How to carry a baby correctly

Prepare before you lift the baby

Before picking up a baby, pause and make the movement predictable. If the baby is awake, speak softly or make eye contact so they are less likely to startle. Stand close to the cot, changing surface, or floor area, and remove anything that could catch on the baby or interfere with your grip. If you are carrying the baby after feeding, move slowly because abrupt handling may contribute to discomfort or regurgitation.

For a newborn or young infant, place one hand beneath the head and neck and the other beneath the upper back, bottom, or thighs. The head is relatively heavy compared with the rest of the body, and many babies cannot stabilize it independently. Keep the head aligned with the trunk rather than allowing it to fall backward, forward, or sharply to one side.

Bring the baby toward your chest as you rise, keeping them close to your center of gravity. Avoid lifting with one arm alone until the baby has reliable head and trunk control and you are confident that the position is stable. When lowering the baby, reverse the sequence: keep one hand supporting the head and neck, lower the body first, and release your hand only after the head is fully supported by the mattress or another safe surface.

If you are tired, dizzy, recovering from birth, or handling a baby near stairs, hot liquids, water, or cooking equipment, ask another adult to help. A stable environment and an unhurried transfer are part of safe carrying.

Support the head, neck, back, and hips

A baby should generally be held in a position that preserves a gentle, natural alignment of the spine. The neck should not be twisted, hyperextended, or forced into flexion. Support should be distributed across the baby's torso and pelvis rather than concentrated under the armpits or at the lower back.

When holding the baby upright against your chest, keep the baby's chest and abdomen in contact with you while maintaining space around the face. Your forearm or hand can support the bottom and pelvis, and your other hand can stabilize the upper back and neck. This provides newborn head and neck support while allowing you to monitor breathing and comfort.

For seated cradle holds, keep the baby's head supported in the bend of your elbow or against your forearm, with the head higher than the trunk when appropriate. The baby's face should remain uncovered and turned slightly to the side, not pressed into your chest, clothing, or a cushion. Do not use pillows, blankets, or soft padding to prop the baby's head during routine carrying unless a healthcare professional has given specific instructions.

Hip positioning also matters, particularly when a baby is carried for extended periods. The thighs should be supported, with the hips flexed and gently abducted so the legs form an M-shaped hip position rather than hanging straight down from the pelvis. Never force the legs apart, but avoid carriers that leave the thighs unsupported or compress the hips in an unnatural position. A healthcare professional can advise families concerned about hip development or a baby with a known orthopedic condition.

Keep the airway open at all times

Airway protection is the most important safety issue when carrying a baby. A baby's nose and mouth must remain visible and unobstructed. The face should not be covered by fabric, a blanket, the caregiver's breast or chest, or the baby's

own body. Check frequently because a position that appeared safe can change as the baby relaxes, shifts, or falls asleep.

Use the practical TICKS checklist recommended in guidance on sling and carrier safety:

Tight: The sling or carrier should hold the baby securely and close to your body, without loose fabric that allows slumping.
In view: You should be able to see the baby's face and check their breathing without moving fabric or opening the carrier.
Close enough to kiss: The baby's head should be high enough that you can easily kiss the top of their head.
Keep chin off the chest: There should be no persistent chin-to-chest position, which can narrow or obstruct the airway.
Supported back: The carrier should support the baby's back in an upright, well-aligned position without folding the body into a deep curve.

Reassess the airway whenever you change activities, sit down, bend forward, breastfeed, or reposition the carrier. If you cannot see the baby's face, feel that the baby is slumped, or notice noisy, labored, or unusually quiet breathing, stop and reposition the baby immediately. If normal breathing does not promptly return, seek emergency medical help.

Use slings and carriers thoughtfully

Select a sling or carrier that is appropriate for the baby's age, weight, developmental stage, and any relevant medical needs. Read the manufacturer's instructions and check whether the product requires an infant insert or has restrictions for newborns. A carrier that fits an older infant may not provide adequate head, neck, or airway support for a small newborn.

Before placing the baby inside, inspect the fabric, buckles, seams, straps, and adjustment points. Follow the product's fitting instructions and practice over a clear surface or with another adult nearby. The carrier should be snug enough to keep the baby upright and close, but it should not compress the chest or interfere with normal breathing. The baby's knees should generally be supported, and the thighs should not dangle without support.

Keep the baby facing inward during the early months unless the carrier's instructions and the baby's developmental abilities clearly support another position. Forward-facing carrying requires sufficient head and trunk control and still requires constant monitoring. Never allow a baby's face to turn into the caregiver's body or into carrier fabric.

Use extra caution when bending, exercising, traveling over uneven ground, or performing tasks that involve heat, sharp objects, chemicals, or sudden movement. A carrier does not replace attentive supervision. Do not assume that a sleeping baby is automatically positioned safely; airway checks remain necessary. Avoid covering the carrier with a coat, blanket, or other layer that could trap heat or hide the face.

Recognize unsafe positions and signs of distress

Common unsafe positions include a baby folded forward at the waist, a head unsupported and flopping backward, the face pressed against the caregiver, the chin resting on the chest, or the body hanging low in a loose sling. These positions may be difficult to notice if the carrier is covered or if the caregiver is distracted. Regular visual and tactile checks are therefore essential.

Watch for changes that suggest the baby needs repositioning or a break. These may include persistent coughing, gagging, wheezing, unusual breathing sounds, pallor or bluish discoloration, limpness, marked agitation, excessive sweating, or a head that cannot be kept in a safe position. Excess heat is another concern, particularly in warm rooms or when multiple layers are used. Feel the baby's back or chest and remove unnecessary layers according to the environment and professional guidance.

If the baby becomes difficult to rouse, has abnormal breathing, turns blue or gray, or appears severely unwell, remove them from the carrier and call emergency services. Do not delay urgent care while trying repeated adjustments. If the concern is less acute but recurring, stop using the carrier and discuss the situation with a pediatrician, health visitor, or other clinician.

Caregivers should also monitor their own balance and musculoskeletal comfort. Back, shoulder, wrist, or pelvic pain can indicate that the carrier is poorly

adjusted or that the carrying duration needs to be reduced. Pain, numbness, or weakness warrants professional assessment rather than pushing through it.

Adapt carrying to the baby and caregiver

Every baby has different tone, size, feeding patterns, and tolerance for handling. A baby who was born prematurely, has low muscle tone, respiratory disease, neurological concerns, reflux-related difficulties, or orthopedic issues may require individualized positioning advice. Ask the baby's healthcare professional before using a sling or carrier if there is any uncertainty about suitability.

Newborns often need shorter periods of carrying with frequent checks. As head and trunk control improve, the baby may tolerate more varied positions, but developmental readiness should guide changes rather than age alone. Always follow the carrier's minimum weight, maximum weight, and position requirements.

Respond to the baby's cues. If the baby turns away, stiffens, repeatedly cries, overheats, or appears uncomfortable, stop and reassess the fit and environment. Carrying should support responsive caregiving, not require the baby to remain in one position despite distress.

Shared carrying can reduce strain. Adjust straps while standing safely, change sides when the equipment permits, and take breaks. Another adult can check the baby's face and airway while you fasten the carrier. When you are carrying two responsibilities at once, such as holding a baby while opening a door, keep the baby close and avoid activities that require rapid balance corrections. Safe technique is a combination of correct positioning, continuous observation, and realistic limits.