



CHILD DEVELOPMENT

Baby Basics —

Social and Physical Development

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(originally written by Karen DeBord)

What is normal?

Like snowflakes, no two infants are exactly alike. A baby grows and develops at his or her own rate.

However, we often tend to expect babies to do the same things (roll over, sit up, walk, talk, etc.) at the same time.

Parents often worry about whether a child is developing at a “normal” rate, without realizing that the average ages given for certain developmental landmarks are just that — averages that can vary as much as six months from one child to the next.

The key is not to compare your child to others. Think of your child as the individual he or she is and accept the differences that make every child unique.

Infant social development

Infants learn about the world through touch, sight, sound, taste and smell. They learn about relationships from how people touch and hold them, and from the tones of voice and facial expressions people use when caring for them. When babies have their needs met — being fed when hungry, comforted when crying, held and touched gently, and kept warm and dry

— they begin to trust the adults that care for them. This early sense of trust will help them develop positive relationships for the rest of their lives.

If adults handle a baby roughly or if they always seem anxious and irritated when they feed and diaper an infant, that child may learn that being with other people is not a pleasant experience. He or she will not develop that basic sense of trust and may have difficulty relating to others.

Key points —

Social development

- ✓ Use gentle touches.
- ✓ An infant's first relationships can set the pace for relationships that will come later in life.
- ✓ Use eye contact and always talk to the baby so he or she will begin to know this as communication.

Infant physical development

Newborns usually cannot lift their heads. When placed on their stomachs, their heads will turn to one side. Although newborns cannot roll around, some infants may move their body the

entire length of a crib by thrusting with their feet and legs.

Because a baby cannot hold up his or her head, you must gently support the neck and head when you pick up or carry a baby.

A 3- to 4-month-old baby (remember these are average ages) will begin to look around more, prop up on the chest and start to twist as he or she learns to roll from stomach to back and back to stomach. By about 4 to 5 months, the baby will try to grasp for an object, and watch his or her feet kick and move when placed on his or her back.

When you see a baby suddenly jump or twitch for no apparent reason, you are looking at the “startle” response. This is common in newborns and simply means that the nervous system is continuing to develop. Never shake a child or throw a baby playfully in the air because it could harm his or her nervous system.

As infants mature, they begin to explore and move by creeping, crawling, pulling themselves up and walking. They practice their new physical skills when they grasp, touch, hit, roll and grab objects.

A baby needs to visit a doctor regularly. Whether it's someone in private practice or a community clinic, someone in the medical profession needs to

watch over a child's growth, development and weight gain, and to give proper vaccinations.

Key points — **Physical development**

- ✓ Physical development is quick. Never leave an infant alone in what could be a dangerous position. Your baby may not have been able to roll over and fall off the changing table yesterday, but that doesn't mean he or she couldn't do that today.
- ✓ Even playful shaking or throwing can be harmful.
- ✓ Give the infant safe and clean toys to hold, rattle and see.
- ✓ Check with a doctor about shots and growth.

Infant cognitive development

Infants use all their senses to learn about the world. They “talk” with others through actions and sounds and experiment with objects and noises. They enjoy watching the results of their actions. This is how children learn, make sense of the world, and learn to communicate. When babies coo, babble and interact with others, they are developing language skills.

Children quickly begin to understand the meanings of symbols — that a smile and pleasant tone of voice mean the person speaking to them is happy, that dimming lights mean it is nap time, and that putting on a coat means a trip outside.

Young children think that when they cannot see someone or something that it is gone forever. When important people in their lives leave, they do not understand that they will return. This

period of development is hard on parents and children.

Parents can make these times less stressful by allowing a child to hold and keep personal objects such as stuffed animals, blankets or a family photo. Around the second year of life, children begin to form mental pictures of objects, and that makes it easier for them to say good-bye to moms, dads and other people they care about.

Key points — **Cognitive development**

- ✓ Talk to your children in the same way that you want them to learn to talk to you.
- ✓ Use signals and routines to help children understand what you want (for instance — dim the lights before nap time, read a story or turn on a lullaby tape before bedtime each night, talk to them about where you are going and what you will do when you get back to help prepare them for your departure).
- ✓ Give your child a soft blanket or stuffed toy for comfort if necessary.

Setting limits

Infants are not born knowing right from wrong. They must learn by watching others and through trial and error. Once a baby begins moving around the house, he or she may find a world full of “no-no's.”

All children are naturally curious about the world around them. Without the desire to explore, children would learn very little. Before your infant begins crawling or pulling up on tables and chairs, childproof your home. Making your home safe for your child to

explore will help keep this stage of development pleasant and safe. Cover electrical outlets with plugs or tape, keep pathways through the house clear, use gates at stairs and doorways, and move breakable objects and plants to high shelves — but make sure the shelves in your home are sturdy.

When making rules and setting limits, make them appropriate for the age of your child. In other words, don't expect the same behavior from an infant as from a 4-year-old child.

Set limits that you're sure your child can understand, give gentle reminders, and be understanding when your child forgets. This will let your child know, in a positive way, that you care about his or her behavior.

Key points — **Setting limits**

- ✓ Childproof for safety and peace of mind.
- ✓ Be consistent and clear. Accept the fact that you will have to repeat things; that's part of teaching.

Sleep

Newborn infants do not have regular sleep patterns. It usually takes six to 10 weeks for development of a good, 24-hour schedule, with the longest period of sleep at night.

By three months of age, most full-term, healthy infants probably are sleeping through most of the night. If an infant hasn't settled into a good sleep pattern by five or six months, take a close look at bedtime routines. Are they the same each night? Does a warm bath help? Is the child hungry? Would a “security” blanket or soft toy help?

Infants will fuss; this is part of the learning process. They need to learn how to soothe themselves and relax into sleep alone. Infants often move about, search for a fist on which to suck, or cuddle a blanket as they try to quiet themselves and relax for sleep. Objects such as a stuffed animal, a toy or a special blanket will often comfort and reassure a child.

Infants need to learn to rely on their own techniques for going to sleep. When a baby is first learning to go to sleep by him- or herself, parents will more than likely have to listen to some crying or fussing.

Ten minutes of crying can often seem like an hour, so it is a good idea to actually use a timer. Let your baby cry for five minutes, then go in to comfort him or her. The next time your baby cries, wait 10 minutes before going in, then 15 minutes, and so-on and so-forth. This may be difficult at first, but helping your child develop good sleep patterns now will help prevent sleep problems from developing when your child is older.

Even after infants have settled into a good sleep/wake pattern, these habits may be disrupted by teething, illness, travel or an upset in the family. It may take several months to reestablish the sleep/wake pattern unless parents work toward a consistent schedule once again. You may have to help your child deal with anxieties and fears, and you may have to be persistent in setting limits.

Key points — **Sleeping**

- ✓ Expect your child to fuss at bedtime; it is part of the learning process for infants.
- ✓ Children must find a way to soothe themselves.
- ✓ Set up a routine for bedtime so that children will know what to expect.
- ✓ Keep a chart and schedule of sleep/wake time if necessary to design a plan.
- ✓ Sleep patterns can change when babies are teething, sick, in unfamiliar surroundings, or when families are going through stressful times.

As children grow and develop, their sleep patterns and sleep needs will change and the bedtime rules you set will need to change as well. With patience and persistence, though, you should be able to help your child continue to go to sleep alone and save some quiet evening hours for yourself.

Crying

Normal physical development requires that babies cry. Crying helps improve the heart and lungs. The most important reason a baby cries, though, is to tell you that he or she needs something.

Most parents quite naturally respond to these signals, feeding the baby, changing diapers, holding or cuddling the infant. Many parents wonder if picking the baby up right away will encourage more crying for attention. However, children will generally cry less when parents and caregivers respond to their signals in a sensitive way. A parent who reacts quickly helps to strengthen a sense of trust in the infant.

If an infant who is full, burped, dry, warm and secure continues to cry, talk to your doctor. The child may have what physicians so often cannot explain or cure — colic. Often you can help a baby go to sleep by playing a tape recording of a continuous, repetitive sound — like running water, soft music, or small appliances such as a fan, hair dryer or vacuum cleaner.

Key points — **Crying**

- ✓ Infants need to cry for normal physical development.
- ✓ Meet the child's basic needs. Seek help if absolutely nothing works.
- ✓ Answering infant crying does not mean that the child will try to control your actions (yet).

Building blocks of infancy

Use this checklist as you watch your baby grow from birth to 12 months.

Important for all babies

- My baby always rides in a car seat when in a vehicle.
- I have a regular place for my baby's health care (public health clinic, pediatrician, family doctor).

My newborn to 2-month-old:

- Has seen the doctor for a 2-week-old checkup.
- Looks at my face when I talk.
- Smiles back when I smile.
- Has had one baby shot (DPT) along with polio drops.

My 3- to 4-month-old:

- Has had two shots (DPT), along with polio drops.
- Has seen the doctor at least two times for well-baby checkups.
- Has gained at least some weight since birth.
- Smiles back at me when I talk or gently touch his/her face.
- Makes sounds like "oooo" and "aaaaa."
- Watches me when I walk across the room.
- Jumps when there is a loud or sud-

den noise.

- Lifts his/her head and chest when lying on his/her stomach.
- Plays with his/her hands by touching them together.

My 5- to 7-month-old:

- Has had three shots (DPT) along with polio drops since birth.
- Has seen the doctor at least one time for a well baby checkup since his/her 3-month birthday.
- Has doubled in weight since birth.
- Reaches out to be picked up.
- Laughs and babbles (saying babababa or dadadada).
- Turns his/her head and looks at me when I talk.
- Rolls from tummy to back and from back to tummy.
- Turns his/her head toward sounds like the radio, TV, etc.
- Reaches for and holds a toy.
- Learns about toys by putting them in his/her mouth.
- Sits up with the support of arms in front.

My 8- to 10-month-old:

- Has had three shots (DPT) along with polio drops since birth.
- Has seen the doctor at least one time for a well-baby checkup since she/he was 6 months old.

- Has gained weight since she/he was 6 months old.
- Plays "peek-a-boo" or waves bye-bye after seeing me do those actions.
- Looks at the right person when I say mama or dada.
- Scoots or crawls across the floor on his/her tummy.
- Holds something in each hand at the same time.
- Stands while holding onto furniture.

My 11- to 12-month-old:

- Has had a skin test for tuberculosis (TB).
- Has seen the doctor for at least one well-baby checkup since he/she was 9 months old.
- Has gained weight since he/she was 9 months old.
- Gives me a toy when I ask for it.
- Shakes his/her head "no."
- Looks at the right thing when I say words like "bottle" or "ball."
- Pulls up to standing by holding onto furniture.
- Can find a small toy when it is hidden.
- Says "mama" or "dada" to the right person.
- Picks up small things (like cereal) using thumb and forefinger.



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