HEALTH BASICS

# Baby

A baby is a young child in the earliest stage of life

**WHAT IT IS**
A young child in the earliest stage of life

**WHERE IT COMES UP**
Family life, health visits, records, and product labels

**WHY IT MATTERS**
Age guides feeding, screening, immunisation, and safety advice

**WHAT IT IS NOT**
Not a disease or diagnosis

**WHO TO ASK**
A paediatrician, family clinician, or child health nurse

**HOW IT IS CHECKED**
Age from birth date; growth measured during health visits

## Overview

"Baby" is an everyday word for a very young child. It is not a medical condition or diagnosis, and it does not have one exact medical age range.

Health professionals often use more specific terms. A newborn , also called a neonate, is a baby during the first 28 days after birth. An infant generally means a child younger than 1 year. After that, terms such as toddler may be used, although everyday language is less exact.

A baby's age may be recorded in hours, days, weeks, or months because development is rapid during early life. Age affects how clinicians interpret temperature, weight gain, feeding, movement, and test results.

For a baby born early, clinicians may also discuss corrected age . This adjusts the baby's age to account for how many weeks early they were born. It can help place growth and developmental progress in context.

## How it works

During pregnancy, a baby receives oxygen and nutrients through the placenta. After birth, the

lungs begin exchanging oxygen, the digestive system takes over feeding, and the body starts controlling temperature without the uterus.

Many body systems are still developing. A baby's immune system has less experience responding to infections. The neck and trunk muscles are not yet strong, and the skull has soft spaces called fontanelles. These features are expected parts of early development.

Growth is followed using weight, length, and head circumference. Clinicians usually plot these measurements on a growth chart. The pattern over time is often more useful than one measurement by itself.

Development includes movement, communication, learning, and social interaction. Examples include gaining head control, reaching for objects, responding to sounds, sitting, and making new sounds. Milestones describe skills that many children can do by certain ages. They are guides, not pass-or-fail tests.[1]

Feeding also changes with age and development. Young babies receive breast milk, infant formula, or a combination. Complementary foods are introduced later, when developmentally appropriate, while milk feeding continues.[2] Feeding plans may differ when a baby was born early or has a medical condition.

Babies sleep frequently, but their sleep is divided across the day and night. Their sleep patterns change as the brain develops. Safe sleep advice focuses on reducing the risk of suffocation and sleep-related infant death rather than making a baby sleep for a particular number of hours.[3]

## Why it matters for your health

A baby depends on adults for feeding, warmth, hygiene, safe sleep, transport, and access to health care. Knowing the baby's exact age helps you use advice meant for the right developmental stage.

Routine health visits may include physical examinations, growth measurements, developmental review, immunisations, and screening. Newborn screening can include a blood spot test, hearing screening, and a check for certain heart problems. The tests offered and their timing differ by location.

Age matters when assessing illness. For example, a temperature that might be monitored at home in an older child can need urgent assessment in a baby younger than 3 months.[4] Medicines and medical equipment must also be appropriate for the baby's age and size.

Developmental surveillance means observing how a baby learns, moves, communicates, and interacts over time. If there is a concern, assessment may identify hearing or vision problems,

developmental delay, muscle or movement conditions, or feeding difficulties. Early assessment does not automatically mean something is wrong.

Caregiver health matters too. Exhaustion, anxiety, depression, pain, or feeding difficulties can affect daily care. A family clinician, maternity service, paediatric service, or child health nurse can support both the baby and the people caring for them.

## What can go wrong

"Baby" itself cannot go wrong. However, babies can develop health conditions or face unsafe situations.

Common reasons for medical review include:

Some jaundice is common soon after birth, but its timing and severity matter. Clinicians may check bilirubin with a skin device or blood test.

Seek urgent medical advice the same day if a baby:

Call emergency services if a baby has severe trouble breathing, turns blue or grey, cannot be woken, has a seizure, is choking, or has a serious injury.

Concerns about growth, sleep, feeding, head shape, or development are usually suitable for a routine appointment when the baby is otherwise well. You do not need to wait for the next planned visit if the concern is increasing.

- Jaundice: yellowing of the skin or whites of the eyes caused by bilirubin
- Feeding difficulty or poor weight gain: trouble taking or using enough milk
- Dehydration: not having enough fluid in the body
- Infection: including respiratory infection, urinary infection, or sepsis
- Developmental concerns: differences in movement, hearing, vision, communication, or interaction
- Injury or unsafe sleep: including falls, burns, choking, suffocation, and sleep-related death
- Is younger than 3 months and has a temperature of 38°C or higher
- Is unusually hard to wake, much less responsive, or feeding poorly
- Has far fewer wet nappies than usual or shows signs of dehydration
- Has repeated vomiting, especially green vomit
- Has worsening jaundice or jaundice with poor feeding

- Develops a new rash and seems unwell

## What you can do

Keep the baby's health record available. It may include birth details, growth measurements, screening results, immunisations, medicines, allergies, and contact information for local services.

Attend scheduled child health visits. Before each visit, write down specific questions, such as:

For sleep, place a baby on their back for every sleep on a firm, flat sleep surface. Keep pillows, loose bedding, soft toys, and other soft objects out of the sleep space. Avoid smoke exposure and overheating.[3]

Use an age- and size-appropriate child restraint for every car journey. Follow the restraint manufacturer's instructions and local transport laws.

Wash your hands before preparing feeds and after changing nappies. Prepare infant formula exactly as directed on the product and by local health services. Do not change the powder-to-water ratio unless a qualified clinician has given specific instructions.

When complementary foods begin, use textures and portions suited to the baby's development. Honey should not be given before 12 months because it can contain spores that cause infant botulism.[5]

You do not need to record every feed, sleep, or nappy for a healthy baby unless it helps you or a clinician has asked you to do so. A short record can be useful when there is concern about feeding, hydration, sleep, or weight.

- Is the growth pattern appropriate over time?
- Which screening tests have been completed?
- Which immunisations are due locally?
- Is the baby ready for a change in feeding?
- Should corrected age be used for development?

## Common questions

Is a newborn the same as a baby?

A newborn is a baby in the first 28 days after birth. "Baby" is the broader everyday term.

Is "baby" a diagnosis on a medical record?

No. A record may use "newborn" or "infant" to describe age. Any diagnosis should name a specific condition or finding.

What is corrected age?

Corrected age accounts for an early birth when considering growth and development. It is different from chronological age, which is simply the time since birth. Ask which age is being used when discussing milestones.

How is a baby's health checked?

There is no single test. Health is assessed through examination, growth measurements, feeding history, developmental observation, screening tests, and any tests needed for a specific concern.

What if a baby misses a milestone?

One missed milestone does not establish a diagnosis. Tell the baby's clinician what you have noticed, including whether a skill has not appeared or a previously gained skill has been lost. Losing skills should be assessed promptly.

When should solid food start?

Readiness involves age and developmental abilities, such as controlling the head and handling food in the mouth. The World Health Organization recommends introducing complementary foods at about 6 months while milk feeding continues.[2] A clinician can advise if prematurity, poor growth, swallowing difficulty, or another condition affects timing.

## Sources

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