

## How to hold a newborn safely



### Why newborns need special support

A newborn's head is proportionally large, while the neck muscles and postural control systems are immature. This means the head may fall backward, forward, or sideways if not supported. Sudden uncontrolled movement can startle the baby and may place unnecessary stress on the cervical spine and soft tissues. Safe holding is not about being rigid; it is about providing steady, continuous support while allowing the baby to rest in a natural position.

Newborns also have small airways. Their airway can become less open if the neck is sharply flexed, such as when the chin is pressed toward the chest. This is especially important during skin-to-skin care, feeding, babywearing, and sleepy cuddles. A safe hold keeps the baby's head aligned, face visible, and breathing unobstructed.

Another factor is thermoregulation. Newborns lose heat easily, particularly through the head and when undressed. Holding the baby close can be calming and temperature-supportive, but caregivers should still watch for overheating, poor positioning, or blocked breathing. If you are doing skin-to-skin care, ensure the baby's chest is against yours, the head is turned to one side, the neck is not bent, and you are awake and alert.

## **How to pick up a newborn safely**

Before lifting a newborn, make sure your hands are clean and that you are in a stable position. If you are standing, plant both feet. If you are sitting, bring the baby close before lifting rather than reaching awkwardly. Remove hazards such as dangling cords, hot drinks, unstable blankets, or pets near your feet.

Slide one hand under the baby's head and neck. Your palm and fingers should support the skull base and upper neck without pressing on the throat.

Place your other hand under the baby's bottom and lower back. This second hand carries much of the baby's weight.

Lift slowly with both hands at the same time. Keep the baby close to your torso rather than extending your arms away from your body.

Once the baby is against you, adjust into the chosen hold while maintaining head and neck support.

When putting the baby down, reverse the process. Lower the bottom and back first, keep supporting the head, and release your head-supporting hand last.

A common mistake is lifting a newborn by the hands, wrists, forearms, or under the armpits without head support. This can strain the shoulders and does not protect the head or neck. Another common mistake is transferring the baby quickly from one person to another. Instead, the receiving caregiver should already have both hands ready, and the baby should remain close to one adult's body until the other has secure support.

## **The cradle hold**

The cradle hold is one of the most familiar positions for soothing, bonding, and bottle-feeding. In this hold, the baby lies across your forearm with the head resting in the crook of your elbow. Your forearm supports the back, and your hand supports the bottom or upper thigh. Your other arm can provide additional support across the baby's body.

For a safe cradle hold, keep the baby's head higher than the bottom, with the neck in a neutral position. The face should be visible, and the nose should not be pressed into clothing, breast tissue, blankets, or your arm. If feeding,

bring the baby to the breast or bottle rather than leaning your body down toward the baby. This reduces caregiver strain and helps keep the baby aligned.

The cradle hold can feel less secure for very small newborns until you have practiced it. If the baby's head slides too low in the elbow crease, use your opposite hand to stabilize the head and upper back. If you feel tense, sit down and use pillows to support your forearms, but avoid placing loose pillows, blankets, or cushions around the baby in a way that could obstruct breathing.

### **The shoulder hold**

The shoulder hold is useful for burping, settling, and giving the baby an upright view of the environment. Hold the baby against your upper chest with the head resting near your shoulder. One hand supports the head and neck, while the other supports the bottom and back. The baby's chest should be against your chest, not dangling away from you.

In this position, airway visibility matters. Turn the baby's head gently to one side so the nose and mouth remain uncovered. Avoid letting the baby slump with the chin pressed tightly to the chest. If the baby is sleepy or you are drowsy, sit upright in a safe place and consider placing the baby in their safe sleep space rather than continuing to hold them while you might fall asleep.

For burping, use gentle rubbing or light patting on the back. There is no need for forceful pats. If your baby has reflux symptoms, feeding difficulty, poor weight gain, choking episodes, or breathing changes, ask a pediatric clinician for guidance rather than trying to solve it by changing holds alone.

### **The football hold and belly hold**

The football hold places the baby along your forearm at your side, with the head supported in your hand and the body tucked along your arm. This position can be helpful for breastfeeding, especially after a cesarean birth because it can reduce pressure on the abdomen. It may also be useful for caregivers with larger breasts or for supporting a baby who needs extra alignment during feeding.

To use the football hold safely, support the baby's head and neck with your

hand, keep the body close to your side, and use pillows only to support your arm, not to replace your hands. The baby's nose should be level with the nipple for breastfeeding, and the head should not be pushed forcefully toward the breast. If feeding is painful, the latch seems shallow, or the baby struggles to coordinate sucking, swallowing, and breathing, consult a lactation consultant or pediatric clinician.

The belly hold, sometimes called a colic hold, positions the baby tummy-down along your forearm, with the head near your elbow or supported by your hand. Your other hand should remain available to stabilize the baby. This can soothe some babies, but it is only for awake, supervised holding. It is not a sleep position. If the baby falls asleep, place them on their back in a safe sleep environment according to your healthcare professional's guidance.

### **The lap hold and seated support**

The lap hold is often the most comfortable position for new caregivers who are still building confidence. Sit with your back supported and knees together or slightly elevated. Lay the baby across your thighs, with the head near your knees and the feet toward your abdomen, or position the baby semi-upright against your thighs while you support the head and neck with both hands.

This hold is useful for talking to your baby, changing facial expressions, practicing gentle interaction, and calming. Because the baby is supported by your lap, you may feel more stable while learning how to manage the head and neck. Keep one hand behind the head and upper back until you are certain the baby is fully supported.

Never leave a newborn unattended on your lap, sofa, bed, or chair. Newborns can startle, stretch, or roll slightly sooner than expected, and a fall from an adult's lap can cause injury. If you need to reach for something, stand up, answer the door, or use your phone with both hands, place the baby in a safe location first.

### **Holding during feeding, soothing, and skin-to-skin care**

Feeding positions should maintain alignment from ear to shoulder to hip as much as possible. This helps the baby coordinate sucking, swallowing, and breathing.

Whether breastfeeding, chestfeeding, or bottle-feeding, avoid feeding a newborn lying flat unless a clinician has specifically recommended a technique for your situation. A slightly elevated head and supported trunk are typically safer and more comfortable.

During bottle-feeding, hold the bottle rather than propping it. Bottle propping can increase choking risk and reduces responsive feeding cues. Watch for signs that the baby needs a pause, such as milk leaking from the mouth, coughing, gulping, finger splaying, turning away, or changes in color or breathing. These signs do not diagnose a problem, but they are reasons to slow down and discuss feeding technique with a healthcare professional if they recur.

Skin-to-skin care can support bonding, breastfeeding initiation, and physiologic stability when done safely. The baby should be prone against an awake adult's chest, head turned to one side, neck extended enough to keep the airway open, shoulders and chest well supported, and face visible. If the adult becomes sleepy, another alert adult should supervise or the baby should be moved to a safe sleep surface.

### **Caregiver safety and confidence**

Safe newborn handling also depends on the caregiver's condition. Do not hold a newborn while walking on stairs if you feel dizzy, heavily sleep-deprived, sedated, intoxicated, or physically unstable. Postpartum recovery, blood loss, pain medication, and sleep deprivation can all affect balance and reaction time. It is responsible, not inadequate, to sit down or ask another adult for help.

If older siblings want to hold the baby, have them sit on the floor or in a stable chair with adult supervision. Place the newborn into the child's arms rather than allowing the child to lift the baby. Teach simple rules: support the head, keep the baby's face uncovered, stay seated, and tell an adult when they are done.

Confidence usually improves with repetition. Ask nurses, midwives, doulas, pediatricians, or lactation consultants to demonstrate holds and watch your technique. Hands-on coaching can quickly correct small issues such as the baby's head being too flexed, the body drifting away from your torso, or your

wrist carrying too much strain.