



Welcome Words for your Seven Month Old

Keeping Mealtimes Safe

Now that your baby is eating solid foods—and still putting everything she finds in her mouth—there's an increased risk of choking. If you haven't already done so, this is a good time to take an infant CPR and first aid class through the American Red Cross, which includes first aid for choking.

Foods that should not be given to babies are popcorn, cough drops or hard candy, raisins, nuts, grapes, whole peas, raw fruits/vegetables such as carrots, bell peppers, celery, apples and unripe pears, and hot dogs or chunks of meat and poultry. Since she's likely to swallow without chewing, also avoid spoonfuls of peanut butter. (The American Academy of Pediatrics advises parents not to give peanuts to children until age 7 or older because of their hard, smooth shape.)

Other dangerous items include balloons or pieces of balloons, gummed pieces of paper, baby powder, safety pins, coins, and items from the trash such as eggshells and pop tops.

While your baby is eating, be sure she's calm and securely seated. Laughter, crying, and general excitement can contribute to choking. Explain the danger of choking to older siblings and ask for their help in keeping mealtimes relaxed.



Coughing may indicate your baby is trying to clear something from her throat. Watch her carefully, but don't try to help her, which could make matters worse. Reaching into her throat could push an obstruction farther back and totally block the windpipe.

Choking is life-threatening when the airflow is completely blocked: your child won't be able to make sounds and her face will turn from bright red to blue. In this case, immediate first aid is needed. Ask someone to call 911 while you (or someone else trained in first aid for choking) attend to your baby. Even if your baby seems to recover quickly from choking, medical attention may be needed. Always call the doctor.

After a choking episode, no matter how minor, be alert for an unusual sound when your baby's crying, decreased breathing sounds, wheezing, unexplained coughing, or blueness around the lips or fingernails, or of the skin in general. If you notice any of these signs, take her immediately to the emergency room. She may have an object lodged in the lower respiratory tract.

For information on infant CPR and first aid, call the American Red Cross at 489-6541 or visit www.durhamredcross.org.

Milestones

Between 7 months and 8 months, you can -

- feed yourself a cracker
- razz (make a wet razzing sound)
- sit without support
- still explore objects by putting them in your mouth
- pick up a block and transfer it to the other hand.

To keep you safe, I have —

- removed the crib gym (as soon as you could get up on all fours)
- lowered your crib mattress to its lowest level since you may pull up in your crib
- removed crib bumpers, stuffed toys or pillows that you might use to stand on in your crib
- put up sturdy gates (with slats 2 3/8-inches apart or less) at the top and bottom of stairs and at the entrance to off-limits rooms (such as the bathroom)

Source: What to Expect the First Year (Workman, 1989) and You and Your Child (Ross Laboratories, 1987)

Suggested Reading

The Baby Book
by William Sears and Martha Sears

Healthy Sleep Habits, Happy Child
by Marc Weissbluth

No Cry Sleep Solutions
by Elizabeth Pantley

The Complete Guide to Choosing Child Care
by Judith Berezin

Working and Caring
by T. Berry Brazelton

Dreams of Sleep

At 7 months, your baby probably takes two regular naps and may sleep through the night for as long as 12 hours. Then again, you may be dreaming of a full night's sleep. If your baby takes regular daytime naps, but still wakes during the night, don't despair. Eventually, you'll both be sleeping better. But keep in mind that separation anxiety may make things worse before they get better. After all, saying goodnight is another form of separating from you.

Here are some suggestions that may help you and your baby through this transition:

- If you haven't already, establish a regular bedtime routine. Maybe a warm bath and bedtime story. Then lights out. The goal is to put your baby in her bed while she's still awake and can fall asleep on her own.
- Gradually stop any nighttime feedings. After 6 months, waking to eat during the night is probably more habit than nutritional need (a premature baby may be an exception). Be sure your baby is getting enough to eat throughout the day, and increase the size of the evening and/or bedtime feeding. Stretch the time between feedings by adding a half-hour each night (or every other night).
- Don't jump up at the first whimper. Your baby may surprise you and fall back asleep. If not, keep her room dark and quiet while gently patting her back and saying, "Night, night," in a soothing voice. (Dad may have more success with this than a breastfeeding mom.) If this doesn't work, at least you've stretched her feeding time. Your goal is to gradually get to one nighttime feeding, and then to eliminate that.



Wake Up Call

- All babies wake up several times during the night. The trick is getting them to fall asleep again without your help. The sooner your baby learns to do so, the more sleep you'll both get. Although some parents advocate letting a baby cry it out, many find this too nerve wracking. An alternative system is to: Go to her when she cries, but do not pick her up or feed her. After making sure she's OK, pat her gently, say goodnight, and then leave. Gradually increase the length of time you let her cry before going to check on her. You might begin with five minutes (which can seem like an eternity), then increase the time by several minutes. Each night add several minutes to the time you let her cry before checking on her. Many babies respond to this system surprisingly quickly.
- Changes in schedule, traveling and illness will often affect your child's nighttime sleep. Be patient and you can help your baby's sleep pattern return to normal.

Working With A Caregiver

Thinking of your baby's caregiver as a partner, rather than a substitute for you while you're at work, will help build mutual respect and support for each other.

To build this partnership, the American Academy of Pediatrics suggests you:

- Take time to talk with the caregiver each day, even if it's only for a few minutes. In the morning, share how the day's been so far: maybe something exciting like the appearance of your baby's new tooth, or an upset, such as a bump or scrape or a poor night's sleep.
- At pick-up time, ask about your baby's day. Has there been a change in appetite or bowel movements? Anything special your baby enjoyed? Did she begin to crawl or scoot? Allow time to hear about these details.
- Show an interest in the caregiver as a person. Remember him/her on holidays and birthdays. Include the caregiver in any special events for your child, such as the first birthday.
- Every month or two, schedule a longer talk when neither of you will feel rushed. (If possible, leave your baby with someone else.) Make a list of what you want to discuss, then begin with the positives: What do you especially like about what the caregiver is doing? Give her/him a chance to air any concerns as well.
- If there's a conflict, avoid placing blame. Get all the information you can, then brainstorm together about solutions. Agree on a plan with time limits, then set a time to evaluate how the plan is working. Remember that childrearing practices vary, and aside from health and safety, many policies are a matter of personal preference.
- Let the caregiver know your priorities include not only health and safety, but time for your baby to be held, talked to and played with by a gentle, caring adult. Make sure the caregiver enjoys this kind of interaction and is able to provide your baby the space and opportunity she needs to explore as she becomes increasingly active.