



What Is Tummy Time?



Tummy Time describes the times when you place your baby on his or her stomach while your baby is awake and while someone is watching.

Tummy Time is important because it:

- Helps prevent flat spots on the back of your baby's head
- Makes neck and shoulder muscles stronger so your baby can start to sit up, crawl, and walk
- Improves your baby's motor skills (using muscles to move and complete an action)

From the day they come home, babies benefit from 2 to 3 Tummy Time sessions each day for a short period of time (3 to 5 minutes). As the baby grows and shows enjoyment of Tummy Time, you can lengthen the sessions. As babies grow older, more Tummy Time helps build strength for sitting up, rolling over, crawling, and walking.

Tummy Time Tips

These suggestions can help you and your baby enjoy Tummy Time:



- Spread out a blanket in a clear area of the floor for Tummy Time.
- Try short Tummy Time sessions after a diaper change or after your baby wakes from a nap.
- Put a toy or toys within your baby's reach during Tummy Time to help your baby learn to play and interact with his or her surroundings.
- Ask someone you trust to sit in front of your baby during Tummy Time to encourage interaction and bonding.

As your baby gets older, your Tummy Time sessions can last longer, and you can have them more often throughout the day.

Excerpts taken from: <https://www.nichd.nih.gov/sts/about/Pages/tummytime.aspx>



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About SIDS and Safe Infant Sleep

The Safe to Sleep[®] campaign, formerly known as the Back to Sleep campaign, focuses on actions you and others can take to help your baby sleep safely and to reduce your baby's risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death.

The term "SIDS" may sound scary, and the death of a baby is always heartbreaking. But there are a number of ways you can lower his or her risk while giving your baby the best care possible.

Learning about SIDS and safe sleep for babies is important for *all* caregivers, not just for parents. Grandparents, aunts, uncles, babysitters, childcare providers, and anyone else who might care for babies should learn more. Simple actions can make a big difference.

Sudden Infant Death Syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year of age that doesn't have a known cause even after a complete investigation.

Ways To Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death

- Always place baby on his or her Back to Sleep, for naps and at night, to reduce the risk of SIDS
- Use a firm and flat sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet with no other bedding or soft items in the sleep area
- Breastfeed your baby to reduce the risk of SIDS
- Share your room with baby. Keep baby in your room close to your bed, but on a separate surface designed for infants, ideally for baby's first year, but at least for the baby's first 6 months
- Do not put soft objects, toys, crib bumpers, or loose bedding under baby, over baby, or anywhere in baby's sleep area
- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby
- Think about giving your baby a pacifier for naps and nighttime sleep to reduce the risk of SIDS
- Do not let your baby get too hot during sleep
- Follow Health Care Provider Guidance on your baby's vaccines and regular health checkups
- Avoid products that go against safe sleep recommendations, especially those that claim to prevent or reduce the risk of SIDS
- Do not use heart or breathing monitors in the home to reduce the risk of SIDS
- Give your baby plenty of tummy time when he or she is awake and someone is watching

<https://www.nichd.nih.gov/sts/about/SIDS/Pages/default.aspx>



• 7 STEPS TO INDEPENDENT TUMMY TIME

- Baby is held up to adult's shoulder while being burped or carried.
- Baby lies with tummy down on adult's tummy/chest while sleeping or playing.
- Baby lies with tummy down or sideways across adult's arms while playing or being carried.
- Baby lies with tummy down on exercise ball, beach ball, big pillow, or adult's shins.



- Baby lies with tummy down across adult's legs, with adult either sitting in a chair or on the ground (leg position can vary)
- Baby lies with tummy down and upper chest positioned over a rolled-up towel on the floor with arms over the towel.
- Baby independently lies with tummy down on the floor.

Excerpts taken from: <http://mamaot.com/tips-for-making-tummy-time-a-little-less-um-miserable>





Four Tips to Building Self Esteem in Children

Parents want their child to have good self-esteem. However, self-esteem doesn't come naturally to children. It is something that must be fostered, developed, nurtured, and grown. Following these four tips can help.

1. Show them you value them

Let your children know you love them. This is done through praise and through direct expressions of love, hugs, and kisses. Children need to be told directly by their parents or caregiver that they are loved. Children need to be held, cuddled, and played with. Quality and quantity of time demonstrate value. Few things speak more to being valued, than just being there.

2. Teach them and let them learn

Competency is the next ingredient to healthy self-esteem. As the child grows and begins exploring the house (often the kitchen cupboards), the child gains the opportunity to increase competency with access and control of larger objects over greater spaces. Again the response of the parent is crucial. Some parents structure the child's environment for maximum exploration while other parents localize their child's area of living. Either way, making way for the child to play and explore safely, whatever the limits, is often referred to as "baby proofing". The greater the control and mastery of skills a child develops the greater the sense of competency.

3. Participate in doing good deeds

The third thing parents can do to facilitate healthy self-esteem in their children is to direct and participate with their children in the doing of good deeds. Doing good deeds teaches children to be aware of the life of others beyond themselves. This enables the development of empathy and altruistic behavior. What's important is that children are encouraged or even positioned to be helpful to the extent of their ability. A toddler may carry a plastic cup to the table, an older child a plate and a spoon, while the oldest child can clear the table. Special little projects can be undertaken, visits can be made, and pennies can be put in the charity coin boxes at the check-out counter.

4. Make the rules of life clear

The last thing parents can provide to facilitate self-esteem in their children is structure. Structure is a word that actually implies two separate concepts: routines and limits. Routines provide structure over time and limits provide structure over behavior.

Another way to think of structure is like the rules of a game. How well could you play Monopoly, Hop Scotch, Tag, or Hide and Go Seek, if there weren't rules? Rules include who goes next, under which circumstances, and when. The rules also include what happens when someone goes outside the normal bounds of play--miss a turn, pay a fine, etc.

Knowing the rules of the game of life is sometimes referred to as internalizing structure. This too is also a form of competency-- when the child knows the how's, what's, when's, and where's of life.

Unfortunately this information doesn't come automatically. Children may pick some of the rules up incidentally as they go along, but this leaves much to chance. Parents can help their children internalize structure by commenting on daily routines, specifying appropriate behavior, providing feedback, and by providing consequences for undesirable behavior.

These four ingredients--value, competency, good deeds, and structure--form the basic building blocks for the development of self-esteem. And why develop self-esteem in children? Children with healthy self-esteem feel good about themselves, relate well to others, behave more appropriately, and are more aware of the world around them.

Direnfeld, G (Spring 2009) *WV Early Childhood Provider Quarterly* http://www.wvearlychildhood.org/resources/WVEQC_Spring_2009.pdf.



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