Mario Castagnini

A Baby Was Born

Advice to families for harmonious growth
of their children in the first year of life

A.R.C. I nostri figli

SUMMARY

INTRODUCTION

In over forty years of work, study, and research, Dr. Mario Castagnini, a neurologist, has set up a very valid diagnosis protocol for the neuro-psychomotor development disorders of the child and also a very effective method of early therapy to prevent or at least reduce the development damages of the child.
Working for all these years among children, their experience has also led him to formulate precious advice for all neo-parents so their children can grow up healthy, awake, in strength, and expressing themselves to their maximum potential.
For a long time in our association “A.R.C.- I nostri figli,” we wished to gather all these indications in a publication. We have therefore tried to write them down and put them in order, hoping that they will also be helpful to many young couples who have or are about to have a baby.

Management Committee of A.R.C. I nostri Figli

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"If there haven't been inconveniences, all we have at birth is nature and heredity.

All that we do not have at birth and will need in life is provided by education.

Education and circumstances can have a positive or negative value, and this value is imparted to us either by nature or by things or by men".

"If you are looking for a hand willing to help you, you will find it at the end of your arm."

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A ***baby*** was born**!**

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CHILDBIRTH

Childbirth is a delicate and important phase of life.
Many of the developmental problems a baby can have are due to problems and complications during childbirth.
The precautions will never be too many: it is good not to be imprudent and not to run risks.
The personnel assigned to the childbirth must be respect-worthy and responsible[1].
Unfortunately, many children are still disabled due to difficulties, sometimes not insuperable, at the time of childbirth!

THE BABY

Small but already "big"; animated, but in need of everything; ready to start their regular "guided" growth course.
The first and main adventure companions are the parents, who, supported by the family and the closest friends, have the important task of helping their little one grow up and engage, to become autonomous in the world around him.
There is no educator, doctor, or therapist who is more suitable than parents to better develop the potentiality of this new child that will grow next to them, following them as a guide.

1. There is an association, "Sanitalex Spa," which supports families in legal complaints against medical malpractice, bearing burdensome economic charges. The telephone and fax number is 0549-903977. (www.sanitalex.com)

KNOW YOUR BABY

What Can a Baby From 0 to 6 Weeks Do?

Prone (*belly down*)
The child shows an attitude of almost complete abandonment on the support surface; apparently, there is no obvious support reaction (in pathological children, you can see a reaction of tonic extension of the arms that "point at the support surface" that is the labyrinthine reflex or symmetrical tonic reflex of the neck). The arms are adducted, flexed, and very close to the body; the forearms have no support. The lower limbs can be adducted and flexed under the belly or not fully extended with an elevation of the pelvis; sometimes, there is an extreme head rotation with reclining backward (the chin does not rest on the shoulder). The center of gravity appears to be positioned towards the upper part of the body at the neck level. We point out that these attitudes will remain unchanged for many months in a pathological development situation.

The Smith-Axoy reflex is present in the newborn: in the prone position with the face on the plane (mouth and nose pressed to the ground), the newborn extends the neck and rotates the head to the side to free the nose and mouth from the support surface and so breathe. Sometimes, an energetic child may rotate from prone to supine during this period. We point out that this has not to do with the functional rolling we can observe around six months of life but with a reflex mechanism of the first ages of life (tonic reflexes, "en bloc.")

Supine (*belly up*)
Motility is holokinetic; the child moves with the whole body, and there is no activity differentiation between the various body sectors (disharmonic movements.) There are present primary and fundamental tonic reflexes such as the Moro reflex, the stiff grip with the hands, etc.
Fear reactions, tremors, stiffening of the lower limbs, trunk arching, and almost dystonic movements of the upper limbs may be present when the child reacts to something stimulating them. All this usually disappears within the first six weeks, at the latest within the first two months.
In the first six weeks, there is no real “pedaling" but a "holokinetic kicking;" at most, these are attempts at flexion-extension of the lower limbs with a snap. The child has a changing, uncertain, and asymmetrical posture.
At this age, the child recognizes elementary tastes: they suck pleasant foods and refuse sour or bitter ones.

Over Six Weeks

Prone
Towards the second month, in the prone position, the child makes an important "journey," reaching good postural control and being able to lift their head off the ground. An initial "straightening" occurs. You can, therefore, note the progression of the support from the wrist toward the forearm. On a flat surface, the support of the forearms is already symmetrical at three months.
The support goes on to the elbows from the third to the fourth month. It can also become asymmetrical because the child has already achieved a good straightening of the shoulder-humeral girdles, can rotate their head, and knows how to keep it well raised from a surface. When they turn their head to the right, they move the load further to the left and vice versa. In addition, the support on the elbows allows the child to prepare to have their hands free to play, bring their hands to their mouth, and take a toy; the hands are available for play or manipulation. Children with neuromotor coordination disorders may be able to lean on the forearms with a symmetrical support, but the hands are unusable, they are not free to manipulate. The functional support of the four months in the prone position is the one on the elbows which leaves the hands free to take.
At about four and a half months, the child can have the support on only one elbow and to keep the other arm raised from the support surface to take: so, the support base becomes triangular and very narrow.

Supine
In this now-safe posture, the child begins to move their legs towards the belly and their hands towards the midline. At three months, the child can already bring their hands to their mouth and their legs bent at ninety degrees on the pelvis.

Sideways
At four months, they can rotate sideways and slowly learn to play in this position, alternately bringing themselves supine as desired, according to the developing interest and initiative.
At six months, they easily rotate from supine to prone and vice versa.

Advice

The primary advice for parents is to care for and manipulate the child, ensuring that the positions and movements applied are as natural as possible.
A newborn has obligatory postures, which are the horizontal ones: supine, prone, lateral (belly up, belly down, side), and should be left in these postures.
Of course, it will also be necessary that these obligatory postures are changed frequently between them alternately throughout the day (i.e., when the mother is awake!), every 15 minutes in everyday situations, even if the child sleeps (in this case, it will be done gently).
All the commercial facilitations are almost always of little use to the child and often counterproductive.
An important rule for us is that there is no constraint, whether caused by tight or bulky clothes or by "commercial constricting structures" such as a deck chair, marsupium, stroller, or other.
All these accessories could be useful only for "emergencies," that is, in case of extreme necessity, but not for the normal management of the newborn.

HOW TO MOVE THE BABY
(and the small child)

One of the first actions with which you put yourself to the test is ways of manipulating and holding the baby.
You are not holding a doll, an object to be moved or lifted in any way, but a child who already has their own postures and needs when being moved.
The first movement pattern that the baby will acquire from birth is rolling"[2].

2. The rolling from supine to prone in babies occurs in the sixth month of life. It can be facilitated through special stimuli even during the second month.

In the different actions and manipulations we perform on the newborn and small child, you must always keep in mind this innate and facilitating function of whole development.
For example, to pick up a child lying supine, you have to roll him on their belly on your hand and then lift him, not lift him as it normally happens, unfortunately.

Also, when changing the nappy or when dressing and undressing the little one, we believe it is useful and, above all, natural that the child is never lifted from the surface, but rotated to the right and left in a gentle and firm way, always checking the body adhesion of the child on the tabletop while undressing or dressing them slowly in the form of a stimulating game.

HOW TO POSITION THE BABY
(And the Small Child)

As a first statement, we say: certainly not in the stroller or in the “deck chair" or any other narrow containment means, not even if it has an exotic name.
After two weeks that the baby is at home, it is best they are placed in a room where there are no air flows or "draughts" and where there are no dogs, cats, or anything else that can bother the baby or cause bad hygiene, also protected by older brothers (political opponents), placed on a foam mat, or something similar as long as it is soft, lying down and free to the maximum. The playpen can also be fine in case of "logistical" difficulties, but in this case, it will be advisable to check that the support surface does not create easy and uncomfortable sinkings (insert something resistant under the mattress so that the surface is comfortable and does not sink.) The most suitable horizontal positions for a child are certainly the one on the side (we mean inclined at 45º) and the prone one since there are many opportunities during the day to put the child supine. It is convenient, indeed fundamental, to change the postures during the day, with intervals of about 15 minutes, positioning the child alternately in the indicated postures (prone and sideways). To remember to do this, it will be advisable to activate a timer.
When you must hold the baby in your arms, it is advisable to hold them in such a way to avoid wrong postures and attitudes that can get the baby in trouble:

- With the belly facing the adult, they must be well placed on the upper part of the adult's chest so that the child can comfortably lean the head near the adult's neck. Also remember that it is essential to change from time to time the arm that holds him and the shoulder on which they lean. It is necessary to remember that the baby up to eight-nine months cannot stay seated, and therefore even when they are in your arms, they must be supported by the buttocks and not by the thighs or the back (to explain better, we remember the sitting on a high chair at the bar to take the cappuccino: buttocks resting on the chair and feet on the ground.)

- Another comfortable position for the child to be held is to place them prone on one arm like a seat belt: the adult's arm goes from the child's shoulder to the lower limb on the opposite side.

The child must also be placed in various positions with better and more stimulating views of interest and attachment. For this, it will be good to modify their position in such a way that the different stimuli, such as light, sounds, voices, noises, etc., do not always come from the same side. We therefore recommend changing the direction in which they are lying down every day, according to the cardinal points (today their head is to the north, tomorrow their head is to the south, then east, then west and so on, every day changing direction radically). The advice that we give is to keep the baby in a horizontal position, to often change the mode of this position, to put him in large comfortable but sufficiently resistant spaces, etc. unfortunately, is not very much followed by the various experts. We are convinced of the correctness of our indications, and we believe that if someone is against it, it is only for a simple reason: fundamentally, they do not take into account only and mainly the child and their needs, but the needs of the parents, society, the different fashions with all that goes with it. Perhaps there could also be another reason, not less important and determining, and that is the lack of personal experience and valid knowledge of the kinesiology of the child's development, for which one tries to implement or invent ways of managing the child to prevalent affective charge but without functional and neuropsychomotor values.

MATURATION OF BALANCE CONTROL

From observing the supine and prone child at various months of age, we have noted how we can also speak of "*ontogenesis*" (a characteristic development potential of the species) *of the balance control function*.
In fact, mental vivacity pushes the child to orient themselves towards the desired object and thereby to seek new postural, functional and balance organizations.
The development of the functions is indeed organized by ontogenetically transmitted factors, but it is also inseparably related to motivations and external stimulations.
Until the sixth week, there is no real balance function, if not in the sense of being comfortable in the supine and prone position.
Over time, after the sixth week, the ability to control balance is developed, and already at two months, it is observed that the baby has a secure support base *in the prone position* (*elbows-forearms and pelvis - isosceles triangle -, while the head is outside that base*).
This postural and kinesiological organization is possible because the legs have gradually extended, and the "center of gravity" has moved caudally.
Even in the pathology, the head can be seen well upright but always reclined backward within the support base, with the arms rigidly extended (symmetrical tonic Reflexes).
At three months, the baby can symmetrically lean on their elbows and move the load from one side to the other in relation to interest (by turning the head).
At four months, the baby leans on their elbows and has their hands free to pick up and play.
At four and a half months, the baby has good support on one elbow and has the possibility to extend the other limb freely to pick up. The child comes to build a new triangle as a support base (an elbow, lower limb on the same side, opposite knee) considerably narrower than the previous one (right-angled or scalene triangle) and has the capacity to maintain balance despite having almost half of their body outside the support base. All this requires a considerable commitment and a great capacity for organization on the part of the central nervous system.
At six months, the baby moves the center of gravity more and more caudally and lifts himself off surfaces by extending their arms harmoniously, leaning on their hands ("the baby climbs to the second floor").

GRIPPING AND HANDLING

When the baby is older than sex weeks and supine, we can observe the first elements of prehension.
After twelve weeks, hand-hand and sometimes eye-hand-mouth coordination occurs. At this age, the child takes the object only if placed in the visual field of one of their eyes (perhaps because the connection between the two hemispheres has not yet occurred). In fact, if the object is in the midline, the child does not know which hand to take it with and expresses the desire to do it with the whole body.
At the end of the first quarter, the baby has passed the holokinetic-dystonic stage: in fact, they can bring the hands to the midline and also to the mouth.
In the fourth month, they easily and frequently brings the hands to the mouth, and successively, after the end of the fourth month, the baby can take the objects and bring them to the mouth.
It can be observed that in the fourth month, fourth and a half months, there is still a prehension in ulnar deviation present (therefore, with a wrist deviated from the side of the little finger). However, this is a trend, not an obligation, because a correct radial deviation is highlighted when the child grips well a sufficiently large object.
By the end of the sixth month, the prehension begins to become radial (with the wrist deviated towards the thumb, like that of adults).
It can, therefore, be said that from the fourth to the end of the sixth month, the child learns to improve the use of their hands greatly.
In the second quarter, the child can reach the object differently from the side position.
When this position becomes stable, towards the end of the 2nd quarter, the prehension can take place on all planes, and the eye-hand-mouth-feet coordination will be easily achieved both supine and sideways in the seventh month. The prehension is initially carried out both with the hands and with the feet.
At nine months, the baby sometimes still takes ulnarly but has already realized that the radial grasp is more advantageous.
If the child reaches radial prehension they will be able to recognize the objects taken, move objects from one hand to the other, chew, vocalize. It may seem strange, but it is so!

BABY UNTIL WHEN?

We have spoken extensively of the very first phase of life, the neonatal one.
A question then arises: when should the child be considered a baby?
We know that at birth, the child shows some fundamental reflexes, which in medicine are usually called "primitive reflexes" and we call "fundamental, primary, of vital research." It seems appropriate to consider the following terminological difference as well:

- REFLEX is a repetitive, stereotyped activity in response to a stimulus. Throughout life, that particular stimulus will have that specific response.
- REACTION is a response activity facilitated by a certain stimulus but not determined by it. The child responds differently to the same stimulus as they mature and their neuropsychomotor coordination skills improve.

We also emphasize that the term "primitive" almost seems to qualify these reactions with a negative meaning, while we prefer to highlight that they are fundamental for future physiological evolution. This is why we talk about “fundamental reflexes and the vital research of the baby,” such as the Moro reflex, the sucking reflex, etc.
However, it should be noted that all the fundamental reflexes are important in the very first part of the child's life and tend to dissolve starting from the 6th week and disappear by the 2nd month of life.
The persistence of such reactions in a fixed and constant way over the 2nd month is, therefore, a signal of risk of development disorders.
With the disappearance of the fundamental reactions at two months of life, we can therefore say that the neonatal period is over.

BREAST FEEDING

One of the first actions of the child is to eat, feed, the act of sucking.
With regard to suckling, we recommend breastfeeding the baby for better neuropsychomotor development.
If the baby is not breastfed, but with a bottle, it is advisable to imitate breastfeeding and consequently change the baby's position, a little to the right and a little to the left.

CONTACT WITH THE EXTERNAL SURROUNDING

Already in the first month of life, the child begins to perceive through hearing, sight, and touch.
Between the 1st and 3rd months, there is real contact with the external surroundings through the smile (which currently appears within the 2nd month) and undifferentiated vocalization.
At 4 months, the child's smile begins to acquire a certain expressiveness, while the vocalization capacity becomes slightly more modulated.
At 5 months, the child recognizes familiar faces and actively responds to the environment surrounding him.
At 8 months, there is a rich facial expression, and the child shows anguish in approaching people they do not know. At the same time, one can note the beginning of the play.
At 11 months, concrete sounds are articulated to indicate an object.
At 12 months, it is time for the first 3 or 4 words.

SOCIALIZATION

Contact with the external surroundings highlights the competence of socialization, that is, the relationship with other people. From the pedagogical point of view, it is good to point out that interpersonal relationship is the basis of human growth.
Already by the 4th week, the child is attracted by the human face and shows body movements in response to vocal stimuli from those next to him.

The general rule says that at 2 months, the baby smiles at the one who cuddles them, listens to its voice, and utters trills (sometimes the smile is already evident at 1 and a half months).
It seems children are more awake nowadays than a few years ago.
At 3 months, they maintain contact with others for a long time, listen to music, and emit some trills.
At 4 months, they show a smile with a certain expressiveness; they can show sadness if you turn away from them and get excited at the sight of food.
At 7 months, they prefer to be with their mother; they like to look in the mirror and people's term of endearment.
At 9 months, babbling is highlighted.
At 10 months, they answer if you call them by name, plays peek-a-boo, claps their hands, and say hello.
At 1 year old, they help those dressing him quite well and can significantly say four complete words.

THE LOCOMOTION STARTS SOON

By locomotion, we mean the capacity to move in space, which evolves in succession up to the bipedal path according to precise stages. In this sense we will now analyze the different locomotor capacities of the child.

1. The baby appears as if lying on their belly, with their head turned to one side; the center of gravity is in the neck area, and there is no supporting capacity. The area of the body that remains higher is the bottom.

2. At the age of two months, the child begins to be attracted to visual and auditory stimuli and encouraged to raise the head, supporting themselves for a short period on the forearms. In this phase, the body's center of gravity is moved towards the navel pelvis area.

3. Between the 3rd and 4th month, the further displacement of the center of gravity towards the pelvic girdle allows the head to be kept out of the support base for a longer time with a symmetrical extension of the head.

4. Around 4 and a half months, the child begins to move their center of gravity sideways to grasp an object placed in front of them with one hand: a triangle support is formed on one side by the elbow and pelvis, on the other by the knee.

5. At 6 months, there is a symmetrical support on the open hands.

6. After 8 months, the baby begins to load on their extended arms and knees simultaneously; we are therefore watching the first attempt of a quadruped position, which for 2 or 3 weeks consists of rocking forward and backward in this posture.

7. At 9 months in the prone position, the child can crawl forward more or less coordinatedly and with a side preference.

8. Between 9 months and 10 months there is an alternating crawl pattern and the first attempts to climb upright, a posture reached at 11-12 months.

9. At 12-13 months, we are watching the achievement of an upright position without support, which gradually becomes more secure.

GIVE IT TIME

It is fundamental that parents allow their child to develop according to the regular growth path, respecting the different stages and not pretending to do things beyond their age.
It is equally important to notice any delays in the growth stages. If you notice that your child has a clear delay compared to their contemporaries, it is good to go to the development specialist.
We insist on the fact that in growth, we must not anticipate the times of the child nor delay them, but we must treat him according to their needs and real abilities.
As we have seen in the previous chapters, the evolution of the child's neuropsychomotor capacities is well-marked according to age, and it is important to respect it. A child will not sit up until they can reach a sitting position himself. The same goes for standing and walking.

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It thus becomes a fundamental rule to leave the baby in the positions that they can reach on their own so that they can manage to discover their own potentiality and evolve slowly. At the same time, it is important for the child to keep up with their contemporaries in the natural rhythm of growth. In case delays are highlighted, it is good not to wait but immediately take the appropriate precautions (i.e., contact adequate specialists) so that these delays, which may seem small at these ages, do not increase and become serious problems in the future that are no longer easily resolvable.

ATTENTION TO PREMATURITY TIME

A delicate topic is the approach to premature babies, about which there are different theories. We believe it is very important that you know how much you need to pay particular attention to situations of prematurity. An incorrect definition of prematurity time can cause serious disturbances in the neuropsychomotor development that a child can have, as it prevents a very early intervention that we know is essential in the case of development disorders. This is why we have adopted a rule that allows us not to take risks and to be as safe as possible in guaranteeing the baby's physiological, normal development.
We must affirm that we accept delays in the development of the premature child compared to that of the contemporaries only for the period corresponding to the time of prematurity; after this period, **they will be expected to have development skills equal to that of their peers.**
For example, if a baby was born in the 7th month of gestation and therefore two months in advance, it can be accepted that in the first two months, they are not keeping up with their peers, but after the 2nd month, they can demonstrate the capacities of their peers and if they are still delayed, do not underestimate the situation. Some might raise an objection that even in the following months they are premature and suffer from this fact. We reply to them that it must be considered that the two "lost" months were lived not in a very restricted, dark environment, with few stimuli, but in the external surroundings, which gave them the opportunity to receive much more growth stimulus than those present in the belly! We also keep in mind the great statistical risk that premature babies have of having developmental problems and the great opportunity for early intervention in the future.

DISCOVERING THE SPACE

Let us go back to reflect on the space in which the child is left. It has already been said to place the baby (after a week or two of returning home) on a carpet, free to move. Lying on their carpet, various neuropsychomotor skills will gradually develop in him, being able to take a toy next to him or hanging above him. It is advisable not to facilitate him too much, not to give him the game at the first impatience or the first whim, but to let them go and take it independently. This will give ample space to free initiative that will gradually lead him to learn to get along, rely on their own strength, and begin to explore the surrounding space. This exploration will increase hand in hand with the capacities gradually acquired and, therefore, will begin to roll, crawl, and move independently, starting to discover the space that surrounds them.

Crawling is a very important phase, or rather, "fundamental," for the child's physical and intellectual growth.

The quadruped walk is a preparation for the vertical walk and allows the child to learn to measure and experience space and to get familiar with it, to move in a rhythmic, coordinated, alternating way, to make the sequence of the step automatic.

Even from an intellectual point of view, crawling is very important. In fact, while sight and hearing are the first and main means of learning in the very first months of life, successively, the task of learning is also given to the hand. By analyzing the nervous system, the hand and mouth have an enormous cerebral representation of the rest of the body. From the intellectual point of view, the concepts, the sounds, the words, the rhythm, the logical sequences, etc., the different stimulations coming from the hand are fundamental for physiological neuropsychomotor development. So, one has to rely a lot on the rhythmic, sequential, modulated activity of the hands that support part of the body in quadrupeds. A strong stimulus to peaceful and balanced learning occurs in the months the baby crawls and will reduce when they learn to walk. This is why our firm conviction is that the more the baby crawls, the better it is for their overall development.

In the experience of various scholars, many children who came to their attention due to school learning problems skipped the crawl or walked on all fours as a child. The recovery of the missed stage has often led to positive results and better learning.
Thinking about language, an efficient exercise is crawling with the baby, beating a simple rhyme in rhythm with the step: each hand resting on the ground corresponds to the sound of a word. The child will thus be able to learn to express words much more easily, imitating the associated verbal production with "athletic" gestures.

LEARNING TO SPEAK

Around the end of the first year of life, the child begins to articulate some little words and then gradually increases their vocabulary until they express themselves and talk. There are some very effective little tricks to help the little one in this learning field, especially when they show some delay compared to the average.
To crawl by beating the words in time or rhythm rhymes, you can add the game of the wheelbarrow (chanting a nursery rhyme). It is always a question of associating hand support, i.e. tactile stimulation, with auditory stimulation.
A good rule of thumb will then be to address the child speaking slowly, spelling out the words clearly so that they can understand and imitate them well. It will be good practice to decide at least a quarter of an hour a day (perhaps at the table with the child present), where everyone speaks very slowly, articulating the sounds well. This allows them to understand better and decode the sounds, the articulation of the speech, and the new words. At the same time, they get used to a certain tranquillity, calm in the relationship, in expression and listening, therefore to greater reflexivity. It is interesting to note how, by speaking slowly to a child, you have their full attention.
In fact, to exercise attention, memory, and language, it proves useful to tell nursery rhymes or sing short songs slowly.

TOWARDS AUTONOMY

The child makes great progress over time, which will lead him to be an autonomous individual. Slowly they begin to perfect their capacity to communicate, to move, to relate to the external surrounding. Every three weeks, new abilities are noticed.
There will come a day when they will walk, speak clearly, want to get dressed, and eat alone. They gradually acquire more knowledge of themselves, of their uniqueness, and will demand that it be recognized also by the people around them.
In this process, so that the little one gains self-confidence, it is good to encourage their desire for autonomy and emphasize their progress by praising them.
It, therefore, seems inappropriate to implement certain behaviors much used by people who diminish children by using phrases in their presence such as "he doesn't understand much, he's still small." It is nice talking to the child, making them participate in what is happening with increasingly articulated speeches since their first months of life.

DETAILS

Vaccinations: Yes, but Beware!

Vaccinations are, or seem, an obligatory step for the prevention of many diseases and, in particular, childhood diseases.
These are probably useful measures that have contributed somewhat positively to the health field, but have also given access to many discussions and divergences.
It must always be considered that vaccinations are, in any case, an aggression, even if controlled, with the introduction of toxic substances or viruses or part of bacterial substances into the organism. Therefore, to be vaccinated, the child must at least be in good health to adequately defend himself from "aggression" and get maximum benefit from the vaccination intervention.

It is, therefore, recommended not to vaccinate a child in unfavorable health situations.

For children with delayed neuropsychomotor development, it is recommended that further attention be sought and consult your trusted doctor, even with regard to the obligatory ones, and ask firmly to take responsibility for their advice.
We recall that there are many civil and criminal cases against the inappropriate use of vaccines and for the serious consequences produced in some individuals. Many have already won the case for the damages suffered.

The Umbilical Hernia: How to Reduce It

It may happen that the child has an umbilical hernia. Doctors usually say to wait until school age, when a small surgical operation will be done.
There is an easy and natural way to bring back the Hernia from an early age. Push the hernia gently with a finger, making it go all the way back into the small hole that you feel when pressing on the navel; approach the skin adjacent to the navel (by way of a pinch) to better close the hernia inside block the skin "pinched" like this with a bandaid and on it place a big button, of a coat, with the convexity facing the belly, blocking it in turn with plasters. The closure of the hernia inside the navel (the first part of the maneuver) is done by pinching one day horizontally, one day vertically, and so on. As the days go by, the hernia will tend to disappear.

Feet and Footwear

Another significant argument for the good growth of the child concerns the feet.
The foot is an important part of the body as it offers stability and balance to the whole body and therefore allows infinite movements: walking, running, jumping.
In the first months of life, the child's foot is only partially ossified; it is growing and forming. It is, therefore, important to leave the foot as free as possible.
Shoes should be used only in case of need, for cold and dirt; shoes are not needed until the little one goes upright.

The Potty: Learning to Pee

At what age can a child learn to pee in the potty? Since they can sit comfortably, therefore generally from nine months onwards. At this age, it is useful to start removing the nappy that obstructs and hinders the movements of the little one.
With this goal, the child should sit on the potty every couple of hours and wait until they pee, encouraging them, making the sound of imitation of the function, or opening the water tap.

IS IT POSSIBLE TO HAVE DEVELOPMENTAL DISORDERS IN CHILDREN?

Prevention Is Fundamental

Most children grow up healthy and strong and will have a peaceful life.
Currently the "2 per thousand" of the population is affected by infantile cerebral paralysis: these are people who, for various reasons, before, during, or shortly after birth, had cerebral pain that caused them to lose some of the congenital patterns of movement and to acquire various disorders in neuropsychomotor development.
Dr. Mario Castagnini has experienced that 50% of children destined to have developmental delays can recover and normalize if adequate diagnosis and early therapy are implemented, intervening within the 3rd month of life.
In support of this statement, the data presented by Dr. Vojta can be taken into consideration: 82% of children at symptomatic risk (severely threatened to grow spastic) treated by him within the 3rd month no longer needed cures.
It is, therefore, essential to apply precociously diagnosis and therapy.

Identify Risk Situations

Studies witness that 95% of children with developmental delays belong to one or more of the following risk categories, i.e. they had at least one of these situations/signs of suffering at birth:

1. **Twin births**
2. **Preterm births – premature births**
   A newborn is defined as preterm if they are born before having completed 37 weeks of gestation, or rather before 259 days from the date of the last menstruation.
3. **Dismature births**
   A full-term newborn is defined as dismature when they are born with a low weight, less than 2,500 grams.
4. **Dystocic parts (forceps, cupping glass, cesarean section)**

5. **Apgar index <3 at 1’ min and <7 at 5’ min**
   The attribution of the Apgar index score is one of the checks that obstetricians and gynecologists perform in the delivery room immediately after birth. They are based on the observation of 5 vital parameters (cardiac activity, respiratory activity, muscle tone, reflexes, complexion), which are absolutely indicative of the infant's capacity to adapt autonomously to the new life and are able to provide a first judgment of efficiency of the most important functions of their organism.
   Each of these five factors is assigned a score from 0 to 2, and their sum represents the Apgar index. The maximum score is, therefore, 10. The check is repeated at the first and fifth minutes of life.
6. **Infants with seizures – convulsive crisis**
7. **Hyperbilirubinemia at risk - severe neonatal jaundice**
   Jaundice, or the yellowing of the eyes and skin, is a very frequent phenomenon in the first days of a baby's life, especially if premature. The yellow colour is given by a pigment, bilirubin, normally produced and eliminated in our organism without visible traces. In severe neonatal jaundice, there is an increased production of bilirubin and, at the same time, a reduced capacity for disposal; as a result, we will have brain damage.
8. **Hypoglycemic and hypocalcemic crises with neurological signs**
   These crises significantly alter the balance of cerebral functions and nerve conductivity.
9. **Births with diabetic mothers**
10. *Macrosomic babies are easily born from diabetic mothers, and consequently, if the birth is natural, we would have considerable difficulties; if it is caesarean, it is already at risk.*
11. **Births with mothers having gestosis**
    Hypertension and altered renal function of the mother make life difficult for the fetus.
12. **Births with dirty or slimy amniotic fluid**
    The danger of this situation for the child is easily understood.
13. **Babies with active infection**
    Newborns belonging to one or more of these categories could, therefore, have a higher risk for suffering from developmental disorders, and therefore, a diagnostic visit is recommended around the first month of life so that by the third, the problem has already been defined and the rehabilitation intervention can begin.

Identify Warning Signs

A visit is all the more advisable if the child shows some abnormal behavior. In particular, there are some unusual behaviors that can indicate a lack of development of neuropsychomotor coordination and, therefore can act as warning signals:

1. Difficulty in sucking
2. Tension and crying during the napkin change and desperate crying during the baby bath
3. Accentuated and progressive squinting
4. Frequent and unexplained cough
5. Poor attention to affective stimuli and poor psychomotor initiative
6. Seizures, convulsions
7. Doesn't sleep at night and is fussy
8. Stiffness in the limbs
9. Always hold the head on one side

It is good to keep in mind that one of the main characteristics of children with developmental delays is that of presenting a sort of "fear of emptiness" as if they were afraid of falling into an abyss with each manipulation, bathing, dressing, or undressing them, etc. For this reason, if the child is desperate in usually pleasant situations, such as lying on the changing table to change the napkin, it is good to be alert. If the newborn baby cries and despairs apparently for no reason, it is not for whims; they are not yet at the age of tantrums or so-called emotional crises, but it is always a problem that bothers them and that they cannot explain otherwise: when thus involves the gentle manipulation of everyday life it could be a developmental neuropsychomotor disorder.

What Is the Early Diagnosis Visit

The baby has an echelon development in regular stages of about fifteen days. Based on age, the child acquires certain skills and certain postures.
During the visit, the doctor, first of all, observes the natural behavior of the child and then gives them some stimuli that provokes responses that identify the child's neuro psychomotor age. If this neuropsychomotor age corresponds to the age, the child is healthy and has no problems; if instead they have some delay, it is good to do a more in-depth analysis because it could be the first sign of risk of future pathological development. For this it is good to contact the specialist, hoping to be lucky enough to meet a truly competent one.
In cases where functional delay is revealed, it will be recommended to start a simple, suitable and targeted gymnastics, which is set up to facilitate the child in the effort to cancel the delay and grow with all the skills and abilities of their peers. We believe it is possible, and our experience shows that it is possible!
It is advisable to carry out this visit before the completion of the second month of life to be able to make a further check-up before the completion of the third month if circumstances indicate it. The "A. R. C. – I nostril figli " seated in Verona, in via San Zeno in Monte 23, with telephone number 045 8008796 is dedicated to these preventive visits free of charge.

Segue foto

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