



SLING CONSULTANCY

LET'S TALK BABYWEARING  
& SLING SAFETY

# ADD CARRYING TO YOUR PARENTING TOOLKIT

In those early days it may simply feel like all your baby wants to do is feed, cry, and not be put down - this is where using a baby carrier can really come into it's own. A sling can help with regulation, and may reduce crying. they can enable you to be more hands-free, allow baby to contact nap on the move, aid digestion by keeping baby upright after feeds, plus carrying is a natural oxytocin booster - those close cuddles are great for bonding which can even help to combat Postnatal Depression.



BUT, FOR SOMETHING SO  
NATURAL, BABYWEARING LIKE  
BREASTFEEDING, IS VERY MUCH  
A SKILL TO BE LEARNT...

In other cultures babywearing has very much been a way of life for centuries, so is a skill passed between generations, in our society to balance the demands of everyday life we have moved away from attachment parenting tools (until research has proven their value more recently) but as a result and as we have learnt increasingly about safety over the years, carrying needs re-teaching.

# WHERE DO I BEGIN?

Stretchy wraps, tying or a hybrid style carrier in the first 12 weeks will remind baby of being in the womb, as they are super soft and mouldable, meaning you'll get a guaranteed fit too. If baby is low-birth weight do seek support as how you tie and fit may look different.

Two-way stretch wraps like Liffy, Hana and Izmi or a caboo are more intuitive for learning than one-way stretch wraps. Some more structured carriers can work from newborn if they shrink enough. Many consultants offer sessions where you can explore a range and find what works best for you and baby before investing. Preferences can be very individual!



# SLING TYPES

Stretchy wraps- very mouldable, fab for newborn. One way stretch tied like a Woven may work better for premie. Hybrid - Stretchy alternatives - Caboo, Izmi, Boba Bliss, Neko tiny, Zensling - need to be well adjusted.

Ring Slings - one shouldered, work from newborn, lovely for breastfeeding mums, opt for all cotton, metal rings, and bands of colour for learning.

Don't want to learn how to thread? Why not try a mini monkey mesh!

Meh Dai / Half Buckle- tying shoulders (full meh dai tying waist, half Buckle has a Buckle waist) very mouldable can work from newborn, great if you can't get comfy with a full buckle or would like a Woven with less learning!

# SLING TYPES CONTINUED

**Onbuhimo** - a waistbandless carrier, most commonly used for back carrying once baby is sitting unaided, can be great if pregnant and carrying or you can't tolerate additional pressure on tummy, weight all on shoulders, quick to use.

**Woven Wrap** - like a more structured stretchy, more learning, but these are very versatile, you can do lots of different carries, they have good longevity, beautiful to look at and great if you want to master the art of babywearing

**Full buckle** - most mainstream, within this there are different styles - harness, apron, regular waistband, more padded vs lighter weight, often feel more familiar to use as they look a bit like rucksacks!

# IT'S IMPORTANT WE CARRY SAFELY

Positional Aysphixiation can be a serious and fatal consequence of sub-optimal carrying. So it's really important to position and wear baby safely. Just remembering the ABC's over the next few slides can really help set you on the right track. With each carry always do your safety checks and if something doesn't feel right you can ask me for further support!



JUST AS WITH PRAMS, COTS,  
CARSEATS, & COSLEEPING, IF SAFETY  
GUIDELINES AREN'T FOLLOWED WHEN  
CARRYING, RISKS TO A BABY'S  
HEALTH CAN UNFORTUNATELY OCCUR.

The benefits of using carrier tend to outweigh the cons, plus carrying is very instinctive - after all we are carrying mammals, so giving people the tools to carry safely is key.



# ABCs of CARRYING

**A is for Airways - aware and responsive**

If baby's face is fully in view (carrier supporting into nape of neck, no higher) and they are positioned nice and high, they are easy to monitor and it's therefore much easier for you to respond and meet their needs as you go. If your carrier is tightened correctly there will be no extra room for baby to slump down, keeping chin off chest.



# A LITTLE SCIENCE...

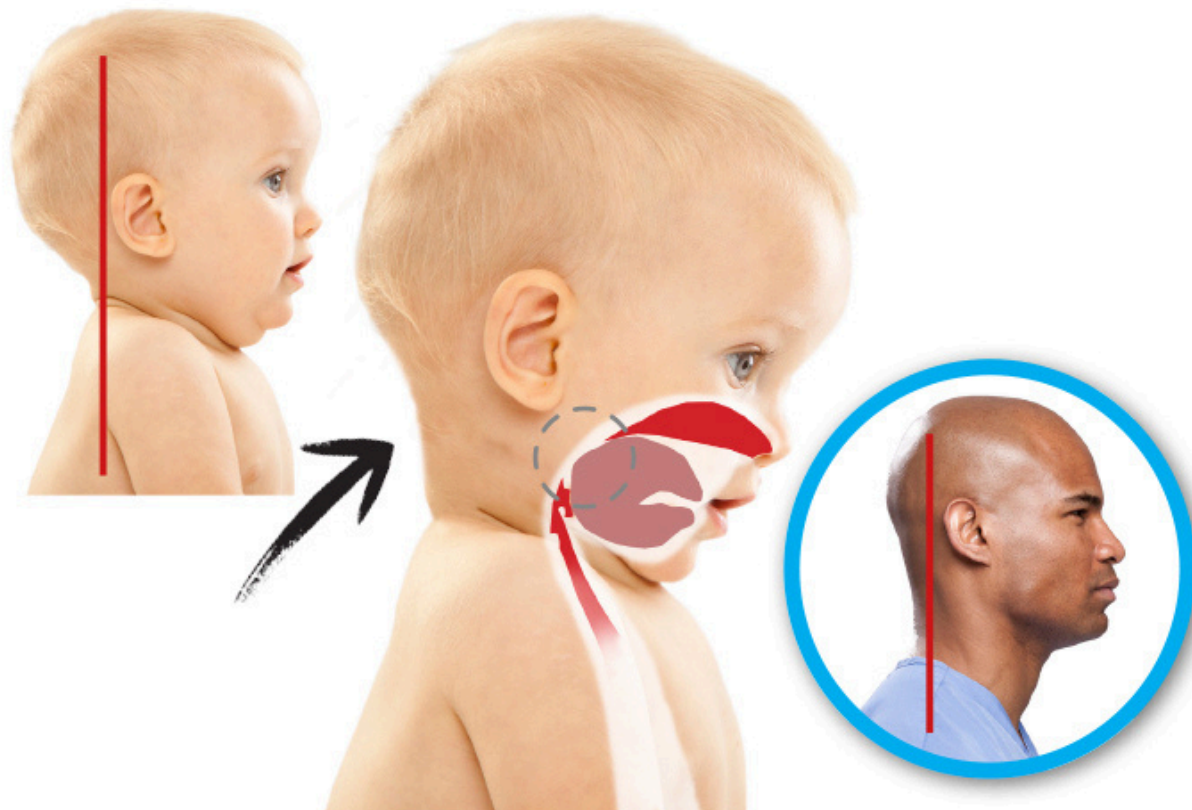
These graphics demonstrate how vulnerable small airways are if baby is positioned sub-optimally - remember baby's very much are still developing when born.

## Nature's Pillow

Your baby has a natural bulge at the back of the head unlike an adult therefore when something is placed behind baby's head and pushes it forward for example a pillow, retail product etc... it forces the baby's chin further forward than would happen on an adult and places the **Chin Onto Their Chest**.

This then pushes their larger tongue upwards against the vulnerable airway which compromises the **OXYGEN** route.

So being mindful of this important tube of life and keeping it clear is so important especially when **SLEEPING**.



tubes  
OF  
life  
Because Oxygen Matters

## Babies are not mini adults

Therefore their tube of life from their **NOSE** down to the lungs is very vulnerable to a situation that can restrict their **OXYGEN** supply.

All of these differences make their positioning, especially when **SLEEPING** so important.

breathe through  
nose for first 3-4  
months



tubes  
OF  
life  
Because Oxygen Matters

# ABCs of CARRYING

**B is for Body Positioning.**

A nice and properly tightened carrier / wrap will help keep good position. Over the next few slides we will cover some other things you'll want to be most aware of (spine, hips and hands) when positioning baby.



## **Access to hands**

It is very important for a baby to have access to their hands for chewing on, for teething. There are links between prehension development (grasping) and hand chewing.

Encouraging hands up by the face will be quite natural feeling for baby, they tend to bring them up when newborn scrunching, and such positioning can help to keep their chin off their chest too!

## Spine

The baby is born in a rounded position. The spine then straightens in three stages, from the top of the cord down, with this process takes about one year. We can tell as baby becomes more upright – baby will first lift their head well when lying on their back, then front, then they'll later learn how to sit and eventually walk.

If baby is supported knee to knee with a carrier panel and has a good pelvic tuck (legs are scooped up / higher than bum - think M shape) baby's spine will naturally curl into you (think J shape), a well tightened sling will then continue to hold this positioning well.

Our brains processes all stimuli received by the nerves. By keeping baby close you allow these stimuli to be all around baby. By carrying baby facing inwards, not only does it keep the spine curved for the most restful position, their Spinal fluid can then act as a cushion, protecting the nervous system from shock - only allowing baby to process so much when awake.

## Hips

The hip joint is a ball and socket joint. During the first few months of life the ball tends to be loose within the socket. The joint edges are soft like ear cartilage and babies are naturally flexible. If the hips are forced into a stretched-out position too early, the ball part can then be at risk of permanently deforming the edges of the cup shaped socket (hip dysplasia). It is worth highlighting however that narrow-based carriers can't cause hip conditions, but may exacerbate a pre-existing / diagnosed condition.

Ensuring your carrier is adjusted correctly to support baby knee-to-knee (no over-bunching material in knee-pits, or legs hanging down). If your baby's legs are particularly curled up looking at a different method of carrying with consultant support is recommended. Baby should be able to have full movement from the knee joints, so they can swing their legs and wiggle their toes!

# ABCs of CARRYING

**C** is for Comfort.

Think about the placement of waistband & straps, yours and baby's clothing, as its winter heating from the outside in (no pramsuits under carriers please!) will all help to make your carry feel great (as it should do!) Aching shoulders / back?! Your fit likely can be improved upon. In terms of baby's prolonged comfort consider the following...



## **Blood Flow – think about where pressure is being applied!**

Making sure blood flow is not compromised. Or when it is, it only is partially and for limited periods. This is where making sure the carriers reach the knee pits is important, as the tendons will protect blood flow.

By keeping the pressure point on the top of baby's bottom, rather than with weight on their legs (think narrow based carriers, legs dangling down) blood flow will be unhindered, and getting a deeper 'm' shaped seat will help with this positioning.



## Reflux

Each baby will vary greatly with the amount of pressure that can be applied onto the stomach. Reflux babies tend to prefer a straighter position for the first months of life. Digestion is made easier by having a vertical position (head above stomach).

*By having a chest to chest position baby's stomach can benefit from the person carrying heat. Some babies, however, might find this far too uncomfortable, if baby is crying a lot in the sling, and your positioning, fit, and comfort checks are good, I'd then recommend exploring different positioning in a consultancy setting.*

## **So how long can you carry for?!**

As long as you are both comfortable and happy. Using your carrier does count towards tummy time. Baby will generally need to come out for changes, feeds, and you'll likely want to give them some variety of activity throughout the day, and after a while you may be more than ready for a rest too. Never sleep while wearing your baby.

**Dressing baby** - your sling is at least 1 layer - as with a carseat wrap additional layers around the carrier not under so they don't compromise fit and can be easily removed if baby feels too warm / cold.

## **When can we place baby into other positions?**

*Off-centre or seated sideways* (now with guidance)

*Facing out* minimum of four months, good head control, head is completely clear of fabric, 30 minutes at a time (short bursts as quite stimulating) no sleeping in this position!

*Hip carry* with Stretchy, Ring Sling, or Buckle – once sitting unaided

*Back carry* once sitting unaided, from newborn if you're using a Woven or Meh Dai

## Some quick tips on feeding in the sling in consideration to baby's airways!

- Try and have feeding established before adding a sling into the mix too! Add space into the carrier, lower, or bring baby in from the side to position baby as desired (keeping their face fully visible at all times).
- Feeding isn't hands free – ensure your baby's head is always supported with one hand, and their hands are cupping your breast.
- Check baby's chin – you should be able to fit between 1-2 adult fingers underneath, and your baby's nose should be free to ensure a clear airway.
- Listen and look at your baby, if you are interrupted (classic doorbell goes) unlatch baby and reposition upright, do the same if baby falls asleep mid-feed or as soon as the feed is finished. While they are nursing listen for indications of distressed breathing / obstructed airways, unlatch and reposition if these things occur.





Scan the QR for link to my website, with services listed and give me follow me on Instagram

*I offer more budget fitcheck sessions, hire appointments, antenatal packages and more in-depth consultations if you'd like to compare a few carriers or learn something new- just email*

*hello@littlesnug.com or direct message on socials for more information!*