

Evaluation of Carrying Position for Babies

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Keywords

-Introduction

-Difference

-Rock -a-baby-
Infant spine
development

-Science based
view

-Learning to carry
a baby

-Different methods
of carrying a baby

-Nine reasons not
to carry

I. Introduction

Modern notions in biology have also led to the human infant being classified as belonging to the “carried type of young” (i.e., infants that are typically carried on the bodies of their mothers), in contrast to the offspring of other mammals that are generally left in a hidden place (i.e., nested or cached. This view is based on evolutionary, particularly anatomical, considerations, and is substantiated by young infants’ typical reactions when parted from their caregivers. human infants still display many striking characteristics of a carried young. Like a gorilla baby, the human infant, when lying on the back, frequently assumes a position where both legs are flexed and abducted (Figure 1). This position is also adopted when the lying or sitting child is lifted up (Figure 2) and allows the child to be placed astride the caregiver’s hip, nestled against the carrier’s body



II. Difference Between Baby Carrying By Foraging, Nomadic Peoples, Horticulturalists.



III. Rock-A-Baby By Swaddling:



3.1 Infant spine development:

Our spine is not perfectly straight, even though it may appear so from the front or back . When you look at a person from the side, four slight curves are visible, forming an elongated “S” shape. These curves help keep us flexible and balanced. At birth, babies are in a state of flexion, still curled up, with their spine in a natural long c-shaped (convex) curve. At first, a baby does not have the strength to hold his head up, nor the balancing curves in his spine to do so. But gradually as the muscles in his neck get stronger, he begins to lift his heavy head against gravity, and a curve starts to develop in his neck (the cervical curve) to help balance his head.



At Birth: The spine of an infant is C-shaped (a convex curve). He has neither the balancing curves nor the strength to his head upright



First Several Months: As your infant works against gravity his muscles start to develop. Strong neck muscles help an infant hold up a heavy head forming the neck (cervical) curve of the spine.



Six Months to One Year: As an infant learns to crawl and stand, the lower back (lumbar) curve and his muscles develop so that he can stand upright. When he walks away from you on his own, only then are all of his curves developed.

IV. Ages & Stages: A Science-Based View On Baby Carrying Positions

4.1 Need For Brain Stimulation:

The great amount of research done on the baby's developing brain is indeed how vital appropriate stimulation is. When the baby is born, the number of neurons in its brain corresponds to adults'. However, what is missing is the mindboggling amount of connections that will eventually shape that particular baby's personality and intelligence. These connections are formed by and are utterly dependent on the type of stimuli that the baby receives from the outside world. Every experience the baby is exposed to will activate some part of the brain's neurons. The more frequently a given experience occurs, the stronger the connections between the activated neurons become. As neuroscientists sometimes say: "Cells that fire together, wire together." we need to look at the major developmental phases that a baby goes through in her first year.

4.2 Three Stages Of Baby's Development:

In the first few months after birth, the baby's main developmental task is adaption to life outside the womb. A variety of basic functions have to be mastered: suckling, digesting, breathing, vocalizing, defecating, and seeing.

At around 2-3 months of age, the baby begins to actively seek out social exchanges with adults, using its glance and smile to attract attention and initiate conversations or playful episodes. This marks the beginning of a phase, lasting about three or four months (age 2-6 months) where the baby is intensely interested in the human face.

From around 6 months of age, with the emergence of eye-hand coordination, the baby's attention gradually switches towards the world of objects.. Their primary role becomes to help the baby decipher and interpret ambiguous situations where the baby feels insecure.

V. Learning To Carry Your Baby:

1. choosing the carrying methods suitable for his or her age.
2. your baby should be able to rest on his buttocks with his legs apart and raised in what is called a "frog" position.
3. His back should be bent and not straight, and his head should rest on your chest.
4. always carry your baby against your abdomen, facing you, or on your back.
5. The position looking out onto the world allows him to look at everything but it does not respect the curve of his back
6. If you get backache, your wrap is no doubt tied incorrectly or your baby carrier is not adjusted correctly
7. baby carrying requires a few days to a few weeks of practice for you and your baby to get used to and become perfectly at ease with.
8. It helps some babies to breastfeed better. Some babies, particularly those who are tense or tend to arch their backs, breastfeed better while moving.

5.1 Advantages:

1. Carrying method that reduces crying and colic of baby . A 1986 study of 99 mother-infant pairs (reported in *Pediatrics*) showed that carrying babies at least three hours a day reduces crying and fussing 43% during the day and 51% at night.
2. It enhances learning. Carried babies have enhanced visual and auditory alertness, and increased “quiet alertness” times.
3. Carrying a baby promotes cognitive development and speech development, since babies are exposed to more experiences and conversations.
4. Carrying your baby promotes bonding and enhances parents’ feelings of competence. A higher frequency of feeding and touching stimulates mothering hormones, and frequent carrying encourages and speeds the development of a mutual reading of each other’s cues.
5. When infants are held upright, The force of gravity is a positive element in infant development. It allows them to learn to hold their heads up and keep their bodies balanced.
6. Carrying a young infant in the horizontal position with legs together in a baby carrier (like a sling or a wrap) provides adequate spinal support
7. Upright baby carriers that support the legs, carrying a baby as a mother naturally would in arms, do not compromise a baby’s spine or hips. When an infant’s legs are flexed and straddled, the instinctive position that his little body assumes when picked up, the head of his femur (bone of the thigh) fills out the hip socket (acetabulum)
8. Proponents of horizontal positioning in early infancy may be concerned with whether the infant actually receives adequate levels of oxygen while being carried by mother
9. carried babies receive a lot of vestibular stimulation, whereas lying babies do not. Our vestibular system helps us out with our sense of balance and our security in space. When a mother holds her baby, the baby moves back and forth with mom’s walking, and side to side from her swaying or rocking.
10. Vertical positioning as optimal in infants makes perfect sense. Think ,if the infants spend horizontal—flat on their back in a crib or a buggy. Might this affect their alertness.

VI. Different Methods Of Carrying A Baby:



cradle-carry- is the ideal way of rocking to sleep a new-born baby while doing other things at the same time. When the baby is asleep you can gently lay it down together with the sling without waking it.



Cross carry- It gives even better support to your child because it uses a third strip of fabric, which crosses the baby’s back



kangaroo-carry -is another way of carrying your child on your front. It warm the baby and promote bonding



Hip carry- Carrying a child on the hip without a sling strains the arm and makes it tired. weight of the child equally between hip and shoulder. Apart from this the baby’s back is supported better



rucksack-carry-This method is not only ergonomically better for you, but bigger children especially enjoy the view from this more open position. You can use the "rucksack-carry" as soon as your child is able to hold its head firmly by itself.



Front carry-Some children like to be carried facing outwards. You can do this, of course, with this sling, as well. However not recommend this way of carrying - neither in the sling nor in any other carrying-device. becoming dangerous

6.1 Nine Reasons Not To Carry Your Baby Facing Out:

1. does not support your baby's legs.
2. makes it tough for the wearer to carry the baby.
3. places your baby in an arched or hollow back position which places pressure on the spine , groin and may chafe the inner thighs of your baby.
4. may over stimulate your baby.
5. doesn't support the head or the neck leads to Positional asphyxia
6. makes thermoregulation more difficult.
7. makes it harder to respond to baby's cues.
8. throws off baby's center of gravity.
9. may not be so wonderful on your back either.

VII. Conclusion

In conclusion, conventional baby carrying may reduce the amount of crying. If your baby has colic or you would like to preempt the onset of colic, you could practice carrying in the same manner as many indigenous people, with skin-to-skin contact, just make sure that you are there for your baby, and that you have someone who is there for you as well, so you can go through this challenging phase with a strengthened love for your baby and for one another. Colic will pass for your baby.

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