

# Handle me with care

Supporting your premature  
baby's development



Produced in collaboration with the Association of  
Paediatric Chartered Physiotherapists Neonatal Group



Published by BLISS – the premature baby charity.

First edition: 2005

Reprinted 2006

© BLISS – the premature baby charity

No part of this booklet may be reproduced in any form or for any purpose without the permission of the publisher.

# Acknowledgements

First edition compiled by the Association of Paediatric Chartered Physiotherapists Neonatal Working Group and BLISS, the premature baby charity.

## **APCP Neonatal Working Group**

Sue Angus  
Katrina Blenkinsopp  
Christine Brown  
Allie Carter  
Pat Dulson  
Helen Robinson  
Peta Smith

## **BLISS – the premature baby charity**

Shanit Marshall  
Justine Pepperell  
Farrah Pradhan

Edited by: Colleen Shannon

Photography: Peta Smith

## **Special thanks go to:**

Barbara Lucas, Paediatric Physiotherapist, Royal North Shore Hospital, Sydney, Australia on whose original idea and design this booklet was based.

The parents who gave feedback to BLISS:

Emm McIvor, Lorraine Gentles,  
Louise Wilson, Simon Palmer.

The BLISS parent, medical and nursing advisory panels.

All the specialist physiotherapists, occupational therapists and neonatal staff for their input and advice.

Special thanks in particular are extended to all the babies and parents of St Thomas' Hospital NICU and the South Kent Regional NICU of Canterbury and Ashford Hospital who gave their time and support to the project.

## **APCP Neonatal Group:**

Secretary: Nicola McNarry  
nicola.mcnarry@mail.qmguh-tr.trent.nhs.uk  
Chairperson: Peta Smith  
peta.smith@ekht.nhs.uk

Chartered Society of Physiotherapy  
14 Bedford Row  
London WC1 4ED  
t 020 7306 6666  
**www.csp.org.uk**

## **BLISS – the premature baby charity**

2nd Floor, 9 Holyrood Street  
London SE1 2EL  
t 020 73781122  
f 020 7403 0673  
information@bliss.org.uk  
**www.bliss.org.uk**  
Family Support Helpline  
FREEPHONE 0500 618140  
BLISS Publications: 01933 318503 or order  
online at [www.bliss.org.uk](http://www.bliss.org.uk)  
Registered charity no. 1002973  
Registered company no. 2609219

**This publication has been made possible with financial support from Pampers.**



# Meeting the needs of the preterm baby

This booklet is about parents and staff working together in supporting the physical and psychological development of your baby. It will help you to understand your individual baby's responses to care, and preferences too.

Positioning aims to provide safe, comfortable and appropriate care for preterm infants like yours who need help in coping with the environment outside their mother's body. The emphasis is on the value of maintaining and facilitating flexed or curled up postures, especially early on. Initially you will watch your baby and provide gentle touch, perhaps stroking and talking softly, while neonatal staff handle and position your baby. Later you will be able to help with this. The text and photographs show a variety of ways in which this can be done and how babies of different ages and gestations may respond.

It is hard being a parent in the neonatal unit. Understanding and helping with this aspect of your baby's needs is a way of providing the kind of care that seems to benefit your baby and feels right to you as a parent.

*Maggie Redshaw BA PhD (C.Health Psychol.)*  
and a member of the *Pampers Institute*.

## About the *Pampers Institute*

The *Pampers Institute* is an international network of experts committed to understanding babies and all areas of their development and health. The members of the *Pampers Institute* provide advice, insights and information primarily via the website, [www.pampers.com](http://www.pampers.com), which can be accessed by both health professionals and parents alike.



# Contents

<b>About this series</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
Who is this booklet for?	4
How are premature babies different?	4
<b>Positioning</b>	<b>5</b>
What is positioning?	5
What are the benefits?	6
Who can help in the neonatal unit?	6
<b>Signals from your baby</b>	<b>7</b>
Recognising your baby's needs	7
Responding to your baby's needs	8
<b>Positioning your baby in hospital</b>	<b>9</b>
When and how to start	9
On the back	10
On the tummy	11
On the side	13
Containment holding	14
<b>Handling your baby</b>	<b>15</b>
Picking up/putting down	15
Supported sitting	16
Lying in the lap	17
Carrying your baby	18
<b>Positioning at home</b>	<b>20</b>
Sleeping positions	20
Playtime positions	20
Supported sitting	23
Useful equipment	23
<b>References</b>	<b>28</b>
<b>Useful organisations</b>	<b>30</b>
<b>BLISS Publications</b>	<b>37</b>

# About this series

## Babies have physical and emotional needs

All babies need a lot of love and care. Premature babies have not experienced the same start in life as most babies, and they need help to make their time in neonatal care a little easier. Like all babies, they depend on caring adults to understand their emotional and physical needs. All babies need reassurance, and to feel safe and comfortable both physically and emotionally.

This booklet is part of a series of publications about supporting your baby's needs. *Handle me with care* covers your baby's physical needs and development during their time on the neonatal unit and once he/she comes home.

The second part of this series, *Look at me – I'm talking to you*, covers your baby's emotional needs and helps you understand what your baby is communicating or 'saying' to you.

**We recommend that in order to gain a full picture of your baby's needs, both booklets should be read.**

### USING THIS INFORMATION SAFELY AND SENSIBLY

This publication is for guidance only and must be used with the support of staff on the neonatal unit. They will ensure that your baby's condition is stable enough to allow safe use of the positions shown in this leaflet.

All babies should be treated as individuals. Each baby will respond to touch and positioning differently. Some positions shown in this booklet will be supportive for some babies, but may be disturbing for others.

Please read all sections of this booklet carefully. The introduction in particular provides important information about the physical development of premature babies and the use of positioning in some neonatal units. The most important thing is getting to know your baby, so that you can recognise what he/she needs to feel secure.

# Introduction

## Who is this booklet for?

This booklet is for parents of premature babies – especially babies who have spent less than 32 weeks in the womb before birth.

Babies born after 32 weeks of pregnancy will have more mature bodies and more developed movement skills, but their parents may also find this booklet useful.

At back of the leaflet, you will find details of research and reports used to put together the information in this leaflet. These are numbered throughout the text.

## How are premature babies different?

A baby usually spends between 37 and 41 weeks in the womb before it is born. A baby who has been born at this stage is called a 'term' baby.

Premature babies are born before 37 weeks and miss out on the final stages of pregnancy, when they would have been tightly curled up in the mother's womb. These last few weeks in the womb are important for the baby's future development.

From birth, gravity begins to have an effect and may cause your premature baby's arms and legs to flop out to the sides. If your baby remains in such a position over many weeks, some muscles may become too tight and strong, while others may become weak. This imbalance can affect the early development of your baby's movement.

The good news is that you and the neonatal team can promote your baby's physical development by placing his/her body in special, supported positions. Good positioning can also make your baby feel safer and more secure.

# Positioning

## What is positioning?

Everyone is familiar with the way that babies curl up within the womb. Positioning basically means gently placing your baby in this curled up position, providing the right type of support and creating a snug and secure feeling.

In general, here is how your premature baby should be positioned: arms and legs should be curled up, with knees and elbows tucked towards the middle of the body. The spine should be curved and the head should be tucked slightly forwards.

It is important for premature babies to develop this curled up posture, because it is an important basis for their future physical development.<sup>1, 2, 3, 4</sup>

### CHECK FOR SAFETY

All neonatal units are different and not all units practise positioning as described in this booklet. It is very important that you do not attempt to start positioning your baby without the agreement and guidance of staff on the neonatal unit.

All babies are different too, with varying clinical needs. The neonatal staff will make sure that your baby is ready and that his/her medical condition is stable enough for positioning.

It is always very important to check that positioning is not restricting your baby's breathing in any way.

Initially your baby will probably be positioned by staff in the neonatal unit. During this time, you can watch and learn how to handle and move your baby in the safest and gentlest way. As your baby develops and becomes stronger, you may be able to position him/her yourself.

The curled up position also helps your premature baby learn to control his/her behaviour to feel calmer and safer. This development process is called self-organisation.<sup>1, 2, 3, 4</sup>



Look at the difference between the posture of the baby in the womb, and the posture of the unsupported, immature baby in the cot.

## What are the benefits?

Research has shown that for some babies, good positioning can help development in various ways.<sup>1, 2, 3, 4</sup> Positioning may:

- protect your baby's delicate skin
- improve the quality of your baby's sleep
- help your baby stabilise his/ her heartbeat and breathing, and so save energy
- help your baby learn to co-ordinate hand-to-mouth movement
- help your baby learn to feed
- help your baby feel safer
- encourage your baby to relax.

## Who can help on the neonatal unit?

Neonatal physiotherapists work as members of the neonatal team, and use their specialised knowledge about physical development to assess the quality of your baby's movement skills. Many neonatal units have a physiotherapist as part of the team. However, other neonatal staff may also give advice on positioning. These professionals might include occupational therapists and neonatal nurses.

# Signals from your baby

## Recognising your baby's needs

Every baby learns in his/her own individual way. On top of these personal variations, there are important differences between premature babies, and babies who have been born after a full-term pregnancy, when it comes to learning about movement.

This is because premature babies are exposed to different experiences outside the womb when their bodies are still immature and developing.

Your baby is giving you signals all the time, for example, through behaviour or body language. When handling your baby, it is important to watch for and respond to these signals. Some signs of stress include:

- sudden changes in heart rate or breathing rate
- suddenly going floppy or stiff
- a scowling face
- waving arm movements
- stiffly extended arms and legs.



This baby is stressed and has a stiff posture.

Please see the BLISS booklet *Look at me, I'm talking to you* for more information on your baby's body language.

You may notice ways in which your baby tries to help himself/herself. Your baby may:

- curl up
- brace his/her legs
- grasp your finger
- fold his/her arms together
- suck his/her hands, as shown in the picture on the right.

When your baby is feeling calm and happy,



his/her face will be relaxed and he/she may even make an 'ooh' shaped mouth. Your baby will also be able to lie still and calm.

## Responding to your baby's needs



If your baby shows stress signals, try to provide some 'time out'. This baby has an 'ooh' shaped mouth.

You can also try containing your baby using your hands. This technique is called 'containment holding' and works like this:

- place one of your hands firmly but gently on the baby's head
- place your other hand on the baby's tummy
- bring your baby's hands together on his/her tummy if possible (see the BLISS information sheet *Containment Holding* for more information).

If your baby is out of the cot, try lying him/her down on your lap, or against your chest with the baby's arms forwards and hands up towards their mouth.

Sometimes just giving your baby a finger to grasp will be enough. This will help your baby learn ways to calm down, and give a feeling of comfort and safety.



Once you have learned to understand your baby's behaviour, you will find it easier to respond and to provide what he/she needs to develop in the best way physically and emotionally.

# Positioning your baby in hospital

## When and how to start

Not all neonatal units carry out positioning and it is very important you do not attempt to start positioning your baby without the agreement and support of staff on the neonatal unit. It is essential that your baby is medically stable before positioning is attempted.

Initially a member of the neonatal staff will position your baby. But as your baby grows and develops, you may be able to learn how to do this yourself.

When your baby is stronger, more mature, and ready to start responding to people, careful positioning and handling can help develop your baby's visual skills.

By lifting, carrying and holding your baby in a supportive way, and eventually through supportive sitting, you may help your baby develop better head control.

Positioning your baby in a variety of ways is important so that uneven muscle strength or muscle tightness does not develop. While in hospital, your baby will be positioned on the back, on the side and on the tummy for this reason.

There are a number of ways to support your baby in the curled up positions that are best for him/her. Methods may vary depending on your baby's medical needs. While your baby is in hospital, rolled up towels, blankets, supporting rolls and 'nests' can be used. As your baby gets bigger and more alert, a baby seat may be used (provided your baby's medical condition allows this to be done safely).



## METHODS IN YOUR UNIT

Different units may have different methods for positioning. A member of staff can show you which methods are used in your unit.

Remember that babies in the womb are supported closely by their mother's tummy muscles, and by her pelvis, spine and diaphragm (breathing muscle). Supported positioning in the incubator or cot will not only hold your baby in a curled up position, but will also provide the feeling of security he/she would have had in the womb.

## On the back

Positioning may help to prevent your baby's head from becoming long and narrow in shape, which is something that commonly happens in premature babies.<sup>5</sup>

As your baby's skull is very soft, a narrowed 'premature' head shape may develop if he/she is nursed with the cheek on the cot all of the time. Laying your baby on the back, while supporting the back of the head, helps to minimise the narrow appearance. Turning your baby's head occasionally to the left and right side may also help to keep a rounded shape. Many units use small water or gel pillows under the head to prevent the 'premature' head shape from developing.

A nest of some kind will keep the baby's elbows tucked near the sides of the torso and support the legs in a curled up position. Many things can be used to make a nest: towels, rolls, snugglies or inserts made especially for this purpose.



This baby is unsupported, and may feel exposed and insecure.



This baby is nested. The arms and legs are curled up and tucked in towards the middle of the body. He looks calm and comfortable.

If you are at the stage where you can position the baby yourself, here is one way to make a nest if you do not have positioning aids:



Take two sheets, towels or blankets rolled on the diagonal.



Place a sheet over the top and tuck underneath to hold the rolls in position.



Once your baby's medical condition has stabilised, it will be time to try laying him/her on the back, looking up at the ceiling (not turning the face to either side). This can be done **during waking periods**, for example, during nappy changes. You can use rolled towels, small toys (if your unit allows toys in the incubator) or supporting pillows to help your baby keep the head 'mid-line' (in line with the centre of the body). This position helps your baby learn to hold the head straight and also allows pressure to be distributed along the back of the head.

## On the tummy

Lying on the tummy can help your baby's breathing movements by supporting the rib cage, which is soft in premature babies. This position can also help babies who have reflux and has been shown to increase the amount of time they spend in quiet sleep (which results in less energy being used and faster weight gain).<sup>6</sup> In this position, your baby must be well supported, as gravity will push the knees out to the



sides. Use a rolled sheet or towel tucked firmly around the legs to keep them curled up and under your baby.



Another way of introducing your baby to lying on the tummy is through 'kangaroo care'.

Kangaroo care is the term used to describe a baby being placed in contact with a parent's chest, like a young kangaroo in its mother's pouch.

Kangaroo care can help with breastmilk production and with establishing breastfeeding when the baby is ready. Research suggests that babies who experience kangaroo care have a more regular heart rate and increased oxygen levels as they are calmer. In the longer term, it may also help with weight gain and in establishing sleeping patterns.<sup>7, 8, 9, 10</sup>



#### SAFETY NOTE: SLEEPING ON THE TUMMY AND COT DEATH RISK

Babies in the Neonatal Intensive Care Unit (NICU) are closely monitored, and therefore they can safely sleep on their tummies without the risk of cot death or 'SIDS' (Sudden Infant Death Syndrome). Once home, however, it is very important that babies sleep only on their backs, to reduce the risk of cot death (see *Positioning at home* on page 20).

## On the side

Gravity is useful in this position as it draws your baby's arms and legs towards the middle of the body. In this position, it is also easier for babies to get their hands to their mouths for comfort, if they are feeling upset. Babies naturally roll out of this position so, once again, use a rolled-up towel or snugly to support a tucked up, curled in position.



Compare the unsupported baby on the left, to the nicely nested baby on the right.



Above are other examples of how you can position your baby on the side.

Giving your baby a soft toy to curl up around may help your baby relax. Some units do not allow soft toys to be placed in the incubator, in which case a soft cloth might be permitted. Before placing the toy or cloth in the cot, try putting it next to your own skin for a while, so that it takes on your scent. The smell of a parent is comforting for a baby.

## Containment holding

When positioning and handling your baby, take care to read the signals he/she is giving you as these will tell you whether he/she is happy or not. (See the BLISS leaflet, *Look at me, I'm talking to you* for more information.)

Move your baby slowly and gently, giving him/her time to get used to the movement. Help your baby learn to stabilise himself/herself. The mother below is helping her baby learn to get used to being moved when changing his position in his cot. This is known as 'Containment Holding'.



This baby is looking slightly stressed after he has just been moved. He looks a little startled and his hand and fingers are outstretched.



The baby's mother helps him contain his body with her hands. The baby's body starts to relax.



His face relaxes too.



He puts his hands up to his face and towards his mouth to calm himself.



The baby feels secure and goes off to sleep.

Once your baby is more mature and closer to being discharged from hospital, he/she will no longer need positioning help in the cot.

# Handling your baby

**It is important to seek the support and guidance of staff on the neonatal unit before you start moving your baby. Your baby needs to be medically stable, and well enough to be moved. All babies are different and staff can show you the most appropriate way to move your baby.**

## Picking up/putting down

Pick your baby up slowly, first rolling the baby to one side, and make sure the back is comfortably curled (by supporting the baby behind the hips and head). This approach allows your baby to practice controlling the neck muscles and retains the curled up posture.

When it's time to return to the cot, place the baby on his/her side, and roll the baby slowly into position. Remember to alternate the side your baby is rolled onto, so he/she gets to practice strengthening both sides of the neck.



## Supported sitting

When your baby is well enough, you will be able to support him/her in a sitting position, even inside the incubator. Place one hand at the back of your baby's head, neck and shoulders, and bring the baby up to the sitting position. Then with your other hand, support the front of the chest (wrapping your fingers right around the rib cage) and under the chin.



By having a chance to sit up, your baby experiences gentle movement, may become more alert, and will enjoy the warmth of your hands. This is a good position for eye contact and for talking to your baby. It also gives your baby the opportunity to become aware of his/her surroundings.



Here is another way of supporting your baby – use your thumbs in front under the arms and your fingertips behind your baby's head.

## Lying in the lap

For feeding, playing and interacting with your baby, try resting him/her in your lap, with the baby's legs curled up against you. This position encourages your baby to curl up the body and hips, and can also leave you with two hands free for feeding or playing.

Rest the baby's head in the groove made by your legs, with his/her legs curled up against your tummy (but do not encourage the baby to push against you with his/her feet).



This baby is calming himself by bringing his hands up to his face.

This position can be useful to calm or prepare your baby for feeding. If your baby suffers from reflux, make sure your knees are slightly raised by putting your feet up on a support such as a footstool.

You can also gently lift the baby up off your lap and support him/her in this position. This is a good position for eye contact with your baby. It also helps your baby learn to control his/her head.



The pictures above show a good position to give your baby experience of gentle movement. Encourage your baby to look at you and then move the baby slowly backwards, forwards and sideways. This activity will help your baby learn to control his/her movement and posture, and can be started when your baby is medically stable and ready.

## WHEN YOUR BABY TELLS YOU, 'I'VE HAD ENOUGH'!

Remember to **stop** if your baby is showing you signals of tiredness or distress. Give him/her some 'time out' and try again later, when your baby is calmer and more relaxed. It may be that you need to hold or support your baby in a different way. Or perhaps your baby just needs some quiet time – being with people can be tiring for your baby.



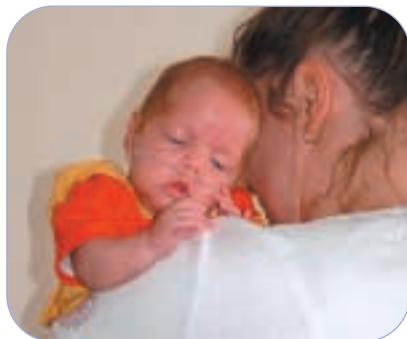
This picture shows the tuck carry.

## Carrying your baby

There are several different ways to carry your baby safely.

The **tuck carry** is excellent for keeping your baby in the curled up position. Sitting the baby in the crook of your elbow will support the head, keep the arms pointing forward support the hips and allow the knees to bend up towards the middle.

As your baby gets stronger, carrying your baby **over the shoulder** will help your baby learn to hold his/her head up.



These pictures show the over the shoulder carry.

Carrying your baby with the tummy against your forearm can promote better head control. The head and chest should be higher than the hips, making it easier to lift the head against the force of gravity. This position, as with the tuck carry, allows your baby to look at his/her surroundings.

Your baby's arms tend to fall nicely forwards and the legs should be curled up and supported around the thighs and bottom.



These pictures show the tummy against the forearm carry.

You can also carry your baby with the **tummy resting on your chest**. Gently rest the baby on your chest, supporting the back and keeping the legs curled up and in. This position is similar to the hold used in kangaroo care (see page 12).



Carrying your baby with the tummy on your chest is similar to 'kangaroo care'.

# Positioning at home

**Positioning at home is different from positioning in the neonatal unit.**

When your baby comes home, you will be responsible for positioning your baby. Remember that you can ask for advice from your community nurse, health visitor, or other health professionals.

When your baby is awake, make sure he/she is placed in a variety of positions throughout the day to encourage the development of different muscles.

## Sleeping positions

**At sleep times, follow the 'back to sleep' rules outlined by the Department of Health, and explained in the leaflet, *Reduce the risk of cot death*.<sup>11, 12</sup>**

Official guidelines say that babies should sleep on their backs at home, with their feet to the bottom of the cot. You should also ensure that there are no pillows or soft toys near your baby's face, because these may obstruct breathing. **This means that the supported 'nesting' position described earlier in this booklet should not be used at home for sleeping.**

Try to turn your baby's head to a different side every time you put him/her down to sleep. This may help to prevent the head become flattened on one side.

Please remember that babies still need 'tummy time' when they are awake, in order to developing good movement skills (see *On the tummy* on page 11).

## Playtime positions

All babies need a variety of positions for playtime, so they can develop muscle strength and control of movement. Play allows babies

to explore the environment and learn how their bodies work. There are several positions that will help develop movement skills when your baby is awake:

- on the back
- on the tummy
- on the side.

As your baby gains more control of his/her movement (for example, being able to place the hands together in front of the tummy), you can allow more time **on the back** without supportive pillows.

The time your baby spends playing **on the tummy** is a building block for progress towards crawling and walking. From the corrected age of about one month (that is, one month from your baby's original due date), 'tummy time' is therefore an important position at playtime.

Many babies may not like being on the tummy at first. They may find lifting the head difficult. However, tummy time will help to strengthen the neck, chest and shoulder muscles and can be fun.



This baby is supported by a v-shaped cushion. You can place a baby gym overhead to help develop visual skills when your baby is old enough.



A rolled towel or rug placed under the chest (right up to the armpits) helps keep the arms forward and in a good position to take weight. You can also try laying your baby over a 'V' cushion, keeping the arms forward.



Another tummy position to try is propping your baby over your knee – this can help your baby gain strength by lifting his/her head.

If your baby doesn't like tummy time, then place him/her in this position for short periods only, but do it more often, such as at least once during each waking period.

To encourage your baby to lift up the head from the tummy position, you can lay him/her on your chest (as in kangaroo care, see page 12). Start by placing the baby on your chest and then talk to him/her. This way your baby will be encouraged to lift up his/her head to look at you. Keeping a hand firmly on the baby's bottom provides stability and makes it easier for your baby to lift the head.

**Laying your baby on his/her side** to play is another good position and gives your baby some variety.



## Supported sitting

**Sitting is only for times when your baby is awake.** It is not good for your baby's posture to sleep in a seat, as babies tend to slide down. This can also restrict breathing.<sup>12</sup> In the early stages, it is best for your baby to spend only short periods of time in the sitting position. As your baby develops a stronger back and more head control – around three months past the date they were due to be born – he/she can sit for longer periods.

Wherever possible, try to make sure that your baby is not slumped down in the chair, as this may increase reflux. You can help avoid this by not sitting your baby in the chair straight after a feed.



▲ Baby seats should have an adjustable tilt at the back so you can gradually get your baby into a more upright position as he/she is more able to control the head and body.



◀ When your baby first comes home, you may need to use a rolled up blanket or towel in the seat, to help with positioning and stop your baby pushing and stretching.  
**NB: This type of chair is useful until the baby has grown big enough to push against the bottom bar. At this stage it would be better to use a seat like the one shown on the left here.**

## Useful equipment

Equipment that encourages the curled up position can help your baby's physical development.

Your baby is in the curled up position when:

- the hips and knees are bent up
- the arms and shoulders are forward
- the head is supported in the middle and tucked slightly forwards.

## SAFETY REMINDER

**When positioning, it is very important to check that your baby's breathing is not restricted in any way.**

The **V cushion** – sometimes called a feeding cushion – is a good example of appropriate equipment.

When your baby is ready, a **babysitter chair** is also good. This type of chair:

- allows your baby to see more of his/her surroundings
- supports your baby's posture
- makes it easier for your baby to respond
- helps your baby develop reaching and other hand skills.



From three months after your baby's original due date, an overhanging play gym will encourage the development of reaching skills.

From this age, toy frames placed over your baby when in a sitting position help develop reaching and grasping skills. These toys can also encourage your baby to focus and

Equipment needs to be sturdy so that when your baby moves, he/she is well supported. You can try 'V' cushions, stable chairs or baby rockers.



follow movement and objects with the eyes. Place toys or mobiles at your baby's eye level and within reach so he/she doesn't need to arch the back to look at the toy or reach it. Use the lowest level of incline on the chair until your baby is actively curling forward to sit higher in the chair.

If your baby prefers to turn his/her head and look one way most of the time, try turning the chair to encourage your baby to look the other way, towards people or toys.

Research on **car seats** has shown that until your baby has reached a corrected age of three months, you should only use car seats for short periods and **only** for travelling.<sup>13</sup> After this age, your baby should have better head and body control, and breathing will be less affected by sitting up.



If your baby tends to arch out of the seat or is unable to keep his/her head and body in the upright position, place a rolled towel or blanket around your baby's head for support. Use another behind the shoulders and under the knees to encourage the curled up position. This baby now has his head in the middle, can get his hand up to his mouth and is able to see both hands in front of him.

## EQUIPMENT TO AVOID

Below is a list of equipment that does not encourage the curled up posture and, therefore, the development of good movement. Research has shown that this equipment can delay babies development when they are learning to sit and walk.<sup>14-20</sup> This equipment is particularly unsuitable for premature babies.

**Baby walkers** encourage babies to walk on their toes, while they are supported in a frame. This blocks the natural development of body control and balance, which are needed for crawling, sitting and walking. Babies are better off being placed on the floor to learn these skills. Baby walkers do not strengthen the muscles needed for sitting, crawling and other movements, and may delay development.<sup>14-20</sup>

**Doorway jumping seats** also encourage babies to bounce on their toes and arch their backs. They are therefore not recommended, for the same reasons as baby walkers.

## OTHER EQUIPMENT TO USE WITH CAUTION

**Baby bouncers and bouncy chairs** This type of chair is useful **until** the baby has grown big enough to push against the bottom bar. At this stage, it would be better to use a seat like the one shown on the left hand side on page 23. The reason for this is that baby bouncers and bouncy chairs move when your baby pushes backwards into the bouncer. This is the opposite movement to curling up. It over-strengthens the muscles that arch your baby's back. These arching muscles work against the muscles that keep babies in the preferred 'curled up' position. Constant bouncing also makes it difficult for babies to learn how to reach for things they see.

## Remember to ask for advice

All babies are individuals. The instructions for positioning and handling your baby contained in this booklet should be followed only after discussion with staff on the neonatal unit, or with your community nurse or health visitor if your baby is at home. If you have any questions regarding your baby's development speak to the staff on the unit, to your baby's consultant, or to your community nurse, health visitor or GP.

## We hope you found this publication helpful

If you would like to discuss anything contained in this booklet in more detail or wish to get further support, please contact the BLISS Family Support Helpline FREEPHONE 0500 618140 (10am to 5pm, Monday to Friday) or email [parentsupport@bliss.org.uk](mailto:parentsupport@bliss.org.uk)

If you would like a copy of *Look at Me* you can order online at [www.bliss.org.uk](http://www.bliss.org.uk) or call 020 7378 1122.  
All BLISS publications are free of charge to parents.

Health professionals can order online at [www.bliss.org.uk](http://www.bliss.org.uk) or call 01933 318503.

For details of more BLISS publications, see page 37.

# References

1. Als H, Gilkerson L, Duffy FH, McAnulty G, Buehler D et al. *A Three-Center, Randomized, Controlled Trial of Individualized Developmental Care for Very Low Birth Weight Preterm Infants: Medical, Neurodevelopmental, Parenting, and Caregiving Effects.* Journal of Developmental & Behavioral Pediatrics 2003; 24(6):399-408.
2. Als H, Lawthorne G et al. *Individualized developmental care for the very low birthweight infants: medical and neurofunctional effects.* JAMA 1994; 272:853-858.
3. Lawthorne G. *Providing developmentally supportive care in the newborn intensive care unit: an evolving challenge.* Journal of Perinatal Neonatal Nursing 1997; 10:48-61.
4. Als H. *A synactive model of neonatal behavioural organization: Framework for the assessment and support of the neurobehavioural development of the premature infant and his parents in the environment of the neonatal intensive care unit.* Physical & Occupational Therapy in Pediatrics 1986; 6:3-55.
5. Cartlidge PHT et al. *Reduction of head flattening in preterm infants.* Archives of Disease in Childhood 1998; 63:755-57.
6. Masterson J et al. *Prone and supine positioning effects on energy expenditure and behaviour of low birthweight infants.* Pediatrics 1997; 80:689-92.
7. Ruiz-Pelaez JG, Charpak N, Cuervo LG. *Kangaroo mother care, an example to follow from developing countries.* British Medical Journal 2004; 329:1179-1181.
8. Furman L, Minich N, Hack M. *Correlates of lactation in mothers of very low birthweight infants.* Pediatrics 2002; 190(4):e57.
9. Ludington-Hoe SM, Nguyen N, Swinth JY, Satyshur RD *Kangaroo care compared to incubators in maintaining body warmth in preterm infants.* Biological Research for Nursing 2000; 2(1):60-73.
10. Ohgi S et al. *Comparison of kangaroo care and standard care: behavioural organisation, development, temperament in healthy, low birthweight infants through 1 year.* Journal of Perinatology 2002; 22(5):374-79.

11. DH Publications published in association with The Foundation for Sudden Infant Death (FSID), last updated February 2004. (Orderline: t 08701 555 455 or email doh@prolog.uk.com)
12. Carpenter RG et al. *Sudden unexplained infant death in 20 regions in Europe: case control study*. The Lancet 2004, 363:9404.
13. Merchant JR et al. *Respiratory instability of term and near-term healthy newborn infants in car safety seats*. Pediatrics 2001;108 (3):647-652.
14. Crouchman M. *The effects of baby walkers on early locomotor development*. Developmental Medicine and Child Neurology 1986; 28:756-757.
15. Bartlett-DJ, Fanning JEK. *Relationships of equipment use and play positions to motor development at eight months corrected age of infants born preterm*. Pediatric Physical Therapy 2003 15:8-15.
16. Chartered Society of Physiotherapy – Press Release: *Warn Parents About The Dangers of Baby walkers: CSP Tells Government*. Thursday August 14 1997.
17. Downer H, Inwood S et al. *Baby Walkers and The Premature Infant*. Canadian Medical Association Journal 1988; 139:609-610.
18. Engelbert RH, van Empelen R, Scheurer ND, Helders PJ, van Nieuwenhuizen O. *Influence of infant-walkers on motor development: mimicking spastic diplegia?* European Journal of Paediatric Neurology 1999; 3(6):273-5.
19. Rhodes K, Kendrick D et al. *'Baby walkers: paediatricians' knowledge, attitudes, and health promotion.'* Journal Archive of Diseases in Childhood 2003; 88(12):1084-5.
20. Siegel A, Burton R *Effects on baby walkers on motor and mental development in human infants*. Journal of Developmental and Behavioral Pediatrics 1999; 20:55-361.

## Useful organisations

\* translations available

### Benefits and maternity rights

#### Benefits Now

Online information about Disability Living Allowance and completing applications.

**t:** 0207 833 2181

[www.benefitsnow.co.uk](http://www.benefitsnow.co.uk)

#### Citizen's Advice Bureau (CAB)

Will provide details of your local CAB.

**t:** 020 7833 2181

[www.nacab.org.uk](http://www.nacab.org.uk)

#### Tax Credits Helpline

Provides advice to families on tax credits.

**t:** 0845 300 3900

[www.hmrcgov.uk](http://www.hmrcgov.uk)

#### Working Families

1-3 Berry Street  
London

EC1V 0AA

**t:** 0207 253 7243

**f:** 0207253 6253

[office@workingfamilies.org.uk](mailto:office@workingfamilies.org.uk)

### Bereavement

#### Child Bereavement Trust

Produces leaflets, books and videos for bereaved families.

Aston House, West Wycombe

High Wycombe HP14 3AG

**t:** 0845 357 1000

[www.childbereavement.org.uk](http://www.childbereavement.org.uk)

#### Child Death Helpline

A helpline for those affected by the death of a child or baby.

**Freephone:** 0800 282986

[www.childdeathhelpline.org.uk](http://www.childdeathhelpline.org.uk)

#### Compassionate Friends

Telephone support for bereaved families.

53 North Street, Bristol BS3 1EN

**Helpline:** 0845 123 2304

[www.tcf.org.uk](http://www.tcf.org.uk)

#### Cruse Bereavement Care

Cruse House, 126 Sheen Road

Richmond, Surrey TW9 1UR

**Helpline:** 0870 167 1677

[helpline@crusebereavementcare.org.uk](mailto:helpline@crusebereavementcare.org.uk)

#### SANDS (Stillbirth and Neonatal Death Society)

Telephone support and groups for bereaved families.

28 Portland Place, London W1B 1LY

**Helpline:** 020 7436 5881

[www.uk-sands.org](http://www.uk-sands.org)

#### S.PR.I.N.G (Support for parents and relatives in neonatal grief)

Provides support to parents and relatives who have experienced the death of a baby during pregnancy, at, or just after birth.

This includes miscarriage, stillbirth and termination for foetal abnormality.

**t:** 01202 448084 (24 hour answerphone)

**e:** [friends@springsupport.org](mailto:friends@springsupport.org)

[www.springsupport.org.uk](http://www.springsupport.org.uk)

### Breastfeeding – expressing equipment

#### Ameda-Egnell Ltd.

Unit 2, Belvedere Trading Estate, Taunton  
Somerset TA3 1BR

**t:** 01823 336362

[www.ameda.demon.co.uk](http://www.ameda.demon.co.uk)

#### AVENT

Glemsford, Suffolk CO10 7QS

**Freephone:** 0800 289064

[www.aventbaby.com](http://www.aventbaby.com)

**Hand pumps and battery-operated pumps are available to buy in most large chemists and supermarkets.**

#### Express Yourself Mums Ltd

Full range of breastfeeding and expressing equipment including manual and electric pumps, feeding pillows, bras, special feeders, milk storage, breast care, books, videos and accessories.

**t:** 020 8830 5576

[www.expressyourselfmums.co](http://www.expressyourselfmums.co)

#### Medela UK Ltd

Produce a range of breastpumps and other breastfeeding accessories.

Huntsman Drive

Northbank Industrial Park Irlam Manchester  
M44 5EG

**t:** 0161 776 0400

**f:** 0161 776 0444

**e:** [info@medela.co.uk](mailto:info@medela.co.uk)

[www.medela.co.uk](http://www.medela.co.uk)

## Breastfeeding – support groups

### Association of Breastfeeding Mothers (ABM)

PO Box 207, Bridgewater  
Somerset TA6 7YT  
**Helpline:** 0870 401 7711  
[www.abm.me.uk](http://www.abm.me.uk)

### La Leche League\*

Breastfeeding help and information.  
PO Box 29, West Bridgeford  
Nottingham NG2 7NP  
**24 hour helpline:** 0845 120 2918  
[www.laleche.org.uk](http://www.laleche.org.uk)

### Unicef UK Baby Friendly Initiative\*

Breastfeeding information and advice.  
Africa House, 64-78 Kingsway  
London WC2B 6NB  
**t:** 020 7312 7652  
[www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)

## Causes of premature birth and antenatal information

### Action on Pre-eclampsia (APEC)\*

Information and support services.  
84-88 Pinner Road, Harrow  
Middlesex, HA1 4HZ  
**t:** 020 8863 3271  
**Helpline:** 020 8427 4217  
[www.apec.org.uk](http://www.apec.org.uk)

### Action on Medical Research

Vincent House, Horsham  
West Sussex RS12 2DP  
**t:** 01403 210406  
**f:** 01403 210 541  
[www.action.org](http://www.action.org)

### Antenatal Results and Choices

Information and support for parents to be.  
73 Charlotte Street, London W1T 4PN  
**Helpline:** 020 7631 0285  
**t:** 0207 631 0280  
[www.arc-uk.org](http://www.arc-uk.org)

### National Childbirth Trust (NCT)

Antenatal support and breastfeeding advice.  
Alexandra House, Oldham Terrace  
Acton London, W3 6NH  
**t:** 0870 444 8707  
**Breastfeeding helpline:**

0870 444 8708

[www.nctpregnancyandbabycare.com](http://www.nctpregnancyandbabycare.com)

### Tommy's

Research into causes of premature birth and other complications.  
Nicholas House, 3 Laurence Pountney Hill  
London EC4R 0BB  
**t:** 0870 777 3060  
[www.tommys.org](http://www.tommys.org)

## Clothes by mail order for babies with a low birthweight

### Babycity

Unit 20 Belvue Business Centre  
Belvue Road, Northolt  
Middlesex UB5 5QQ  
**t:** 020 8845 5588  
**f:** 020 8845 6688  
**e:** [info@babycity.co.uk](mailto:info@babycity.co.uk)  
[www.houseofdee.co.uk](http://www.houseofdee.co.uk)

### Clothes 4 Prematures

Ashley Alexander, 1 Aldiss Court  
High Street, Dereham  
Norfolk NR19 1TS  
**t:** 01362 853313  
[www.clothes4prematures.co.uk](http://www.clothes4prematures.co.uk)

### Designer Angels

11 Market Gate, Market Deeping  
Lincolnshire PE6 8DL  
**t:** 01778 345963  
**e:** [sales@designerangels.co.uk](mailto:sales@designerangels.co.uk)  
[www.designerangels.co.uk](http://www.designerangels.co.uk)

### Peeny Weeny Baby

PO Box 71, Shanklin  
Isle of Wight PO37 6ZW  
**t/f:** 01983 863 532  
**m:** 07973 362 955  
[www.peenyweeny.co.uk](http://www.peenyweeny.co.uk)

### PreciousPremis Ltd

18 Paddockdyke, Skelmorlie  
North Ayrshire PA17 5DA  
**t:** 01475 521863  
**m:** 07830 149592/593.  
**e:** [sales@preciousprems.co.uk](mailto:sales@preciousprems.co.uk)  
[www.preciousprems.co.uk](http://www.preciousprems.co.uk)

### **Tiny Baby & Co Ltd**

Unit 3, Chestnut House  
Moorgreen Industrial Park  
Newthorpe, Nottingham NG16 3QU  
t: 01773 715577  
f: 01773 717653  
www.tinybabyandco.com

### **Vertbaudet**

PO Box 125, Bradford BD99 4YG  
t: 0845 270 0270  
8am to 11pm, 7 days a week  
www.vertbaudet.co.uk

## **Counselling and advice**

### **The Association for Post-natal Illness (APNI)\***

145 Dawes Road, Fulham SW6 7EB  
Helpline: 020 7386 0868  
www.apni.org

### **Birth Trauma Association**

Offers support to all women who have had a traumatic birth experience.  
PO Box 1996, SP1 3RQ  
www.birthtraumaassociation.org.uk

### **British Association of Counselling and Psychotherapy**

Represents counsellors and psychotherapists and can signpost you to a local therapist.  
BACP House, 35-37 Albert Street, Rugby Warks CV21 2SG  
t: 0870 443 5252  
www.bacp.org.uk

### **Cry-sis**

Support for families with excessively crying, sleepless and demanding babies.  
Helpline: 08451 228 669  
(9am to 10pm, 7 days a week)  
www.cry-sis.org.uk

### **Fathers Direct**

Online information on fatherhood.  
t: 0845 634 1328  
www.fathersdirect.com

### **For Parents By Parents**

A parenting information and advice site for parents.  
c/o 31 Main Street, Bishopstone,  
Aylesbury, Buckinghamshire HP17 8SF

t: 01296 747551  
f: 01296 747538  
www.forparentsbyparents.com

### **Foundation for the Study of Infant Deaths (FSID)\***

Information about safe-sleeping and apnoea monitors.  
Artillery House, 11-19 Artillery Row  
London SW1P 1RT  
t: 0870 787 0885  
Helpline: 0870 787 0554  
www.sids.org.uk/fsid

### **Gingerbread**

Information and support to lone parents through a network of local groups.  
7 Sovereign Close, Sovereign Court  
London E1W 2HW  
t: 020 7488 9300  
Helpline: 0800 018 4318  
www.gingerbread.org.uk

### **National NEWPIN**

Helps parents under stress.  
Sutherland House, 35 Sutherland Square  
London SE17 3EE  
t: 020 7358 5900  
www.newpin.org.uk

### **NHS Pregnancy Smoking Helpline:**

0800 169 9 169 – open 1pm to 9pm daily.  
www.givingupsmoking.co.uk

### **NIMBA (Northern Ireland Mother and Baby Action)**

Hope House, 54 Scotch Quarter  
BT38 7DP  
t: 028 9332 9933  
www.nimba.org.uk

### **One Parent Families**

225 Kentish Town Road, London NW5 2LX  
t: 0800 018 5026  
www.oneparentfamilies.org.uk

### **Parentline Plus**

Offers support to anyone parenting a child.  
Helpline: 0808 800 2222  
www.parentlineplus.org.uk

### **Threshold Women's Mental Health**

A confidential telephone helpline offering emotional support to women and signposting to local support services.

**Helpline:** 0808 808 6000 10am to 2pm and 2pm to 4.30pm Monday and Wednesday, 2pm to 4.30pm Tuesday and Thursday.

**Westminster Pastoral Foundation (WPF)**  
Provides counseling across the UK - fee is negotiable.  
23 Kensington Square, London W8 5HN  
**t:** 020 7361 4800  
[www.wpf.org.uk](http://www.wpf.org.uk)

## Disability and medical problems

**Birth Defects Foundation (BDF)**  
Services to families and those at risk of birth defects.  
BDF Centre, Hemlock Business Park  
Hemlock Way, Cannock  
Staffordshire WS11 2GF  
**t:** 01543 468888  
**BDF Here to help nurse service:** 0870 070 7020  
[www.bdfcharity.co.uk](http://www.bdfcharity.co.uk)

**British Brain and Spine Foundation**  
Information and support on neurological disorders.  
7 Winchester House, Cranmer Road  
Kennington Park, London SW9 6EJ  
**Helpline:** 0808 808 1000  
**t:** 020 7793 5900  
[www.bbsf.org.uk](http://www.bbsf.org.uk)

**British Heart Foundation\***  
14 Fitzhardinge Street, London W1H 6DH  
**t:** 020 7935 0185  
**Helpline:** 0845 070 8070 [www.bhf.org.uk](http://www.bhf.org.uk)

**British Lung Foundation (BLF)\***  
73-75 Goswell Road, London EC1V 7ER  
**t:** 020 7688 5555  
[www.lunguk.org](http://www.lunguk.org)

**Cerebra—the foundation for the brain injured child**  
1st Floor, 13 Guildhall Square  
Carmarthen SA31 1PR  
**t:** 01267 244200  
**Freephone:** 0800 328 1159  
[www.cerebra.org.uk](http://www.cerebra.org.uk)

**Cherubs UK**  
Offers specific medical information and support for families of children born with Congenital Diaphragmatic Hernia (CDH).  
43 Vancouver Avenue, Kings Lynn  
Norfolk PE30 5RD  
**t:** 01553 762 884 / 01908 565 574  
[www.uk-cherubs.org.uk](http://www.uk-cherubs.org.uk)

**Cleft Lip and Palate Association**  
1st Floor, Green Man Tower  
332B Goswell Road, London EC1V 7LQ  
**t:** 020 7833 4883  
[www.clapa.com](http://www.clapa.com)

**Contact A Family\***  
Provides support and advice to families caring for a disabled child or children with specific health conditions.  
209-211 City Road, London EC1V 1JN  
**t:** 020 7608 8700  
**Free Helpline:** 0808 808 3555  
[www.cafamily.org.uk](http://www.cafamily.org.uk)

**Down's Syndrome Association\***  
Langdon Down Centre, 2a Langdon Park  
Teddington TW11 9PS  
**t:** 0845 230 0372  
[www.dsa-uk.com](http://www.dsa-uk.com)

**LOOK (National Federation of families with visually impaired children)**  
Queen Alexandra College  
49 Court Oak Road, Harbourne  
Birmingham B17 9TG  
**t:** 0121 428 5038  
**e:** [info@look-uk.org](mailto:info@look-uk.org)  
[www.look-uk.org](http://www.look-uk.org)

**Meningitis Research Foundation\***  
Support and information for families.  
Midland Way, Thornbury  
Bristol BS35 2BS  
**Freephone Helpline:** 0800 800 3344  
24 hour helpline (UK)  
**Loc call (Rep of Ireland):** 1890 413 344  
[www.meningitis.org.uk](http://www.meningitis.org.uk)

**NHS Direct\***  
Website providing health information.  
**t:** 0845 4647 – 24 hours a day, 7 days a week.  
[www.nhsdirect.nhs.uk/](http://www.nhsdirect.nhs.uk/)

## SCOPE

Support for cerebral palsy and related disabilities.

PO Box 833, Milton Keynes MK12 5NY  
t: 0808 800 3333  
www.scope.org.uk

## Vitalair

Information about where to get oxygen supplies when travelling abroad.

t: 0800 136 603  
www.vitalair.co.uk

## Specialist travel insurance

### Atlas Direct

37 Kings Exchange, Tile Yard Road London N7 9AH

t: 0870 8111700

f: 0870 8111800

**Medical Helpline:** 0870 8111701

www.atlasdirect.net

### British Insurance Brokers Association

14 Bevis Marks, London EC3A 7NT

t: 0870 950 1790 f: 0207 626 9676

e: enquiries@biba.org.uk

### Free Spirit Travel Insurance

PJ Hayman & Company Ltd  
Specialist travel insurance for people with pre-existing medical conditions.

Stansted House, Rowlands Castle  
Hampshire PO9 6DX

t: 0845 230 5000 9am to 5pm, Monday to Friday

f: 0239 241 9049

e: freespirit@pjhaman.com

### Maksure Travel Insurance Services Limited

Cover for travelers with pre-existing medical conditions.

151 Lower Church Road, Burgess Hill West  
Sussex RH15 9AA

t: 0870 156 6679

### Perry & Gamble & Co Ltd

East Devon Business Park  
Wilmington, Honiton, Devon EX14 9RL

t: 01404 830100

### Preferential Direct Ltd

PO Box 5317, Southend on Sea  
Essex SS1 1WY

t: 0870 60077 66

www.preferential.co.uk

## Financial support

### The Family Fund Trust\*

Financial help and information for families of disabled and seriously ill children below age 16.

PO Box 50 York YO1 9ZX

t: 0845 130 4542

www.familyfundtrust.org.uk

### Lions Club International

t: 0121 441 4544

www.lions.org.uk

### Rotary International

t: 01789 765 411

www.ribi.org

## Home support

### Childcare Link

Contact Childcare Link for details of your local Children's Information Service (CIS), for a list of registered childcare in your area and for other information about childcare.

**Freephone:** 0800 096 0296

www.childcarelink.gov.uk

### Home-Start UK

Support for families with young children.

2 Salisbury Road, Leicester LE1 7QR

t: 0116 233 9955

**Freephone:** 0800 068 6368

www.home-start.org.uk

## Massage

### International Association of Infant Massage (IAIM)

Promotes and educates caregivers in positive touch.

UK Chapter, PO Box 247, Rainham  
Essex RM13 7WT

t: 0781 628 9788

www.iaim.org.uk

## Other practical items

### Bettacare Ltd - 'Tiny Traveler' car seats

Extra support for low birthweight babies.

9-10 Faygate Business Centre, Faygate  
West Sussex RH12 4DN

t: 0129 385 1896

www.bettacare.co.uk

### **Kari Me Baby Carrier**

Baby sling and baby carrier can be used for kangaroo care.

15 Mentmore Road, St Albans AL1 2BG  
t: 0870 199 6970  
f: 08714339678  
www.kari-me.com

### **Klodhoppers Ltd**

Babies and children's shoes starting from size 1 (17) **Available in store only.**

Wellingtons, socks, tights, sandals also available.

103 Blatchington Road, Hove BN3 5NE  
t/f: 01273 711132

### **Mothercare**

A wide range of products and information available, including maternity, nursery, travel, feeding, clothing, bath, safety, first bedrooms and toys.

t: 08453 30 40 30  
www.mothercare.com

### **Sling Easy Baby Sling from Kids in Comfort**

For low birthweight babies.

172 Victoria Road, Wargrave RG10 8AG  
t: 0118 940 4942  
www.slingeasy.co.uk

### **Soothers, Dummies and Teats**

NUK: Distributed by Mapa Spontex UK Ltd

Berkeley Business Park, Wainwright Road Worcester WR4 9ZS  
t: 0845 3002467  
www.nukbaby.co.uk

Also available at branches of Boots.

t: 0845 070 8090  
www.boots.com

### **Start rite 'First Walker Shoes'**

Stockists of girls' shoes starting at size 2, and boys' shoes starting at size 3.

www.startriteshoes.co.uk

## **Multiple births**

### **Multiple Births Foundation**

For information and support.

Hammersmith House Level 4  
Queen Charlotte's and Chelsea Hospital  
Du Cane Road, London W12 0HS

t: 020 8383 3519  
e: info@multiplebirths.org.uk  
www.multiplebirths.org.uk

### **Twins and Multiple Births Association (TAMBA)**

2 The Willows, Gardner Road  
Guildford Surrey GU1 4PG

t: 0870 770 3305  
**Twinline:** 0800 138 0509  
www.tamba.org.uk

## **Nappies up to 6lbs/3kg**

### **Boots High Performance**

Low birthweight nappies.

t: 0845 070 8090.  
www.boots.com

### **Pampers Micro and Premature Nappies**

**Freephone:** 08456 013272  
www.pampers.com

### **Tesco Nappies**

Premature baby size, available at medium and larger stores.

t: 0800 505 5555  
www.tesco.com

## **Safety**

### **CAPT (Child Accident Prevention Trust)**

4th Floor, Cloister Court  
22-26 Farringdon Lane  
London EC1R 3AJ

t: 020 7608 3828  
www.capt.org.uk

### **In-Car Safety Centre**

Unit 5, The Auto Centre, Stacey Bushes  
Milton Keynes, MK12 6HS

t: 01908 220909  
www.childcarseats.org.uk

### **RoSPA (Royal Society for the prevention of Accidents)**

Gives advice on purchasing, fitting and using car child restraints.

Edgebastson Park, 353 Bristol Road  
Edgebastson, Birmingham B5 7ST  
t: 0121 248 2000

e: help@rospa.co.uk  
www.rospa.co.uk

## Sexual health

### Sexual Health Line

Helpline: 0800 567123 open 24 hours a day, 7 days a week.

## Useful websites

[www.fordads.com](http://www.fordads.com)

[www.immunisation.org.uk](http://www.immunisation.org.uk)

[www.kangaroomothercare.com](http://www.kangaroomothercare.com)



## Other BLISS publications

- Booklist
- Breastfeeding your premature baby\*
- Chronic Lung Disease \*
- Community Health Professionals' Information Guide
- Containment holding poster
- Facts for fathers\*
- Going home on oxygen \*
- Going home – your questions answered\*
- Kangaroo Care poster\*
- Look at me – I'm talking to you!\*
- Parent Information Guide
- RSV (Respiratory Syncytial Virus)\*
- Surfactant (download only)
- The next pregnancy\*
- Teaching parents infant CPR
- Ventilation\*
- Useful organisations
- Weaning your premature baby\*

\*available as downloads

**Parents:** Order online at [www.bliss.org.uk](http://www.bliss.org.uk) or call 020 7378 1122.  
All publications are free to parents of a premature or sick baby.

**Health professionals:** order online at [www.bliss.org.uk](http://www.bliss.org.uk) or call 01933 318503.  
BLISS, 2nd Floor, 9 Holyrood Street, London SE1 2EL.  
t 020 7378 1122  
f 020 7403 0673  
e [enquiries@bliss.org.uk](mailto:enquiries@bliss.org.uk)

**BLISS parent message board**, visit the BLISS website and follow the links.

**Family Support Helpline** FREEPHONE 0500 618140

**BLISS branches** offer support and information across the UK.  
Visit the BLISS website or call 020 7378 1122 for more information on what's available in your area.



## **BLISS – the premature baby charity**

**Helping babies born too soon, too small or too sick  
to cope on on their own**

**Family Support Helpline  
FREEPHONE 0500 618140**

**BLISS relies almost entirely on voluntary donations to fund its  
services – your support would be greatly appreciated.**

**To find out how to donate, contact: 020 7378 1122  
or visit our website [www.bliss.org.uk](http://www.bliss.org.uk)**