1 Month Boy

Key Thought

This is a time of beginnings. Your baby is beginning to be aware of what is around. The human face and his own hands and feet fascinate your baby. The first ooohs and ahhs of speech and the first smiles may happen during this month. Enjoy watching for the first time your baby does different things.

What Your Baby is Learning

Physical:

Your baby's neck muscles are getting stronger, so he will be able to raise his head up briefly when lying on his stomach. He may be able to turn his head from side to side now too. If you have not established at least one period of "tummy time" every day, start it today. Find a time when your baby is awake and not hungry. He should be able to move his arms and legs freely. Give him interesting things to look at so that he will lift and turn his head from side to side. It is so important for his muscular development and flexibility, also to develop depth perception.

Your baby has learned to focus both eyes, and his vision is best at eight to ten inches (20-25 cm). He may follow an object with his eyes from side to front. He will stare at faces and likes the high contrast of black and white patterns best.

By one month your baby can briefly grip tightly to objects put in his hand. Most of the time he will keep his hands fisted.

One-month olds suck well on anything placed in their mouth.

Language:

Listening is the first step to language. Responding to sounds is another step in language development and your baby startles, moves, or blinks in response to sounds. This month your baby may begin cooing, ooohing and ahhhing, and smiling.

Social:

Your baby prefers a face-like pattern to any other shape to look at. One month old babies usually sleep between 14-18 hours each day with 2-4 "fussy" hours and 2-3 alert and quiet hours.

Even though your baby has been able to recognize you since he was a few days old, by the end of this month he may be able to show it. About half of all babies at this age begin to

show an obvious recognition of their parents, reacting differently to mom and dad than they do to strangers. Your baby may quiet down and make eye contact with you. Some babies at this age are even able to smile when they see their parents.

Ways You Can Help

Safe Handling.

Avoid jiggling your baby or throwing him up in the air. His brain could bruise if it bangs into his hard skull. Never shake him in anger or in fun. His brain could bruise this way, too.

Respond immediately to your baby's cries.

Going to him when he's upset helps him build trust and a strong emotional bond. Responding to your baby's bids for attention during happy times is just as important. Your love and support give your baby a secure base from which to explore the world. Love, attention, and affection have a direct and measurable impact on a child's physical, mental, and emotional growth.

Spend lots of time engaging your baby in eye contact.

He loves to look at your face and especially your eyes. Let him study your face. He will judge all other faces by the image of you that he has implanted in his mind. Don't worry if his eyes wander independently or if he looks at you "out of the corner of his eye," this is normal.

Variety is good.

Place your baby in his crib with his head at one end of the crib one day, then the next day turn him around so that his head is at the other end, and so on. He will then practice turning his head both ways toward the light. It is the first step toward developing the sense of two different sides of the body, an appreciation of direction, and sense of time.

Talk to your baby.

Talk to him as you diaper, feed, or bathe him. Try to look at him while you speak so he knows the words are directed to him. Describe what you are doing. Avoid baby talk, so he begins to hear the language you want him to understand and speak. At this point your baby is most attracted to the sound, pitch, and rhythm of your voice - the music of language. Children whose parents speak to them more have significantly higher IQs and richer vocabularies than children who don't receive much verbal stimulation.

Answer back to your baby.

When your baby coos, be sure to coo and gurgle back, and talk to him face-to-face. A few babies may also begin early squeals and laughter. If you have things to do, he'll still enjoy hearing your voice from across the room. He'll hold your gaze for ever-longer periods now.

Sing to your baby.

Sing children's songs and lullabies. Share your favorite worship and praise songs as you have devotions. Play a variety of music for your baby. The richer the variety, the better for your baby. Inevitably, you'll see your baby react more pleasurably to one type of music than to another as he begins to develop preferences.

Pacifier or Thumb

Babies love to suck. They need to suck. And usually, they are not satisfied with only the sucking they do while feeding. If you can soothe your fussy baby by reading, singing, or cuddling, a pacifier or thumb will not be necessary. But most babies, even after being fed, burped, cuddled, rocked, and played with will still seem fussy at times. Go ahead and try a pacifier. Use it intelligently, not as a substitute for nurturing.

Babies use a pacifier to comfort and soothe themselves. They find it a helpful way to deal with tension. Since most children stop using a pacifier or their thumb long before permanent teeth begin to appear, around age six, there is no damage done to permanent teeth and jaw formation.

Sucking on a pacifier frees your baby to explore his world with both hands and it is usually easier to wean a baby off a pacifier than off his thumb. Yet, the thumb is always available and is under the baby's own control. Most babies have a fixed idea about whether to suck a pacifier or their thumb. It is more important, at this point, that your baby be comforted than to force your method on him.

If you are breastfeeding, it is best to avoid pacifiers until your baby has learned to latch on and suck well and your milk supply is well established.

Resources

If you missed reading the article on Tummy Time, be sure to check it out. There are also other interesting articles for this age in Resources

You will find answers to questions moms of newborns have asked when you click Steps on the Way- Babies.

What to Expect Next

- Smiles and laughs.

- Able to hold head at a 45-degree angle.
- Babbling, making sounds that please him.
- Follows objects with eyes.
- Movements become smoother.

Mom Bonding

Bonding is that intense attachment you develop with your baby. It makes you feel that you want to shower them with love and affection and protect them at all costs. Your touch, movement, voice, body and facial expressions, your taste and smell shape your baby's physical, intellectual, emotional, and sexual foundations. Early bonding, nurturing touch, movement, and breast feeding encode the developing brain for a lifetime of affectionate relationships.

For many moms, this happens over the first few days after birth. For others, it happens over a longer period. But bonding occurs as you care for your baby's needs daily. As you get to know your baby and learn how to soothe him and enjoy him, your feelings grow deeper and deeper. One day as you look at your baby, you will realize you are completely in love with him.

If, after a few weeks, you still don't feel more attached to and comfortable with your baby than you did at first, or you feel detached and resentful of him, you should talk to your doctor. You may be suffering from postpartum depression. This can hinder your developing a loving bond with your baby. The sooner postpartum depression is treated, the better for both you and your baby. The longer you wait, the harder it will be to gain your baby's trust and affection.

Dad Bonding

Sometimes Dad has been involved with his baby since before his birth. He felt him move in utero, he saw him in a sonogram, and he was there at his birth. Yet even this is not enough for some dads to feel deep affection. Spending time with the new baby and meeting some of his physical needs will give dad a chance to fall in love with his baby.

The secret to male bonding with a baby is that dad is not supposed to be another mother. What your baby needs is for you to be yourself. Dads treat babies differently from moms and that is as it should be. Your baby already has one mom; he doesn't need another.

Suggestions to help dad bond with his baby:

- Feed your baby a middle of the night bottle.

- Take pictures in lots of different settings.
- Play with your baby while your wife fixes dinner.
- Carry your baby in a Snugli while you take a walk, garden, watch the news, or ride your stationary bike.
- Take your baby with you when you run errands in the car. (But never leave your baby in the car by himself!!)
- Have a staring contest or play peek a boo.

For more information on parents and baby bonding

Postpartum Depression

Between 50 and 80% of new moms get the baby blues, a mild form of depression that begins a few days or a week after delivery and generally lasts no more than two weeks. Baby blues come with changes in hormone levels, lack of sleep, changes in lifestyle, and frustration of an expectation that you would be the best mother in the world. Weepiness, anxiety, and insomnia are symptoms of the baby blues.

Some things you can do to minimize this mild depression:

- Mobilize a support network.
- Make sure your own needs are met.
- Get enough rest and good food.
- Try to get some help around the house.
- Find other new mothers to talk to.

But postpartum depression (PPD) affects about 10-20% of new moms and can last from two weeks to a year. If you are crying all day long, are unable to sleep when your baby sleeps even though you are exhausted, are moody and irritable, have a loss of appetite, panic attacks, feel suicidal, or have seriously negative thoughts about your baby, you should contact your healthcare provider immediately. The frequency, intensity, and duration of your feelings are important information to give your doctor. Your health care provider is the best person to diagnose postpartum depression and to treat it.

PPD is caused by a combination of hormonal, biochemical, psychosocial, and environmental influences.

Some common risk factors for PPD are:

- A family history of depression or other mental problems.
- Bouts of intense anxiety during your pregnancy.
- Your pregnancy was unplanned.
- Your spouse or partner is unsupportive.
- You've recently gone through a separation or divorce.
- You went through a serious life change such as a big move or loss of a job at or around the time you had your baby.
- You had obstetric complications, were subject to early childhood trauma, a history of abuse, or a dysfunctional family.

Many women have a number of these risk factors and never get depressed, and others have none or just one risk factor and have a major depression. But if you or your husband thinks you are depressed, ask a professional's opinion immediately. You are not a bad mother. You are not crazy. Postpartum depression is real and there is treatment available. This will not last forever and you will feel better again.

Here is a particularly good article for Christian women dealing with postpartum depression. In the Valley

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Prayer

Heavenly Father, we are so amazed as we see Your precious gift to us change so rapidly. May we never lose the wonder that you entrust one of your little ones into our care. Please give us the strength and patience to be the best parents we can be to this baby. In Jesus' name. Amen