullness for the first few days after birth. You may urinate more as you lose the excess fluid from your body that accumulated during pregnancy. Always clean yourself from front to back and dry well.

Bowels

Constipation and irregular bowel habits are common after giving birth. Drink lots of fluids and eat foods rich in fibre like fruit, vegetables and wholegrain cereals. Relax, bowel movements will not tear your stitches.



KEEPING YOUR BABY HEALTHY

Breast care

Wear a support bra. Your breasts will swell and harden three to four days following the birth of your baby. This is when your milk comes in and is a temporary state called engorgement.

You may feel more comfortable if you breastfeed frequently. Make sure your baby latches onto your breast properly. If your nipples are sore, express a little breast milk over the nipples and allow to air dry. Seek help if you are uncomfortable.

Resuming intercourse

Explain how your body feels and the need for gentleness. It's very important to have time alone with your partner.

There is no set waiting time before resuming intercourse, everyone is different. Some couples wait only a few weeks whilst others wait several months. The important thing is to take it slowly and not feel pressured. It may be necessary to use a water-based lubricant such as K-Y personal lubricant* at first, but don't use vaseline, especially if using condoms, as vaseline causes rubber to perish.

Family planning

The contraceptive effect of breastfeeding is unpredictable. Your midwife will discuss family planning with you, but please arrange to see your doctor or family planning clinic to discuss in more detail what is best for you.

Post-natal checkup

Attend your post-natal check-up, usually six weeks after delivery. Your doctor will examine you to ensure that your body has healed properly, and that your internal organs have repositioned.

This is a good opportunity to talk with your doctor about periods, exercise, future pregnancies, contraception and problems or concerns you are experiencing. Return to the doctor for your yearly gynaecological examination.

Child health clinics or Plunket centres

Child health clinics in Australia and Plunket centres in New Zealand will check on your baby's progress and provide advice to you about the care of your baby. Take your baby to all his appointments with your child health nurse, Plunket nurse or doctor. Regular visits give you the opportunity to talk with your nurse or doctor about your experiences and concerns.

Don't be embarrassed to ask questions. Doctors and nurses are happy to answer your questions and can provide you with lots of useful information and tips.

Immunisation

Your baby will require immunisation to protect him against harmful diseases.

Keep a record of your baby's appointments and immunisation programme. Always bring your baby's health record book to the visits.

Sometimes, the immunisation can cause mild reactions such as slightly higher than normal temperature, irritability and soreness at the site of the injection. If you have concerns, talk to your doctor, child health nurse or Plunket nurse about them. See the basic immunisation programme on the next page.

Sun protection

Babies burn not only from direct sunlight but also reflected sunlight from water, sand and concrete. Sunburn can occur even when your baby is in the shade. Your baby's skin is very delicate, so delicate that just one bad case of sunburn increases the risk of skin cancer later in life.

It is best to keep your baby out of the sun. But, if your baby is in the sun, protect him by:

- covering his head with a wide-brimmed hat
- dressing him with protective clothing
- applying a very high sun protection sunscreen (SPF 30+) that is formulated for tender young skin on exposed areas.



IMMUNISATION

Benefits and risks of immunisation

Immunisation programmes have been extremely effective in reducing the risk of disease in Australia and New Zealand. Diphtheria and polio have virtually been eliminated, tetanus is rare, and measles and whooping cough occur far less frequently than before immunisation became universally available.

However, as the risks of disease have lessened, concerns about the side effects and complications of immunisation have increased.

Despite the safety and efficacy of modern vaccines, complications do occur. Although their rates are difficult to estimate, it is known that the side effects of immunisation are far less frequent and usually far less serious than the complications caused by the diseases themselves.

Immunising your child is the only effective way of protecting them from diseases that can cause major disability and even death.

Most infant healthcare professionals in Australia and New Zealand feel that the benefits of immunisation outweigh the very small risks.



Australian immunisation schedule for children born on or after May 1, 2000.

Age	Disease	Vaccine
Birth	Hepatitis B	Hep B
2 months	Diphtheria, tetanus, whooping cough, hepatitis B Haemophilus influenzae type B (Hib) Polio	DTPa-Hep B Hib (PRP-OMP) OPV
4 months	Diphtheria, tetanus, whooping cough, hepatitis B Polio Hib	DTPa-Hep B OPV Hib (PRP-OMP)
6 months	Diphtheria, tetanus, whooping cough, hepatitis B Polio Hib	DTPa-Hep B OPV Hib (PRP-OMP)
12 months	Measles, mumps, rubella Hib	MMR Hib (PRP-OMP)
18 months	Diphtheria, tetanus, whooping cough	DTPa
4 years	Diphtheria, tetanus, whooping cough Measles, mumps, rubella Polio	DTPa MMR OPV

Notes.

1. Northern Territory only – all Aboriginal children aged 2-14 years in Central Australia are recommended to have 23 valent polysaccharide pneumococcal vaccination every five years.
 2. Abbreviation for Hib vaccine is PRP-OMP (PedvaxHIB).
 3. Hepatitis B vaccine is administered in all states at birth, then at 2 and 4 months. The vaccine is then again administered at 6 months in NSW, Qld, SA, ACT and NT and at 12 months in Vic, WA and Tasmania.
- Information from the National Health & Medical Research Council. Advised Immunisation Schedule as of 2003. For further information, see www.immunise.health.gov.au

New Zealand immunisation schedule for children born on or after mid December 2001.

Age	Disease	Vaccine
Birth	Hepatitis B	Hep B
6 weeks	Hepatitis B, haemophilus influenzae type B (Hib) Diphtheria, tetanus, whooping cough, polio	Hib-Hep B DTaP-IPV
3 months	Hepatitis B, haemophilus influenzae type B (Hib) Diphtheria, tetanus, whooping cough, polio	Hib-Hep B DTaP-IPV
5 months	Haemophilus influenzae type B (Hib), hepatitis B Diphtheria, tetanus, whooping cough, polio	Hib-Hep B DTaP-IPV
15 months	Measles, mumps, rubella Diphtheria, tetanus, whooping cough, hepatitis B	MMR DTaP/Hib
4 years	Diphtheria, tetanus, whooping cough, polio Measles, mumps, rubella	DTaP-IPV MMR

For further information, see www.moh.govt.nz

YOUR BABY'S GROWTH AND DEVELOPMENT

Your baby will develop at his own pace. Babies experience different rates of development. There is a wide range of normal abilities and temperament in babies, and an even wider range of parental expectations.

Your baby's development will probably follow a similar pattern to the one outlined here. If you have any concern about your baby's development consult your child health nurse, Plunket nurse or doctor. Keep a close eye on how your baby is developing and keep a record for reference. Alertness, communication and play are an important part of development, just like movement and mobility.

One to three months

Good social smile; looks around eagerly and eyes move together; listens to music; kicks vigorously and can lift head; holds objects put in hands; aware of familiar routines.

Three to six months

Needs to be played with; holds hands up to be lifted; babbles simply; knows family from strangers; chews and may start solids after four months; often drools; rolls over; sits briefly with support.

Six to nine months

Babbles in syllables, responds when called; grabs, transfers and mouths toys and finger foods; likes to pick up and drop things, bangs and shakes toys; responds to himself in the mirror; can sit alone, may begin to crawl; begins to manage a cup.



Nine to 12 months

Imitates noises and actions, e.g. clapping; waves 'bye bye'; says mum and dad and perhaps a few other words with meaning; looks for a fallen toy or one hidden under a cup, explores by poking things; likes to play 'pat-a-cake' and 'peek-a-boo'; usually crawls and can pull up to a stand, may walk by holding on to furniture.



Birth to one month

Head needs support, turns to light; mainly eats, sleeps and communicates by crying; soothed by handling; knows parents' voices.

SAFETY

Growing-up safely

Your baby will grow and develop very quickly. Babies are very curious and like to explore, touch and even mouth everything they find. This is how they learn about their environment and learn new skills. But, it also exposes them to dangers.

Make sure that cleaning agents, chemicals, medicines, alcohol and any other poisons or hazards are kept locked up or well out of your baby's reach.

Babies develop at different rates, with lulls and spurts. It is important that you remain aware of your baby's present and future capabilities. Make changes in your home to ensure that it is safe for your baby. Always pay attention to your baby, especially when he is on a bed or table, to prevent falls.

Babies and young children have no sense of danger. It takes them a long time before they learn how to be safe. Your baby needs you to protect him from harm – most accidents can be prevented. Start by making sure your baby's environment is safe before he is born.

Talk with your child health nurse, Plunket nurse or doctor about safety. They will give you safety tips appropriate for the age of your child. Safety information is also available from organisations such as:

In Australia

Kidsafe
(The Child Accident
Prevention Foundation
of Australia)
Telephone (03) 9345 6471
[www@kidsafe.org.au](http://www.kidsafe.org.au)

Your local council

In New Zealand

Child Safety Foundation
New Zealand
Telephone (09) 827 6182
www.childsafety.co.nz

Be careful with toys. Choose toys appropriate for your baby's age. Avoid toys that have small parts, sharp edges or parts that could break off. Inspect your baby's toys regularly to ensure they have not become dangerous through damage.

Keep emergency phone numbers posted by the phone. The emergency telephone number (ambulance, fire, police) is **000** in Australia and **111** in New Zealand. Also include the Poisons Information Centre telephone number **13 11 26** (24 hour line) in Australia and **(03) 474 7000** in New Zealand.

CAR SAFETY

Cars and children can be a dangerous combination. Here are some important things to remember to keep your child safer when travelling in cars.

Babies, toddlers and children must travel in the rear seat and be properly restrained by a child restraint that meets Approved Standards for the country you live in. Failure to comply not only puts your child at risk but also is illegal and will result in a fine.

You will need to buy or rent the appropriate baby safety capsule or convertible restraint and ensure that it is fitted correctly in your car. Most modern cars are already fitted with an anchorage bolt for child restraints, but if you don't have one, it won't cost a lot to have one installed. It is recommended that you have a professional fitting and checking station install your child restraint.

Baby safety capsules and child car seats have shoulder straps that you can adjust as your baby/toddler grows. Below is a guide to the type of restraint that is suitable for your child's age and weight.

Weight	Age (approx.)	Type of restraint
Up to 9kg	Up to 6 months	Baby safety capsule
9kg to 12kg	6 months to 8 months	Infant restraint (rearward facing or convertible)
8kg to 18kg	6 months to 4 years (suitable once a baby can hold his head up for a reasonable length of time)	Child car seat
8kg to 26kg	6 months to 6 years	Child car seat/booster combinations
14kg to 26kg	3 years to 8 years	Booster seats/cushions
14kg to 32kg	3 years to 8 years	Child harnesses

Never leave your baby or child in a car unattended.



Baby safety capsule



Child car seat

For more information, contact the roads authority in your state or territory or visit www.kidsafe.com in Australia, or the Land Transport Safety Authority on www.ltsa.govt.nz in New Zealand.

HOME SAFETY

Even before babies can crawl, their curiosity means they want to explore by touching and mouthing anything they can find. Get down on your hands and knees for a baby's eye view of the world and you'll be surprised how many potentially dangerous hazards you can find.

When visiting friends and relatives, assume they do not have the same safety practices you do. Always keep an eye on your baby because he'll be excited with so many new things to explore.

In the kitchen

- Potentially dangerous objects and products should be stored out of reach in high cupboards or in cupboards fitted with child-resistant locks.
- Turn pot handles to the back of the stove.
- Dishwasher powder is particularly caustic. Keep the dishwasher firmly closed and keep powders well out of reach.
- Do not hold your baby while cooking or drinking hot tea or coffee.
- Keep the rubbish bin securely closed.
- Ensure your baby's highchair has a wide base and proper restraints. Never leave your baby unattended.
- Never give nuts, lollies or other foods that could cause choking to children under four years of age.

In lounge and dining rooms

- Ensure that the floor throughout your home is clear of small objects like buttons, beads, needles and pins.
- At the dining table use placemats rather than tablecloths.
- Heaters and fireplaces should have child-resistant guards.



Electricity around the home

- Every power point in your home should be fitted with a safety plug.
- An electrician can install a safety switch, which will automatically cut off electricity if something is poked into a power point.
- Keep cords for appliances as short as possible and keep them away from walkways.



In the bathroom

- Again, any potentially dangerous items should be stored high and out of reach in child-resistant cupboards.
- Never leave your baby alone in the bathroom, especially in the bath.
- Always run cold water first when running a bath, to prevent scalding, and always check the temperature before bathing your baby. Use your wrist, not your elbow where the skin is not as sensitive.
- Do not leave electrical appliances plugged in when not in use and always keep them well away from the bath.

- Remember to keep the toilet seat down at all times.
- Take extra care when disposing of razors, medicines and the like. These should not be left in your bathroom bins.

In the bedroom

- Position your baby's cot away from windows.
- Keep sides of cot up to avoid falls.
- Use a cot that meets the Australian and New Zealand standards for cots with the symbol 'AS/NZ2172'.
- Fasten hanging toys in cots and prams securely so your baby can't pull strings around his neck.
- Keep cords from blinds and curtains away from the cot and out of your baby's reach.
- Smoke detectors should be installed throughout your home. Many house fires occur at night, so you should consider your plan for an emergency exit.
- Keep nappy soaking buckets firmly closed and out of the bedroom – to avoid risk of drowning.

Stairs, steps, balconies and verandahs

- Install child-resistant guards at the top and bottom of stairs and to block access to balconies and verandahs. Do not use accordion-type gates.
- Remove loose carpet on stairs and keep the stairs clear of toys and anything that could cause you to trip and fall.

Pools and gardens

- Swimming pools and garden ponds are very dangerous. Pool fencing is required by law. But even with this fencing, babies and children find their way to the water. So always supervise your children around water.
- Take extra care in any garden where snail baits, fertiliser or weed poisons may be in use.



BATH TIME



Johnson's® baby soap free bath

Specially formulated to cleanse your newborn baby's delicate skin without removing the natural oils. Clinically Proven Mild, with the NO MORE TEARS® formulation, it is the mildest way to wash your baby from top to toe.



Johnson's® baby milk bath

Harness the pure natural goodness of milk to gently nourish your baby's skin. Ideal for babies with dry skin.



Johnson's® baby top-to-toe® wash

An ultra mild cleanser designed for use on a baby's entire body. The rich lather effectively cleanses hair and skin, and rinses easily without being drying or irritating. It is mild enough for even newborn and sensitive skin, as it is soap free, pH balanced, hypoallergenic, and contains Johnson's unique NO MORE TEARS® formula.



Johnson's® baby bedtime bath

Enriched with naturally soothing and relaxing extracts of lavender and chamomile, it makes bath time an even more relaxing experience. Like all *Johnson's® baby* bath products, it has the special NO MORE TEARS® formulation so it is as gentle on the eyes as pure water and is pH balanced and soap free for gentle cleansing.



Johnson's® baby shampoo

It's a pure, mild and gentle shampoo with a NO MORE TEARS® formulation that won't sting your baby's eyes or irritate the scalp. Used regularly, it helps to prevent cradle cap and leaves hair soft and shiny.



Johnson's® baby shampoo plus conditioner

Contains a conditioner that makes your baby's hair easier to comb, tangle free and more manageable.

best for baby. best for you.

NAPPY CHANGE



Johnson's® baby skincare wipes

Skincare wipes contain *Johnson's® baby* lotion. This removes the fatty residue that ordinary wipes can't, moisturising skin and leaving it with a smooth, protective layer, which helps prevent chafing and soreness. Also available in fragrance free.



Johnson's® baby lotion

A mild, non-irritating emulsion that effectively, yet gently cleanses away fatty residues that water alone leaves behind. It leaves a mild, protective, lubricating film on your baby's skin between nappy changes.



Johnson's® baby nappy rash treatment cream

An easy to apply nappy rash cream with a three-in-one action. It helps soothe nappy rash, it provides an effective barrier film to help seal out wetness, and it helps to protect against nappy rash.



Johnson's® baby nappy liners

Non-woven fabric sheets that are placed on the inside of cloth nappies to help keep your baby dry and make nappy cleaning easier. Specially designed to channel wetness away from your baby's skin, keeping your baby drier and helping to prevent nappy rash.



Johnson's® baby anti-rash powder

Helps both treat and prevent nappy rash. Contains zinc oxide to heal and pure cornstarch to help absorb moisture and leave skin dry and comfortable. It can be used every time you change your baby's nappy.



Johnson's® baby pure cornstarch powder with Aloe and Vitamin E

This pure, soft and gentle powder absorbs moisture and lubricates your baby's tender skin. It helps protect your baby against nappy rash, general chafing and skin irritation, and is ideal to use after bathing your baby.

best for baby. best for you.

YOUR GUIDE TO THE FIRST TWO YEARS

Good news for new parents. The team at Johnson & Johnson Professional & Educational Services has put together a book that gives you the information you need to feel confident about caring for your baby.

It's called *Johnson's® babytalk®* and is divided into six key sections, which relate to your baby's development stages.

There is advice from midwives, nurses and doctors, as well as tips from mums and dads who give you the benefit of their experience.



The cost of *Johnson's® babytalk®* is just \$25.00 including GST, postage and handling.

If you would like to purchase the *Johnson's® babytalk®* book, please call the *Johnson's® babytalk®* number in Australia on 1800 066 726 or in New Zealand on 0800 443 036.

For further information about any *Johnson's® baby* products call our Consumer Service Centre in Australia on 1800 029 979 or in New Zealand on 0800 446 147.

For additional copies of this leaflet, please call Johnson & Johnson Professional & Educational Services in Australia on 1800 640 617 or in New Zealand on 0800 807 606.

Johnson & Johnson would like to thank the nurses, doctors, educators and the organisations that have contributed to the development of A Whole New Life.

- The Australian College of Midwives Incorporated
- The Childrens' Hospital, Westmead NSW
- Childbirth Education Association of Australia (NSW) Ltd
- National Child Accident Prevention Foundation of Australia
- Tresillian Family Care Centres
- Ryde District Hospital NSW

www.jnjaust.com.au

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PROFESSIONAL & EDUCATIONAL SERVICES

Health Care for Life

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