

"Babywearing" simply means holding or carrying a baby or young child using a cloth baby carrier. Holding babies is natural and universal; baby carriers make it easier and more comfortable, allowing parents and caregivers to hold or carry their children while attending to the daily tasks of living.



Wrap: a long piece of cloth tied around the body. Comes in a variety of lengths and fabrics. "Stretchy" wraps are suitable only for newborns in front carries, while "woven" wraps are more versatile.

Ring Sling: a piece of fabric with two rings sewn at one end. The fabric is fed through the rings and goes across the body like a sash with the rings sitting just below your collarbone.



Mei Tai: a square of fabric with waist and long shoulder straps. The square is the baby's seat, and the straps are tied around the parent.

Soft Structured Carrier: similar to a mei tai, but with buckles instead of long straps to tie. Comes in a wide variety of shapes and sizes, but generally better for children 3 months and older.



Babywearing International Inc. is a nonprofit organization whose mission is to promote babywearing as a universally accepted practice, with benefits for both child and caregiver, through education and support.



For more information on babywearing or to find a local group, go to www.babywearinginternational.org

References

- 1 - Hunziker UA, Garr RG. (1986) Increased carrying reduces infant crying: A randomized controlled trial. *Pediatrics* 77:641-648
 - 2 - Anderson, GC. "Current knowledge about skin-to-skin (kangaroo) care for pre-term infants". *J Perinatol.* 1991 Sep;11(3):216-26.
 - 3 - Pelaez-Nogueras M, Field TM, Hossain Z, Pickens J. (1996). Depressed mothers' touching increases infants' positive affect and attention in still-face interactions. *Child Development*, 67, 1780-92.
 - 4 - Tessier R, M Cristo, S Velez, M Giron, JG Ruiz-Palaez, Y Charpak and N Charpak. (1998) Kangaroo mother care and the bonding hypothesis. *Pediatrics* 102:e17.
 5. BWI Stances position on cradle carries: <https://docs.google.com/document/d/1simUnjnRsjgAhjO0d5-sg6hOwfO5mz9RW2Z8oJi-PFI/>
- † Image courtesy of the International Hip Dysplasia Institute, <http://www.hipdysplasia.org>
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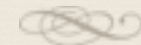
BABYWEARING 101

A guide for doctors, nurses, midwives, doulas, lactation consultants and other professionals

BENEFITS OF BABYWEARING
BABYWEARING SAFETY
TYPES OF BABY CARRIERS



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BENEFITS OF BABYWEARING

Medical professionals agree that infants thrive through touch. "Wearing" your baby is another way to meet this need. But babywearing offers many other advantages:

HAPPY BABIES

It's true ... carried babies cry less! In a study published by the journal *Pediatrics*, researchers found that babywearing for three hours a day reduced infant crying by 43 percent overall and 54 percent during evening hours. (1)

HEALTHY BABIES

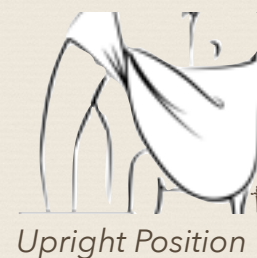
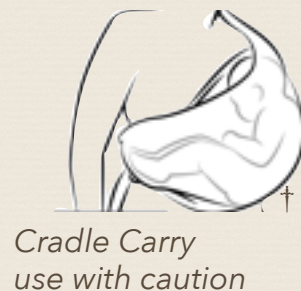
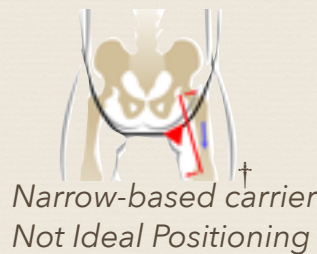
Premature babies and babies with special needs often enter the world with fragile nervous systems. When a baby rides in a sling attached to his mother, he is in tune with the rhythm of her breathing, the sound of her heartbeat, and the movements his mother makes – walking, bending, and reaching. This stimulation helps him to regulate his own physical responses. Research has even shown that premature babies who are touched and held gain weight faster and are healthier than babies who are not. (2)

CONFIDENT CAREGIVERS:

A large part of feeling confident as a parent is the ability to read babies' cues successfully. Holding babies close in a sling allows parents to become finely attuned to their movements, gestures, and facial expressions. Every time a baby is able to let her caregiver know that she is hungry, bored, or wet without having to cry, her trust in them is increased, her learning is enhanced, and the caregiver's confidence is reinforced. This cycle of positive interaction deepens the mutual attachment between parent and child, and is especially beneficial for mothers who are at risk for or suffering from postpartum depression. (3) (4)

BABYWEARING SAFETY & ERGONOMICS

Babywearing can be very beneficial to caregivers and infants alike (see the "Benefits of Babywearing" sidebar), but caution is required for everyone's safety:



Baby's legs are spread, supported to the knees, with the hips in a stable position. All baby carriers should support the thighs, keeping baby's knees above their bottom in an "M" or "froggy" position with the legs gently spread and supported from one knee to the other. This creates a healthy position for hips and spine. Older babies may straddle the wearer, newborns may have legs out in a narrower position or legs inside the carrier (but should be prevented from sitting on their feet).

Upright positioning has many advantages: it prevents positional asphyxiation by keeping baby's chin off her chest, prevents rebreathing by keeping fabric away from baby's face, and improves hip health and circulation by separating baby's legs and preventing baby from sitting on his feet. Cradle carries are often used for breast/bottlefeeding. If a cradle carry is used, care must be taken to ensure baby's **A**irway safety, **B**ody position, and **C**omfort (ABCs) in the "checkmark" position (5).

Baby should be high on the wearer's body with the face visible, and held close to the wearer's body, so wearer and baby move together. This reduces micro-stresses that can make wearing uncomfortable, and removes the opportunity for baby to slump and potentially have breathing difficulties. Babies should be worn the way they would be carried in-arms: high on the chest, straddling the hip, or in "piggyback" position.