kindergesundheit-info.de

BZgA Bundeszentrale für gesundheitliche Aufklärung

Routine health checks for children from birth to age 6

Early childhood examinations and screening for your child

U1 U2 U3 U4 U5 U6 U7 U7a U8 U9

Includes tips on caring for your newborn

Information for parents

ENGLISCH

Bundeszentrale
für
gesundheitliche
Aufklärung

The Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung – BZgA) is a government authority within the remit of the Federal Ministry of Health. It carries out health promotion and prevention campaigns on behalf of the Federal Government. One of its key focal points is promoting the healthy development of children.

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U1 to U9 early screening for children

Early screening – 10 opportunities for your child

The German medical system offers ten early screening examinations for children that you as a parent can arrange for your child. The screening tests are available from when the child is born right up to primary school age (0–6 years). These free health checks initially focus on your child's overall development: size, weight, physical and mental abilities, and responses. The doctor then checks whether there are early signs of conditions that require treatment from an early age (such as difficulties with hearing or sight). The doctor will finish up by summarising the findings and will talk to you about how you as a parent can continue to support your child's healthy development.

Early screening consists of separate medical appointments – they are there to help you and your child.

These screening appointments do not work in the same way as normal visits to the doctor, where parents bring their child to the doctor's surgery because of a sore throat, fever or coughing, for example. The physical examinations, also known as 'U examinations', usually last longer and require an appointment to be booked in advance.

You are asked to bring your child to these medical check-ups even if you believe that your child is in perfect health and feels well.

These early screenings focus on checking how your child is developing at very specific points in time. If the check-ups reveal significant developmental delays compared to other children of the same age, or if there are early indications of illness, the doctor will discuss with you, as the parent, whether further examinations should be carried out for clarification. The doctor will also talk about the recommended treatment or support options.

You will also receive medical information on the health-related topics that are particularly important for the child at the time, such as accident prevention for newborns, tod-

dlers and pre-school children, vaccination advice and nutritional advice. This will give you guidance on what you can do for your family's health and your child's health. You will also have a chance to ask questions and raise concerns related to your child.

This booklet is designed to give you an initial overview of preventive healthcare for young children. You will also receive practical tips regarding the U examinations. This will help you to use these appointments more effectively for you and your child.

You can look up the details of what will be examined during each U examination in your child's medical records. All parents receive a copy of this booklet after their child is born.

The 10 U examinations are important for all children.

The 10 U examinations are important for all children, even if your child has a chronic condition or a disability, for example, and you already bring your child for medical treatment regularly. A trust-based discussion with medical personnel regarding these special screening appointments can provide you with additional support and guidance: How can you continue to nurture your child and support their development?

Practical questions concerning the U examinations

When do the U examinations take place?

Important: keep appointments

Please note that very specific time periods are stipulated for all early screening examinations. These are very important for your child, because some conditions can only be tested for at a certain age in order to be detected and successfully treated in time.

As with pregnancy care, you will need to bring your child to be screened at specific intervals even if your child is not sick.

Please comply with these time periods. To do so, book an appointment with your paediatrician or general practitioner in good time, approximately 4 to 5 weeks in advance (from U3 onwards).

A timeline for the U examinations is listed at the front of your child's medical records. The following table provides a simple guide.

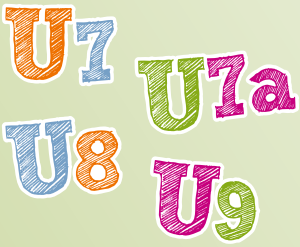
U1 to U9: calculate the appointments for your child's examinations.
www.kindergesundheit-info.de/terminrechner

First few weeks

U1		**Immediately after birth**
U2	**3–10**	**days old**
U3	**4–5**	**weeks old**

First few months

U4	**3–4**	**months old**	» roughly ¼ year
U5	**6–7**	**months old**	» roughly ½ year
U6	**10–12**	**months old**	» almost 1 year



First few years

U7	**21–24**	**months old**	» almost 2 years
U7a	**34–36**	**months old**	» almost 3 years
U8	**46–48**	**months old**	» almost 4 years
U9	**60–64**	**months old**	» roughly 5 years

Letters to parents on kindergesundheit-info.de – email reminder about your next appointment

BZgA online letters to parents

You can also receive reminders about the time periods free of charge. Simply visit www.kindergesundheit-info.de and register for the BZgA's letters to parents to receive information on each U examination. This is the BZgA's parents portal on child health and features a lot of information about healthy child development (German only).

Some health insurers will also remind you in advance about the next upcoming early screening check-up.

The screening timeline listed above also applies to premature babies (those born before the 37th week of pregnancy). The doctor will take the baby's premature birth into account during the screening.

If you miss an appointment and the time period has passed, what can you do?

There is a ‘tolerance period’ for cases like this, though it is limited. It is important to contact your paediatrician immediately and make a new appointment. If there are any problems, you can contact your health insurance provider to discuss both the new appointment and payment of the costs.

Make a new appointment

In some federal states, parents also receive a personal letter of invitation for a U examination from the relevant registration office if they do not make or attend an appointment during the time period. This serves as a reminder so that parents can catch up on the screening as soon as possible and the child can benefit from this valuable health check.

Aftercare for mothers at a gynaecological practice

Did you know that there is a recommended aftercare appointment for mothers approximately six weeks after giving birth? Make an appointment with your gynaecologist for this purpose as soon as possible. Your health insurer will pay for it.

At this appointment, the gynaecologist checks how you have recovered in the initial period after the birth and how your body has readjusted. This is also an opportunity to discuss any questions you may have about contraception after the birth, depending on your own family plans.

For more information, visit www.familienplanung.de

Where do the U examinations take place?

Primarily at the maternity hospital, though it may also take place at a birthing centre or at home in the case of a home birth.

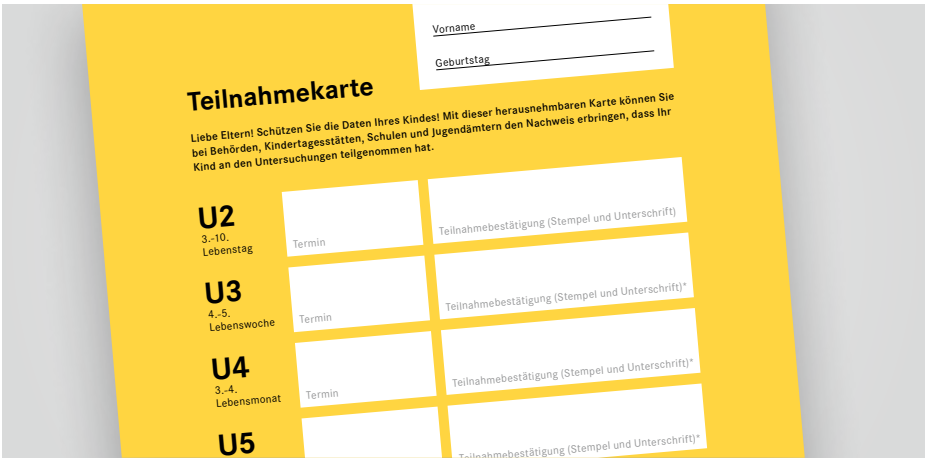
Primarily at the maternity hospital, though it may also take place at a paediatrician's surgery if the child has been discharged from hospital before turning three days old, or after a home birth or a stay at a birthing centre. A general practitioner's surgery with paediatric experience may also carry out this screening. It is important to book the appointment at an outpatient practice that you trust shortly after the birth takes place.

At a paediatrician's surgery or a general practitioner's surgery with paediatric experience. It is advisable to book an appointment at an early stage, as the examinations carried out at the doctor's surgery take more time than 'normal' appointments, such as those for people with chronic complaints or illnesses.

What do I need to bring with me?

Please remember to bring the following documents with you to the U examinations:

- **The child's health insurance card**
  The mother's or father's health insurance card will suffice up until U3.
- **Vaccination record**
  You will receive this from your doctor following the first vaccination.
- **Your child's medical records including attendance card**
  You will receive this booklet following your child's birth.



Your child's medical records including attendance card

Your child's medical records, also known as the 'yellow booklet', contain all of the screening results. This is confidential information given by the examining doctor to you as the child's parent or guardian. Please take care to retain this personal document over the coming years, and always bring the booklet to the doctor's surgery for every U examination.

The inside front cover of the 'yellow booklet' features an attendance card that can be folded out or detached. Every examination is entered here by the examining medical facility (usually the paediatrician's surgery). The attendance card can also be presented to nursery or day care facilities, for example, if you have to prove that you have received advice for parents regarding recommended vaccinations before the child can be accepted. You do not need to show them the whole booklet and screening results in this case. No insti-

tution (e.g. nursery, day care or school) is permitted to request to see your child's medical records.

Who pays for the examinations?

Your health insurer will pay for all 10 early screening examinations (U1, U2, U3, U4, U5, U6, U7, U7a, U8, U9). To receive this benefit, you must comply with the specified time periods for each examination. They are at the front of your child's medical records. If the time period has passed, you will have to pay the costs yourself. If you are unsure, ask your health insurer or healthcare provider in good time.

10 free U examinations

The later adolescent examination 1 (J1) for your child will take place between the child's 12th and 14th birthdays and is also one of the statutory health checks. It also encompasses early screening and advice. It will also be paid for by statutory health insurer.

Further preventive examinations once the child is in school

Paediatricians offer further preventive examinations once the child is in school. These are paid for by many health insurers as a voluntary benefit for their insurees. Please contact your health insurance provider or paediatrician for further information. These examinations are currently entered in a separate booklet which you will receive from your doctor.

What happens during screening?

All U examinations take account of how the baby or child is developing for their age, and a physical examination of the child is also carried out.

These examinations are focused on different areas and differ based on the child's age. Babies are initially examined in a lying position, while infants are later examined in a sitting position (such as on the parent's lap) or standing up.

Consultation with the parents

Focusing on you and your child

Because you know your child better than anyone else, your observations are very important for the doctor. You will therefore be asked questions about your child's development and behaviour during every U examination. The bond between parent and child is important in this regard: Is the child comforted quickly by you when they cry? Is your child sleeping well? Are you making time for yourself – including time to sleep? What do you feel is a particular challenge to you as a mother or father? After all, everything is new when you have your first child. It is important to be aware that every child develops differently and may not respond in the same way as their siblings.

You will therefore be asked to assess your child's development at every U examination. To help you with this, you may receive a sheet with questions to answer. A list like this is very useful because it means that no important area of development is forgotten. It gives you the chance to think in advance about where the child might have problems (feeding? crying? sleeping?) or where you as a parent are getting along well with your child.

In the first few weeks and months in particular (U1–U6), when everything is still new and rather stressful, your discussions with your doctor will also touch on whether your family is experiencing problems or has concerns that are making it hard for you to parent and where you may need extra support.

Further support services for parents and their children

There are usually support services available for parents and their children in every city and municipality. These may include parent-and-child groups, crying clinics, family midwives or health visitors who provide day-to-day support. They are brought together in a network of early years support services. Your doctor can look at this network with you to find out which service is the right one for you. You can find information about addresses and contact partners through local youth welfare services, the public health department, or other advisory services in your locality or city, and online at www.elternsein.info (German only).
The next two pages will show you what type of support and help is available to parents, using the example of midwives and family midwives.

How and when midwives help

Midwives provide support and screening services for pregnant women and mothers before, during and after the birth. They can also carry out the first U examination (U1) on the newborn right after birth. Mothers can also utilise the support and advice of a midwife later on for postnatal care and for infant care. The midwife will look after you as a mother and check how your body is readjusting in the initial period after the birth, for example. Midwives also pay particular attention to the womb's recovery and how wounds are healing (after stitches, for example) and will answer any questions you might have about breastfeeding. The midwife is also available to help with practical questions relating to infant care, such as changing, bathing, carrying and calming your baby. Your health insurer will pay for this service for up to 12 weeks after the birth. You may also utilise further services if a medical prescription has been issued. Ask your midwife which services you and your child need and which services are covered by your health insurer.

Arrangements for a midwife to provide postnatal care should be made at an early stage – preferably before you give birth. If you are still searching for a midwife, you can ask for recommendations from your maternity unit, for example.

You can also find more information at www.hebammensuche.de

How and when family midwives and family and paediatric nurses can help

If the family has a greater need for support due to higher care requirements because a child is sick or disabled, or because the mother is alone and has no support, you can also talk to your doctor during the U examinations about receiving support from a specialist family midwife or a family and paediatric nurse. Services offered by these specialists are generally wider ranging, and the costs are usually paid by the city or municipality. They can provide support to a family for up to one year after a child is born. Family midwives offer information and guidance on the care, nutrition, development and nurturing of the child. They give advice and can also provide additional appropriate support services if necessary.

Your doctor or midwife can specify facilities or contact persons you can turn to for fast support for you and your child if you require it. You can obtain information about this from your local youth welfare services, public health department, or an advisory service such as pregnancy counselling. You can find contact details for early years support services near you online at www.elternsein.info (German only).

Is everything all right? Child screening checklist

Each U examination is different depending on the child's age.

The following areas are usually checked and observed:

Growth and movement behaviour

Size and weight are measured at every U examination

Measuring the child's weight, height and head circumference allows the doctor to assess the child's growth development and age-appropriate nutrition, particularly when the child is under one year old. These measurements are entered in the growth charts at the back of the 'yellow booklet'. Age-appropriate movement behaviour and dexterity (fine and gross motor skills) are examined at every appointment. This establishes the interaction between the brain and nerves as well as muscles and bones, and determines the child's stage of development: grasping, lifting and turning the head, propping themselves up, turning, sitting, walking, hopping and jumping. Your child will gradually gain control over their world in their own time. It is not about competing with other families or the child's own siblings. However, some common developmental stages should be reached by the time of certain U examinations. If not, the doctor will talk to you about how you can or should support your child to ensure that they continue to develop well.

Every child develops at their own pace

Sensory organs: hearing and vision

Hearing is assessed at a very early stage and is then tested again using various methods in subsequent U examinations.

Hearing well right from the start

Something that may be unfamiliar to parents is newborn hearing screening. In the very first days of a child's life, this examination checks whether a child's ears and nervous system are capable of perceiving sound and tones. This is a simple, pain-free way to test an infant's hearing, and it works particularly well while the child is asleep.

The hearing of older babies is re-tested using quiet and loud sounds (rattles) or speech. Pre-school children usually have another test to check their ability to hear different pitches (high and low tones), which is usually carried out using headphones. Good hearing is a key basis for the development of the child's speech and ability to perceive their environment.

Vision develops over time

There are several aspects to vision, including the mobility of the pupils and the eyes. (Does the child squint?) The child's ability to see things that are nearby and far away in sharp focus also increases.

The ability to see colours and perceive distances is not tested until later when the child is a toddler or has reached pre-school age. If there are known problems with vision in the family, an additional appointment with an eye specialist is recommended.

Speaking and understanding

Speech begins with the child's first babbling sounds: 'ma-ma', 'ba-ba'. Parents are delighted to hear the child's first sounds – and naturally answer with their own baby babbling. Language builds up step by step: 'Woof woof! The dog is barking.' Understanding also develops before and in parallel with speech. Children can answer 'Where is the dog?' by pointing to a picture book from a certain age: 'There!' or 'Woof woof!'. That is why language development is initially tested as part of standarding screeining, and targeted tests are carried out later. The pace of development is particularly broad here. Some children start speaking early, while others start later. The U8 and U9 examinations are particularly important in this regard to ensure that targeted support can be provided before the child starts school if this is needed.

Tell stories and read aloud

There is one thing you as a parent can do right from the start: help your child get used to (your) language within the family – your child learns most from you! Speak to your child from the very first day of their life, and look at them while doing so, when you are playing with your child, dressing or undressing them, giving them a bath, changing their nappy and at feeding time. Reading aloud is particularly important for young children. Look at picture books together.

The child's social ability and behaviour

Children gradually interact with their surroundings through eye contact, their first smile and by turning towards or away from something. Children can already

indicate what they want and need from a very early stage. During the screening, the doctor will be paying attention to how your child responds to being addressed and to when and how your child turns towards or away from trusted people or strangers. During U examinations for older toddlers, for example, measuring and weighing the child without a trusted person nearby (such as the child's mother or father) and performing the hearing and vision tests are also a small test of the child's interpersonal abilities and independence. How does your child respond to the situation? Believe in your child's natural abilities, even if it is hard for you at first!

Does your child play with other children? Can they stick to the rules of games? Can they share? Do they often get angry? These questions and similar ones are looked at during the initial assessment of the child's social development when they are of pre-school age.

Additional physical examinations

Age-appropriate additional physical examinations and questions primarily address the functioning and potential disorders of the internal organs such as the heart and lungs (circulation and breathing), the digestive system (appetite, drinking behaviour, nappy contents) and the metabolism.

It is particularly important to check metabolism early on within the first few days of a child's life to rule out serious disorders and to start any treatment that may be necessary straight away for conditions such as hypothyrodism. You will receive special information for parents on this subject. All that is needed for the laboratory tests are a few drops of blood. These are usually taken from your child's heel. The metabolism screening determines whether your child needs particular nutrition or treatment to grow up healthy.

What are the focal points for each stage?

The examinations check for a range of medical conditions and developmental stages that the doctor will look for by touching, moving, looking at and listening to your child.

The following overview summarises the key areas for each U examination:

The first weeks

U1

- **Breathing and heart function**
- **Weight and size**
- **Reflexes**

Additional early childhood examinations between U1 and U2
include tests for metabolic disorders and newborn hearing screening

U2

- **Internal organs**
- **Head and sensory organs**
- **Bones, muscles and nerves**
- **Nutrition and digestion**
- **Congenital illnesses and malformations**

U3

- **Size, weight, nutritional status**
- **Hip joints**
- **Visual response, hearing ability**
- **Vaccination recommendations**
- **Crying and sleeping**

The first months

U4

- Movement behaviour and grasp reflex
- Visual ability and hearing
- Growth, nutrition and digestion
- Accident prevention, sleep
- Checking vaccination status/recommending vaccines if necessary

U5

- Physical development and movement behaviour
- Teeth, nutrition
- Behaviour, crying
- Visual ability
- Checking vaccination status/ recommending vaccines if necessary

U6

- Physical development (such as crawling, pulling themselves up, taking their first steps)
- Language development
- Hearing and vision
- Behaviour
- Checking vaccination status/ recommending vaccines if necessary

The first years

U7

- Physical development and movement behaviour
- Mental and language development (understanding, speaking)
- Behaviour, playing with other children
- Sensory organs
- Checking vaccination status/ recommending vaccines if necessary

U7a

- Physical development and movement behaviour
- Teeth, nutrition
- Behaviour and playing
- Ability to see
- Language development
- Checking vaccination status/ recommending vaccines if necessary

The first years

U8

- Physical development and dexterity (such as hopping)
- Hearing and vision tests
- Language development
- Interpersonal abilities, independence
- Checking vaccination status/ recommending vaccines if necessary

U9

- Physical and mental development
- Movement behaviour
- Hearing and vision tests
- Language development
- Behaviour
- Checking vaccination status/ recommending vaccines if necessary

Medical advice for parents on healthy development and prevention of illness

Early advice on vitamins D and K

At the first U examinations, parents receive medical advice on two vitamins that are vital for infant health. A daily dose of vitamin D is recommended for infants to ensure healthy bone development. This protects the child from developing rickets ('soft bones'). From the age of two weeks, babies also receive precise doses of vitamin D until they reach their second early summer. As a result, this may last between 12 and 18 months depending on when the child was born. Your doctor will discuss how to administer this at the U2 examination. The vitamin D dose can be combined with fluoride to prevent tooth decay.

Vitamin D and vitamin K: every baby needs them

Babies often do not have enough vitamin K, which can lead to a higher tendency to bleed. To prevent dangerous bleeding, babies usually receive precise doses of vitamin K at the U1, U2 and U3 examinations, administered as drops in the mouth. It is important that babies receive all three doses.

Medical vaccination advice and vaccinations

Vaccinations can protect children from certain infectious diseases.

Vaccinations protect your child from serious infectious diseases

The vaccination programme recommended by the Standing Committee on Vaccination (STIKO) is updated every year. Your doctor will provide you with information and advice about upcoming vaccinations during screening from the U3 examination onwards.

Some U examinations can also be vaccination appointments so that you can do two important things for your child on the same day. During every U examination, your doctor monitors whether the vaccination status is correct for the child's age and whether vaccinations need to be boosted or catch-up vaccinations may be needed. It is usually possible to immunise your child against several diseases using a single vaccination thanks to combination vaccines (e.g. 6-in-1 or 4-in-1 vaccines).

You will receive your child's (yellow) vaccination record following the first vaccination. All vaccinations from that point on will be recorded there. Please keep this important record in a safe place. Ideally, it should be kept with your child's medical records. Your health insurer will pay the costs of the recommended vaccines.

Which vaccinations are important for infants and toddlers, and why? Further information and material to help parents make decisions about vaccinations are available on the BZgA website **www.impfen-info.de** and on **www.masernschutz.de** (a special website on measles)

If you would like to place your child in a nursery or day care facility at an early stage (e.g. when they are one year old), the vaccination programme should be arranged in such a way that your child is properly protected right from the start, particularly against measles. In order to ensure that all parents are informed about the recommended vaccinations, it is mandatory for all parents whose children will be entering a day care facility to receive medical vaccination advice. This requirement to receive medical advice on the recommended vaccination programme can be met by participating in early screening, for instance, as vaccination advice is a part of the conversation between doctors and parents from the U3 examination onwards.

Proof of advice

The U examination attendance card can be used as proof that you have received the medical vaccination advice if the U examinations have been carried out.

Additional medical advice areas

Doctors are not just experts in detecting and treating illnesses, but are also there to support you if you have questions on how to prevent health problems or on healthy child development. You will receive information and medical advice about health matters relevant to the child's age at your early screening appointments.

These matters include age-appropriate nutrition (breastfeeding and complementary foods), oral hygiene and dental health, sleeping and the sleep environment – smoke-free and safe –responding to children who cry excessively,

preventing accidents, speech development, movement, media consumption and much more.

Your child's medical records contain a list of these advisory areas related to each U examination for you as a parent. You can also use the booklet to write down any particularly important advice you want to remember.

Your paediatrician will also provide information in good time regarding the age at which you can take your child to their first preventive dentist appointment.

The early days with your child

What many parents want to know

It's normal to have questions

A lot changes when your child arrives. Experience shows that when it happens, parents look for reliable information to help them adjust to and prepare for their new role. They want to look after their child well.

In addition to the medical information, the following pages will give you an overview of things that parents often want to know more about, including sleeping, breastfeeding, changing nappies, picking up babies and carrying them, as well as fevers and crying.

You can find comprehensive information on important topics related to healthy child development on our website for parents (German only).

kindergesundheit-info.de

Baby sleep tips

Where and how your baby sleeps is important to ensure healthy, safe sleep.

Lying on back

Always place your baby on their back to sleep. Having the baby lie on their side is not recommended, as babies may roll onto their bellies while asleep.

Infant's bed in the parents' bedroom

If possible, place the baby in their own separate infant bed in the parents' bedroom.

Avoid excessive bedclothes

Ensure that your baby's head cannot become covered by loose bedclothes. A sleeping bag is preferable to a blanket, and do not use a pillow!

Do not overheat the baby

Do not use hot-water bottles, heated pillows, pods or side bumpers, thick blankets or fur in your child's bed. Do not put a hat on your baby inside the house.

Do not smoke

Make sure that no one ever smokes in the bedroom or anywhere in the house if possible. Ideally, do not smoke at all.

Positions for breastfeeding successfully

Sit or lie down comfortably, ensuring that your back and arms are supported and your shoulders are relaxed. Provide support in the literal sense: use a footstool or footrest, place your legs up, use a neck cushion, put cushions under your back and arms – as many as you need.

The main thing is that you and your baby are comfortable.

1

When latching on, the baby will search for and find the breast by themselves and will grasp it with their mouth wide open. This ensures that the nipple and a large portion of the areola go deep into the baby's mouth.

2

If something hurts, break the baby's latch straight away by putting your little finger into the corner of their mouth to open the mouth. Let the baby search for the nipple independently and latch on.

Top tip

Ensure that the baby can move their head freely so that they can get enough air.

Feeding lying on your back – particularly suited to the initial period after the birth

Lie back comfortably. Place your baby abdomen-to-abdomen on your body. Place your arms around the child, supporting their back or bottom if necessary. Ensure that the child's head is free to move. Give your baby time and allow them to find and latch onto the breast independently.

Cradle hold

Lie your baby down facing you, abdomen-to-abdomen, with their head in the crook of your arm. Use your lower arm to support the baby's back while your hand supports their bottom. The baby's mouth is at the same level as the nipple, enabling the baby to reach a large portion of the areola.

Rugby hold

Lie your baby on their side under your arm with their belly facing the side of your body. Hold your baby's back and head with your lower arm and gently support the baby's neck and head.

Feeding lying down

The baby's mouth is at the same level as the nipple. It will be easy for you to adjust the height of the breast by turning your upper body somewhat. Place a small cushion or rolled up towel behind the baby's back to give them stability.

Correctly picking up and putting down your baby

What is good for your baby:
In the first few months of their life in particular, your baby needs safe support in the most literal sense – when they are being picked up, held, carried and cradled. Your baby can sense that a parent is nearby, which helps them feel snug and safe.

Lifting up – preferably sideways

Ensure your baby is lying on their back. Place both hands around the torso, turn your baby on their side, and lift in this sideways position.

Your baby's head does not require support if they are lifted diagonally using this method.
And:
This is the most comfortable method for your baby.

Top tip

In everything you do:
Look at your baby, speak to them, talk about what you are doing, and – where possible – maintain eye contact with your baby while moving around.

Picking up straight – supporting the head only

Grasp your baby with both hands beneath the shoulders with your thumbs around your baby's armpits.

Your outstretched fingers support the head.

Putting the baby down

Prop your baby up diagonally on one buttock and then slowly set your baby down on their side before turning the child onto their back.

Important!

Do not be over-cautious. Handle your baby firmly and securely.

The right way to handle nappy-changing

1. Use your right hand to grasp the baby's left thigh and bend it at the hip. The other leg rests on your lower arm (this can also be done with the hands in reverse order).
2. This will allow you to raise the baby's bottom slightly and clean it without putting strain on the baby's knees and ankles.

Properly carrying and holding your baby

What is good for your baby:
Babies become calm and relaxed when carried. It enhances their social interaction and promotes bonding between them and their parents.

Calming and relaxing

The baby lies with their back against your abdomen and with the head in the crook of your arm. Hold whichever of the baby's thighs is highest with your hand around the front of the baby's body.

Especially snug

The baby lies on your lower arm with their head resting in the crook, while your other arm supports the baby's legs, bottom and back.

Top tip

If the baby is not yet able to sit up independently, their back must be supported while being carried.

Over the shoulder

Hold the baby upright with their abdomen turned towards you, their head on your shoulders and both arms over your shoulders.
Your lower arm supports the baby's bottom, your other hand supports their back and – if the baby is still very young – their head.

Stimulating and bonding

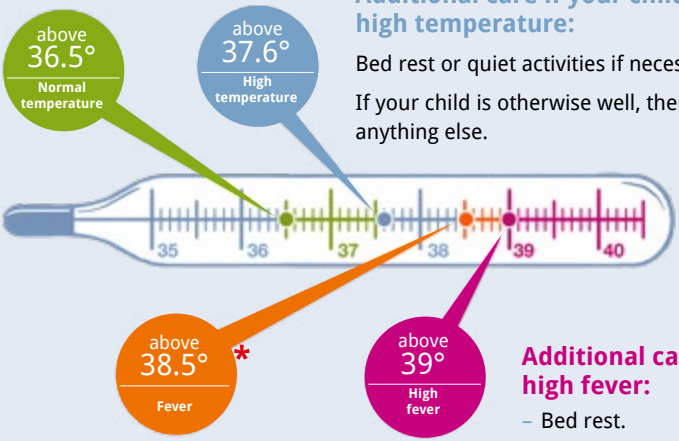
... on your abdomen
A way to cheer up your baby and stimulate them to practice lying on their belly and raising the head.

... on your lap
Ideal for conversations, little games and spending time together comfortably.

What to do if your child has a fever

The most important things to remember if your child has a high temperature or fever:

- Give your child special care and attention.
- Allow your child to drink something every half an hour (breast milk, water, tea).
- Give your child meals that are easy to digest.
- Check your child's temperature regularly.



Additional care if your child has a high temperature:

Bed rest or quiet activities if necessary.

If your child is otherwise well, then you do not need to do anything else.

Additional care if the child has a fever:

- Bed rest.
- If the child is very unsettled, use established methods to lower the fever (suppository, oral suspension) after talking to your doctor.

* Warning: A temperature of 38° Celsius and above is regarded as a fever for infants aged between 0 and 3 months.

Additional care if the child has a high fever:

- Bed rest.
- Change the child's clothes frequently.
- Do not wrap the child up too warmly.
- If the child is very unsettled, use established methods to lower the fever (suppository, oral suspension) after talking to your doctor.
- Lukewarm abdominal or leg compress if necessary.

Top tip

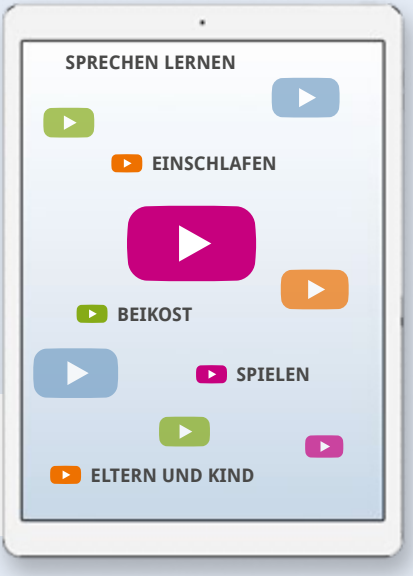
If you are alarmed or worried, contact your child's doctor for further advice.

You can find further infographics and videos at www.kindergesundheit-info.de

How can I get my child to sleep more easily? When will my child's teeth come through and how do I clean them? How can I protect my child from the sun's rays?
You will find answers to important parenting questions in additional infographics and videos from the BZgA.

Infographics

Quick and clear: answers to and information on frequently asked questions



Films

Empathetic and clear: key moments in your child's development (available in English).

What can parents do for themselves and for their children?

Parent-child sessions such as playgroups, parent cafés, family meet-ups or other services offer important ideas and guidance on day-to-day life with your child, especially for those who are new to parenting. Talking to other parents who are going through the same challenges is very helpful. It offers guidance to help parents get to know their child better: What does the child actually want? What can I do? What is my child already able to do? Interacting with your child becomes more familiar, and you will feel more confident. And not least, meeting other parents and talking about your experiences can be a pleasant change of scene during the first few months with your child.

Your paediatrician may know of such services in your local area. You can often find such services online offered by groups such as youth welfare services, the public health office, welfare organisations, church-run or non-profit organisations. Some parents discover services like these while they are still in the maternity unit and meet up there.

Taking part in parenting courses can also be helpful later on. Families often face challenging situations such as defiant behaviour, temper tantrums and 'battles' about food and bed-time. To help with issues like these, many services for parents focus on the relationship between parents and children from nursery-school age and offer support for daily family life. Such courses may require a (generally small) payment.

If there are severe problems or the family is 'stuck' in a negative pattern of behaviour, parents in need of advice can contact the confidential telephone support service 'Nummer gegen Kummer' or turn to www.bke-beratung.de (both available in German only). You will receive tips and ideas from experienced counsellors on how to handle difficult situations with children and teens, regardless of whether the problem is big or small, so as to prevent major crises from arising.

You can contact the telephone support service for parents offered by 'Nummer gegen Kummer e.V.' by calling **0800 111 0 550**. This service is free of charge (German only).

The Bundeskonferenz für Erziehung organisation offers free online support to parents at **www.bke-beratung.de** (German only).

What to do if your baby cries excessively

Crying is almost the only way children have to express their needs, especially when they are very young. Sometimes, however, babies' crying can cause serious irritation, especially in the early evening, and can make parents doubt themselves. If you believe that your child is particularly 'difficult' and feel overwhelmed and powerless, consult your paediatrician or your midwife.

Stress can lead to emotional outbursts and careless behaviour. However, you should never shake your child. This could cause serious damage to their brain and blood vessels and endanger your child.

Never shake a baby!

It is important to learn how to calm both yourself and your child and how you can take the pressure out of situations.

If you notice you are losing patience:

- Take a few moments to yourself.
- Place your baby safely in their infant bed.
- Leave the room.
- Take a deep breath.
- Check on your child every few minutes.
- Get support when you need it.

You will find personalised advice and support in 'crying clinics', which are available in many regions of the country. Family counselling services can also offer support.

If your baby is crying, this is a sure sign that they need you or another caregiver. Your baby never cries with the intention of making you angry! And the crying phase will come to an end, usually at some point after the 4-month-old mark.

For more information, including support services available in your local area, visit **www.elternsein.info** (German only).

Extra help and services for mothers

Help with mood swings after the birth/postnatal depression

In the first few weeks after birth, many new mothers experience unexpectedly strong mood swings. This is based on physical factors as the hormones associated with pregnancy and birth are rapidly broken down. Taking on the new role of a mother can often feel alien and overwhelming at a mental and emotional level – even with all the joy the child brings. Taken together, these factors can lead to 'baby blues' – emotional ups and downs that will be quickly forgotten with assurance from family, friends and midwives.

However, if a depressed mood or heightened fears last for a long time, you may have postnatal depression, which requires treatment.

You can put your trust in your midwife or doctor to provide professional support. That way, you can recover rapidly and go back to caring for your child with confidence.

Postnatal exercises for mothers

Taking a postnatal exercise course for mothers roughly six weeks after the birth can help rebuild physical fitness. Your connective tissue, pelvic and abdominal muscles, and posture as a whole have to readjust to 'non-pregnant mode'. At the same time, caring for and carrying your baby will put pressure on completely new muscle groups and reserves of strength. The newborn's older siblings may want to spend more time being carried in your arms. That is why careful, step-by-step training can help in this regard and can also be fun!

Get fit again

Such exercise courses are led by midwives, for example, or specially trained fitness instructors and usually require payment. However, insurance providers can pay some of the costs once the course's quality has been checked. Get information from your insurance provider about paying the costs before you book a course. You will often find information about exercise courses in the maternity unit.

kindergesundheit-info.de

BZgA Bundeszentrale für gesundheitliche Aufklärung

Ihre Themen in einem Eltern-Portal

Wann krabbelt mein Kind, wann läuft es?
Wie führe ich die Beikost ein?
Wie machen wir die Wohnung kindersicher?
Was tun, wenn das Kind fiebert?

Zu all diesen Fragen und vielen mehr finden Sie Antworten auf **kindergesundheit-info.de**

- ✓ **Alltagstipps**
- ✓ **Checklisten**
- ✓ **Infografiken**
- ✓ **Videos**

www.kindergesundheit-info.de

Für ein gesundes Aufwachsen Ihres Kindes

The following BZgA brochures also provide tips and information for parents:

Your baby (German only)

Information for parents about the child's first year

- Practical tips for starting out
- The first few weeks with your child
- Caring for your baby
- Your baby's development and health
- Feeding your baby, with tips on breastfeeding and introducing complementary foods

Order no. 11030000
106 pages, DIN A4

Vaccinations for children (German only)

Protection from infectious diseases

Most parents have their children vaccinated in accordance with the recommendations issued by the Standing Committee on Vaccination (STIKO). Many parents want to get more information before the vaccinations take place: How dangerous are childhood illnesses? Which vaccinations are due when, and why do some of them need to be administered in the first few weeks of the child's life? This BZgA brochure answers questions like these. It is not a substitute for medical advice on the recommended vaccinations.

For more information, visit the BZgA website at **www.impfen-info.de**

Order no. 11128027
40 pages, DIN A6

Ordering address

All brochures can be ordered free of charge from the BZgA, 50819 Cologne, Germany, by fax (+49 (0)221/8 99 22 57) or online at **www.kindergesundheit-info.de**.
They are also available to download for free in PDF format.

kindergesundheit-info.de

BZgA Bundeszentrale für gesundheitliche Aufklärung

For more information on growing up healthy

www.kindergesundheit-info.de

U1 U2 U3 U4 U5 U6 U7 U7a U8 U9

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