

SHORT. BRIEF.  
INFO FOR  
PARENTS

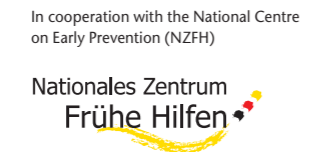
Further information is available on  
➤ [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

### Imprint

**Publisher:** Federal Centre for Health Education (BZgA), Cologne  
**Project manager/BZgA:** Department 1-11, Ute Fillinger      **Design:** www.bg-medienwerkstatt.de  
**Editor:** Katharina Salice-Stephan      **Edition:** 4.9.1.11.13  
**Printing:** Asterion Germany GmbH, Viernheim      **Status:** Oktober 2013  
**Reference number:** 11041500      All rights reserved.

This leaflet can be ordered free of charge via [order@bzga.de](mailto:order@bzga.de), via BZgA, 51101 Cologne or online. It is not meant for resale by the recipient or third parties.

Photo credits: [www.fotolia.com](http://www.fotolia.com) Title © Anatolij Samara, pg. 2 © Lena S., pg. 3 © lagom, pg. 4 © AndiPu, pg. 7 © Fotowerk



SHORT. BRIEF.  
INFO FOR  
PARENTS

## Growing up with love and care\*

\* Babies and toddlers especially need their parents' care.

Englisch **Zuwendung**



### Children need ...

- ... intimacy and reassurance,
- ... protection and security,
- ... care and appreciation,
- ... communication and inspiration.

Children need a reliable and trusting relationship. It gives them the necessary security to curiously explore their environment.



Right from the beginning a baby wants to decide itself about the amount of care, impulses and change it needs.

### An active part. From the beginning

A new-born baby is already able to see and hear and to taste and smell; it can feel and sense when it is held or carried. And from its first moments it wants to build a relationship with you, its mother and father, and it is able to communicate with you in many ways:

- Right after its birth it already makes contact with you, maybe by grasping your fingers.
- It relaxes when it hears your voice or shows its discontent, for example by whining or crying.



### Every child is unique

- Every child has its own rhythm and develops in its very own time.
- Every child has personal likes and dislikes, strengths and weaknesses.
- Every child has a different temper – some are quiet, some lively, some cry a lot, some not much at all, and some are more easily calmed than others.





**!** The mother and father's face and voice are particularly stimulating for a baby and encourage it to imitate them – a first clear expression of understanding.

.....

With about 6–8 weeks your baby will smile at you for the first time.

.....

## Being together. Parents and child

You and your baby communicate and you are responsive and coordinate with one another. The better attuned you are, the stronger your child's experience of achieving something with its behaviour:

- ▶ As an example, your baby studies your face and makes eye contact. In "reply" you will probably give it in an attentive and loving look. You can tell from its content face that it feels comfortable and "understood".
- ▶ Your baby looks at you and smiles, you smile back and talk to it.
- ▶ Your baby is restless and you try to calm it. You might talk to it in a calm voice, stroke its head, cradle it in your arms or place it on your tummy.
- ▶ Your baby regards a toy with interest and you give it the toy.

**Your baby sees itself mirrored in your "replies" to its behaviour.** In this way it is more and more capable of perceiving itself. With about 2–3 months it starts to see its body "with its own eyes", experiencing it as something independent, separated from you. **It slowly develops an image of itself.**

## Impulses and rest

The younger a child, the more exhausting and exciting it is to take in and react to everything that is new in its surroundings. Especially in the first weeks after your baby is born, e.g. it may suddenly become tired.

### Ready for impulses:

- ▶ Your baby makes eye contact, it smiles at you, makes happy sounds or moves its mouth as if it was trying to talk.
- ▶ It kicks its legs, and later, when it is a bit older, it might hold out its arms to you.

### Time for rest:

- ▶ Your baby looks away or doesn't make eye contact.
- ▶ It has a discontented look on its face, yawns or has red-rimmed eyes.
- ▶ When your baby is a little older, rubbing its eyes and nose is an unmistakable sign that it needs some sleep.

**Wordless communication with looks is still very important at toddler age, e.g. when your child, that is becoming more and more independent, searches your expression for signs of approval, encouragement and support.**

.....

### Important to know

- ▶ If a child tends to avoid eye contact, e.g. by constantly looking down to the ground or by trying to turn away its head or body with all its might, this is a warning signal: The child is overwhelmed from too many impulses and too little rest.
  - ▶ Some parents have problems with being responsive to their child. They have difficulties reading its signals or reacting correctly by intuition. This could be due to stress, depressive moods, but also family problems or negative experiences in their own childhood, to name a few examples.
  - ▶ Some infants may also have a difficult temper. They might be particularly restless and cry a lot, which may unsettle their parents. This can make it difficult to react to them in a sensitive way.
- .....



## When there's no joy

Some mothers are not able to develop intimate feelings for their baby and they don't enjoy being around it. It is difficult for the baby to get through to the mother and its efforts to get in contact are hardly met with any response. In other cases, mothers are excessively worried and scared that something might happen to their child. Being sad, doubting oneself and feeling hopeless is often coupled with shame and a feeling of failure and being a bad mother.

- ▶ These kinds of feelings could be signs of postnatal depression, the so-called "baby blues".
- ▶ This disorder is highly treatable and should be treated quickly.
- ▶ If it is not treated, it can permanently complicate the relationship of mother and child, having a considerably negative effect on the child's development.

### Find help as early as possible ...

... if the depressive mood (the so-called "crying days") lasts unusually long after the birth, i.e. more than two weeks.

... if you often feel down and constantly overwhelmed, very insecure and stressed in your new role as a mother.

... if it is hard for you to spend time with your child.

... if your baby cries a lot and you feel that you can no longer stand the crying.

... if you feel that your child doesn't show any interest in you and its surroundings.

Please consult your midwife or your paediatrician. Ask for advisory services for parents with infants and toddlers close to your home.

You will also find branches of the so-called "Early Help" network in every municipality that support and accompany parents in building a caring relationship with their child. This also includes family midwives who assist parents in taking care of their child and its development and supporting it in the first year in the case of special burdens. You will usually find information on how to contact a family midwife at the local youth welfare or public health office.



More information on your child's development is available on

▶ [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

.....

Your paediatrician will be glad to answer your questions.



## Being responsive and attentive to your child

### The 5 most important tips

- 1 Pay attention to your child. Observe its behaviour and its needs:** Comply with when and how much contact your child wants.
- 2 Take good care of your child and give it the reassurance that it can rely on you being there:** React to your child immediately and comfort it if it screams or cries. In the first months a child experiences security and comfort especially by close body contact.

**3 Take enough time for your child, especially when caring for it, when feeding it or for going-to-sleep rituals in the evenings:** Use these opportunities to talk to your child. Listen to it, even if it is not yet able to express itself in words.

**4 Be happy about your child and let it see that you are happy when it shows interest in you or items in its surroundings.**

**5 Create safe surroundings** in which your child can feel free to be curious and go on discovery tours without any dangers of injuring itself.



SHORT. BRIEF.  
INFO FOR  
PARENTS

Further information is available on  
› [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)



SHORT. BRIEF.  
INFO FOR  
PARENTS

## Additional liquids: Only necessary in exceptional cases

In the first 4–6 months following birth, breast or bottled milk generally provides all the liquid intake required.

› Only on very hot days and in the event of diarrhoea or fever should you give your baby additional liquids. In such case give it tap water or thin, unsweetened fruit or herbal tea.

› Allow the water to run from the tap until cold.

› Your baby only needs to regularly have something to drink when it begins to have its third variety of baby food (vegetable/fruit mush); use a beaker or cup if possible.

### Imprint

**Publisher:** Federal Centre for Health Education (BZgA), Cologne

**Project manager/BZgA:** Department 1-11, Ute Fillinger      **Design:** www.bg-medienwerkstatt.de

**Editor:** Katharina Salice-Stephan      **Edition:** 4.9,1.11.13

**Printing:** Asterion Germany GmbH, Viernheim      **Status:** Oktober 2013

**Reference number:** 11041500      All rights reserved.

This leaflet can be ordered free of charge via [order@bzga.de](mailto:order@bzga.de), via BZgA, 51101 Cologne or online.

It is not meant for resale by the recipient or third parties.

Picture credits: eyewire images Title page • [www.fotolia.com](http://www.fotolia.com) p. 2 © Kati Molin, p. 3 © Vladimir Melnik, p. 5 © Günter Menzl



In cooperation with the National Centre on Early Prevention (NZFH)



# Breastfeeding. Simple and good.\*

\* Mother's milk is most babies' only need in the first 4–6 months after birth.



More information about breast feeding, bottle feeding and drinking liquids is available on

› [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

Your midwife, breastfeeding and lactation consultant (IBCLC) or the paediatrician will be glad to answer your questions.



## Bottle feeding

Babies can also thrive with powdered milk from the bottle



## Babies want to be breastfed

- › Mother's milk is the natural food for babies.
  - › Mother's milk strengthens the baby's body and mind.
  - › Mother's milk is hygienic, always available and free.
- 
- › Babies have differing hunger cycles and nursing needs.
  - › The baby itself determines when, how often, and for how long it wants to nurse. In the first few weeks after birth most babies want to nurse 10–12 times within a twenty-four hour period.
  - › Also in the first weeks after birth, most babies will still need to be breastfed once or several times during the night.

## Breastfeeding, too, must be learned

- › **Patience and trust:** You and your baby will become a good "nursing team".
- › **The right nursing posture:** You should be sitting comfortably and your baby should lie cradled in your arms, turned toward you.
- › **Duration of nursing:** It is normal for nursing to last between 10 and 45 minutes.
- › **Regulating your supply:** The more often you nurse your baby, the more milk is produced.

› **Good for lactation:** Milk flows better when you are relaxed. Moreover: Eat a balanced diet and drink regularly. It is best to have a glass of water or fruit tea when breast feeding.

.....  
**Tip** Regular daily routines help your baby to find its rhythm.  
.....

**Nicotine, alcohol and drugs are bad for babies! Anything you ingest will pass to the baby through the breast milk. Therefore:** Do not smoke if possible and avoid alcohol. Only take medication in consultation with your physician.

› Bottle feeding is another option. At first bottle feedings will be needed every two or three hours, as well as once or twice in the night.

› One advantage of bottle feeding: Not just mum but also dad and siblings can administer feedings.

› **Important:** Be sure to always observe the right proportion of milk powder to water as stated on the package. Otherwise your baby may not receive enough fluids.

**Babies want to be held in your arms and looked at when drinking from the bottle.**





SHORT. BRIEF.  
INFO FOR  
PARENTS

Further information is available on  
› [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)



SHORT. BRIEF.  
INFO FOR  
PARENTS

## Precautions against sudden infant death syndrome

Sudden infant death syndrome is the medical term for the phenomenon of when an evidently healthy baby unexpectedly dies without any available explanation.

See inside for recommendations for ensuring your baby sleeps well and safely. You are the best protection your baby has.

### Imprint

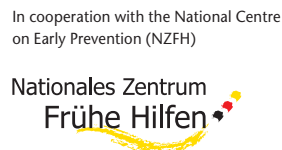
**Publisher:** Federal Centre for Health Education (BZgA), Cologne  
**Project manager/BZgA:** Department 1-11, Ute Fillinger      **Design:** www.bg-medienwerkstatt.de  
**Editor:** Katharina Salice-Stephan      **Edition:** 4.9.1.11.13  
**Printing:** Asterion Germany GmbH, Viernheim      **Status:** Oktober 2013  
**Reference number:** 11041500      All rights reserved.

This leaflet can be ordered free of charge via [order@bzga.de](mailto:order@bzga.de), via BZgA, 51101 Cologne or online.  
It is not meant for resale by the recipient or third parties.

Picture credits: [www.fotolia.com](http://www.fotolia.com) Title page © Jaren Wicklund, p. 2 © alexey Chernovalov, p. 3 © Fredrico Igea, p. 5 © Digital Vision

# Sleeping\*

\* Did you know that babies have to learn how to sleep?





## Did you know ...



... that babies have to learn how to sleep? Sleeping patterns become more regular after roughly 4–6 weeks.

... that some infants simply sleep a lot while others sleep little? Sleeping needs are inherited. In the first three months some infants only require 10–12 hours of sleep per 24 hours, while others need 18–20 hours.

... that for babies up to six months of age it is important for their survival to wake up at least once in the night? During the first six months babies still need one or more feedings at night.

... that for babies “sleeping through” means a maximum of 6–8 hours at one time? Waking up in the night or early in the morning is hard on the parents, but for babies it is normal.

... that you can help your infant learn to sleep?



More information about healthy sleeping for babies and precautions against sudden infant death syndrome is available on

› [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

.....  
Your paediatrician will be glad to answer your questions.

## Supporting the sleep-learning process

### The 5 most important tips

**1 To the extent possible**, maintain regular times in the daily routine for eating, sleeping, playing and going for walks.

**2 Babies love routine.** Lay your baby down at the same time whenever possible, in the same place and using the same going-to-sleep rituals.

**3 Being overtired makes it hard to fall asleep.** Lay your baby in its crib when it shows signs of tiredness, such as yawning or turning away its head.



### › Recommendations

## Tips for your baby to sleep well and safely

› **Always on its back**, with no pillow, sheepskins, “nest” or cap.

› **Whenever possible, in its own bed in the parents’ bedroom.** Babies should especially not sleep in the parents’ bed if one parent smokes.

› **In a smoke-free bedroom** – ideally the entire apartment will be kept smoke-free.

› **In a sleeping bag**, instead of under a blanket.

› **In an unheated bedroom**, as long as the room temperature remains at or above 18° Celsius.



› [www.trostreich.de](http://www.trostreich.de)

Interactive network for colicky infants

› [www.bke.de](http://www.bke.de)

Directory of parenting and family counselling centres

› 0800.111 0 550

**At wit's end? Call the parenting hotline**

(toll free nationwide via landline or mobile phone)

Monday through Friday, 9:00 -11:00, Tuesday and Thursday, 17:00-19:00

## Seek help promptly ...

... if you have the feeling you can't take the crying any more!

... if you are worried your baby has colic.

**With professional help and support, together the parent and child can usually get excessive crying quickly under control.**



## Where to turn for advice and assistance

› Your midwife or paediatrician.

› "Colic squad" and counselling centres for parents with infants and small children. These are available in many locations.

SHORT. BRIEF.  
INFO FOR  
PARENTS

Further information is available on

› [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

### Imprint

**Publisher:** Federal Centre for Health Education (BZgA), Cologne

**Project manager/BZgA:** Department 1-11, Ute Fillinger

**Design:** [www.bg-medienwerkstatt.de](http://www.bg-medienwerkstatt.de)

**Editor:** Katharina Salice-Stephan

**Edition:** 4.9,1.11.13

**Printing:** Asterion Germany GmbH, Viernheim

**Status:** Oktober 2013

**Reference number:** 11041500

All rights reserved.

This leaflet can be ordered free of charge via [order@bzga.de](mailto:order@bzga.de), via BZgA, 51101 Cologne or online.

It is not meant for resale by the recipient or third parties.

Picture credits: bananastock Title page • [www.fotolia.com](http://www.fotolia.com) p. 2 © Adam Przekaz, p. 4 © Joe Gough, p. 5 © Jeremias Münch



SHORT. BRIEF.  
INFO FOR  
PARENTS

# Crying\*

\* Babies cry for many reasons, and often without any identifiable reason.





# Alarm level red

## When you can't take the crying anymore

- ▶ If there are two of you, take turns looking after your crying baby.
- ▶ If you are by yourself and realize you can no longer stand the crying, lay your baby in its crib or on the floor. Leave the room before you 'flip out'.
- ▶ Try to calm yourself down. Get some fresh air, make a cup of tea, get a piece of chocolate – whatever helps you relax!
- ▶ Call a relative, friend or neighbour who might be able to come over and help.

.....

**Never shake your baby!** Even briefly shaking a baby can cause grave, lifelong health problems and even cause death.

**Never give your child medication to calm it down!**

.....



**i** More information about crying, advice and assistance is available on

▶ [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

.....

Your paediatrician will be glad to answer your questions.

## Constant crying – a nightmare for mothers and fathers

- ▶ Parents can feel helpless,
- ▶ worrying their child may be in pain,
- ▶ thinking they have done something wrong
- ▶ and can quickly end up trapped between confusion and despair .

## What can you do to help?

### 5 helpful tips

- 1** Try to stay calm.
- 2** Try to discover the cause (hunger, thirst, full diaper, overtired etc.)
- 3** Try to calm your child by means of eye contact, talking to it quietly, gently rocking it or singing to it.
- 4** If your child has already cried itself into a frenzy, carry it into a different room, or carry it and briefly go outside to get fresh air. That helps your baby relax and calm down.
- 5** **Caution:** do not make any agitated attempts to calm it down. That makes the baby more agitated in turn.

## Babies cry because ...

▶ ... they are hungry or tired, have a full diaper, are overexcited, bored or need attention.

.....

- ▶ **All babies cry.** In the first few months this is completely normal.
  - ▶ **Babies cry in very different ways.** How frequently, long and loud babies cry can vary greatly from child to child.
  - ▶ **They tend to cry more in the beginning.** Crying usually increases to about 2 ½ hours per day until six weeks of age. Thereafter crying phases generally decrease.
- .....

Babies cry for many reasons, and often without any identifiable reason. But whenever babies cry, this means **“I don't feel good and I need you to be with me.”** It **never** means: “I want to get on your nerves.”





SHORT. BRIEF.  
INFO FOR  
PARENTS

Further information is available on  
› [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)



When your child grabs away the spoon and won't give it back, just get another spoon to continue feeding!

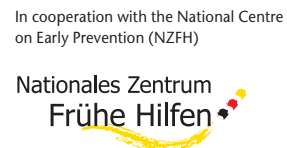
Never force your child to eat. You will never win a 'contest of the wills' when it comes to food. Instead, it only troubles the relationship between you and your child.

### Imprint

**Publisher:** Federal Centre for Health Education (BZgA), Cologne  
**Project manager/BZgA:** Department 1-11, Ute Fillinger      **Design:** www.bg-medienwerkstatt.de  
**Editor:** Katharina Salice-Stephan      **Edition:** 4.9,1.11.13  
**Printing:** Asterion Germany GmbH, Viernheim      **Status:** Oktober 2013  
**Reference number:** 11041500      All rights reserved.

This leaflet can be ordered free of charge via [order@bzga.de](mailto:order@bzga.de), via BZgA, 51101 Cologne or online.  
It is not meant for resale by the recipient or third parties.

Picture credits: imagesource Title page • [www.fotolia.com](http://www.fotolia.com) p. 2 © Svetlana Fedoseeva, p. 3 © Viktorija, p. 5 © Franck Boston



SHORT. BRIEF.  
INFO FOR  
PARENTS

# Your infant's first baby food\*

\* Did you know that your baby will show you when it is ready for solid food?



## Did you know...



**... that your baby will show you when it is ready for solid food?** For example, it will become interested in what other people are eating. It will move its mouth while watching, or open it when you touch its cheek with the spoon.

**... that babies usually spit out most of the baby food at first because they are not used to eating with a spoon, and have to learn it first?** Your child needs time to get used to this new type of food as well. It needs its time, and likes to thoroughly experiment with it, using its tongue, palate and maybe even fingers.

**... that you can continue breast feeding your child even after introducing baby food meals?** Breast milk feedings will gradually be replaced by baby food meals. Even after that you can continue breast feeding your child as long as both of you wish.



More information about baby food meals is available on

› [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

Your mid wife or paediatrician will be glad to answer your questions.

**... that children sometimes need many little tastes to get used to and grow to like a new flavour?** When your child rejects a new taste, try again the next day, and the day after that. But you should never force your child.

**... that your child knows best when it is full, and will show you?** When your child closes its mouth and turns away, that is the most reliable signal for you to conclude the feeding. Say “finished”, clean it up, play with it or lay it down.

**... that with a bit of patience and calm the two of you can quickly become a well-coordinated team?**



## Ready for solid food

At roughly age four to six months an infant has developed enough for it to learn how to eat from a spoon.

Start out with 1-2 spoons of vegetable baby food and then afterward give your child his or her regular breast feeding. Slowly increase the amount of baby food. Then progressively replace breast feedings with baby food feedings

## Baby food feedings made easier

### The 5 most important tips

- 1** Feeding times should be fun, even if it's a bit of a mess. You should thus dress yourself and your child appropriately. You can use old newspapers for example to cover tabletops and floors.
- 2** Take your child onto your lap and hold it in your arm in such a way that its head and neck are straight and you can both look at each other.
- 3** Take your time feeding it with the spoon and talk to your child calmly.
- 4** Hold the spoon in front of your child's mouth and wait for it to open its mouth. If it doesn't open its mouth, put a little bit of food on its lips. In this manner you can get him or her accustomed to the taste.
- 5** Always introduce new foods like blended vegetables, potatoes and meat individually, and with intervals of several days. This allows you to observe whether your child is able to properly digest the new food.





All vaccines are voluntary. The costs for the vaccines recommended during childhood are borne by the health insurance company.



SHORT. BRIEF. INFO FOR PARENTS

Further information is available on [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

## Basic vaccine protection for children

Recommendations of the Permanent Vaccination Commission (as at August 2013)

Immunisations against	Weeks	Age in months at the time of immunisation				
	6	2	3	4	11–14	15–23
Tetanus, diphtheria, whooping cough, Hib, polio, hepatitis B (combination vaccine)		G 1	G 2	G 3	G 4	
Pneumococci		G 1	G 2	G 3	G 4	
Rotavirus	G 1*	G 2	(G 3)			
Meningococci C					G (as from 12 months)	
Measles, mumps, German measles (combination vaccine)					G 1	G 2
Chicken pox (varicella)					G 1	G 2
Flu (influenza)		(Children with chronic illnesses annually as from 6 months.)				

G = Basic vaccine protection \* 2 resp. 3 oral vaccinations depending on the vaccine

### Imprint

**Publisher:** Federal Centre for Health Education (BZgA), Cologne

**Project manager/BZgA:** Department 1-11, Ute Fillinger      **Design:** www.bg-medienwerkstatt.de

**Editor:** Katharina Salice-Stephan

**Edition:** 4.9,1.11.13

**Printing:** Asterion Germany GmbH, Viernheim

**Status:** Oktober 2013

**Reference number:** 11041500

All rights reserved.

This leaflet can be ordered free of charge via [order@bzga.de](mailto:order@bzga.de), via BZgA, 51101 Cologne or online.

It is not meant for resale by the recipient or third parties.

Picture credits: [www.fotolia.com](http://www.fotolia.com) Title © anna karwowska, pg. 2 © Dmitry Naumov pg. 4 © Andreas F., pg. 5 © seen



SHORT. BRIEF. INFO FOR PARENTS



# Immunisation\*

\* Did you know that so-called “childhood diseases” are far from harmless?



## Did you know ...



**... that so-called "childhood diseases" are far from harmless?** Measles, mumps, whooping cough and other infectious diseases can cause lasting damage and even be life-threatening.

**... that some infectious diseases are especially dangerous if they appear in babies?** Whooping cough, hepatitis B and diseases which are caused by haemophilus influenzae and pneumococci can turn out to be severe in babies and bring secondary diseases.

**... that the so-called maternal passive immunity is "incomplete"?** The antibodies which your child obtained through the umbilical cord in the last weeks of pregnancy only protect it against a part of all pathogens. Additionally, this maternal passive immunity is reduced during the first months, even before the child has completely built its own immune system.

**!** The more children have complete vaccine protection, the more it will become possible to eradicate certain diseases, just as it has happened with smallpox.

**... that your child can also be immunised even with mild infections such as coughing or colds?** If a child doesn't have a high fever (above 38.5° C), it can nevertheless be immunised. The paediatrician will decide on that together with you.

**... that children with allergic diseases can be immunised just like other children?** In certain allergic diseases, e.g. neurodermatitis, vaccine protection is especially important: Some infectious diseases can trigger allergic reactions or are dangerous to those suffering from allergies. Even for children with egg white allergies, today there is no higher vaccine risk as among those who don't have allergies. The only vaccine for which caution is called is the vaccine against the viral flu (influenza).

**i** More information about infectious diseases and immunisation is available on

› [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

› [www.impfen-info.de](http://www.impfen-info.de)

Your paediatrician will be glad to answer your questions and advise you on all immunisations.

**... that for the health of the baby the immunisation protection of parents, siblings, grandparents and other close contact persons is important?** Sufficient protection of the contact persons against whooping cough is particularly important: For small babies, whooping cough is especially dangerous and until the first immunisation, they have no protection against this disease. Therefore, contact persons getting the booster shots against tetanus and diphtheria, that are due every 10 years, should also be vaccinated against whooping cough.

**... that the risk of complications during illness is much higher than during the corresponding immunisation?**



## What parents should know

The 5 most important tips

**1** The pathogens of dangerous infectious diseases such as diphtheria or polio are still there. Thanks to immunisation, these and other severe infectious diseases have become rare in Europe. In other parts of the world, many of these diseases are still present. In this age of travelling frequently, children and adults, who are not immunised, can still be infected by pathogens and transmit them to other unprotected persons.

**2** Today's vaccines are effective, strictly controlled and well-tolerated. The safety of the vaccines is regularly monitored. Additionally, they contain a much smaller quantity of dead or weakened pathogens or parts of pathogens than before. This also applies to combination vaccines. By using them, less additives, such as preservatives, are necessary than with individual vaccines. The vaccines are therefore less burdensome and side effects are extremely rare.

**3** Vaccination should commence as early as possible (9th week, rotavirus at 6 weeks). Only when the immunisation protection is established as early as possible and completed in due time is your child well-protected during the delicate baby and toddler phase.

**4** For reliable immunisation protection, several partial vaccinations are necessary. Reliable protection exists only when the child receives all necessary partial and booster shots in the stipulated time intervals. Thanks to the combination vaccine, the child doesn't have to be injected unnecessarily often.

**5** Some vaccines have to be refreshed at the end of pre-school age and during adolescence and adulthood. In some pathogens, the body needs several triggers at certain intervals in order to form its own antibodies for a longer period of time.



SHORT. BRIEF.  
**INFO FOR  
PARENTS**

Further information is available on  
➔ [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

### Imprint

**Publisher:** Federal Centre for Health Education (BZgA), Cologne

**Project manager/BZgA:** Department 1-11, Ute Fillinger     **Design:** www.bg-medienwerkstatt.de

**Editor:** Katharina Salice-Stephan     **Edition:** 4.9.1.11.13

**Printing:** Asterion Germany GmbH, Viernheim     **Status:** Oktober 2013

**Reference number:** 11041500     All rights reserved.

This leaflet can be ordered free of charge via [order@bzga.de](mailto:order@bzga.de), via BZgA, 51101 Cologne or online.

It is not meant for resale by the recipient or third parties.

Picture credits: [www.fotolia.com](http://www.fotolia.com) Title © st-fotograf, pg. 2 © NiDerLander, pg. 4 © lagom, Yvonn Bogdanski, Ramona Heim

**BZgA**

Bundeszentrale  
für  
gesundheitliche  
Aufklärung

In cooperation with the National Centre  
on Early Prevention (NZFH)

Nationales Zentrum  
Frühe Hilfen

Babies + Toddlers **0–3 years**

SHORT. BRIEF.  
**INFO FOR  
PARENTS**

# Child development\*

\* Did you know that curiosity and the urge to explore are the  
“motors” of child development?

Englisch **Entwicklung**

## Did you know ...

... that **curiosity and the urge to explore are the “motors” of child development?** Children are curious from birth. They want to find out what is happening around them and they try to understand what it has to do with them.

... that **childish curiosity cannot be aroused at will?** What is interesting to a child and what a child is curious about depends on which skills are developing. If for instance the child can walk freely, it will be very interested in knowing how it feels to walk and run on a meadow, on forest soil, on sand, on cobblestone or on paving slabs.

... that **playing and learning are one and the same for children?** Children discover and investigate while playing how something is made, whether things, for instance, are similar or different. They familiarise themselves with daily objects and sometimes find out in a difficult way through trial and error how something is linked or how it functions.

**i** More information about  
child development  
is available on

➔ [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

Your paediatrician will be glad to answer  
your questions.



If you show your child every-  
thing, it cannot discover  
on its own.

## Support development

### The 5 most important tips

**1** Give your child enough time and opportunity to play and move around as it pleases.

**2** Do not try to teach your child something that it is not ready to learn.

**3** Encourage and praise your child if it wants to do something on its own.

**4** Give your child the opportunity to apply what it is capable of in day to day life.

**5** Let your child be disappointed sometimes. Children have to learn how to handle disappointments and setbacks and they should not let them discourage them.

... that **children don't constantly need new offers and a lot of variety?** If the challenges are age-appropriate and interesting, less is often more. Simple toys made of wood or plastic are mostly better suited than technical or electronic toys which emit sounds or move when buttons are pressed.

... that **parents are always role models for their child – in good times and in bad times?** Children copy a lot from their fathers and mothers. They imitate how they do things as well as how they conduct themselves in certain situations.

... that **you could facilitate learning by explaining and showing your child some things, but you should not deny the child the chance to try and practise on its own?**



## What your child is probably capable of already

### Important phases of development from 0-3 years

In the first year, children develop their mobility, their thinking, they learn to speak and how to interact with others. Each child does this in a personal manner and at its own pace. The overview in this leaflet can therefore only offer clues for the most important phases of development in the first three years.

3 months	
<b>Mobility (motor skills)</b>	<ul style="list-style-type: none"> <li>› The baby can hold its head while lying on the stomach and when sitting.</li> </ul>
<b>Grasping/Manual dexterity</b>	<ul style="list-style-type: none"> <li>› The baby brings both hands to the centre of the body and plays with fingers of both hands.</li> <li>› It can hold a small toy shortly.</li> </ul>
<b>Thinking</b>	<ul style="list-style-type: none"> <li>› The baby follows a toy with its eyes which moves slowly in front of its eyes.</li> </ul>
<b>Speaking and understanding</b>	<ul style="list-style-type: none"> <li>› If father or mother speaks to the child from the side, the baby turns its head towards the voice.</li> <li>› It “clicks” and coos happily “rrr, grr...”</li> </ul>
<b>Social conduct</b>	<ul style="list-style-type: none"> <li>› The baby is happy and smiles back when it is spoken to, tickled, stroked or carried.</li> </ul>

6 months	
<b>Mobility (motor skills)</b>	<ul style="list-style-type: none"> <li>› When the baby lies awake on its back, it moves both arms and legs similarly well.</li> <li>› It can turn its body independently – first on the side then from the stomach to the back and finally contrariwise.</li> </ul>
<b>Grasping/Manual dexterity</b>	<ul style="list-style-type: none"> <li>› The baby can grasp something, holds small toys with one hand and puts them in the other.</li> </ul>
<b>Thinking</b>	<ul style="list-style-type: none"> <li>› The baby puts toys and other things which it can hold in the mouth, licks and chews on them.</li> <li>› It observes what is happening in its environment carefully.</li> </ul>
<b>Speaking and understanding</b>	<ul style="list-style-type: none"> <li>› The baby turns its head and body towards interesting sounds.</li> <li>› It “replies” squeaking, humming, screeching, in a whisper, with “a” and “i” when spoken to.</li> </ul>
<b>Social conduct</b>	<ul style="list-style-type: none"> <li>› The baby establishes eye contact with the father or mother and smiles at them.</li> <li>› The baby smiles, makes different sounds and kicks when someone plays with it.</li> </ul>

12 months	
<b>Mobility (motor function)</b>	<ul style="list-style-type: none"> <li>› The child can sit freely without supporting itself with the hands.</li> <li>› It can crawl, creep or slide forwards and/or backwards or it can already walk while holding itself on furniture or along walls.</li> </ul>
<b>Manual dexterity</b>	<ul style="list-style-type: none"> <li>› The child holds small objects (fluff, granules, lentils among others) with the tips of the thumb and index finger (pincer grip).</li> <li>› It can hold a ball with both hands.</li> </ul>
<b>Thinking</b>	<ul style="list-style-type: none"> <li>› The child looks at things which it holds in the hand carefully and attentively.</li> <li>› It searches and finds its toy which was hidden before his eyes.</li> </ul>

<b>Speaking and understanding</b>	<ul style="list-style-type: none"> <li>› The child understands 50 to 100 words and small prohibitions („no, no“) and requests (“Please open your mouth“, “give me the ball“).</li> <li>› It speaks clearly “ba-ba“, “la-la“, “ga-ga” and initial words such as “mummy” and “daddy” or “nam-nam” for food, “woof-woof” for dog.</li> </ul>
<b>Social conduct</b>	<ul style="list-style-type: none"> <li>› The child establishes contact with the others; it smiles at other children for instance.</li> <li>› In its conduct it differentiates clearly between familiar persons and strangers.</li> </ul>

2 years	
<b>Mobility (motor function)</b>	<ul style="list-style-type: none"> <li>› The child walks confidently alone.</li> </ul>
<b>Manual dexterity</b>	<ul style="list-style-type: none"> <li>› The child scribbles on paper. It mostly holds the pencil with the fist.</li> </ul>
<b>Thinking</b>	<ul style="list-style-type: none"> <li>› The child engages in small role plays with dolls, toy animals and stacks building blocks.</li> <li>› If it lacks something, it can simply imagine this object or another object takes its place (“make-believe” game: The shoe box becomes a car).</li> </ul>
<b>Speaking and understanding</b>	<ul style="list-style-type: none"> <li>› The child recognises and names pictures in a picture book and looks at them carefully.</li> <li>› It points its eyes, nose, ears, mouth if asked about them.</li> <li>› It speaks 50-200 words (minus daddy and mummy): “woof woof“, “ball“, “light” and understands simple instructions or orders which it knows (“give me ...“, “go and get ...“).</li> <li>› It starts with two-word sentences: “mummy play“, “Niklas tired“; first questions: “Is that?“</li> </ul>

<b>Social conduct</b>	<ul style="list-style-type: none"> <li>› The child wants and likes contact with other children.</li> <li>› It can occupy itself for about 20 minutes even if father and mother are not in the same room but are nearby.</li> <li>› It understands simple requests and prohibitions and observes them more or less.</li> </ul>
-----------------------	---

3 years	
<b>Mobility (motor function)</b>	<ul style="list-style-type: none"> <li>› The child can run quickly and confidently. It circumnavigates hindrances skilfully.</li> <li>› The child learns how to ride a tricycle or a run bike.</li> </ul>
<b>Manual dexterity</b>	<ul style="list-style-type: none"> <li>› The child flips picture book pages individually and correctly with two fingers.</li> <li>› It scribbles straight lines, probably even circles. It holds the pen in the fist.</li> </ul>
<b>Thinking</b>	<ul style="list-style-type: none"> <li>› The child engages in small “role plays” for itself and with other children (shop, family, experience).</li> <li>› In a picture book, it recognises animals, plants and daily tasks.</li> </ul>
<b>Speaking and understanding</b>	<ul style="list-style-type: none"> <li>› The child listens to rhymes, children’s songs and knows them partially by heart</li> <li>› The child speaks short sentences with 3-6 words and can express what it wants, how it feels or what it doesn’t like without problems.</li> <li>› It can pose questions enthusiastically: “Why has grandma gone?“, “Where is the child?“ (Questions – who, how, what, why).</li> </ul>
<b>Social conduct</b>	<ul style="list-style-type: none"> <li>› The child will want to help out frequently in housework and gardening.</li> <li>› The child can stay with persons it is familiar with for some hours.</li> </ul>



## What your baby is probably capable of already



Age	Understanding and speaking
0-3 months	<ul style="list-style-type: none"> <li>› Your baby “understands” the feelings behind the tone of your voice and whether you sound calming or encouraging for instance.</li> <li>› With initial coincidental “voice exercises” (clicking, cooing, “rrrr, grrr...”) the baby is inviting you to engage and entertain it.</li> </ul>
3-6 months	<ul style="list-style-type: none"> <li>› Your baby smiles at you and answers squeaking, humming, shrieking and in a whisper, with “a” and “i”, when you speak or play with it.</li> <li>› It reacts to noises, moves its eyes or its head towards the direction of the source of sound.</li> </ul>
6-9 months	<ul style="list-style-type: none"> <li>› Your child blabbers the first syllables, strings them together and doubles them a short while later: “da-da-da-da”, “ba-ba-ba-ba”, “da-da”, “ba-ba”.</li> <li>› During the talk and answer game, the baby “replies” with different tones and sounds. As from about eight months, your child understands first words.</li> </ul>
9-13 months	<ul style="list-style-type: none"> <li>› Your child understands simple requests (“Give me the ball”). It reacts accordingly to questions such as “Where is daddy?”.</li> <li>› It waves when saying “Good bye”, shakes the head when saying “No” and claps its hands when happy.</li> <li>› Your child is probably blabbering the first words such as “mummy” and “daddy” or perhaps “nam-nam” for food.</li> </ul>

SHORT. BRIEF.  
INFO FOR  
PARENTS

Further information is available on  
› [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

### Imprint

**Publisher:** Federal Centre for Health Education (BZgA), Cologne

**Project manager/BZgA:** Department 1-11, Ute Fillinger

**Design:** [www.bg-medienwerkstatt.de](http://www.bg-medienwerkstatt.de)

**Editor:** Katharina Salice-Stephan

**Edition:** 4.9,1.11.13

**Printing:** Asterion Germany GmbH, Viernheim

**Status:** Oktober 2013

**Reference number:** 11041500

All rights reserved.

This leaflet can be ordered free of charge via [order@bzga.de](mailto:order@bzga.de), via BZgA, 51101 Cologne or online.

It is not meant for resale by the recipient or third parties.

**Photo credits:** [www.fotolia.com](http://www.fotolia.com) Title © cédric chabal, pg. 2 © unguryanu, pg. 4 © Dron, puckillustrations, pg. 5 © Anatoly Tipyashin

**BZgA**  
Bundeszentrale  
für  
gesundheitliche  
Aufklärung

In cooperation with the National Centre  
on Early Prevention (NZFH)

Nationales Zentrum  
Frühe Hilfen

Babies 0–1 year



SHORT. BRIEF.  
INFO FOR  
PARENTS

# The first word\*

\* Did you know that for your baby there is no other sound that is as interesting as your voice?

Englisch **Sprechen 0–1**



# Did you know...



**... that there is no other sound that is more interesting to your baby than your voice?** From the first day, babies like it when one speaks to them. They especially love it when the mother or father talks to them.

**... that you have a huge influence on your child's learning how to speak?** Your attention encourages your baby and motivates it to communicate with its environment. By communicating with you and other persons of reference, it hears language and learns that someone also listens to it – long before it can speak.

**... that with each "conversation", your baby gets a better feeling for its mother tongue?** Each time when you tell your baby something or you sing something or you soothe or encourage it with words, "its" language becomes more familiar.



More information on infant language development is available on

› [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

Your paediatrician will be glad to answer your questions.

## Awaken and encourage the joy of speaking

### The 5 most important tips

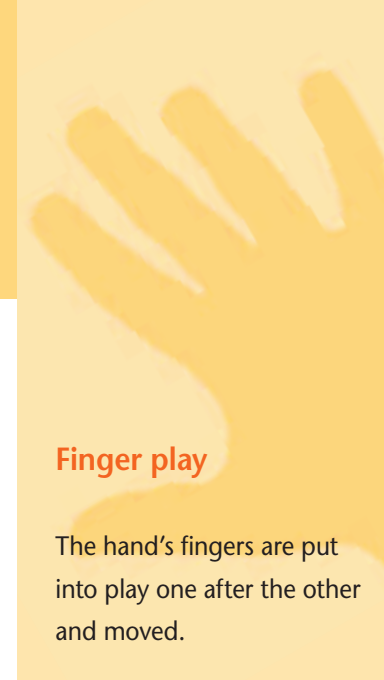
**1** **Talk to your baby from the beginning and give it time to "reply".** Explain in short, simple sentences what you are doing, e.g. when playing, bathing, changing diapers or feeding: "Now I am putting on your diaper", "Papa is going to carry you", "Now we are going shopping".

**2** **Let your baby see, hear, feel its environment.** Show and name what it is seeing, hearing or feeling and what it is interested in: "That's a ball", "The teddy bear has very soft fur".

**3** **Listen to your baby when it wants to communicate with you using sounds, body language or eye contact.** Look at your baby and talk to him for instance when it tries to catch your eye or it is making jolly sounds.

**... that your baby can not communicate only through crying?** Crying during the first months is certainly the baby's loudest "language", e.g. if it is hungry or tired. But also through body language, facial expression and eye contact, your baby shows you whether it is feeling comfortable or not, whether it wants to play or rest.

**... that learning how to speak begins at birth and even earlier, long before your baby can actually speak?**



### Finger play

The hand's fingers are put into play one after the other and moved.



"That's the thumb which shakes the plums, this one picks them up, this one takes them home, and the little one here eats them all up ..."

**4** **Sing simple songs, perform finger plays, repeat short rhymes and terms of endearment.** Imitate your baby's "baby-talk". That way, your baby knows that it is on the right path in learning how to talk. (During the toddler age however, do not use baby-talk with your child).

**5** **Look at simple picture books together.** At the age of seven, eight months, your baby enjoys learning from books: That's a cow. The cow says "moo". The cat says "meow". The sky is blue, the sun is yellow.

### In order for your child to learn how to speak well, it has to hear well.

Even if the newborn hearing test was ok, you should pay attention every now and then to how well your child hears and reacts to sounds.

Get in touch with your paediatrician if you get the impression that your child doesn't hear well or blabbers too little for its age after the first half year.





## What your child is probably capable of already

At the beginning of the second year, your child probably understands about 50 to 100 words. It understands simple requests (“Give me the ball”), waves “goodbye”, shakes the head when saying “No” and claps its hands when being happy. Your child probably blabbers its first words such as “mummy” and “daddy” or probably “nam-nam” for food.

The overview provides a rough guide of further development

Age	Understanding and speaking
19–20 months	<ul style="list-style-type: none"> <li>› The child speaks about 50-200 words (minus daddy and mummy): “woof-woof”, „ball“, „light“.</li> </ul>
20–24 months	<ul style="list-style-type: none"> <li>› Commencement of two-word sentences: “Mummy play”, “Jonas tired.”</li> <li>› First question: “Is that?”</li> </ul>
2½ years	<ul style="list-style-type: none"> <li>› Sentences with three or more words: „Mummy has gone“.</li> <li>› First usage of “I”: “I am tired.”</li> </ul>
3 years	<ul style="list-style-type: none"> <li>› Vocabulary increases in leaps and bounds..</li> <li>› Questions (who, where, how, what, why): “Where is the child?” “Why has daddy left?”</li> <li>› The child can follow short stories</li> </ul>

In the coming years up to joining school, your child’s vocabulary will increase considerably; it will tell stories, tell about experiences and always be in a position to express its thoughts much better. At the end of the primary school period talking and understanding will be “fully automatic” and will happen faster.



Further information is available on  
 › [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)



### Imprint

**Publisher:** Federal Centre for Health Education (BZgA), Cologne

**Project manager/BZgA:** Department 1-11, Ute Fillinger

**Design:** www.bg-medienwerkstatt.de

**Editor:** Katharina Salice-Stephan

**Edition:** 4.9,1.11.13

**Printing:** Asterion Germany GmbH, Viernheim

**Status:** Oktober 2013

**Reference number:** 11041500

All rights reserved.

This leaflet can be ordered free of charge via [order@bzga.de](mailto:order@bzga.de), via BZgA, 51101 Cologne or online.

It is not meant for resale by the recipient or third parties.

Picture credits: [www.fotolia.com](http://www.fotolia.com) Title © cédric chabal, S. 2 © ungaryanu, S. 4 © Dron, puckillustrations, S. 5 © Anatoly Tiplashin



In cooperation with the National Centre on Early Prevention (NZFH)



# Learning how to speak\*

\* Did you know that a child can only learn how to speak when in close contact with people?



# Did you know...



**... that a child can only learn a language in close contact with people?** In order to learn a language, a child needs parents, siblings or other persons of reference who understand it, answer him and encourage its growing linguistic skills.

**... that it varies from child to child when and how fast it learns to speak?** Most children speak their first words at the age of 12 months, others take longer. Even among children who are developing normally, vocabulary at the end of the second year can lie in an incredible range. At the age of two, however, a child should be capable of saying at least 50 words.

**!** Your attention encourages your child to communicate with its environment and encourages its linguistic development.

**... that apart from hearing also seeing, feeling, smelling and tasting are important for linguistic development?** Children explore their environment with all senses: how does something feel, how does it taste, how does it smell, is it square or round, soft or hard, which form or colour does it have. All these different impressions stay in children's memories – together with the feelings which they experience and with words they hear.

**... that reading to children is enjoyable and it does them good?** Stories arouse children's fantasies and with it the child experiences many interesting things. At the same time, it enjoys being close to the mother or father and it can look how one can "talk" with the hands and face.

**... that joy and interest in speaking at each level is more important than "proper" speaking?**

**i** More information on child language development is available on [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

Your paediatrician will be glad to answer your questions.

## Support language development

### The 5 most important tips

**1 Give your child as much opportunity as possible to get involved in conversations in the family and to talk.** Opportunities present themselves while playing, during daily tasks, in the family circle. Talk to your child in simple words and sentences but do not use baby talk anymore.



**2 Let your child speak or blabber in its own manner even if in the beginning it is unclear.** Listen attentively to your child and try to understand it, what it is trying to tell you. Let the child speak, do not interrupt and answer him.

**3 Do not force your child to talk by not responding for instance when it doesn't express itself using words but by using facial expressions or hands.** Both are part of language development.

**4 Do not make fun of unusual formations of new words and do not constantly correct your child when it makes mistakes.** Respond rather to what your child wants to say and repeat what has been said in the correct form in passing.

**5 Ask your child what it sees, tastes, feels.** Ask encouragingly and help your child to carefully observe and expand its vocabulary. Avoid talking insistently to your child especially when it is tired or is not interested.

**!** Consult your paediatrician if you get the impression that your child clearly speaks and understands less than its age mates or its pronunciation is difficult to understand.





## Good to know

First of all, when a child learns different languages at the same time, language development can be less “polished” until early school age (e.g. smaller vocabulary or simpler sentence construction). Such “distinctive features” are normal and usually subside on their own after a while.

Get in touch with your paediatrician if you think that your child speaks and understands less than its age mates or its pronunciation is hard to understand.

SHORT. BRIEF.  
**INFO FOR  
PARENTS**

Further information is available on  
 > [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

### Imprint

**Publisher:** Federal Centre for Health Education (BZgA), Cologne

**Project manager/BZgA:** Department 1-11, Ute Fillinger      **Design:** www.bg-medienwerkstatt.de

**Editor:** Katharina Salice-Stephan

**Edition:** 4.9,1.11.13

**Printing:** Asterion Germany GmbH, Viernheim

**Status:** Oktober 2013

**Reference number:** 11041500

All rights reserved.

This leaflet can be ordered free of charge via [order@bzga.de](mailto:order@bzga.de), via BZgA, 51101 Cologne or online.  
 It is not meant for resale by the recipient or third parties.

Picture credits: [www.fotolia.com](http://www.fotolia.com) Title © reflektastudios, pg. 2 © wista45 pg. 4 © Andres Rodriguez., pg. 5 © Darren Baker



In cooperation with the National Centre  
on Early Prevention (NZFH)



SHORT. BRIEF.  
**INFO FOR  
PARENTS**

# Growing up in a multilingual setting\*

\* Did you know that children can learn several languages naturally?

Englisch **Mehrsprachigkeit**





## Did you know...



**... that children can naturally learn several languages?** Children can easily learn several languages simultaneously as well as first one language and then another language. According to specialists, this is a natural talent in humans.

**... that more and more children are growing up in a multilingual setting?** In many countries, children are growing up speaking more than one language. Even in Germany, bilingualism is widespread. In most cases, German is the second language.

**... that children learn a language more easily the earlier they begin?** In the first years, children can learn a second language as easily as their mother tongue.



More information about language development in children and multilingualism is available on

› [www.kindergesundheit-info.de](http://www.kindergesundheit-info.de)

Your paediatrician will be glad to answer your questions.

You can read about the most important levels when learning how to speak and how you can support your child here: **SHORT. BRIEF.-INFO FOR PARENTS** "The first word" and "Learning how to speak".

**... that growing up in a multilingual setting gives a child a big opportunity?** A child will never learn different languages this easily. Later in life, a child's multilingualism can provide major advantages.

**... that attention, joy of speaking and enough encouragement in both languages are the best fundamentals for successful multilingual development?**

## Support multilingual development

### The 5 most important tips

**1 Talk to your child in your own mother tongue.** As a mother or father, always use the language which best soothes and comforts the child and which shows it your affection. Usually this is your own mother tongue.

**2 Create clear "language rules" in case of bilingualism within the family.** Do not change and use the language in the family at random: It is important for your child to connect a certain language with a certain situation or with a certain person, e.g. Turkish with the mother, German with the father.

**3 Indulge your child from the beginning with your own language.** By sparking its interest in talking and offering it a good linguistic role model, you are supporting its linguistic development in its mother tongue. You are hence creating an important basis for successfully learning a second language simultaneously.



**4 Give your child early and frequently the opportunity to experience its second language and also apply it.** Under "daily conditions" the child learns the second language easily – at the playground, with friends at home, at the day care centre.

**5 If your child can not speak German at the time it joins a day care centre, continue communicating in your mother tongue.** That way, you are supporting your child to complete acquiring language skills in its first language. At the same time, give your child sufficient opportunity even outside the day care centre to play with German-speaking children so that it can learn German well.