RealCare Program: Basic Infant Care Skills Curriculum

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The *Basic Infant Care Skills Curriculum* equips students with essential knowledge and skills for infant care, pregnancy awareness, and parenting. It emphasizes informed decision-making and healthy choices, covering caregiver roles, infant development, soothing techniques, and practical care tasks. Students also learn infant safety and first aid.

This curriculum empowers students to make informed choices about health, relationships, and family life as well as develop transferable career skills. Through engaging activities, it enhances critical thinking and communication skills, for a comprehensive, engaging educational experience.

Authors

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Curriculum Structure

The *Basic Infant Care Skills Curriculum* is composed of the following lessons. Approximate lesson times are included.

Lesson	Title	Approximate Time
One	The Important Role of the Caregiver	80-95 minutes
Two	Infant and Toddler Development	75 minutes
Three	Preventing Shaken Baby Syndrome	85-100 minutes
Four	Holding and Feeding	85-125 minutes
Five	Bathing and Diapering	90-105 minutes
Six	Infant Emergency Care and First Aid	190-215 minutes
Seven	Attachment/Autonomy: Trust and Brain Development	90-105 minutes
Eight	Nurture and the Importance of Play	80 minutes
Nine	Pregnancy and Prenatal Development	60-80 minutes
Ten	Alcohol, Drug Exposure, and Fetal Development	55-130 minutes
Eleven	Responsibilities Relating to Infant Care and Costs	110-140 minutes
Twelve	The Reality Is… Impact of a Baby on Goals, Relationships, and Time	45-65 minutes
Thirteen	RealCare Baby® Simulation Experience – Part 1	45 minutes
Fourteen	RealCare Baby® Simulation Experience – Part 2	45 minutes
Fifteen	Summary and Assessment	75 minutes
	Total	**14-25 hours**

Lesson Structure

Each lesson begins with a Lesson Overview, Lesson Objectives, and a Lesson at a Glance table, which lists lesson activities, materials required, suggested preparation steps, and approximate class time.

Lesson Sections

The actual lesson follows the overview, which contains some of the sections described below.

FOCUS
Every lesson begins with a FOCUS activity intended to capture participants' attention. This may be in the form of a small or large class discussion, a game, a demonstration, or a review of previous lesson information. During this activity, participants are introduced to the topic of the lesson.

LEARN
The LEARN activity in each lesson varies in its presentation mode. It may be a slide presentation, group activity, or demonstration.

REVIEW
The majority of lessons end with a REVIEW activity intended to briefly review the lesson's key messages or main points.

Lesson One – The Important Role of the Caregiver

Lesson Overview

In this lesson, students will explore the essential qualities and responsibilities of caregivers. They will gain an understanding of the unique needs and developmental stages of infants and young children. Students will also learn effective caregiving techniques and positive discipline strategies.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify and describe the characteristics of effective caregivers suitable for infants and young children
- Recognize and explain age-appropriate behaviors and developmental milestones in children
- Apply appropriate discipline techniques that encourage positive behavior modeling

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• *Important Role of the Caregiver* slide presentation (slides 1-9) • *Caregiver Self-Assessment*	1. Prepare the slide presentation. 2. Print the *Caregiver Self-Assessment* (one per student).	20 minutes
LEARN	• *Caregiver Characteristics* (slides 10-20) • *Caregiver Scenarios*	1. Prepare the slide presentation. 2. Print the *Caregiver Scenarios* (one per student).	45 minutes
REVIEW	• *Role of the Caregiver Quiz* • *Role of the Caregiver Quiz* – Answer Key • *Caregiver Scenarios Role-Play*	1. Print the five copies of the *Caregiver Scenarios Role-Play* (one per small group). 2. Print the quiz (one per student). 3. Access the quiz answer key.	15-30 minutes

Lesson One – The Important Role of the Caregiver

FOCUS: Introduction to Caregivers

20 minutes

Purpose:

This lesson is designed to capture the students' attention and spark their interest in understanding the vital role of caregivers.

Through interactive discussions and scenario-based activities, students will explore what qualities make a good caregiver and begin thinking about the responsibilities of caring for infants and young children. This section sets the stage for a deeper exploration of caregiver characteristics.

Materials:

- *The Important Role of the Caregiver* slide presentation (slides 1-9)
- *Caregiver Self-Assessment* worksheet

Facilitation Steps:

1. Distribute and explain the purpose of the *Caregiver Self-Assessment*: "Before we dive into our discussion about caregivers, let's take a moment to reflect on our understanding and attitudes toward caregiving."
2. Instruct students to individually complete the self-assessment by answering the provided questions honestly, based on their current knowledge and attitudes.
3. After students complete the self-assessment, ask them to take a moment to review their responses. Encourage students to consider their answers and think about why they chose those responses.

   This reflection is an opportunity for self-awareness and a starting point for our discussion about caregivers.
4. Share the lesson objectives and purpose of this section: "We will explore what qualities and characteristics make a good caregiver and discuss why caregivers are essential in child development."
5. Initiate a class discussion by asking students: "What do you think makes a good caregiver?" Students can use the self-assessment to help organize their thoughts.

   Encourage students to share their thoughts and experiences regarding caregivers they have encountered. Actively listen to student responses and use probing questions to delve deeper into their perspectives.

   Highlight key points such as empathy, responsibility, and patience as qualities of a good caregiver.
6. Transition to the slide presentation to reinforce the discussion and briefly overview what they will learn about caregivers.

   Slide 1: The Important Role of the Caregiver

   Slide 2: Introduction
   Caregivers attend to the needs of children at preschools, nursery schools, businesses, childcare centers, and private homes. In these settings, it generally involves nurturing and teaching children ages five and younger, but may also include school-aged children, who come before and after the school day and during summer school break.

   In addition to ensuring the safety and wellbeing of a child, a good caregiver attends to the emotional, intellectual, and creative needs of children.

   Caregivers should be enthusiastic and involved as they organize stimulating and interesting activities, manage creative play times, and supervise interaction with other children.

   Caregivers must also know how to communicate with infants and toddlers at their level of understanding in a nurturing and positive manner.

Slides 3-4: What Is a Caregiver?
Caregivers must keep records of each child's progress, including daily observations and information about activities, meals served, and medications administered.

Caregivers must discuss the child's development and needs with the parents, who may feel left out of their children's day-to-day lives.

Caregivers instruct children in health and personal habits, such as eating, resting, and toilet habits. They also identify signs of emotional or developmental difficulties in children and bring them to parents' or guardians' attention.

Slide 5: The Importance of a Caregiver
Being a caregiver can be physically and emotionally draining. The caregiver will find that they are continually bending down, picking up, standing, lifting, or carrying small children.

Infants and toddlers may cry or scream for little reason. They have little or no control over their bodily functions and require a great deal of attention and nurturing.

Even with these challenges, caregivers work with infants and toddlers because they love them and enjoy being an important part of their physical, intellectual, emotional, and social development.

The early childhood years are the most crucial in a person's intellectual and emotional development and often shape a child's first memories.

Caregivers see the importance of this role and have a strong desire to be a part of that special time in every person's life.

7. Divide the class into small groups. Instruct each group to read the scenarios and discuss how they would respond in each situation. Encourage students to consider what qualities or characteristics are important in handling these caregiving situations.

   Slide 6: Caregiver Scenario 1
   You are babysitting a three-year-old child, and they have lost their favorite teddy bear. They are upset and cannot fall asleep without it. How would you comfort and help the child find their beloved toy while creating a sense of security for the child without their teddy bear?

   Slide 7: Caregiver Scenario 2

   While caring for a two-year-old, they suddenly throw a temper tantrum in public. How would you handle the situation and help the child calm down?

   Slide 8: Caregiver Scenario 3

   You are watching a group of children playing in a park, and you notice one heading towards a busy road. What actions would you take to ensure the child's safety?

   Slide 9: Caregiver Scenario 4

   A four-year-old you are looking after starts crying and missing their parent, who is at work. How would you comfort the child and help them cope with their emotions?

8. Students will share their answers out loud, and this will set them up for the activity they will complete next.

Name: _____ Class: _____

Caregiver Self-Assessment

Instructions: Answer the following questions honestly based on your current understanding and attitudes toward caregivers and their role in child development.

How confident are you in your knowledge of caregiving responsibilities?	1 = Not Confident at All 2 = Slightly Confident 3 = Moderately Confident 4 = Very Confident 5 = Extremely Confident
What qualities or characteristics do you think make a caregiver effective in caring for infants and young children? List at least three.	1. 2. 3.
How important do you believe caregivers are in shaping a child's development?	1 = Not Important 2 = Somewhat Important 3 = Neutral 4 = Important 5 = Extremely Important
What is your current attitude toward the responsibilities of caregivers, such as feeding, diapering, and soothing infants?	1 = Strongly Negative 2 = Somewhat Negative 3 = Neutral 4 = Somewhat Positive 5 = Strongly Positive
How comfortable do you feel in your ability to care for an infant or young child if you were tasked with this responsibility?	1 = Not Comfortable 2 = Slightly Comfortable 3 = Moderately Comfortable 4 = Very Comfortable 5 = Extremely Comfortable
Have you ever been in a caregiving role for a younger sibling, relative, or family member? If yes, please briefly describe your experience. If no, write "N/A."	

Lesson One – The Important Role of the Caregiver

LEARN: Caregiver Characteristics

45 minutes

Purpose:

This lesson is designed to capture the students' attention and spark their interest in understanding the vital role of caregivers. Through interactive discussions and scenario-based activities, students will explore what qualities make a good caregiver and begin thinking about the responsibilities of caring for infants and young children. This section sets the stage for a deeper exploration of caregiver characteristics.

Materials:

- *Caregiver Characteristics* slides 10-19
- *Caregiver Scenarios* worksheet

Facilitation Steps:

1. Begin with an introduction to caregiver characteristics, using slides 10-19 to highlight key qualities, such as empathy, patience, responsibility, and attentiveness.

   Slide 10: Caregiver Characteristics

   Characteristics important in caring for an infant or toddler include:

   - Empathy and nurturing
   - Decision-making skills
   - Patience
   - Safety and health consciousness
   - Communication skills
   - Ability to handle stress
   - Understanding of child developmental stages

   Slides 11-12: Empathy and Nurturing

   Empathy is the ability to put oneself in the position of another and try to understand how that person feels, to have sympathy and compassion for another person.

   Nurturing involves giving tender care and protection while showing love, support, concern, and encouragement.

   Slides 13-14: Decision-Making Skills

   Caregivers encounter many different situations with infants and toddlers. Each situation requires that a caregiver be able to evaluate the situation and determine the best course of action to take:

   - Identify the problem: What do you need to decide?
   - List the various solutions: What are your choices?
   - Evaluate each solution: Consider the positive and negative outcomes
   - Choose the best solution

   Slide 15: Patience

   Infants and toddlers can test your patience. They dawdle, they may refuse to do what you want or need them to do, and they often want to do the same things over and over.

   Patience is the ability to endure waiting or delay without becoming annoyed or upset, to persevere calmly when faced with difficulties.

   Slide 16: Safety and Health Consciousness

   Caregivers must be continually alert to ensure that there are no safety hazards near an infant or toddler, and that children are not engaging in dangerous activities.

   Caregivers must know how to perform basic first aid and infant and toddler cardiopulmonary resuscitation (CPR). They should also be able to determine whether there is a medical emergency, and how to respond quickly and appropriately.

Slide 17: Communication Skills

Good communicators help guide the actions of children in a positive manner. If children misbehave, be sure they understand that you do not dislike them, even though you do not like their behavior.

Use positive feedback to reinforce good behavior such as, "I like how you picked up your toys after playing with them." Use corrective feedback to stop or change misbehavior, to tell the child what they should do, what the appropriate thing to do is, or what you would like them to do.

Corrective feedback uses positive requests in a respectful manner. For example, "Sally, please draw the picture on your own paper," rather than saying, "Do not draw on Billy's paper."

Here are some basic guidelines when communicating with children:

Be Respectful: When you treat children with respect, you are modeling the behavior you expect from them. They in turn will treat you with respect. Use "please" and "thank you." Do not call them names or say they are bad. This can hurt a child's feelings and does not help a situation.

Keep it Simple: Children may have a hard time understanding long instructions or long words. Speak at a level that is easy for a child to understand. Keep your sentences short and simple.

Listen: Look at the child when he or she is talking to you. If possible, bend down so you are at eye level with the child. If you are not able to do what the child wants or you need to focus your attention on something else first, let the child know that you heard their request.

Remain Calm: Even if you are angry or frustrated with an infant or a toddler, use a calm voice and remain calm. If you need to, take a minute for yourself, and take a deep breath and count to 10.

Slide 18: Ability to Handle Stress

Sometimes children may misbehave. This may be an indication that they need help controlling their behavior and expressing themselves in a positive way.

Remember that an infant is not capable of misbehaving. However, when a toddler, preschooler, or school-aged child misbehaves, you have three courses of action you can take:

- You can ignore it.
- You can say something to correct the child and change the behavior, telling the child what you would like them to do instead.
- You can physically take control of the situation. This is reserved for situations in which the child is doing something that is a threat to themselves or others. For example, if a child is hitting or biting another child, you should gently grasp the child's arm and tell them that they are not allowed to do that. If the child appears to be angry, ask why they are angry and talk the situation through. If the child is about to throw an object at someone, take the object away.

As the caregiver, you need to decide which course of action is most appropriate, and then take it. Remind the child that it is the behavior, not the child that you do not like.

Children need to know that you will not stop liking them if they misbehave. Use positive feedback to help guide children before they misbehave and make positive and respectful requests when they misbehave.

Modeling respect helps children see how they should behave with you and with each other. Never make fun of, hit, spank, shake, or shout at a child, no matter how frustrated you become with their behavior.

Slide 19: Understanding Developmental Stages

All infants and toddlers pass through standard stages of development at specific ages. However, because all infants and toddlers are different, they may not be at the same developmental level as others, even though they are the same age.

Some children progress faster, others slower. Caregivers need to understand the stages of development and the abilities of the children in their care.

2. Engage students with real-world examples and scenarios that illustrate the importance of these qualities in caregiving.
3. Facilitate a class discussion on the significance of caregivers in child development. Encourage students to share personal experiences or stories related to caregivers who have positively impacted their lives.
4. Discuss the responsibilities and challenges that caregivers face in nurturing and caring for children in a related occupation.
5. Divide students into small groups and distribute the *Caregiver Scenarios* worksheet to each group.
6. Instruct each group to analyze the provided scenarios and discuss how an effective caregiver would respond. Encourage groups to consider the caregiver characteristics discussed in the presentation.
7. Facilitate a class discussion in which each group shares their analysis and conclusions.

Name: _____ Class: _____

Caregiver Scenarios

Instructions: Discuss each scenario and brainstorm practical and empathetic responses to handle the caregiving challenges presented in each situation. Record your responses and be prepared to share your group's insights and strategies.

Scenario	Your Response
Mealtime Struggle A three-year-old child is being very picky at mealtime, refusing to eat vegetables and throwing a tantrum. How would you encourage healthy eating habits, manage mealtime behavior, and ensure the child gets proper nutrition?	
Bedtime Challenge You are tasked with getting a one-year-old to bed for a nap. The baby is wide awake and resistant to sleep. What strategies would you employ to establish a bedtime routine that helps the infant relax and fall asleep peacefully?	
Stubborn Diaper Change You are changing the diaper of a one-year-old, but they keep squirming and resisting. How would you safely complete the diaper change while keeping the child calm?	

Lesson One – The Important Role of the Caregiver

REVIEW: Caregiver Role-Play

15-30 minutes

Purpose:

This section aims to consolidate students' understanding of the important role of caregivers and the characteristics that define effective caregiving.

Through engaging activities, students will reflect on the lesson's key messages and identify how these insights can be applied in practical caregiving situations.

Materials:

- *Role of the Caregiver Quiz*
- *Role of the Caregiver Quiz* – Answer Key
- *Caregiver Scenarios Role-Play*

Facilitation Steps:

1. Divide the class into five small groups and assign each group one of the five scenarios on the *Caregiver Scenarios Role-Play* worksheet.

   Alternatively, have each group choose one from the worksheet. Instruct each group to assign roles within the scenarios they have, including a caregiver and child in the scenario.

2. Encourage students to perform a role-play based on the scenario as it is written.
3. Have students role-play the same scenario a second time, assigning new students to the various roles. This time they should incorporate the caregiving techniques and characteristics discussed in the lesson.
4. After each role-play scenario activity, reconvene as a class. Facilitate a discussion where students share their observations and reflections on the role-play.

   Encourage them to identify effective caregiving behaviors and any challenges they encounter.

5. Emphasize the importance of empathy, patience, and responsibility in caregiving, drawing from the lesson's content.
6. Encourage students to discuss how these characteristics can positively impact the care of infants and young children.
7. Distribute the *Role of the Caregiver* to students and give them two to three minutes for completion.
8. Share answers from the answer key with students.

Caregiver Scenarios Role-Play

Scenario 1
Kris is two years old and is starting his first day at Aria's childcare center. As Kris approaches with his father, Aria greets them and stoops down to look Kris in the eyes. She smiles and tells him her name. As the father leaves, Aria shows Kris around the room and explains the rules of behavior. She introduces Kris to the other two-year-old children and asks him to choose a toy he would like to play with until snack time.

Kris chooses a toy that another toddler is playing with and grabs it from her. Aria scolds Kris in a loud voice and tells him to apologize to the other child. Kris begins to cry. She comforts him and asks him what is wrong. He is crying too hard to answer, so she sits him down in a chair and tells him he can play when he is ready stop crying and start acting nice.

Scenario 2
Aaron is six weeks old and is being cared for by his aunt, Kristen, while his mother works three days per week. Aaron gets fussy around 3:00 p.m. and tends to cry nonstop until his mother picks him up after work. Aaron spits up quite a bit when he is fed. Kristen makes a note to mention this to Aaron's mother; it could be a problem with acid reflux.

Today, Kristen noticed that Aaron refuses to take the bottle and cries more than usual. She checks to make sure he is dry and that he does not have a fever. She tries to get him to look at a mobile in his crib and holds a mirror to his face, hoping to distract him. Neither of these tactics work. Aaron continues to cry. In frustration, Kristen goes into the other room to wait for him to stop crying.

Scenario 3
Lanita is three years old and loves to play with her caregiver, Patricia. Patricia is the childcare provider for eight children. Lanita likes to follow Patricia around and help her take care of the infants in Patricia's care. Lanita tends be whiny around the other children. She gets angry easily if she does not get her way. One day, Patricia notices that Lanita has been taking the snacks away from the little girl she sits next to during snack time. Patricia explains to Lanita that she is not allowed to take other children's snacks or food at any time. She tells Lanita that it is important to not take other people's food. Lanita replies that she is hungry. Patricia explains that if Lanita is still hungry after her snack, she should let Patricia know, so Patricia can give her some more.

Later that day, Patricia sees that Lanita is angry over a toy that someone else has and that she wants. Patricia asks Lanita why she is angry. Lanita explains that she wanted to play with that toy. Patricia responds by saying that she understands what it is like to want something that someone else has, but that Lanita needs to be patient and that she can have a turn with the toy later. She gets Lanita interested in another activity.

Scenario 4
Jordan is caring for three children at the home of his neighbors: Lori (18 months), Carl (three years old), and Jessica (six years old). Jordan decided that going to the park down the street would be a good way to spend the afternoon. Jordan announces the plan right after lunch. He tells Carl and Jessica to get their shoes and jackets on while he changes Lori's diaper and gets her ready to be put into the stroller.

Carl is tired after lunch and wants to stay home and watch TV. Jordan tells him it's time to get going and he can watch TV later. After Jordan changes Lori's diaper and has her ready to go, he notices that Carl is still putting on his shoes. Carl is just learning how to put on his shoes and wants to show Jordan.

Jordan tells Carl that they do not have time for that. He puts Carl's shoes on for him. Carl becomes angry, begins to cry, and pulls off his shoes. Jordan becomes angry and tells Carl that if he does not keep his shoes on, he cannot come to the park. Carl is glad to be able to stay home and watch TV, not fully understanding that he will be left alone and might become afraid.

Jordan puts Carl in front of the TV to watch a half-hour show and decides that he will take Lori and Jessica down a couple of houses and then check back to see if Carl changes his mind while they are gone. In the meantime, the children's mother calls and Carl answers the phone. She is very concerned that Jordan has left Carl alone while he brought the others to the park.

Scenario 5
Juan is six months old and goes to a childcare program each day. Juan is a good-natured infant and very easy to care for. When Juan's mother comes to pick him up from childcare, she asks how Juan did. The provider explains that Juan slept most of the day in a swinging crib. She seems very pleased at how easy Juan is to care for.

As Juan's mother gets home, she notices that Juan's head is beginning to get flat in the back. She realizes that Juan is spending most of the day sleeping, and this may explain the sleepless nights he has been having since he started going to the childcare center.

Name: _____ Class: _____

Role of the Caregiver Quiz

Instructions: Read each question and choose the best response.

1. What is the role of empathy in caregiving?
   A. Making quick decisions
   B. Understanding and caring about others' feelings
   C. Providing first aid
   D. Enforcing strict rules

2. How should caregivers approach decision-making in caregiving situations?
   A. Always choose the solution they like the most
   B. Quickly react without evaluating options
   C. Identify the problem, list solutions, evaluate them, and choose the best one
   D. Let children make all the decisions

3. What is essential to maintaining patience when caring for infants and toddlers?
   A. Reacting emotionally to challenges
   B. Becoming annoyed or upset easily
   C. Staying calm and persevering during difficulties
   D. Ignoring the child's behavior

4. Why is safety awareness important for caregivers?
   A. It helps them enforce strict rules
   B. It ensures children always get what they want
   C. It prevents accidents and injuries to children
   D. It encourages children to take risks

5. What are some guidelines for effective communication with children?
   A. Use complex words to enhance their vocabulary
   B. Keep sentences long and detailed
   C. Be respectful, keep it simple, and listen
   D. Speak loudly to ensure they hear you

Role of the Caregiver Quiz – Answer Key

1. What is the role of empathy in caregiving?
   A. Making quick decisions
   B. **Understanding and caring about others' feelings**
   C. Providing first aid
   D. Enforcing strict rules

2. How should caregivers approach decision-making in caregiving situations?
   A. Always choose the solution they like the most
   B. Quickly react without evaluating options
   C. **Identify the problem, list solutions, evaluate them, and choose the best one**
   D. Let children make all the decisions

3. What is essential to maintaining patience when caring for infants and toddlers?
   A. Reacting emotionally to challenges
   B. Becoming annoyed or upset easily
   C. **Staying calm and persevering during difficulties**
   D. Ignoring the child's behavior

4. Why is safety awareness important for caregivers?
   A. It helps them enforce strict rules
   B. It ensures children always get what they want
   C. **It prevents accidents and injuries to children**
   D. It encourages children to take risks

5. What are some guidelines for effective communication with children?
   A. Use complex words to enhance their vocabulary
   B. Keep sentences long and detailed
   C. **Be respectful, keep it simple, and listen**
   D. Speak loudly to ensure they hear you

Lesson Two – Infant and Toddler Development

Lesson Overview

In this lesson, participants explore the stages of physical, intellectual, emotional, and social development in children from birth through three years of age. The lesson will emphasize the significance of play in a child's growth and development. Participants will learn how to respond appropriately to infants and toddlers based on their developmental abilities and identify age-appropriate toys for children.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify the physical, intellectual, emotional, and social (PIES) development milestones in infants and toddlers
- Describe the importance of play in a child's growth and development
- Respond appropriately to infants and toddlers based on their developmental abilities
- Identify and select appropriate toys for children at various stages of development

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Infant and Toddler Development* slide presentation (slides 1-10) • *Infant and Toddler Development Quiz* • *Infant and Toddler Development Quiz* – Answer Key	1. Prepare the *Infant and Toddler Development* slide presentation. 2. Print the *Infant and Toddler Quiz* (one per student).	15 minutes
LEARN	• *Infant and Toddler Development* (slides 11-35) • *Ages and Needs* worksheet	1. Prepare the *Infant and Toddler Development* slide presentation. 2. Print the *Ages and Needs* worksheet.	30 minutes
REVIEW	• *Appropriate Toys* worksheet • *Toys and Toy Safety* worksheet • *Toy Box Team Showdown* slide presentation • *Toys and Toy Safety Game Sheet* • *Infant and Toddler Development* (slides 37-38) • ~~*Toy Box Team Showdown* slide presentation~~	1. Print the *Appropriate Toys* and *Toys and Toy Safety* worksheets (one per student). 2. Prepare the *Toy Box Team Showdown* and *Infant and Toddler Development* slides for viewing. 3. Print five or six *Toys and Toy Safety Game Sheet* worksheets (one per small group).	30 minutes

Lesson Two – Infant and Toddler Development

FOCUS: Introduction to Infant and Toddler Development

15 minutes

Purpose:
This lesson is designed to engage participants and introduce the topic of infant and toddler development, highlighting the significance of understanding development for providing appropriate care.

Materials:
- *Introduction to Infant and Toddler Development* slide presentation (slides 1-10)
- *Infant and Toddler Development Quiz*
- *Infant and Toddler Development Quiz –* Answer Key

Facilitation Steps:
1. Distribute the quiz on infant and toddler development to each participant. Explain that this pre-assessment will help them reflect on their current knowledge and any misconceptions about child development.

   Encourage participants to complete the questionnaire individually, answering to the best of their ability.

2. After participants complete the pre-assessment, collect the quizzes. Lead a discussion based on the insights and responses shared by participants.

   Invite participants to share their thoughts on what they believe are the crucial aspects of infant and toddler development and any misconceptions they may have identified in their answers.

3. Use the slide presentation to reinforce introductory concepts of developmental stages.

   Slide 1: Introduction Slide

Slides 2-3: Significance of Understanding Development
Understanding infant and toddler development is a fundamental aspect of caregiving and equips caregivers with the knowledge and insight to provide young children with the best care and support.

By understanding developmental stages, caregivers can tailor their care to meet the unique needs of each child. This knowledge allows caregivers to respond appropriately to a child's physical, intellectual, emotional, and social developmental milestones.

It also helps prevent unrealistic expectations and fosters a nurturing and supportive environment.

Slides 4-5: Developmental Stages (PIES)
Development in children occurs across multiple domains, commonly referred to as PIES: Physical, Intellectual, Emotional, and Social. Each domain is vital in shaping a child's growth and behavior.

Slide 6: Age-Appropriate Development
Age-appropriate development is a critical concept for caregivers to grasp. It is the idea that children of different age groups have distinct developmental needs and milestones.

Understanding these differences allows caregivers to provide tailored care and support to meet the evolving requirements of children as they grow.

Slide 7: Infants (0-6 Months)
During this stage, infants are focused on developing basic motor skills, like grasping objects and rolling over. They rely heavily on sensory experiences, such as touching and exploring their surroundings.

Slide 8: Babies (6-12 Months)
As babies grow, they become more mobile and curious. They start to engage in active exploration of their environment, often through crawling or early steps.

Slide 9: (Toddlers 1-3 Years)
Toddlers are in the process of developing language skills and motor coordination. They also begin to explore social interactions.

Slide 10: Age-Appropriate Development
Understanding these distinctions in development across age groups helps caregivers select toys, activities, and caregiving approaches that align with a child's current stage of growth. This ensures the child receives the most appropriate and beneficial care and support.

Name: _____ Class: _____

Infant and Toddler Development Quiz

Instructions: Answer the questions based on your current knowledge. Choose what you believe is the most appropriate answer for each question.

1. Which of the following is critical to infant and toddler development?
   A. Learning to drive a car
   B. Developing social skills
   C. Learning to read and write
   D. Learning advanced mathematics

2. What is the importance of understanding infant and toddler development for caregivers?
   A. It is not essential for caregivers to understand development
   B. It helps caregivers set unrealistic expectations for children
   C. It enables caregivers to provide appropriate care and support
   D. It focuses only on physical growth

3. Which age range typically defines the toddler stage of development?
   A. Birth to 1 year
   B. 1 to 3 years
   C. 5 to 7 years
   D. 8 to 10 years

4. Why is play important for a child's growth and development?
   A. Play is a waste of time and has no benefits
   B. Play helps children develop physical skills only
   C. Play supports cognitive, social, and emotional development
   D. Play is primarily for entertainment and does not contribute to development

5. Which of the following is an example of a suitable infant and toddler toy?
   A. A complex puzzle with small pieces
   B. A soft plush toy with no small parts
   C. A board game for teenagers
   D. A toy with sharp edges

Infant and Toddler Development Quiz – Answer Key

1. Which of the following is critical to infant and toddler development?
   A. Learning to drive a car
   B. **Developing social skills**
   C. Learning to read and write
   D. Learning advanced mathematics

2. What is the importance of understanding infant and toddler development for caregivers?
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5. Which of the following is an example of a suitable infant and toddler toy?
   A. A complex puzzle with small pieces
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   C. A board game for teenagers
   D. A toy with sharp edges

Lesson Two – Infant and Toddler Development

LEARN: Physical, Intellectual, Emotional, and Social Development

30 minutes

Purpose:

This lesson aims to educate students about the developmental stages of infants and toddlers, highlighting the importance of play in their growth.

The lesson aims to prepare students for responsible and informed infant care by deepening their understanding of child development and emphasizing the role of play in nurturing a child's development.

Materials:

- *Infant and Toddler Development* (slides 11-35)
- *Ages and Needs* worksheet

Facilitation Steps:

1. Distribute the *Ages and Needs* worksheet to students. Using information shared in the slide presentation, students will complete this worksheet by the end of class.
2. Go through the slide presentation, discussing each development aspect, including physical milestones, intellectual growth, emotional development, and social interactions (slides 11-28).

   Encourage students to actively participate by asking questions and sharing their observations or experiences. Incorporate the scenarios in the presentation to illustrate key points.

   Encourage students to think critically about how developmental milestones affect the behavior and needs of infants and toddlers.

   Slide 11: Physical, Intellectual, Emotional, and Social Development

   Slides 12-17: Physical Development

   Slides 18-22: Intellectual Development

   Slide 23-25: Emotional Development

   Slide 26-28: Social Development
3. Wrap up this section with an optional video. There are many to choose from on YouTube. Here are a couple suggestions:

   Baby Development Milestones in the First Year (3:22)
   https://www.youtube.com/watch?v=TtnhsOAG7vI

   Toddlers: Development and Parental Guidance (12:06)
   https://www.youtube.com/watch?v=BhwGIbgbukI&t=25s
4. Explain that this part of the lesson will focus on the role of play in promoting child development.
5. Using slides 29-37 of the presentation, emphasize that play is a fundamental aspect of a child's growth and learning.

   Slide 29: Importance of Play

   Slides 30-31: Introduction to Play

   Slides 32-33: Play as a Learning Tool

   Slides 34-35: Emotional and Social Growth Through Play
6. Share an optional video on the importance of play. There are many to choose from. Here are a couple suggestions:

   The Importance of Play (5:10)
   https://www.youtube.com/watch?v=h_-1O_rBLPU

   Mayo Clinic Minute: Why Kids Need to Play (1:00)
   https://www.youtube.com/watch?v=Nz-t2LWougA

7. Allow time for students to complete the *Ages and Needs* worksheet.

Ages and Needs

Instructions: For each of the following ages, list one fact for each area of development, two related care issues or needs, two ideas for play, and one or two ideas to help improve behavior (if needed).

Infant 0-12 Months

Physical Development Fact:

Intellectual Development Fact:

Emotional Development Fact:

Social Development Fact:

Care Issues/Needs:

1.

2.

Ideas for Play:

1.

2.

Toddler 12-36 Months

Physical Development Fact:

Intellectual Development Fact:

Emotional Development Fact:

Social Development Fact:

Care Issues/Needs:

1.

2.

Ideas for Play:

1.

2.

Ideas to Improve Behavior:

1.

2.

Lesson Two – Infant and Toddler Development

REVIEW: Appropriate Toys

30 minutes

Purpose:

The purpose of this section is to summarize the key points from the lesson.

Materials:

- *Appropriate Toys* worksheet
- *Toys and Toy Safety* worksheet
- *Toy Box Team Showdown* slide presentation
- *Game Sheet*
- *Infant and Toddler Development* slide presentation (slides 36-37)
- *Toy Box Team Showdown* slide presentation

Facilitation Steps:

1. Start by summarizing the key points covered in the infant and toddler development lesson. Ensure that the summary is concise and covers the essential aspects of physical, intellectual, emotional, and social development, as well as the importance of play.

2. Share a brief video: The Benefits of Play (2:03) https://www.youtube.com/watch?v=SHO_L-7Rx1c

3. Distribute the *Appropriate Toys* and *Toys and Toy Safety* worksheets.

4. Review the safety information with students and share a brief video on toy safety. Here are a couple to consider:

   One Minute Wellness: Toy Safety (1:35) https://www.youtube.com/watch?v=MMFo1-kvmBk

   Toy Safety Tips (1:54) https://www.youtube.com/watch?v=NRWvJqTbuxQ

5. Share slides 37-38 from the *Infant and Toddler Development* slide presentation and explain that the worksheet is a practical exercise to reinforce what they have learned in the toddler and infant development unit.

6. Give students about five minutes to complete the worksheet independently.

7. After students complete the worksheet, lead a brief discussion to review their responses. Ask students to share their answers and insights regarding the appropriate toys for children at various developmental stages.

8. Display the *Toy Box Team Showdown* slide presentation.

9. Divide the class into five or six small groups and explain that you will show a variety of toy photos. As a team, students must decide which group the toy is most appropriate for. Students should agree as a team and mark it on their *Game Sheet.*

   Note: Toys may be appropriate for more than one age group.

10. After sharing all slides showing the photos, go through the answer key. Each box marked correctly gives them 1 point. The group with the most points wins.

Name: _____ Class: _____

Appropriate Toys

Instructions: Review the list of toys and their descriptions. Choose the most suitable toys for each age group and explain your choices. Reflect on what you have learned about the physical, intellectual, emotional, and social development milestones discussed in this unit.

Age Group 1: Infants (0-6 Months)

1. Toy Selection: Choose one appropriate toy for infants aged 0-6 months.

Toy Name: _____ Explanation: Explain why you believe this toy is suitable for infants in this age group. Consider their sensory development and motor skills.

2. Safety: List at least two safety concerns that should be considered when selecting toys for infants in this age group.

Safety Consideration 1: _____

Safety Consideration 2: _____

Age Group 2: Babies (6-12 Months)

3. Toy Selection: Choose one appropriate toy for babies aged 6-12 months.

Toy Name: _____ Explanation: Describe how this toy supports babies' cognitive and motor development in this age range.

4. Engagement: How does this toy encourage babies' social interaction or emotional development? Explain. _____

Age Group 3: Toddlers (1-3 Years)

5. Toy Selection: Choose one toy suitable for toddlers aged 1-3 years.

Toy Name: _____ Explanation: How does this toy contribute to toddlers' physical and intellectual development? What skills can they develop while playing with this toy?

6. Creativity: Share one way this toy can stimulate a toddler's creativity or imagination.

Bonus Challenge: Cross-Age Toy Selection

7. Toy Selection: Choose one toy that children can enjoy in multiple age groups (e.g., infants and toddlers or babies and toddlers). Toy Name: _____

Explanation: Explain why this toy is versatile and suitable for different age groups. Consider how it supports the development of multiple skills. _____

8. Sharing and Cooperation: Describe how this toy can encourage sharing and cooperation among children of different ages.
   _____

Toy Options

1) LEGO® Technic Building Set: A complex building set with small parts for creating intricate structures
2) Soft Stacking Blocks: Soft, stackable blocks with different textures and shapes
3) Battery-Powered, Remote-Control Car: A remote-control car with small parts and electronic components
4) Plush Teddy Bear: A soft and cuddly teddy bear
5) Shape Sorter Cube: A cube with various-shaped holes and corresponding blocks
6) Set of Building Blocks with Large Pieces: Large building blocks with no small parts
7) Miniature Kitchen Set: A small play set with tiny pots, pans, and utensils
8) Baby Mirror A mirror with rounded edges
9) Modeling Clay: Non-toxic modeling clay for sculpting and imaginative play
10) Battery-Powered Toy Phone: A toy phone with small buttons and electronic features
11) Nesting Cups: A set of different sizes and colors of cups that fit inside each other
12) Soft Squeeze Ball: A squeezable ball with textures, suitable for infants to strengthen hand muscles and develop tactile sensitivity
13) Musical Baby Gym: A baby gym with hanging toys that produce musical sounds when touched
14) Soft, Plush Baby Book: A soft, cloth book with crinkly pages and colorful illustrations

Toys and Toy Safety

Play is essential in infant and toddler development. As children interact with various types of toys or objects, they learn about their world and their influence on it. For example, nine-month-old Emily sits on the kitchen floor hitting the bottom of a saucepan with a wooden spoon. She is learning that when she hits the pan with the wooden spoon, it makes noise. She delights in the sound and in her ability to produce it.

Note: These are only guidelines. Every child is unique. Safe choices for play depend on your experience and the developmental stage of the child. It is important to gather information about the child's preferences and abilities when talking with parents/guardians.

Developmental Stage	Age-Appropriate Toys
Infant: 0-6 months	• Soft mobiles • Rattles • Soft fabric swatches • Mirrors • Soft teething toys • Soft blocks • Activity mats for tummy time
Infant: 6-12 months	• Wooden spoons with plastic bowls (or pots and pans) • Building blocks • Activity centers (i.e., ExerSaucer®) • Plastic stacking rings • Nesting toys • Shape sorters • Board books • Push-pull toys
Toddler: 1-3 years	• Large plastic balls • Nesting toys • Drums, xylophones, and other musical instruments • Simple puzzles with knobs • Action toys (i.e., telephones, cars, trucks) • Large, plastic toy people, animals, and buildings • Pails and shovels • Riding toys • Finger paints • Puppets • Building blocks • Books

Preschoolers: 3-5 years	• Simple board games • Skates, wagons, and tricycles • Playground equipment (i.e., seesaws, swings, slides, climbing structures) • Toy vehicles (cars, trucks, trains, boats) • Baby dolls • Arts and crafts supplies • Plastic musical instruments • Books
School-age Child: 5+ years	• Arts and crafts supplies • Electronic games • Jump rope • Playground equipment • Bicycles and inline skates • Building sets • Fashion and action dolls • Books • Hobby/collection items

Toys and Toy Safety Game Sheet

Instructions: Place an X in the appropriate box(es).

Toy	Infant	Toddler	Older Child
Arts and crafts supplies			
Baby doll			
Child doctor kit			
Finger paints			
Large piece puzzle			
Large plastic ball			
Large plastic beads			
Large wooden blocks			
Mobile			
Musical instruments			
Pail and shovel			
Plastic stacking rings			
Modeling clay			
Play kitchen set			
Play telephone			
Push-pull toy			
Rattle			
Stuffed animal			
Teething ring			
Tricycle			
Wooden spoons and pots and pans			
Plastic car			

Toys and Toy Safety Game Sheet – Answer Key

Toy	Infant	Toddler	Older Child
Arts and crafts supplies			X
Baby doll		X	X
Child doctor kit		X	X
Finger paints		X	X
Large piece puzzle			X
Large plastic ball		X	X
Large plastic beads			X
Large wooden blocks		X	X
Mobile	X		
Musical instruments		X	X
Pail and shovel			X
Plastic stacking rings	X		
Modeling clay			X
Play kitchen set		X	X
Play telephone		X	X
Push-pull toy	X	X	
Rattle	X		
Stuffed animal		X	X
Teething ring	X		
Tricycle		X	X
Wooden spoons and pots and pans	X	X	X
Plastic car		X	X

Lesson Three – Preventing Shaken Baby Syndrome

Lesson Overview

This lesson focuses on helping participants understand why infants cry and provides techniques for soothing a crying infant to prevent shaken baby syndrome (SBS). It also emphasizes the importance of caregiver responsibility and strategies for managing frustration.

Lesson Objectives

After completing this lesson, participants will be able to:

- List and describe the various factors that might cause an infant to cry
- Identify and demonstrate various positive methods or actions a caregiver might use to comfort a crying infant
- Define shaken baby syndrome (SBS) and explain why infants and young children are vulnerable to injury by shaking
- Identify areas of the brain affected by shaking and the resulting physical consequences
- Identify coping methods for stressful situations in caring for one or more infants
- Identify the characteristics or profile of a person most likely to shake an infant
- Formulate a plan for handling frustration, anger, and stress when an infant cries

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Preventing Shaken Baby Syndrome* slide presentation (slides 1-11) • RealCare Baby® infant simulator (Baby)	1. Prepare the *Preventing Shaken Baby Syndrome* slide presentation for viewing. 2. Prepare Baby.	30-45 minutes
LEARN	• *Preventing Shaken Baby Syndrome* slide presentation (slides 12-25) • *The 5 S's of Soothing an Infant* • Baby	1. Prepare the *Preventing Shaken Baby Syndrome* slide presentation for viewing. 2. Print the *5 S's of Soothing an Infant* worksheet (one per student). 3. Prepare Baby.	30 minutes
REVIEW	• *My Plan to Manage Frustration* worksheet • *Preventing Shaken Baby Syndrome* (slides 26-27) • *Infant Care Pledge document* • *Soothing an Infant Quiz* • *Soothing an Infant Quiz* – Answer Key	1. Print the *My Plan to Manage Frustration, Infant Care Pledge,* and *Soothing an Infant Quiz* worksheets (one of each per student). 2. Access the answer key for the quiz. 3. Prepare the *Preventing Shaken Baby Syndrome* slide presentation for viewing.	25 minutes

Note: If you have a Shaken Baby infant simulator, you can use that for demonstrations as well.

Lesson Three – Preventing Shaken Baby Syndrome: Soothing an Infant

FOCUS: Why Infants Cry

30-45 minutes

Purpose:

This lesson aims to teach students the knowledge and skills to understand and respond to infant crying effectively. By discussing common reasons for infant crying and introducing them to the simulator and guided discussions, students will learn how to comfort a crying infant and develop a deeper appreciation for responsible infant care.

Materials:

- *Preventing Shaken Baby Syndrome* slide presentation (slides 1-11)
- RealCare Baby® infant simulator (Baby)

Facilitation Steps:

1. Begin by asking the students, "What are some common reasons why infants cry?"
2. Encourage active participation by prompting students to share their thoughts and experiences. Write their responses on the whiteboard or a flip chart for everyone to see.

   Facilitate a discussion around the reasons, ensuring that various factors are covered, such as hunger, discomfort, tiredness, or seeking attention.

   Ask students to consider how they might feel if they could not communicate their needs and relied on crying to express themselves.
3. Share slides one through eight. This will begin to help students understand common reasons why infants cry.

   Slide 1: Soothing an Infant

   Slides 2-3: Understanding Why They Cry

   Slides 4-7: Common Reasons for Crying

   Slide 8: Empathy
4. Share this brief video: Why Babies Cry (1:30) https://www.youtube.com/watch?v=vMnyMgWooq0
5. Use the content in the slide presentation, slides 9-11, to generate a discussion and review on soothing an infant and why infants cry. You can use one of the simulators to reinforce concepts as necessary.

   Slide 9: Soothing an Infant: Hunger

   Introduce the scenario by explaining that hunger is one of the common reasons infants cry.

   Baby is programmed in demo mode to simulate a hungry infant (select a feed event). Activate the Baby to cry as if it is hungry.

   Ask a student volunteer to demonstrate how they would respond to the crying baby to soothe it. Provide the bottle for the student to feed Baby to soothe it.

   Emphasize the importance of recognizing hunger cues and providing proper feeding.

   Slide 10: Soothing an Infant: Discomfort
   Explain that discomfort, such as a wet diaper or uncomfortable clothing, can also cause infant crying.

   Baby is programmed in demo mode to simulate discomfort due to a wet diaper (select a diaper change event). Activate Baby to cry as if it is uncomfortable due to a wet diaper.

   Ask a student volunteer to demonstrate how they would address the discomfort and soothe Baby. Have the diapers available so that students may change Baby.

   Discuss the importance of checking for and addressing discomfort to calm a crying infant.

   Slide 11: Soothing an Infant: Attention
   Discuss that sometimes, infants cry because they need attention and comfort.

The RealCare Baby® infant simulator (Baby) is programmed to simulate a need for attention (select a rocking event). Activate Baby to cry as if it needs attention and comfort.

Ask a student volunteer to demonstrate how they would provide attention and comfort to soothe Baby.

Highlight the significance of responsive caregiving and bonding with the infant.

6. After using the scenarios to discuss and reinforce the common reasons for infant crying, explicitly use Baby to provide students with hands-on experience.

   This will provide valuable insights into infant care and preventing shaken baby syndrome (SBS). Set up different demonstrations and rotate students through handling Baby to reinforce positive basic infant care.

7. Hold Baby in your arms as you would a real infant, and ask:

   - What percentage of an infant's body weight do you think the head comprises? Answer: An infant's head is 25 percent of the total body weight.
   - What percentage of an adult's body weight do you think the head comprises? Answer: An adult's head is only 10 percent of the total body weight.

8. Move the simulator's head back and forth on the neck and explain that an infant's neck muscles are weak and unable to stop the head from moving when the infant is shaken.

9. Moving your hand around the simulator's head, ask:

   - Do you think that an infant's skull is roomier inside than an adult's? Answer: Yes.
   - Why do you think this might be? Answer: To accommodate growth of the brain.

10. Explain that, for this reason, a shaken infant's brain moves farther and gains speed before it hits the skull. Explain that many blood vessels attach the brain to the surrounding membranes and deliver oxygen to the brain.

    As an infant's brain moves around inside the skull, the shaken infant's blood vessels stretch and are torn because they are delicate and not securely anchored, causing bleeding over the surface of the brain.

    Swelling results from the impact of the brain against the skull. The pressure from swelling stops blood circulation to parts of the brain, and those parts can die.

12. Describe the following corresponding brain functions. If you have the Shaken Baby Simulator, show participants the icons on the simulator's head as you describe the brain functions.

    - In the back of brain is the occipital lobe, which controls vision
    - In the front of the brain is the frontal lobe, which controls memory and emotion
    - The sides of the brain control speech and hearing and the movement of the arms and legs

13. Begin a shaking simulation.

    Note: Before shaking Baby, toss it gently a short distance upward and catch it. Do this several times. Explain that while potentially hazardous and not recommended, especially for very young infants who cannot support their heads, this common type of motion is not enough to cause the injuries of SBS.

14. Program Baby to demonstrate any care event. This will cause Baby to cry loudly when you shake it.

15. Hold Baby in front of you at eye level, grasping under the arms and around the torso.

16. Show the class how your hands grasp Baby with your thumbs on the front, and fingers on each side of the spine.

    Explain that infants with SBS sometimes also have broken ribs. In SBS, the ribs are broken in a unique way, in the back, where they connect to the spine.

    The ribs can break in that area because of the combined pressure of the shaker's grasp and the force of the shaking.

17. Explain that SBS victims sometimes have fractures of the long bones in the upper arm and upper leg. During a prolonged shaking, the top ends of these long bones can tear away from the shoulder and hip sockets, causing a separation of the bones at the top.
18. Start the RealCare Baby® infant simulator's (Baby) demonstration mode.
19. Shake Baby until the cries are very loud.
20. Explain that the first level of injury has occurred, and a real infant could become visually impaired or blind.
21. Continue shaking Baby.
22. Explain that the second level of injury has occurred, and a real infant could have lost the ability to remember and to feel emotion. The loss of these functions commonly causes learning disabilities and behavioral disorders.
23. Explain that the crying has stopped (Baby will stop crying after 60 seconds) because of the increasing severity of the brain injuries. Because the injuries are hidden and the crying has stopped, caregivers can mistakenly think that shaking is an effective way to stop crying.
24. Continue shaking Baby.
25. Explain that at this point, an infant could become paralyzed, unable to speak, and unable to understand what they hear. Death could occur if shaking continued.

Lesson Three – Preventing Shaken Baby Syndrome: Soothing an Infant

LEARN: Shaken Baby Syndrome

30 minutes

Purpose:

This lesson aims to equip participants with the knowledge and practical skills to effectively soothe a crying infant, thereby preventing SBS.

Demonstrating and explaining various techniques for soothing a crying infant using RealCare Baby® 4 will give participants a comprehensive understanding of caregiving practices that promote infant well-being and reduce the risk of harm due to frustration or stress.

Through hands-on practice with the simulator, participants will develop the confidence and competence needed to provide comfort and care to infants in a safe and nurturing manner.

This lesson underscores the importance of responsible caregiving and fosters empathy and patience among participants, ensuring that they are well-prepared to meet the needs of infants and contribute to the prevention of SBS.

Materials:

- *Preventing Shaken Baby Syndrome* slides 12-25
- *The 5 S's of Soothing an Infant*
- RealCare Baby® infant simulator

Facilitation Steps:

1. Start by briefly recapping the reasons why infants cry from the FOCUS part of the lesson. Emphasize the importance of knowing how to soothe a crying infant to prevent frustration and SBS.
2. Share slides 12-17.

   Slide 12: Shaken Baby Syndrome (SBS)

   SBS is a severe form of child abuse that can cause permanent damage or death. To prevent SBS, learning how to soothe a crying infant is important.

   Parents and caregivers should understand why infants cry and respond appropriately using techniques like swaddling, rocking, singing, or white noise.

   By using these methods, we can protect infants and ensure their healthy and happy growth.

   Slide 13: Understanding SBS

   SBS is a severe form of child abuse that occurs when an infant is shaken violently, causing brain damage or death. SBS can occur when a caregiver becomes frustrated with a crying baby and shakes them out of anger or desperation.

   The brain of an infant is still developing and is fragile, making it highly susceptible to injury from this type of abuse. The symptoms of SBS can include lethargy, vomiting, seizures, and difficulty breathing.

   Slides 14-15: Immediate Consequences of SBS

   SBS can have severe and life-altering consequences for infants who experience it. The outcomes of SBS are tragic and can result in both immediate and long-term effects.

   Slide 16: Common Triggers: Frustration

   Frustration is a common trigger for SBS. Caregivers should recognize when they are feeling overwhelmed and take steps to manage their emotions before reaching a breaking point.

   This may include taking a break, seeking help, or professional support. Addressing frustration in a healthy way can prevent SBS and ensure the safety of children.

Slide 17: The Role of Caregiver

Caregivers have a crucial role in preventing SBS by providing a safe and nurturing environment, promptly responding to a baby's needs, and seeking help when necessary.

Educating caregivers about the dangers of shaking a baby and emphasizing the importance of seeking support and assistance is important.

Ultimately, preventing SBS requires a collective effort from all members of a community, but caregivers have a significant impact on the safety and wellbeing of infants.

3. Distribute the *5 S's of Soothing an Infant* worksheets to students. They should complete this while you share the information on the five S's of soothing as well as the demonstration to follow.

Slide 18: Importance of Soothing Techniques

Knowing effective soothing techniques is crucial for caregivers to provide the best care for children. Soothing techniques can reduce frustration, prevent SBS, create a positive environment, and improve relationships. Techniques include the five S's of soothing.

Slide 19: The 5 S's of Soothing

An infant's crying can last from minutes to hours. Dr. Harvey Karp is a pediatrician who believes one reason infants cry is that they miss the constant noise and stimulation from when they were in the womb. In the womb, fetuses hear a loud whooshing sound that is louder than a vacuum cleaner. After the baby is born, they do not hear that sound, and caregivers usually try to be quiet around the baby.

Dr. Karp developed a system called the "5 S's" that can calm most crying infants. The 5 S's are:

1. Swaddling
2. Side or stomach positioning
3. Shushing
4. Swinging
5. Sucking

Each of the 5 S's will be covered in greater detail on the following slides.

Slide 20: Swaddling

Swaddling is wrapping an infant in a blanket to represent when they were in the womb. Swaddled infants sleep longer than babies that aren't swaddled as they feel warm and secure.

Swaddling reduces the chance that babies will wake themselves up with their Moro reflex, which is being startled at sudden movements or sounds and flailing their arms.

Note: The RealCare Baby® infant simulator (Baby), demonstrate how you would swaddle an infant.

Slide 21: Side/Stomach Position

Some tips for the perfect side/stomach position include placing the baby on your chest with skin-to-skin contact, laying them over your shoulder, or laying them across your forearm with your hand supporting their head.

Note: Using Baby, demonstrate how you would hold an infant in the side/stomach position.

Slide 22: Shushing

Many studies show that infants respond well when a vacuum is run. For this reason, shushing needs to match the volume of the infant's cry to be effective.

Note: Using Baby, demonstrate how you would shush an infant while holding them in the side/stomach position.

Slide 23: Swinging

Support the infant's head and neck while they are in your arms, facing you. Gently sway them back and forth about one inch and add a touch of bounce. Keep your movements small.

Note: Using Baby, demonstrate how you would swing an infant.

Slides 24-25: Sucking

Sucking is one of the primitive reflexes an infant has, as they start sucking their thumbs, fists, and fingers in the womb as a 14-week-old embryo.

Infants are calmed by sucking even without feeding, called non-nutritive sucking. While you can give the baby a bottle or breastfeed if they are hungry, experts recommend using a pacifier to soothe a crying infant if their hunger needs have been met.

4. Begin by demonstrating and explaining each soothing technique using RealCare Baby® infant simulator (Baby). Techniques to cover:
    - **Gentle Rocking:** Show how to cradle the baby and gently rock it in your arms
    - **Swaddling:** Explain the benefits and demonstrate how to wrap the baby securely
    - **Feeding:** Discuss the importance of feeding and demonstrate proper bottle-feeding techniques
    - **Diaper Changing:** Explain the importance of maintaining hygiene and demonstrate a diaper change
5. Divide participants into pairs or small groups, ensuring each group can access a Baby, bottle, diaper, and receiving blanket.
6. Instruct participants to take turns practicing each soothing technique. Encourage them to follow the demonstrated methods carefully.
7. Program the Babies demonstrate "Coo," selecting "Continuous" and altering event duration to allow enough time for each participant to practice.
8. Circle the room, helping and answering questions as necessary.

    Note: Programming Babies to demonstrate a continuous coo will help you identify whether the participants are providing proper head support while practicing the techniques you modeled.
9. Ask participants to share their experiences and challenges while practicing the techniques. Provide feedback and tips for improvement.

    Emphasize the importance of patience and empathy when dealing with a crying infant. Collect Babies and prepare for the next activity.

Name: _____ Class: _____

The 5 S's of Soothing an Infant

Instructions: In the "Your Idea" column, write down what you think the five S's for soothing an infant are. Then, insert information from your instructor under the "Real S" column and write a description of each in the "Description" column.

Your Idea	Real S	Description
S	S	
S	S	
S	S	
S	S	
S	S	

Other ideas of how to soothe an infant:

Lesson Three – Preventing Shaken Baby Syndrome: Soothing an Infant

REVIEW: Caring for Infants

25 minutes

Purpose:

This lesson aims to equip participants with the knowledge and skills necessary to prevent SBS by understanding its consequences, recognizing the vulnerability of infants, and implementing effective strategies for managing frustration and stress when dealing with a crying infant.

By the end of this lesson, participants will be empowered to provide safe and nurturing care to infants, ensuring their wellbeing and development while solemnly committing to never engage in harmful actions towards an infant.

Materials:

- *My Plan to Manage Frustration* worksheet
- *Preventing Shaken Baby Syndrome* (slides 26-27)
- *Infant Care Pledge*
- *Soothing an Infant Quiz*
- *Soothing an Infant Quiz* – Answer Key

Facilitation Steps:

1. Emphasize the importance of caregivers staying calm and handling frustration appropriately when dealing with a crying infant.
2. Present and discuss various strategies for caregivers to cope with frustration and stress when an infant is crying:
    - Take deep breaths and count to 10
    - Place the infant in a safe crib and take a short break
    - Listen to soothing music
    - Call a trusted friend or family member for support
3. Encourage participants to share their own coping strategies if comfortable.
4. Emphasize the importance of seeking help and support when caregivers feel overwhelmed or frustrated.
5. Discuss available resources, such as parenting classes, hotlines, and support groups.
6. Have participants use the guidance from their worksheet to create a personalized plan for handling frustration, anger, and stress related to infant crying.
7. Encourage students to share their plans with the class.
8. Students will sign the pledge on their worksheet, promising never to shake an infant and to use the soothing techniques learned.
9. Distribute the *Soothing an Infant Quiz* to participants and give them two to three minutes to complete it.
10. Access the answer key and share answers to the quiz.
11. Share slides 26 and 27 as a summary of key points learned.
12. If time permits, share a brief video on soothing an infant or on SBS. Here are a couple to choose from, but there are many more:

    Take 5 and Prevent Shaken Baby Syndrome (1:57)
    https://www.youtube.com/watch?v=40EzSVOEU9w

    Shaken Baby Syndrome (4:42)
    https://www.youtube.com/watch?v=F393zg8Q-r0

Infant Care Pledge

I, _____ , solemnly pledge and commit to being a responsible and compassionate caregiver to infants. I understand the importance of providing a safe and nurturing environment for their growth and development. Caring for infants can sometimes be challenging, especially when they cry. As a responsible caregiver:

1. I pledge to never, under any circumstances, shake an infant. I understand that shaking an infant can cause severe harm, including shaken baby syndrome (SBS), and I will never engage in such actions.
2. I pledge to use the soothing techniques and strategies I have learned to comfort a crying infant. I will remain patient and calm in the face of frustration or stress, ensuring the infant's wellbeing and safety.
3. I pledge to seek support when needed. If I find myself overwhelmed or in a situation where I am unsure how to respond to an infant's crying, I will reach out to trusted individuals, such as family members, friends, or support groups, for guidance and assistance.

By signing this pledge, I demonstrate my commitment to the responsible and compassionate care of infants. I understand that my actions play a vital role in ensuring the health and happiness of the infants in my care. I pledge to uphold these principles throughout my journey as a caregiver.

Student's Signature: _____

Date: _____

By signing this pledge, students reaffirm their dedication to safe and responsible caregiving and emphasize the importance of never shaking an infant while using the learned soothing techniques.

Name: _____ Class: _____

My Plan to Manage Frustration

Instructions: You will create a personalized plan for managing your emotions when caring for a crying infant. This plan will help you respond to challenging situations calmly and responsibly. Please answer the following questions and sign the pledge.

1. Identify Your Triggers: Consider situations or factors that may trigger frustration, anger, or stress when caring for a crying infant. List them below.

   Examples: Lack of sleep, feeling overwhelmed, not understanding the cause of crying, etc.

   a. _____

   b. _____

   c. _____

2. Coping Strategies: Identify effective strategies you can use to manage your emotions when faced with these triggers. List at least three strategies.

   Examples: Take deep breaths, place the infant in a crib and take a break, listen to soothing music, etc.

   a. _____

   b. _____

   c. _____

3. Support System: Consider who you can contact for support and guidance when feeling overwhelmed. List the names or types of people/resources.

   Examples: Trusted family member, friend, parenting support group, or hotline

   a. _____

   b. _____

   c. _____

4. Create Your Personal Plan: Combine the coping strategies and support system you have identified to create your personal plan for handling frustration, anger, and stress related to infant crying. Be as specific as possible.

   Example: When I feel frustrated or stressed while caring for a crying infant, I will:

   - *Take three deep breaths to calm myself*
   - *Place the infant in the crib safely and ensure they are secure*
   - *Call my friend, Sarah, for support or advice*
   - *Remember the importance of staying calm and patient*

Developing a personalized plan for handling frustration, anger, and stress related to infant crying is essential in ensuring the well-being and safety of both you and the infant. Remember that seeking support and using effective coping strategies are signs of responsible caregiving. Outline your plan in the space below.

Name: _____ Class: _____

Soothing an Infant Quiz

Instructions: Read each question and choose the best response.

1. What is one of the primary reasons why infants cry?
   a. To manipulate their caregivers
   b. To communicate their needs
   c. Out of boredom
   d. To seek attention

2. Which soothing technique involves wrapping a baby securely in a soft blanket?
   a. Feeding
   b. Swaddling
   c. Gentle rocking
   d. Sucking

3. Why is it important for caregivers to be able to soothe a crying infant?
   a. To make the baby sleep longer
   b. To prevent shaken baby syndrome (SBS)
   c. To make the baby stop crying at any cost
   d. To entertain the baby

4. What is one potential consequence of SBS?
   a. Improved cognitive development
   b. Enhanced motor skills
   c. Vision and hearing improvement
   d. Traumatic brain injury

5. Which of the following is NOT a recommended soothing technique for a crying infant?
   a. Gentle rocking
   b. Swaddling
   c. Offering a pacifier
   d. Shaking the baby gently

Soothing An Infant Quiz – Answer Key

1. What is one of the primary reasons why infants cry?
   a. To manipulate their caregivers
   b. **To communicate their needs**
   c. Out of boredom
   d. To seek attention

2. Which soothing technique involves wrapping a baby securely in a soft blanket?
   a. Feeding
   b. **Swaddling**
   c. Gentle rocking
   d. Sucking

3. Why is it important for caregivers to be able to soothe a crying infant?
   a. To make the baby sleep longer
   b. **To prevent shaken baby syndrome (SBS)**
   c. To make the baby stop crying at any cost
   d. To entertain the baby

4. What is one potential consequence of SBS?
   a. Improved cognitive development
   b. Enhanced motor skills
   c. Vision and hearing improvement
   d. **Traumatic brain injury**

5. Which of the following is NOT a recommended soothing technique for a crying infant?
   a. Gentle rocking
   b. Swaddling
   c. Offering a pacifier
   d. **Shaking the baby gently**

Lesson Four – Holding and Feeding

Lesson Overview

In this lesson, participants will practice proper techniques for holding and carrying an infant to ensure the infant feels safe and secure. They will also learn how to feed an infant and understand the differences between breastfeeding and formula feeding. Additionally, participants will be introduced to the concept of "nursemaid's elbow" and the importance of preventing baby bottle tooth decay.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify and demonstrate proper methods for holding and carrying an infant
- Define the nursemaid's elbow and explain the cause
- Demonstrate how to feed an infant
- Compare the benefits of breastfeeding and formula feeding
- Explain the cause of baby bottle tooth decay

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Holding and Feeding* slide presentation (slides 1-19) • RealCare Baby® 4 Infant Simulator • *Holding and Feeding* worksheet	1. Prepare the *Holding and Feeding* slide presentation. 2. Prepare the RealCare Baby 4 Infant Simulator for demonstration. 3. Print the *Holding and Feeding* worksheet (one per student).	30 minutes
LEARN	• *Holding and Feeding* slide presentation (slides 20-26) • RealCare Baby 4 Infant Simulator • *Breastfeeding Facts* • *Formula Feeding Facts* • *Breastfeeding Versus. Formula Feeding*	1. Prepare the *Holding and Feeding* slide presentation. 2. Print the *Breastfeeding Facts, Formula Feeding Facts,* and *Breastfeeding Versus Formula Feeding* worksheets (one of each per student). 3. Prepare the RealCare Baby 4 Infant Simulator for demonstration.	30-60 minutes
REVIEW	• *Holding and Feeding Scenarios* worksheet • *Holding and Feeding Quiz* • *Holding and Feeding Quiz* – Answer Key • *Review Holding and Feeding* slide presentation	1. Print the *Holding and Feeding Scenarios* worksheet and *Holding and Feeding Quiz* (one of each per student). 2. Access the answer key for the quiz. 3. Prepare the *Review Holding and Feeding* slide presentation.	25-35 minutes

Lesson Four – Holding and Feeding

FOCUS: Introduction to Holding and Feeding

30 minutes

Purpose:

The purpose of this activity is to emphasize the importance of holding and nurturing infants. This brief activity is designed to engage participants and set the stage for the lesson on holding and feeding infants.

Materials:

- *Holding and Feeding* slide presentation (slides 1-19)
- RealCare Baby® 4 Infant Simulator
- *Holding and Feeding* worksheet

Facilitation Steps:

a. Share the holding portion of the slide presentation (slides 1-12). Encourage students to consider how frequently an infant needs to be held and comforted.

   Prompt students to consider infants' emotional and physical needs in this context, recalling information from the lesson on developmental stages.

   Slide 1: Introduction slide

   Slide 2: Importance of Holding

   Holding and carrying infants is essential for physical, emotional, and cognitive development. It promotes a sense of security and trust in babies, which can soothe them when upset.

   Studies show that babies who are held more tend to be more curious, confident, and socially engaged.

   Slide 3: Key Holding Techniques

   Holding a newborn baby can be a daunting experience, particularly for those new to parenting or with limited experience with infants.

   However, a few key techniques can help ensure the baby is safe, comfortable, and secure in your arms. Key holding techniques include supporting the head and neck, cradle hold, shoulder hold, football hold, and avoiding sudden or jerky movements.

   Slide 4: Supporting the Head and Neck

   When holding an infant, it is important to support their delicate head and neck, cradling them in your arms with one hand under their head and neck and the other supporting their bottom and back.

   This technique ensures the infant's safety and comfort; as they grow, adjustments can be made to accommodate their developmental milestones.

   Slides 5-6: Cradle Hold

   Place the infant's head in the curve of your elbow and use your forearm to support the body.

   Slide 7: Shoulder Hold/Additional Support

   Place the infant's head gently on your shoulder and use one hand to support the head and the other to support the body.

   Slide 8: Football Hold

   Place the infant's head laying face up in your hand and their body lying along your forearm; their feet will be tucked under your arm, pointed toward your elbow.

   Slide 9: What to Avoid

   When holding an infant, being cautious and gentle is essential. Avoid sudden or jerky movements, and always support the baby's head and neck.

   Pay attention to the baby's cues and adjust your hold or position if they seem uncomfortable or distressed. Being mindful of your movements creates a safe and comfortable environment for you and the baby, as infants are delicate and require care and attention.

Slides 10-11: Nursemaid's Elbow

Nursemaid's elbow, or "pulled elbow," is a common injury among infants caused by improper handling of the child's arm. It occurs when the elbow joint becomes partially dislocated due to lifting or swinging the child by the hand, wrist, or forearm.

To prevent this injury, supporting the child's arm when lifting or holding them and avoiding lifting them by their hands or wrists is essential. It can cause pain and discomfort and require medical attention.

Slide 12: Prevention Tips

Use gentle movements and avoid jostling or shaking. Provide adequate support for the baby's head, neck, and body. Maintain eye contact to establish a bond and better understand the baby's needs. Avoid distractions and focus solely on the baby.

b. Use the RealCare Baby® 4 Infant Simulator (Baby) to demonstrate the proper techniques for holding and carrying an infant. Emphasize the following key points:

- Support the infant's head and neck
- Cradle the infant's body against your chest
- Keep a hand under the baby's bottom to provide additional support
- Avoid sudden or jerky movements
- Demonstrate the cradle, football, and shoulder holds

3. Share the feeding portion of the slide presentation (slides 13-26). Encourage students to consider how frequently an infant needs to be fed. Prompt them to consider infants' emotional and physical needs in this context, recalling information from the previous lesson on developmental stages.

Slides 13-14: Introduction to Feeding

Proper feeding is crucial for infant growth and development. Burping after feeding helps release swallowed air and reduce discomfort. Proper feeding strengthens the caregiver-child relationship and provides sustenance.

Slides 15-16: Feeding Methods

Breastfeeding and bottle feeding are two main methods of feeding newborns. Breastfeeding provides numerous benefits, including nutrients and antibodies for healthy growth and development. Bottle feeding is a good option for parents who cannot or choose not to breastfeed, allowing others to participate in feeding. Both methods have advantages and disadvantages; parents should choose what works best for them and their baby, ensuring the baby receives all the necessary nutrients for healthy growth and development.

Slides 17-18: Proper Feeding Position

Proper positioning while feeding an infant is crucial for their wellbeing. Cradle the baby in a comfortable and secure position with an elevated head for proper nutrition and to prevent choking. Eye contact during feeding helps with bonding. Make feeding time comfortable and special for both the caregiver and the child.

Proper positioning is important when feeding infants to prevent choking and promote proper digestion. Hold the baby in a semi-upright position with their head slightly elevated, supporting the head with one hand while holding the bottle or breast with the other. For bottle feeding, hold the nipple at a slight angle and tilt the baby's head slightly back. Pay attention to the baby's cues during feeding and take breaks if necessary. Burping the baby after feeding can help reduce discomfort.

Slide 19: Burping After Feeding

Burping is crucial to a baby's feeding routine as it releases trapped air bubbles from their tummy, preventing discomfort and colic. Babies may require different burping techniques, such as gentle patting or holding them upright and gently bouncing them. Burping should be done after every feeding to ensure a happy and healthy baby.

4. Use Baby to demonstrate proper infant feeding positioning. Show how to cradle the baby, hold the bottle, and maintain eye contact.

Name: _____ Class: _____

Holding and Feeding Techniques

Instructions: Use this worksheet to practice the techniques you have learned for holding and feeding infants. Record your thoughts and observations and be prepared to discuss with the class.

Proper Techniques for Holding

1. Observe the demonstration of proper infant holding techniques using the RealCare Baby® 4 Infant Simulator.

   What are the key points to remember when holding an infant safely?

   List at least two ways to properly support an infant's head and neck.

   Explain why avoiding sudden or jerky movements is essential when handling an infant.

2. Take turns practicing holding the RealCare Baby® 4 Infant Simulator.

   Describe your experience during the hands-on practice.

   Did you encounter any challenges or concerns? If so, what were they?

3. Write a brief explanation of what “nursemaid’s elbow” is and how it can be prevented.

4. List three tips or best practices for safe and comfortable infant handling that you learned during this activity.

Feeding an Infant

5. Observe the demonstration of proper positioning for feeding an infant using the RealCare Baby® 4 Infant Simulator.

   Describe the correct positioning for feeding an infant.

   What should you pay attention to when holding a bottle while feeding?

6. Take turns practicing feeding the RealCare Baby 4 Infant Simulator.

   Explain the importance of maintaining eye contact with the infant during feeding.

   Did you find the burping process challenging or straightforward? Share your thoughts.

7. Briefly explain the differences between breastfeeding and bottle feeding.

Reflection

8. Reflect on what you have learned during these activities about proper infant care techniques and feeding methods.

   What key insights have you gained?

   How do you think these skills and knowledge will be useful in caring for infants?

Lesson Four – Holding and Feeding

LEARN: Techniques for Holding and Feeding

30-60 minutes

Purpose:
This activity aims to equip participants with the knowledge and skills to safely and confidently care for infants, including proper holding, carrying, and feeding techniques.

Participants will gain an understanding of the importance of preventing common infant injuries, such as "nursemaid's elbow." They will explore the benefits and considerations of different feeding methods, including breastfeeding and bottle feeding.

These activities aim to empower participants to provide nurturing and responsible care for infants while fostering a comprehensive understanding of infant wellbeing and safety.

Materials:
- *Holding and Feeding* slide presentation (slides 20-26)
- RealCare Baby® 4 Infant Simulator
- *Breastfeeding Facts*
- *Formula Feeding Facts*
- *Breastfeeding Versus Formula Feeding*

Facilitation Steps:

Part 1: Application and Practice

1. Begin by explaining the purpose of this activity, which is to provide participants with essential knowledge and skills for safely holding and carrying an infant.

2. Review the concept of "nursemaid's elbow," a common injury in infants caused by improper handling. Explain how it occurs and why it is crucial to prevent it.

3. Share slides 20-26.

Slides 20-22: Practice Holding Techniques
Holding an infant can be a bit intimidating, especially if you are a new parent or caregiver. These are the steps that can help you feel more confident and ensure the safety and comfort of the baby.

Make sure you are in a comfortable position and the baby is positioned securely in your arms. You can cradle the baby's head and neck with one hand and support their bottom with the other.

Ensure the baby's head is slightly elevated and their face is not covered. This will help the baby breathe more easily and allow you to keep an eye on their face for any signs of discomfort or distress.

Make sure you are holding the baby gently but firmly, and not squeezing or putting too much pressure on any part of their body.

Always be alert and attentive to the baby's needs and cues. If the baby seems uncomfortable or fussy, try adjusting their position or offering them a soothing touch or sound.

Slides 23-24: Practice Feeding Techniques
Feeding an infant safely is paramount to ensure their growth and development. Use the following steps to practice.

Ensure the baby is always held in a secure and comfortable position during feeding. This can be achieved by cradling the baby or using a nursing pillow.

While feeding, it is important to watch for signs that the baby is full, such as turning their head away from the bottle or breast.

Burping the baby after feeding can help to release any trapped air in the stomach and prevent discomfort and colic.

Slides 25-26: Practice Burping
When fed, babies tend to swallow air along with the milk or formula, which can lead to discomfort and fussiness. To prevent this, it is recommended to burp the baby after every feeding session.

To burp a baby, hold the baby against your chest and gently pat their back with a cupped hand. Aim to pat the baby's back gently and rhythmically while being mindful of supporting their neck and head.

It is important to pat the baby's back until you hear a burp, or the child seems comfortable. Remember to be patient and gentle during the process, as forcing a burp can be uncomfortable for your little one.

4. Participants can now practice holding the RealCare Baby® 4 Infant Simulator (Baby). Ensure each participant takes turns and provides guidance as needed.

   Encourage students to ask questions and seek clarification. Students will use their completed worksheet to discuss thoughts and implications of holding infants.

5. Give each participant or group of participants one Baby. Demonstrate how to properly pick up an infant who is lying on their back. Explain the following steps as you demonstrate them:
   - Slide one hand under the infant's neck and your other hand under the infant's lower back
   - Lean close to the infant and lift them as a uniform bundle, keeping the infant's head a little higher than the rest of the body
   - Make sure to support the head until it touches the mattress or infant seat if laying the infant back down

6. Program participants' Babies to demonstrate "Coo," selecting "Continuous" and altering the event duration to allow enough time for participant practice.

7. Have each participant practice the techniques you modeled. Circle the room, helping and answering questions as necessary.

   Note: Programming Babies to demonstrate a continuous "Coo" will help you identify whether the participants are providing proper head support while practicing the techniques you modeled.

8. Lay Baby on its stomach and demonstrate how to properly pick up an infant who is lying on their stomach, explaining the following steps:
   - Gently roll the infant onto its back
   - Proceed with the steps to pick up an infant who is lying on their back

9. Demonstrate and explain that if an infant is picked up improperly, they can develop nursemaid's elbow, a common condition in which the radius (one of the bones in the forearm) slips out of place from where it normally attaches to the elbow joint. It occurs when an infant or small child is pulled too hard by the hand or wrist, picked up by one arm, or lifted in the air by the arms. It may be prevented by:
   - Lifting and handling an infant or small child with care
   - Not pulling an infant or small child by the wrists or hands
   - Gently grasping a toddler or young child under the arms or around the body

10. Demonstrate these three ways to hold an infant:
    - Cradle Hold (most common): Place the infant's head in the curve of your elbow and use your forearm to support the body
    - Shoulder Hold: Place the infant's head gently on your shoulder and use one hand to support the head and the other to support the body.
    - Football Hold: Place the infant's head laying face up in your hand and their body lying along your forearm; their feet will be tucked under your arm, pointed toward your elbow.

Explain that when holding an infant, it is important to always support the head, neck, and back.

11. Ask participants why it is so important to support an infant's head and neck. The head is big for the body and the neck is weak. Remind participants of the previous lesson.

    Explain that once an infant is able to hold up their head, you can carry the infant on your hip. Avoid holding the infant around the ribs. This could cause pressure, resulting in a fracture.

    Explain that if someone hands you an infant, lean close to the person and collect the infant in a tight bundle. Demonstrate by handing the RealCare Baby® infant simulator (Baby) to a participant or have them hand Baby to you.

12. Explain the purpose of this activity, which is to teach participants how to feed an infant safely and discuss the importance of burping.

13. Demonstrate the burping process by gently patting the Baby's back. Participants will now practice feeding and burping Baby, paying close attention to correct holding techniques. Encourage them to be gentle and patient.

14. Give each participant or group of participants one Baby. Demonstrate how to properly feed an infant, explain the following steps:
    - Hold the infant in the cradle hold, ensuring their head is above the rest of the body. **Note:** To demonstrate how important it is for an infant's head and body to be aligned when bottle feeding, give each participant a glass of water. Ask them to take a drink of water. Then, ask them to turn their heads to the side and take a drink of water. Ask them if it was more difficult to drink the water when their heads were turned to the side. Tell them to imagine how difficult it would be for an infant to drink when their head is turned to the side.
    - Test bottle temperature by placing a few drops of the contents on the inside of your wrist.
    - Hold the bottle in the infant's mouth at a 45-degree angle to limit air bubbles.
    - Periodically stop feeding to give the infant time to rest and burp.

15. Program participants' Babies to demonstrate "Feed" and have them practice the techniques you modeled.

16. Circle the room, helping and answering questions as necessary.

    Note: During a feeding demonstration, participants will not be able to practice testing bottle temperature, nor will they be able to periodically stop to give the infant time to rest and burp. Baby's bottles do not contain liquid and feeding and burping are two separate care events. You can select Feed and Burp on continuous to give each student in the group an opportunity.

17. Demonstrate the three methods of burping an infant:
    - Hold the infant upright against your chest, with their head on your shoulder, and pat their back gently
    - Sit the infant on your lap, leaning them slightly forward with your hand supporting their upper body, and pat their back gently
    - Lay the infant on your lap on their belly and pat the back gently

    Note: All three methods work with Baby.

18. Program participants' Babies to demonstrate "Burp," and have them practice the techniques you modeled. Circle the room, helping and answering questions as necessary.

19. Ask participants to share some differences between feeding and burping Baby and feeding and burping an infant. The bottle is not clear, so you cannot see the liquid or any potential bubbles. It does not have real formula, and it requires no preparation. Baby does not turn away when full or take breaks from feeding to burp. Feed and Burp events in Demo can be set anywhere from 10 to 255 seconds (~5 minutes).

20. Explain the following:
    - It is important to respond to an infant's hunger cries as soon as possible. This prevents the infant from working themself into a frenzy. It also lets the infant know that they can trust that you will meet their needs and that when they communicate, there is a good result. Remember, crying is an infant's only way to communicate. You cannot spoil an infant.
    - Try to detect an infant's different cries. Determine if something other than food is needed to avoid feeding every time they cry, and they will learn that food is for nutrition, not for comfort.

Part 2: Breastfeeding Versus Bottle Feeding

1. Ask participants what they think the definition and cause of baby bottle tooth decay is. Baby bottle tooth decay is the term that describes tooth decay in infants and young children. It may also be called infant caries, early childhood caries (ECC), or bottle mouth.

   Baby bottle tooth decay usually occurs on the front teeth, or incisors. Cavities, or caries, are caused by too much sugar on the teeth. The sugar is found in milk or formula, as well as other artificially sweetened juice and snacks.

   Bottle tooth decay develops when baby teeth come into frequent contact with too much sugar. Bacteria in the mouth feed on the sugar, multiply, and produce acid as a waste product. The acid attacks the teeth and tooth enamel, resulting in tooth decay.

   Sugar is found in milk, infant formula, juice, and snacks. When an infant falls asleep with a bottle or uses a bottle or sippy cup for extended periods of time, the sugar can coat the teeth. This causes the teeth to decay faster.

2. Give each participant a copy of the *Breastfeeding Facts* and *Formula Feeding Facts* worksheets.

3. Divide participants into groups of four and give each participant a copy of the *Breastfeeding Versus. Formula Feeding* worksheet. Have each participant within the group fill in one quadrant. Then, they share their ideas with one another to complete all quadrants, contributing additional ideas as they see fit. Ask for volunteers to share their ideas.

Breastfeeding Facts

Breastfeeding Basics for the Infant:

1. Breastfeeding promotes bonding with the mother.
2. Breastfeeding is soothing for the infant.
3. Breastfeeding decreases the risk for many health problems.
4. Breastfeeding is good for infants' brain development.
5. Breast milk is easily digested.
6. Breastfeeding helps jaws and teeth develop properly.
7. Breastfeeding decreases a girl's risk of developing breast cancer.
8. Breast milk is designed specifically for infant humans.
9. Breast milk is less likely to cause allergic reactions.

Breastfeeding Basics for the Mother:

1. Breastfeeding promotes bonding with the infant.
2. Breastfeeding promotes a quicker return to pre-pregnant weight.
3. Breastfeeding promotes less bleeding after the birth.
4. Breastfeeding is convenient.
5. Mothers who breastfeed have a reduced risk of ovarian cancer and premenopausal breast cancer.
6. Parents miss work less often to care for a sick infant.
7. Breastfed infants produce nicer bowel movements to change.
8. Breast milk can be pumped, bottled, and frozen for later use.

Breastfeeding can make it more challenging for other family members to help with feeding. However, the mother can pump breast milk and use bottles for other family members to participate. While breastfeeding, the mother should continue to avoid eating or drinking anything harmful that could pass through her milk to the infant, such as alcohol, drugs, and certain foods.

Formula Feeding Facts

The health benefits of breastfeeding are well documented. However, formula feeding with a bottle can also be a healthy choice. Some mothers formula feed right away when the infant is born, or start after they breastfeed for a period of time. The most important thing is that the infant is loved and well-cared for, no matter what the feeding choice.

Reasons for Formula Feeding:

1. Infant has a poor sucking reflex (common in premature infants).
2. Breastfeeding is painful for the mother.
3. Mother is concerned that the infant is not getting enough milk.
4. Mother has tried to breastfeed but has had difficulty.
5. Infant must be separated from mother for a long period of time (for medical reasons, for example).
6. Mother must return to work.
7. Mother has a health problem requiring medication that should not be given to the nursing infant.

What Is Formula?

Formula is a liquid product for infants designed to be as nutritionally close to breast milk as possible. Formula makers cannot duplicate the resistance to infection that breast milk offers, but formula does give nutritional nourishments for a growing infant.

Never give an infant cow's milk; it is not recommended until after the infant is one year old. Cow's milk is meant for calves. It is high in muscle-building protein that is perfect for calves, not human infants.

Types of Formula

Formula can be powdered, concentrated liquid, or ready-to-use liquid. The content is essentially the same. The differences are ease of preparation, cost, and storage. Powdered formula must be mixed with water, concentrated liquid must be diluted with water, and ready-to-feed liquid needs no preparation but is the most expensive.

Ready-to-feed formulas come in large cans, which you pour into bottles. Ready-to-feed formulas must be used immediately or be refrigerated after mixing or opening and used within 24-48 hours (check the labels). Many experts suggest discarding them after 24 hours.

Breastfeeding Versus Formula Feeding

Instructions: With your group, decide which quadrant in the chart below each of you will fill in. Fill in your quadrant, then share your ideas with one another. Complete all quadrants, contributing additional ideas for each quadrant as you see fit.

	Breastfeeding	**Formula Feeding**
Advantages		
Disadvantages		

Lesson Four – Holding and Feeding

REVIEW: Holding and Feeding Scenarios

25-35 minutes

Purpose:
This activity aims to assess and reinforce students' understanding of the concepts and techniques learned in the lesson on proper infant care, including holding, carrying, and feeding infants.

Through real-world scenarios and questions, this activity aims to evaluate students' ability to apply their knowledge and critical thinking skills in situations related to infant care.

It seeks to promote a deeper understanding of the importance of safe and nurturing infant care practices, emphasizing the practical application of these skills in real-life scenarios.

Materials:
- *Holding and Feeding Scenarios* worksheet
- *Holding and Feeding Quiz*
- *Holding and Feeding Quiz* – Answer Key
- *Review Holding and Feeding* slide presentation

Facilitation Steps:
1. Begin by distributing and explaining the purpose of the *Holding and Feed Scenarios* worksheet, which is to evaluate students' comprehension of the lesson concepts and their ability to apply this knowledge to practical situations. Students should read through each question and answer in the space provided.
2. Assign students to a pair or small group after they have had time to complete the scenarios worksheet.
3. After each scenario, encourage students to discuss their answers or feedback with a partner or in small groups. This collaborative discussion will help them think critically about the scenarios and their responses.
4. If time allows, lead a brief discussion about the scenarios as a whole class. Ask students to share their insights and answers for each scenario and provide any additional feedback or guidance as needed.
5. Summarize the key takeaways from the lesson on proper infant care techniques and feeding methods. Reinforce the importance of safe and nurturing infant care practices.
6. Give each student the *Holding and Feeding Quiz*. Give students two to four minutes for students to complete it.
7. Share answers as a whole group activity. Refer to the quiz answer key.
8. Wrap up the lesson by sharing the *Review Holding and Feeding* slide presentation.

Slide 1: Introduction slide

Slide 2: Feeding
Feeding provides a great opportunity to connect with the infant. Look at the infant and talk to them in a soothing voice while you feed them.

Sometimes parents worry about their infant's eating habits. Some infants eat more, and others eat less. If there is concern and the infant does not seem to be gaining weight, the infant should be seen by their healthcare provider.

Infant growth is tracked according to a growth chart, a scale that shows how an infant is growing according to their age and sex compared to other children the same age in your country. Infants should steadily gain weight.

Breast milk is the preferred choice, especially for infants zero to six months old. The next best choice is iron-fortified infant formula. Cow's milk is not appropriate for children under the age of one year.

Slide 3: Breast Milk Pros and Cons
The advantages of breast milk include easy digestion, convenience, it is free, no preparation required, it is the right temperature and sanitary, it protects the infant from potential infections and diseases, it offers additional financial savings from fewer trips to doctor due to illness, and physical benefits to mother.

The disadvantages of breast milk include less bonding for other caregivers, more time required of mothers (frequency and length of feedings is greater), and mothers must monitor what they eat.

Slide 4: Formula Pros and Cons
The advantages of formula include other caregivers can bond with infant through feedings, mothers do not need to be concerned about how their diet will affect the infant, more flexibility (mothers can leave infants with babysitters once bottles are prepared), and time and frequency of feedings is less.

The disadvantages of formula include a good supply of formula must always be on hand to ensure not running out, preparation takes more time (washing bottles, mixing formula, heating formula), lack of antibodies found in breast milk, expense, and may cause gas or constipation.

Slides 5-6: Pumping
Mothers can pump their milk so that others can feed the infant. Breast milk can be stored for 24 hours in the refrigerator or up to two months in the freezer. When a mother is planning to go back to work, she can begin offering a bottle two weeks before she starts.

Having someone else give the bottle to the infant makes the transition easier.

Slide 7: When Using a Bottle…
Always check the expiration date on the formula container.

Do not save leftover formula or breast milk. If the infant does not finish a bottle in one feeding, do not keep the formula or breast milk for the next feeding as bacteria from the infant's saliva can get into the milk, potentially causing an upset stomach or diarrhea.

Make only as much formula or breast milk as the infant usually eats, to help avoid waste.

Store prepared formula or breast milk in the refrigerator no longer than 48 hours. Throw out formula that has been left out of the refrigerator longer than one hour. Check the formula's label for complete information.

Usually, bottles will need to be warmed up before feeding the infant, unless the infant prefers cold formula. Do not use the microwave to warm an infant's bottle because it can create dangerous "hot spots." To warm a bottle, run it under warm water for a few minutes or put it in a pan of warm water for a few minutes. Test the temperature by squirting a drop or two of the formula on the inside of your wrist.

Slide 8: Infants Give Signals
- Feed when they show signs of being hungry
- Help them calm down so they can eat peacefully
- Hold the infant during feeding, talk and look into the infant's eyes
- Stop feeding when the infant seems to be full (i.e., turns away)

Slide 9: Responding to the Infant Helps Them Learn…
- You will respond to their needs, building trust
- They are a good communicator, because you responded when they cried
- To eat and sleep in a predictable pattern
- Milk is for nutrition, not for comfort

Slide 10: Burping
A repeated gentle patting on the infant's back is best. Do not pat too hard. To avoid messy cleanups, use a burp cloth on your shoulder, or put a towel or bib under the infant's chin. Three common positions for burping are:
- Sitting upright and holding the infant against your chest. The infant's chin should rest on your shoulder as you support their head and back with one hand. With the other hand, gently pat the infant's back.
- Hold the infant sitting up in your lap or across your knee. Support the infant's chest and head with one hand by cradling their chin in the palm of your hand and resting the heel of your hand on their chest, being careful to grip their chin, not throat. With the other hand, gently pat the infant's back.
- Lay the infant on your lap on their belly. Support the infant's head and make sure it is higher than their chest. Gently pat the infant's back.

If the infant is fussy while feeding, pause to burp the infant. Try burping after every two to three ounces (60-90 milliliters). Consider keeping infants zero to six months of age in an upright position for 10-15 minutes after feeding to help prevent the milk from coming back up, especially if they are prone to spitting up.

Slide 11: Spitting Up
Most infants do some amount of spitting up after eating. While this can be messy, it is not a cause for concern. It rarely indicates a serious problem.

Although it may be impossible to prevent spitting up entirely, these tips may help:

- Keep a burping cloth handy. These also help protect your clothes when burping the infant.
- Keep feeding time calm. Make each feeding peaceful and relaxed. Feed the infant as soon after they begin to cry for food as possible. This prevents them from becoming frantic.
- Try feeding less at a sitting. Feed an ounce less than usual, feeding more frequently.
- Burp frequently. Burping after every two to three ounces (60-90 milliliters) helps prevent air from building up in the infant's stomach. To avoid putting extra pressure on the infant's stomach, use the sitting up method to burp, supporting the back and head with your hand.
- Keep the infant upright during and after feeding. Gravity can help stomach contents stay where they belong. Try not to jostle the infant while food is settling.
- Check nipple size. Make sure the nipple hole is not too large or too small. To test for correct size, hold the bottle upside down. A few drops of milk will fall out of a correctly sized nipple.

Slide 12: Spitting Up Warning Signs
While most spitting up is harmless, the following situations may require a review by a healthcare professional. The infant:

- Is not gaining weight
- Is lethargic
- Spits up forcefully, projecting stomach contents
- Spits up more than one or two tablespoons at a time
- Is hungry between feedings
- Has few wet diapers
- Displays discomfort after feedings (possible acid reflux

Slide 13: Baby Bottle Tooth Decay (BBTD)
BBTD is caused by prolonged contact with almost any liquid other than water, such as breast milk, formula, juice, or any liquid with natural or added sugars.

Generally, BBTD occurs when the infant is put to bed with a bottle or allowed to suck on a bottle outside of mealtimes. The natural or added sugars in the liquid are changed to acid by germs in the mouth.

This strong acid can begin to dissolve the teeth, causing them to decay. To avoid BBTD, do not put the infant to bed with a bottle; only give a bottle during mealtimes. Keep the infant's mouth clean by gently brushing their gums or any baby teeth with a soft infant toothbrush and water daily.

Holding and Feeding Scenarios

Instructions: Read each scenario carefully and use what you have learned about proper infant care techniques and feeding methods to answer the questions or provide feedback.

Scenario 1: Proper Holding Techniques

You are at a family gathering, and your cousin asks you to hold her newborn baby. What key points should you keep in mind when holding the infant safely?

Answer/Feedback:

Scenario 2: Nursemaid's Elbow

Your neighbor's toddler is crying and reaching up, indicating they want to be held. You notice that an adult is pulling the toddler's arm. What advice would you give to prevent the nursemaid's elbow risk in this situation?

Answer/Feedback:

Scenario 3: Proper Feeding Position

Your friend is babysitting a three-month-old infant and is about to feed the baby with a bottle. You notice that your friend is holding the bottle in a way that doesn't support the baby's head. What should your friend do to ensure proper feeding positioning?

Answer/Feedback:

Scenario 4: Burping

You are helping your family care for your baby sibling, who has just finished drinking from a bottle. What steps should you take to ensure the baby is properly burped after feeding?

Answer/Feedback:

Reflection

Think about your own experiences and learning from today's lesson. What was the most important thing you learned about proper infant care techniques and feeding methods? How do you plan to apply this knowledge in the future?

Answer/Feedback:

Name: _____ Class: _____

Holding and Feeding Quiz

Instructions: Read each question and choose the best response.

1. What is one key point when holding an infant safely?
    a. Keep a hand under the baby's bottom for support
    b. Hold the infant with one hand while multitasking with the other
    c. Make sudden movements to entertain the infant
    d. Hold the infant away from your body

2. What is "nursemaid's elbow"?
    a. A common injury in infants caused by improper handling
    b. A type of baby formula
    c. A method of burping an infant
    d. A type of infant clothing

3. To hold an infant correctly during feeding, what should you pay attention to?
    a. Avoid maintaining eye contact with the infant
    b. Hold the bottle loosely
    c. Position the baby's head and neck properly
    d. Let the baby hold the bottle

4. Why is burping important after an infant has been fed?
    a. It helps the baby fall asleep faster
    b. It releases air bubbles and prevents discomfort
    c. It stimulates the baby's appetite for more feeding
    d. It is not necessary after bottle feeding

5. What is one benefit of breastfeeding for an infant?
    a. It requires less time and effort from the caregiver
    b. It provides a wide variety of infant formulas to choose from
    c. It offers natural antibodies and essential nutrients
    d. It can be started immediately after birth

Holding and Feeding Quiz – Answer Key

1. What is one key point when holding an infant safely?
   a. Keep a hand under the baby's bottom for support
   b. Hold the infant with one hand while multitasking with the other
   c. Make sudden movements to entertain the infant
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Lesson Five – Bathing and Diapering

Lesson Overview

In this lesson, students will learn the essential skills of holding and feeding an infant while ensuring their safety and wellbeing. Participants will have hands-on experience using the RealCare Baby® infant simulator (Baby) to practice these skills.

Lesson Objectives

After completing this lesson, participants will be able to:

- Describe the proper techniques for bathing an infant
- Describe the proper techniques for diapering an infant
- Demonstrate how to safely and effectively bathe and diaper an infant
- Practice caregiving tasks using Baby

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Bathing and Diapering* slide presentation (slides 1-21) • Baby • Infant-sized bathtub or appropriate container • Infant soap and shampoo • Cotton balls or pads • Towels and washcloths • Clean clothing for the infant • Diapers (both cloth and disposable for demonstration purposes) • Baby wipes • Changing mat or clean surface • Disposable gloves (for caregiver's hygiene) • Plastic bags for diaper disposal	1. Prepare the *Bathing and Diapering* slide presentation. 2. Prepare Baby for demonstration. 3. Prepare listed materials for a bathing and diapering demonstrations.	30 minutes

LEARN	• *Bathing and Diapering Techniques* slide presentation (slides 22-27) • RealCare Baby® infant simulator (Baby) • Infant-sized bathtub or appropriate container • Infant soap and shampoo • Cotton balls or pads • Towels and washcloths • Clean clothing for the infant • Diapers (both cloth and disposable for demonstration purposes) • Baby wipes • Changing mat or clean surface • Disposable gloves (for caregiver's hygiene) • Plastic bags for diaper disposal • *Bathing an Infant* • *Bathing Observation* • *Diapering an Infant (Disposable)* • *Diapering Observation (Disposable)* • *Diapering an Infant (Cloth)* • *Diapering Observation (Cloth)*	1. Prepare the *Bathing and Diapering* slide presentation. 2. Print the *Bathing an Infant, Bathing Observation, Diapering an Infant (Disposable), Diapering Observation (Disposable), Diapering an Infant (Cloth), Diapering Observation (Cloth)* worksheets (one of each per student). 3. Prepare Baby and the bathing and diapering materials.	45-60 minutes
REVIEW	• *Bathing and Diapering Scenarios* worksheet • *Bathing and Diapering Quiz* • *Bathing and Diapering Quiz* – Answer Key	1. Print the *Bathing and Diapering Scenarios* and *Bathing and Diapering Quiz* (one of each per student). 2. Access the answer key for the quiz.	15 minutes

Note: Baby cannot be immersed in water. **DO NOT** use water when demonstrating this skill. Instead, simulate filling the tub with water then "bathe" Baby with a dry washcloth.

Lesson Five – Bathing and Diapering

FOCUS: Introduction to Bathing and Diapering

30 minutes

Purpose:
The purpose of this activity is to emphasize the importance of proper bathing and diapering techniques for infants. This brief activity is designed to engage participants and set the stage for the lesson on bathing and diapering infants.

Materials:

- *Bathing and Diapering* slide presentation (slides 1-21)
- RealCare Baby® infant simulator
- Infant-sized bathtub or appropriate container
- Infant soap and shampoo
- Cotton balls or pads
- Towels and washcloths
- Clean clothing for the infant
- Diapers (both cloth and disposable for demonstration purposes)
- Baby wipes
- Changing mat or clean surface
- Disposable gloves (for caregiver's hygiene)
- Plastic bags for diaper disposal

Facilitation Steps:

1. Display the slide presentation and use discussion points on each slide to guide instruction on introductory content for bathing an infant.

   Emphasize that proper hygiene through bathing is essential for an infant's health and wellbeing. Discuss how these routines ensure the infant's physical comfort and prevent common issues, like diaper rash and skin irritation.

   Highlight that these caregiving activities also serve as valuable opportunities to strengthen the emotional bond between caregivers and infants.

   Engage the participants by asking if they can think of additional reasons why proper bathing is crucial.

   Slide 1: Bathing and Diapering

Slide 2: Importance of Bathing
Bathing an infant is an important daily routine that promotes bonding between caregiver and child. To ensure safety and comfort, caregivers should use appropriate techniques, such as preparing bath supplies, setting the correct water temperature, supporting the infant's head and neck, washing gently with mild soap, and drying thoroughly after the bath.

Slide 3: Key Bathing Techniques
Bathing an infant can be a daunting experience, particularly for those new to parenting or who have limited experience with infants. However, key techniques can help ensure the baby is safe, comfortable, and secure during bath time.

Key holding techniques include:

- Test the water temperature before placing the baby in the water
- Use a cradling hold
- Keep one hand on the baby during bath time to ensure their safety
- Never leave the baby unattended during bath time

Slides 4-5: Testing the Water Temperature
To ensure a safe and comfortable bath for the baby, it is important to test the water temperature before placing them in the tub.

- The ideal water temperature for an infant's bath should be around 100°F (38°C)
- Use a water thermometer or your elbow to check the temperature and adjust it by adding warm or cold water accordingly

Babies have sensitive skin, so it is crucial to ensure the water temperature is comfortable for them. Testing the water temperature is a simple yet crucial step to make your baby's bath time safe and enjoyable.

Slides 6-7: Cradling Hold
Cradling hold is a popular way to hold an infant during bath time. The cradling hold involves supporting the baby's head with one hand and their body with the other while gently lowering them into the bath water.

This hold lets you keep the baby's head above the water while you wash their body. You can use the cradling hold to transfer the infant to an infant-sized bathtub.

Slide 8: Using an Infant Bathtub
Bathing a newborn is easier with an infant bathtub. To use one properly, make sure it is clean, fill it with warm water, undress the baby, gently lower them into the tub, wash their skin with a soft washcloth or sponge, lift them out of the tub, and return to a cradling hold when finished.

Slide 9: Be Alert
To ensure the safety and comfort of infants during bath time, it is important to keep a hand on them and never leave them unattended.

Babies are delicate and can easily slip or drown in water, so always being present and attentive is important. These measures help prevent accidents and provide a fun and safe experience for both the caregiver and the baby.

Slides 10-11: Using Soap to Bathe
Using soap and shampoo during bath time can help keep the baby's skin clean and healthy. When bathing an infant, it is important to use a mild soap and shampoo specifically designed for babies.

Before starting the bath, gather all the necessary supplies, including a clean washcloth, towel, and a basin of warm water.

To begin, place the baby in the basin of warm water and use a washcloth to gently wash their body, starting from the head and working down to the toes.

Use a small amount of soap on the washcloth and avoid getting any soap or water in the baby's eyes, nose, or mouth.

Slide 12: Towel Drying an Infant
Once the baby's body is clean, rinse them thoroughly with clean water and wrap them in a soft towel. It is important to be gentle when drying the baby, as their skin is very sensitive.

Be sure to dry all the folds and creases, especially behind the ears, under the arms, and in the diaper area.

2. Use the RealCare Baby® infant simulator (Baby) to demonstrate the proper techniques for bathing an infant. Emphasize the following key points:

   - Checking water temperature
   - Supporting the infant's head and neck while gently washing
   - Ensuring that soap or shampoo doesn't get into the infant's eyes
   - Rinsing thoroughly
   - Drying the infant gently and completely

   Note: Baby cannot be immersed in water. **DO NOT** use water when demonstrating this skill. Instead, simulate filling the tub with water then "bathe" Baby with a dry washcloth.

3. Demonstrate how to properly prepare for a bath and bathe an infant, explaining the following steps:

   Note: It is unlikely that babysitting/childcare participants will need to bathe an infant or toddler. But if asked to bathe an infant or toddler, it is important that they understand the safety issues involved.

   - Keep the infant in a safe place, such as an infant seat, while you gather supplies: infant towel and washcloth, infant bathtub, infant soap, cotton balls or pads, clean diaper and clothes.
   - Use something to line the tub to keep the infant from slipping, such as a foam liner or a towel. Be sure to dry and/or launder the foam liner or towel after use to prevent the growth of germs.
   - Fill the tub with two to three inches of warm (not hot) water. Test the water temperature with your elbow.

- Use a damp cotton ball or pad to gently wipe the infant's eyes before you put them in the tub. Use a separate cotton ball for each eye to prevent the spread of possible infections. Be sure to support the infant's head and neck.
- Gently place the infant in the tub of water. If they are not old enough to sit up, support the head and neck as you recline the infant slightly.
- Use a clean, damp washcloth without soap to wash the infant's face. Gently wash the outside and back of each ear and the neck.
- If you are washing hair, lean the infant back and gently massage water into their hair and scalp. Use a cup to pour water over their hair, being careful to let the water run backward, not into the infant's face. You can use baby shampoo if desired, but there is really no need. Infants are born with all the natural oils needed to keep the scalp beautiful, and shampoos can spoil this balance. If you do use a mild baby shampoo, when you rinse it, cup your hand across the infant's forehead so the suds run toward the sides and soap does not get into the eyes.

  Note: You will simulate using soap, water, and shampoo. Do not use soap, water, or shampoo with the RealCare Baby® infant simulator.

- Regularly pour water gently over the infant's body so they do not get cold.
- Wash the infant's body, starting with the chest. After washing with a soapy washcloth, rinse the cloth in the bath water and use it to rinse the infant.
- Pat the infant dry with a clean towel. Make sure to dry gently behind the ears and in the skin folds, so that no excess moisture is left there. Always keep the infant covered with a towel to keep warm until they are dry. Gently dry the hair with a towel as much as possible. The fine hair of an infant will dry quickly. Do not use a hair dryer, as it is unnecessary and potentially dangerous.
- When dry, lay the infant down in a safe place to put on a clean diaper and clothes.

4. Demonstrate how to properly dress an infant, explaining the following steps:
   - If you use a pullover shirt, stretch the neck of the shirt and gently pull the neck opening over the infant's head, keeping it away from face and ears if possible.
   - Reach through the sleeve opening and gently draw one arm through it, then do the same with the other arm.
   - Older toddlers and preschoolers may want to dress themselves. Let them help. Allow plenty of time when dressing a child. Rushing can upset the child and make the job more difficult.

5. Display the diapering slide presentation and use the discussion points on each slide to guide instruction on introductory content for diapering an infant.

   Emphasize that proper hygiene through diapering is essential for an infant's health and wellbeing. Discuss how these routines ensure the infant's physical comfort and prevent common issues, like diaper rash and skin irritation.

   Highlight that these caregiving activities also serve as valuable opportunities to strengthen the emotional bond between caregivers and infants.

   Engage participants by asking if they can think of additional reasons why proper diapering is crucial.

   Slides 13-14: Introduction to Diapering
   Proper diapering techniques are important for maintaining the health and comfort of infants, preventing diaper rash and infections, and supporting their development.

Caregivers should learn the appropriate techniques and be aware of the different types of diapers available to ensure the baby's happiness, health, and comfort.

Slides 15-16: Diapering Types
Cloth and disposable diapers are the two types of diapers. They have differences in cost, environmental impact, and convenience.

Caregivers should use the diapers provided by the parents.

Cloth diapers are reusable and eco-friendly but require washing and drying, while disposable diapers are single-use and take longer to decompose.

Cloth diapers require an initial investment but can save money in the long run.

Ultimately, the choice depends on personal preference and factors such as cost, convenience, and environmental impact.

Slides 17-20: Proper Diapering Techniques
No matter which type of diaper the infant requires, the first step is to gather all the necessary supplies, including a clean diaper, wipes, diaper cream, and a changing pad.

Place the baby on the changing pad, ensuring you always keep a hand on the baby. Next, use the wipes to clean the baby's bottom and wipe from front to back to avoid spreading bacteria.

After the baby is clean, apply a thin layer of diaper cream to prevent diaper rash. Open the clean diaper and slide it under the baby, ensuring the back of the diaper is lined up with the baby's waist.

Bring the front of the diaper up between the baby's legs and fasten the tabs on each side, ensuring the diaper is snug but not too tight.

Finally, ensure the diaper is properly positioned and adjusted, and dispose of the dirty diaper and wipes in a trash can.

Cloth diapering is a great option for parents who want to be mindful of their environmental impact and save money in the long run. When it comes to using a cloth diaper on an infant, there are a few techniques you will want to keep in mind.

Ensure the diaper is snug around the waist and legs but not too tight. You should be able to fit a finger between the diaper and the baby's skin. This can help prevent leaks and ensure the baby stays comfortable.

You will need to change the diaper frequently. Cloth diapers do not have the same absorbency as disposables, so you will need to change them every two to three hours or when they become soiled.

Using a good washing routine is important to keep your cloth diapers clean and sanitary. This may include a pre-rinse, a hot wash with detergent, and an extra rinse cycle. Check with the parent to see what they prefer.

Slide 21: Diapering Tips
To ensure a clean, comfortable, and safe diapering experience:

- Start by washing your hands thoroughly
- When removing a soiled diaper, do it gently and hygienically, then clean the baby's bottom and genital area
- Choose the appropriate size and fit for the baby's fresh diaper and fasten it securely but not too tightly
- Dispose of soiled diapers properly
- Never leave a soiled diaper lying around

6. Use the RealCare Baby® infant simulator to demonstrate diapering an infant. Emphasize the following key points:
   - Preparing the changing area
   - Ensuring proper hand hygiene, including the use of disposable gloves
   - Safely removing and disposing of the soiled diaper
   - Simulating cleaning the infant's bottom with baby wipes
   - Properly securing a fresh diaper in place
   - Ensuring the infant is comfortable and clean

   Note: DO NOT use diaper cream or baby wipes on Baby.

7. Demonstrate how to properly diaper an infant with a disposable diaper, explaining the following steps:
   - Keep the infant in a safe place, such as an infant seat, while you gather supplies:

disposable gloves, water-resistant pad, disposable diaper, baby wipes or washcloth, and plastic bag. Explain that you must be careful to never leave the infant unattended, even for a moment. Infants can wiggle off a changing table easily and get hurt. Safety straps on the changing table should be used. If uncomfortable using a changing table, a crib or the floor may also be used. If using the floor, put an infant blanket down first.

- Wash your hands and put on disposable gloves.
- Place a water-resistant pad under the infant by lifting their legs with one hand and sliding the pad under the infant's bottom with the other.
- Peel back the fasteners on either side of the dirty diaper. Remove the dirty diaper by lifting the infant's legs or hips high enough to slide the dirty diaper away. Fold the fasteners back over the dirty diaper and set aside, out of the infant's reach.
- Clean the infant's bottom with baby wipes or a washcloth. Always clean from front to back and be sure to get in between the folds of the skin to remove any mess or urine. Wipe gently. If the infant is a boy, keep him covered with a washcloth or baby wipe to avoid being sprayed.
- Unfold the clean diaper and slide it under the infant by holding their legs up with one hand and sliding the diaper under the infant's bottom with the other hand. Be sure the fasteners on the clean diaper are on the bottom and are about even with the infant's belly button.
- Pull the front of the clean diaper up between the infant's legs. If the infant is a boy, place the penis in a downward position before fastening the diaper. This helps prevent leaks from creeping above the waistline. Secure the diaper by peeling back the fasteners on either side of the diaper, bringing them around to overlap the front of the diaper, and attaching them to the front.
- Place the dirty diaper in a plastic bag. Wipe the water-resistant pad with a clean baby wipe and discard the wipe in the bag. Remove your disposable gloves and discard them in the bag.
- Place the infant in a safe location, such as an infant seat. Wash their hands with a clean cloth, and then wash your hands.

8. Demonstrate how to properly diaper an infant with a cloth diaper, explaining the following steps:
    - Keep the infant in a safe place, such as an infant seat, while you gather supplies: disposable gloves, water-resistant pad, cloth diaper, and baby wipes or washcloth.
    - Wash your hands and put on disposable gloves.
    - Place a water-resistant pad under the infant by lifting their legs with one hand and sliding the pad under the infant's bottom with the other.
    - Remove the infant's rubber pants. Unfasten and remove the pins from the cloth diaper, keeping the pins out of the infant's reach.
    - Remove the dirty diaper by lifting the infant's legs or hips high enough to slide the dirty diaper away. Fold the dirty diaper so the mess is on the inside. Set the dirty diaper aside, out of the infant's reach.
    - Clean the infant's bottom with baby wipes or a washcloth. Always clean from front to back and be sure to get in between the folds of the skin to remove any mess or urine. Wipe gently. If the infant is a boy, keep him covered with a washcloth or baby wipe to avoid being sprayed.

- Fold the clean diaper. If you are diapering a boy, fold the top edge down so that the fold is face down in the front. If you are diapering a girl, fold the diaper so the fold is face down in the back. Hold the infant's legs up with one hand and slide the clean diaper under the infant's bottom with the other hand.
- Pull the front of the diaper in between the infant's legs. Bring the back of the diaper sides around the infant and on top of the front at each side. Hold your fingers between the diaper and the infant and secure the pins on each side. The diaper should fit snugly, but not too tightly.
- Put the rubber pants on over the cloth diaper.
- Clean out the dirty diaper by disposing of feces in the toilet. Place the dirty diaper in the diaper pail. Wipe the water-resistant pad with a clean baby wipe and discard in the trash. Remove your disposable gloves and discard them in the trash.
- Place the infant in a safe location, such as an infant seat. Wash their hands with a clean cloth, and then wash your hands.

Lesson Five – Bathing and Diapering

LEARN: Techniques for Bathing and Diapering

45-60 minutes

Purpose:
This lesson aims to provide participants with comprehensive knowledge and understanding of the proper techniques for bathing and diapering an infant.

Participants will be equipped with the knowledge to perform these caregiving tasks safely and effectively, ensuring the wellbeing and comfort of the infant.

Materials:

- *Bathing and Diapering* slide presentation (slides 22-27)
- RealCare Baby® infant simulator (Baby)
- Student ID (powered on)
- Infant-sized bathtub or appropriate container
- Infant soap and shampoo
- Cotton balls or pads
- Towels and washcloths
- Clean clothing for the infant
- Diapers (both cloth and disposable for demonstration purposes)
- Baby wipes
- Changing mat or clean surface
- Disposable gloves (for caregiver's hygiene)
- Plastic bags for diaper disposal
- *Bathing an Infant*
- *Bathing Observation*
- *Diapering an Infant (Disposable)*
- *Diapering Observation (Disposable)*
- *Diapering an Infant (Cloth)*
- *Diapering Observation (Cloth)*

Facilitation Steps:

Part 1: Bathing Techniques Practice

1. Begin by explaining the purpose of this activity, which is to provide participants with essential knowledge and skills for safely bathing an infant.

   Use slides 22-23 to reinforce concepts previously discussed and prepare students for the activity.

2. Participants can now practice bathing Baby. Ensure that each participant takes turns and provides guidance as needed. Encourage them to ask questions and seek clarification. Give each participant or group of participants one Baby.

3. Demonstrate how to properly undress an infant, explaining the following steps:
   - Gather clean clothes to be changed into.
   - If the infant is wearing a shirt with snaps or buttons, undo the snaps or buttons, gently slide one arm out of the sleeve by pulling on the cuff and then slide the other arm out.
   - If the infant is wearing a pullover shirt, gently slide one arm out of the sleeve by pulling on the cuff; then, slide the other arm out. Ease the shirt up and off over the infant's head.

4. Program participants' Babies to demonstrate "Coo," selecting "Continuous" and altering event duration to allow enough time for participant practice. Have each participant practice the techniques you modeled. Circle the room, helping and answering questions as necessary.

Note: Programming RealCare Baby® infant simulators (Babies) to demonstrate a continuous coo will help you identify whether the participants are providing proper head support while practicing the techniques you modeled.

5. Give each participant a copy of the *Bathing an Infant* and *Bathing Observation* worksheets. Divide participants into groups of two and explain that one participant will practice the techniques you modeled while the other will observe and critique, noting on the checklist whether each step is completed correctly, and vice versa.

6. Have participants practice the techniques you modeled.

Part 2: Diapering Techniques Practice

1. Begin by explaining the purpose of this activity, which is to provide participants with essential knowledge and skills for safely diapering an infant.

   Use slide 24-27 to reinforce concepts previously discussed and prepare students for the activity.

2. Participants can now practice diapering the Baby. Ensure each participant takes turns and provide guidance as needed.

   Encourage participants to ask questions and seek clarification. Give each participant or group of participants one Baby.

3. Explain that during this activity real diapers will be used, rather than the diapers that come with Baby. Later, during the care simulation, participants will use the diapers that come with Baby as they electronically interact with Baby's sensors to track whether its diaper has been changed.

4. Explain that an infant's diaper generally needs to be changed at least six times per day, more often if necessary. With today's absorbent disposable diapers, the infant may not seem wet, but leaving them in a soiled diaper is unhealthy, uncomfortable, and contributes to diaper rash. Most infants will dirty a diaper after each feeding and several in between feedings.

5. Further explain the purpose of this activity, which is to teach participants how to diaper an infant safely and discuss the difference between cloth and disposable diapers.

6. Participants will now practice diapering Baby, paying close attention to correct techniques for both cloth and disposable diapers.

7. Give each participant a copy of the *Diapering an Infant (Disposable)* and *Diapering Observation (Disposable)* worksheets. Divide participants into groups of two and explain that one participant will practice the techniques you modeled while the other will observe and critique, noting on the checklist whether each step is completed correctly, and vice versa.

8. Program participants' Babies to demonstrate "Coo," selecting "Continuous" and altering event duration to allow enough time for participant practice.

9. Have each participant practice the techniques you modeled. Circle the room, helping and answering questions as necessary.

10. Give each participant a copy of the *Diapering an Infant (Cloth)* and *Diapering Observation (Cloth)* worksheets. Divide participants into groups of two and explain that one participant will practice the techniques you modeled while the other will observe and critique, noting on the checklist whether each step is completed correctly, and vice versa.

Bathing an Infant

How to bathe an infant:

1. Keep the infant in a safe place, such as an infant seat, while you gather supplies: infant towel and washcloth, infant bathtub, infant soap, cotton balls or pads, and clean diaper and clothes.

2. Use something to line the tub to keep the infant from slipping, such as a foam liner or a towel. Be sure to dry and/or launder the foam liner or towel after use to prevent the growth of germs.

3. Fill the tub with two to three inches of warm (not hot) water. Test the water temperature with your elbow.

4. Use a damp cotton ball or pad to gently wipe the infant's eyes before you put them in the tub. Use a separate cotton ball for each eye to prevent the spread of possible infections. Be sure to support the infant's head and neck.

5. Gently place the infant in the tub of water. If they are not old enough to sit up, support the head and neck as you recline the infant slightly.

6. Use a clean, damp washcloth without soap to wash the infant's face. Gently wash the outside and back of each ear and the neck.

7. If you are washing hair, lean the infant back and gently massage water into hair and scalp. Use a cup to pour water over their hair, being careful to let the water run backward, not into the infant's face. If you use a mild baby shampoo, when you rinse it, cup your hand across the infant's forehead so the suds run toward the sides and soap does not get into the infant's eyes.

8. Regularly pour water gently over the infant's body so they do not get cold.

9. Wash the infant's body, starting with the chest. After washing with a soapy washcloth, rinse the cloth in the bath water and use it to rinse the infant.

10. Pat the infant dry with a clean towel. Make sure to dry gently behind the ears and in the skin folds, so that no excess moisture is left there. Always keep the infant covered with a towel to stay warm until they are dry. Gently dry the hair with a towel as much as possible. The fine hair of an infant will dry quickly. Do not use a hair dryer, as it is unnecessary and potentially dangerous.

11. When dry, lay the infant down in a safe place to put on a clean diaper and clothes.

Bath safety:

1. Choose a place where there are no drafts, so the infant stays warm during the bath.

2. Never leave the infant alone, even for a moment, in a bathtub or near any water. An infant can drown in as little as two inches of water.

3. Do not use bubble bath or harsh soap as these may cause rashes

Bathing Observation

Instructions: Observe your partner bathing the RealCare Baby® infant simulator (Baby). If a step is completed correctly, place a check mark in the "Completed Correctly" column. If a step is completed incorrectly, note any missed steps, incorrect processes, and/or mishandling of Baby. **DO NOT** get Baby wet. Use dry cloths only.

Step	Description	Completed Correctly	Comments
1	Gather supplies		
2	Line the tub		
3	Fill tub with two to three inches of water		
4	Wipe the infant's eyes		
5	Place the infant in the tub **DO NOT PLACE BABY IN WATER**		
6	Support the head, neck, and back		
7	Wash the face		
8	Wash the hair		
9	Wash the body		
10	Dry the body and hair with a towel		
11	Lay the infant down to diaper, then dress		

Common errors:

- Not having all supplies ready before beginning the bath
- Not supporting the infant's head, neck, and back
- Not drying the infant thoroughly

Diapering an Infant (Disposable)

How to diaper an infant using disposable diapers:

1. Keep the infant in a safe place, such as an infant seat, while you gather supplies: disposable gloves, water-resistant pad, disposable diaper, baby wipes or washcloth, and plastic bag.

2. Wash your hands and put on disposable gloves.

3. Place a water-resistant pad under the infant by lifting their legs with one hand and sliding the pad under the infant's bottom with the other.

4. Peel back the fasteners on either side of the dirty diaper. Remove the dirty diaper by lifting the infant's legs or hips high enough to slide the dirty diaper away. Fold the fasteners back over the dirty diaper and set aside, out of the infant's reach.

5. Clean the infant's bottom with baby wipes or a washcloth. Always clean from front to back and be sure to get between the folds of the skin to remove any mess or urine. Wipe gently. If the infant is a boy, keep him covered with a washcloth or baby wipe to avoid being sprayed.

6. Unfold the clean diaper and slide it under the infant by holding their legs up with one hand and sliding the diaper under the infant's bottom with the other hand. Be sure the fasteners on the clean diaper are on the bottom and are about even with the infant's belly button.

7. Pull the front of the clean diaper up between the infant's legs. If the infant is a boy, place the penis in a downward position before fastening the diaper. This helps prevent leaks from creeping above the waistline. Secure the diaper by peeling back the fasteners on either side of the diaper, bringing them around to overlap the front of the diaper, and attaching them to the front of the diaper.

8. Place the dirty diaper in a plastic bag. Wipe the water-resistant pad with a clean baby wipe and discard it in the bag. Remove your disposable gloves and discard them in the bag.

9. Place the infant in a safe location, such as an infant seat. Wash their hands with a clean cloth. Then, wash your hands.

Diaper safety:

1. Never leave the infant unattended, even for a moment. Infants can easily wiggle off changing tables and get hurt. Use the safety straps on the changing table to help secure the infant.

2. If the infant tends to squirm, distract them with a toy, or talk or sing to them.

Diapering Observation (Disposable)

Instructions: Observe your partner diapering the RealCare Baby® infant simulator (Baby). If a step is completed correctly, place a check mark in the "Completed Correctly" column. If a step is completed incorrectly, note any missed steps, incorrect processes, and/or mishandling of Baby.

Step	Description	Completed Correctly	Comments
1	Place Baby in a safe place		
2	Gather supplies		
3	Wash hands and put on gloves		
4	Place the pad under infant's bottom		
5	Remove the dirty diaper		
6	Clean the infant's bottom		
7	Open clean diaper, slide under infant		
8	Position the diaper, secure fasteners		
9	Wipe the pad, remove gloves, and discard them with the dirty diaper		
10	Wash hands, wash infant's hands		

Common errors:

- Not having all supplies ready before beginning the diapering
- Not supporting the infant's head, neck, and back
- Not cleaning the infant thoroughly
- Putting the diaper on too tightly or too loosely
- Putting the diaper on backward
- Not staying with the infant at all times
- Not removing gloves properly
- Not washing hands after glove removal

Diapering an Infant (Cloth)

How to diaper an infant using cloth diapers:

1. Keep the infant in a safe place, such as an infant seat, while you gather supplies: disposable gloves, water-resistant pad, cloth diaper, and baby wipes or washcloth.

2. Wash your hands and put on disposable gloves.

3. Place a water-resistant pad under the infant by lifting their legs with one hand and sliding the pad under the infant's bottom with the other.

4. Remove the infant's rubber pants. Unfasten and remove the pins from the cloth diaper, keeping the pins out of the infant's reach.

5. Remove the dirty diaper by lifting the infant's legs or hips high enough to slide the dirty diaper away. Fold the dirty diaper so the mess is on the inside. Set the dirty diaper aside, out of the infant's reach.

6. Clean the infant's bottom with baby wipes or a washcloth. Always clean from front to back, and be sure to get in between the folds of the skin to remove any mess or urine. Wipe gently. If the infant is a boy, keep him covered with a washcloth or baby wipe to avoid being sprayed.

7. Fold the clean diaper. If the infant is a boy, fold the top edge down so that the fold is face down in the front. If the infant is a girl, fold the diaper so the fold is face down in the back. Hold the infant's legs up with one hand and slide the clean diaper under the infant's bottom with the other hand.

8. Pull the front of the diaper in between the infant's legs. Bring the back of the diaper sides around the infant and on top of the front at each side. Hold your fingers between the diaper and the infant and secure the pins on each side. The diaper should fit snugly, but not too tightly.

9. Put the rubber pants on over the cloth diaper.

10. Clean out the dirty diaper by disposing of feces in the toilet. Place the dirty diaper in the diaper pail. Wipe the water-resistant pad with a clean baby wipe and discard in the trash. Remove your disposable gloves and discard in the trash.

11. Place the infant in a safe location, such as an infant seat. Wash your hands, and then wash their hands with a clean cloth.

Diaper safety:

1. Never leave the infant unattended, even for a moment. Infants can easily wiggle off changing tables and get hurt. Use the safety straps on the changing table to help secure the infant.

2. If the infant tends to squirm, distract them with a toy, or talk or sing to them.

Diapering Observation (Cloth)

Instructions: Observe your partner diapering the RealCare Baby® infant simulator (Baby). If a step is completed correctly, please place a check mark in the "Completed Correctly" column. If a step is completed incorrectly, note any missed steps, incorrect processes, and/or mishandling of Baby.

Step	Description	Completed Correctly	Comments
1	Place Baby in a safe place		
2	Gather supplies		
3	Wash hands and put on gloves		
4	Place the pad under infant's bottom		
5	Remove the rubber pants		
6	Remove the dirty diapers		
7	Clean the infant's bottom		
8	Fold clean diaper, slide under infant		
9	Position the diaper and secure it		
10	Place rubber pants over clean diaper		
11	Clean and discard with the dirty diaper, wipe the pad, remove gloves and discard in the trash		
12	Wash hands, wash infant's hands		

Common errors:

- Not having all supplies ready before beginning the diapering
- Not supporting the infant's head, neck, and back
- Not cleaning the infant thoroughly
- Putting the diaper on too tightly or loosely
- Putting the diaper on backward
- Not staying with the infant at all times
- Not removing gloves properly
- Not washing hands after glove removal

Lesson Five – Bathing and Diapering

REVIEW: Bathing and Diapering Scenarios

15 minutes

Purpose:
This activity aims to assess and reinforce students' understanding of the concepts and techniques learned in the lesson on proper infant care, including bathing and diapering infants.

Through real-world scenarios and questions, this activity aims to evaluate students' ability to apply their knowledge and critical thinking skills in situations related to infant care.

The activity seeks to promote a deeper understanding of the importance of safe and nurturing infant care practices, emphasizing the practical application of these skills in real-life scenarios.

Materials:

- *Bathing and Diapering Scenarios*
- *Bathing and Diapering Quiz*
- *Bathing and Diapering Quiz* – Answer Key

Facilitation Steps:

1. Begin by explaining the purpose of the review activity, which is to evaluate students' comprehension of the lesson concepts and their ability to apply this knowledge to practical situations.
2. Read each scenario aloud, one at a time. Allow students to read and think about each scenario before proceeding to the next one.
3. After each scenario, encourage students to discuss their answers or feedback with a partner or in small groups. This collaborative discussion will help them think critically about the scenarios and their responses.
4. If time allows, lead a brief discussion about the scenarios as a whole class. Ask students to share their insights and answers for each scenario and provide any additional feedback or guidance as needed.
5. Summarize the key takeaways from the lesson on proper infant care techniques and feeding methods. Reinforce the importance of safe and nurturing infant care practices.
6. Distribute the *Bathing and Diapering Quiz* and give students two to three minutes for completion.
7. Access the answer key for the quiz and share the answers with participants.

Name: _____ Class: _____

Bathing and Diapering Scenarios

Instructions: Read each scenario carefully and use what you have learned about proper infant bathing and diapering techniques to answer the questions or provide feedback.

Scenario 1: Proper Bathing Techniques

You are asked to babysit your neighbor's six-month-old infant, and it is time for the baby's bath. What key points should you keep in mind when bathing the infant safely?

Answer/Feedback:

Scenario 2: Water Temperature

While babysitting your younger sibling, you notice that the bathwater seems too hot. What steps should you take to ensure the water temperature is safe for the baby's bath?

Answer/Feedback:

Scenario 3: Diapering Techniques

You are helping your friend change her baby's diaper, and she's using cloth diapers. What are the correct steps for diapering an infant with cloth diapers?

Answer/Feedback:

Scenario 4: Disposable Diapers

Your cousin asks for your help in changing his baby's disposable diaper. What precautions should you take when disposing of the soiled diaper, and how can you ensure proper hygiene during the process?

Answer/Feedback:

Reflection

Think about your own experiences and learning from this lesson. What was the most important thing you learned about proper infant care techniques for bathing and diapering? How do you plan to apply this knowledge in the future?

Answer/Feedback:

Name: _____ Class: _____

Bathing and Diapering Quiz

Instructions: Read each question and choose the best response.

1. What is one key safety precaution to consider when bathing an infant?
   a. Use hot water for a comfortable bath
   b. Keep the infant's head and neck supported
   c. Check the water temperature with your elbow
   d. Use soap and shampoo liberally during the bath

2. What is the recommended method for disposing of a soiled disposable diaper after changing?
   a. Flush it down the toilet
   b. Place it in a plastic bag and throw it in the trash
   c. Bury it in the backyard
   d. Leave it in the diaper changing area

3. During diapering, why is it important to clean from front to back when wiping the infant's bottom?
   a. To prevent diaper rash
   b. To maintain proper hygiene and prevent infections
   c. To save time
   d. To keep the diaper clean for reuse

4. When diapering an infant with cloth diapers, what should you do before securing the diaper in place?
   a. Make sure the diaper is folded with the fold facing up
   b. Apply diaper rash cream liberally
   c. Secure the diaper pins on each side
   d. Skip the diaper pins as they are not necessary

5. What is one of the main takeaways from the lesson on proper infant care techniques?
   a. Infants do not need to be bathed
   b. Safety and hygiene are essential when bathing and diapering infants
   c. It is not necessary to use appropriate bathing techniques
   d. It is okay to use hot water for infant baths if the baby seems comfortable

Bathing and Diapering Quiz – Answer Key

1. What is one key safety precaution to consider when bathing an infant?
   a. Use hot water for a comfortable bath
   b. Keep the infant's head and neck supported
   c. Check the water temperature with your elbow
   d. Use soap and shampoo liberally during the bath

2. What is the recommended method for disposing of a soiled disposable diaper after changing?
   a. Flush it down the toilet
   b. Place it in a plastic bag and throw it in the trash
   c. Bury it in the backyard
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   a. To prevent diaper rash
   b. To maintain proper hygiene and prevent infections
   c. To save time
   d. To keep the diaper clean for reuse

4. When diapering an infant with cloth diapers, what should you do before securing the diaper in place?
   a. Make sure the diaper is folded with the fold facing up
   b. Apply diaper rash cream liberally
   c. Secure the diaper pins on each side
   d. Skip the diaper pins as they are not necessary

5. What is one of the main takeaways from the lesson on proper infant care techniques?
   a. Infants do not need to be bathed
   b. Safety and hygiene are essential when bathing and diapering infants
   c. It is not necessary to use proper bathing techniques
   d. It is okay to use hot water for infant baths if the baby seems comfortable

Lesson Six – Safety, First Aid, and Infant Health

Lesson Overview

In this lesson, students will learn how to respond to life-threatening emergency situations involving infants and children. They will gain the knowledge and skills required to administer first aid, recognize signs of breathing emergencies, perform rescue breathing, and administer CPR to an unresponsive infant or child.

Lesson Objectives

After completing this lesson, participants will be able to:

- Explain and demonstrate the proper procedure(s) a caregiver should administer in a life-threatening, emergency situation
- Properly understand and implement rescue breathing and choking procedures on infants and children
- Use scenario-based learning to understand how to handle five specific types of safety and first aid procedures
- Define what positional plagiocephaly is and how to use this information to prevent flat head syndrome and reduce SIDS

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
Part 1: FOCUS	• *There Has Been an Accident* worksheet • Poster-size pieces of white paper • Blue markers • Red markers • Tape (optional)	1. Print the *There Has Been an Accident* worksheet (one per participant). 2. Gather supplies.	10 minutes
Part 1: LEARN	• *Safety, First Aid, and Infant Health* slide presentation (slides 1-11) • Participants' poster-size pieces of paper • Participants' blue markers • Participants' red markers	1. Prepare the *Safety, First Aid, and Infant Health* slide presentation for viewing. 2. Gather supplies.	15 minutes
Part 1: REVIEW	• Participants' poster-size pieces of paper • Black markers • *There Has Been an Accident – The Solution* worksheet	1. Print the *There Has Been an Accident – The Solution* worksheet (one per participant). 2. Gather supplies.	10 minutes
Part 2: FOCUS	• *What Is in the Bag* worksheet • Large paper bag	1. Print the *What Is in the Bag* worksheet (one per participant). 2. Gather supplies.	10 minutes

	• 10 small objects/toys that are safe for infants • 10 small objects/toys that are unsafe for infants, such as balloons, plastic bags, hard candy, paperclips, teddy bears with button eyes, grapes, coins, hotdogs, batteries, broken crayons		
Part 2: LEARN	• *Safety, First Aid, and Infant Health* slide presentation (slides 12-30) • RealCare Baby® 4 Infant Simulator (Baby) with accessories **Note:** If you have CPR manikins, you are encouraged to use them for this activity. If you do not have CPR manikins, use Baby; however, it is imperative that rescue skills are simulated only. • Alcohol swabs (optional) • Disposable gloves (optional) • Breathing barriers (optional)	1. Prepare the *Safety, First Aid, and Infant Health* slide presentation for viewing. 2. Gather supplies.	30 minutes
Part 2: REVIEW	• *Check Your Skills* worksheet • Baby or first aid manikins	1. Print the *Check Your Skills* worksheet (one per participant). 2. Gather supplies.	15-30 minutes
Part 3: FOCUS	• *Practice Scenario: Poisoning* worksheet • *Practice Scenario: Poison Safety* worksheet • *Practice Scenario: Poisoning First Aid* worksheet • Baby with accessories • Scenario props (optional)	1. Print/photocopy the *Practice Scenario* worksheets (one of each per participant). 2. Gather supplies.	10 minutes
Part 3: LEARN	• *Scenario 1: Falls and Bruises* worksheet • *Scenario 2: Car Seat and Broken Bones* worksheet • *Scenario 3: Burns* worksheet • *Scenario 4: Heat Exposure* worksheet • *Scenario 5: Infant Illness* worksheet	1. Print the *Scenario* worksheets (one of each per participant). 2. Gather supplies.	60 minutes
Part 3: REVIEW	• *Fact Sheet* • Vehicle Heating Dynamics video clip	1. Print the *Fact Sheet* (one per participant). 2. Preview the video clip for viewing.	10 minutes
Part 4: FOCUS	• None	1. None	5 minutes
Part 4: LEARN	• *Safety, First Aid, and Infant Health* slide presentation (slides 31-39)	1. Prepare the *Safety, First Aid, and Infant Health* slide presentation for viewing.	15 minutes
Part 4: REVIEW	• *SIDS Facts* worksheet • Videos on SIDS and Flathead Syndrome	1. Print the *SIDS Facts* worksheet (one per participant).	10-20 minutes

		2. Prepare the videos for viewing.	

Lesson Six – Safety, First Aid, and Infant Health

Part 1 – FOCUS: There Has Been an Accident!

10 minutes

Purpose:

This activity will help participants self-assess their emergency skills as well as teach them the proper emergency procedures as a caregiver for an infant or toddler.

Materials:

- *There Has Been an Accident* worksheet
- Poster-size pieces of white paper
- Blue markers
- Red markers
- Tape (optional)

Facilitation Steps:

1. Divide participants into groups of three or four, instruct them to sit together around a table or on the floor, and give each group a poster-size piece of white paper, blue marker, and red marker.

2. Give each participant the *There Has Been an Accident* worksheet and explain that as a caregiver, your biggest responsibility is to keep the children in your care safe while their parents/guardians are away. To prevent injuries or accidents, the caregiver needs to think ahead and be aware of possible safety-related problems. If you find a safety-related problem, try to fix or remove it, if it is safe to do so, to prevent injuries or accidents from occurring.

3. Explain that, as a caregiver, you must know what to do in an emergency situation. You must use your senses of smell, touch, sight, and hearing to assess the scene and the victim's medical needs. Life-threatening emergencies are situations that could cause death quickly if immediate action is not taken. It is most important to remember to stay calm and call 911 or your local emergency number as soon as possible.

4. Explain the following instructions:
   - A scenario will be read, and it is your group's responsibility to decide what could/should have been done to prevent the accident and what needs to be done to intervene and help.
   - Using your group's large sheet of paper and your blue marker, your group will discuss, identify, and write down what could/should have been done to prevent the accident. What should/could the caregiver have done ahead of time to prevent the accident?
   - Using your group's large sheet of paper and your red marker, your group will discuss, identify, and write down what first aid skills the caregiver must perform immediately to intervene. In other words, the accident was not prevented, so what must happen now to take care of any injuries. Write down the steps, in order, that the caregiver should take.

5. Read aloud the scenario located at the top of the worksheet as the participants follow along and instruct them to individually complete the worksheet before discussing answers as a group.

   Remind participants to collaboratively discuss and write, on their large sheet of paper, prevention strategies with their blue marker and intervention strategies with their red marker.

6. Ask each group to present their prevention and intervention strategies to the class, giving evidence to support their decisions. This is a brainstorming activity, so all ideas are welcome at this time.

   Consider displaying the participants' posters on the wall (with tape) after each group presents to compare the prevention and intervention strategies shared.

Name: _____ Class: _____

There Has Been an Accident

You are the caregiver for a one-year-old infant and a three-year-old child. You are upstairs watching TV when you decide to check on the children, who were taking a nap together on a large, adult-size bed in a nearby bedroom. You discover they are not there. You frantically search the area and discover both children have fallen down a flight of stairs. When you assess the scene, you observe the infant laying on his back at the bottom of the stairs. His lips are blue, and he is not breathing. The child is sitting on the floor crying with a large bump on her forehead and abrasions on her arms and legs. As the caregiver, what should you do? What actions do you take? List them in the order that you would take them.

Prevention: List a minimum of five things the caregiver could/should have done to prevent the accident.

- _____
- _____
- _____
- _____
- _____
- _____

Intervention: There are two victims needing attention. List, in order, the first aid steps the caregiver should take to intervene and help with injuries for both victims.

Step	Victim 1: Infant	Victim 2: Child
1		
2		
3		
4		
5		
6		
7		
8		

Lesson Six – Safety, First-Aid, and Infant Health

Part 1 – LEARN: Emergency Procedures

15 minutes

Purpose:

This activity helps participants learn about the proper procedure(s) a caregiver should administer in an emergency, life-threatening situation.

Participants demonstrate how to access medical care and make an emergency call when in a life-threatening, emergency situation.

Materials:

- *Safety, First Aid, and Infant Health* slide presentation
- Participants' poster-size pieces of paper
- Participants' blue markers
- Participants' red markers

Facilitation Steps:

1. Lead a class discussion by asking which of the participants' prevention strategies shared in the FOCUS activity of this lesson would have best prevented the accident in the scenario.
2. Instruct participants, who are still seated in their groups with their large sheet of paper and blue and red markers, to close their eyes and picture a room in their house.
3. Ask participants to mentally scan that room and identify areas that may not be environmentally safe for an infant or toddler.
4. Instruct participants to open their eyes, turn over their large sheet of paper, and write all the environmental hazards they identified on the left-hand side as quickly as they can with the red marker. Participants may also add any environmental hazards within the present room to the list.
5. After two minutes, ask groups to share the hazards identified. The group with the longest list "wins."
6. Using the blue marker, instruct participants to identify prevention strategies next to each red environmental hazard. For example, if the environmental hazard is stairs, then the prevention strategy is to place an infant safety gate across the top and/or bottom of the stairs.
7. Lead a class discussion about how important it is for a caregiver to think ahead and prevent accidents by being aware of and fixing any possible environmental hazards for infants and toddlers.
8. Display slides 1-11 and discuss briefly.
9. Consider allowing time for participants to practice accessing medical care and calling 911 or your local emergency number. Divide participants into pairs and instruct one participant to role-play the dispatcher and the other the caregiver.
10. Ask the following questions to assess participants' understanding of the information presented:
    - What are the three C's in an emergency? Answer: Check, Call, Care
    - Describe "Check." Answer: Check the scene for safety; check the victim for injuries
    - Describe "Call." Answer: Call 911 or your local emergency number
    - Describe "Care." Answer: Assess the most life-threatening injury and treat it first
    - What information must the caregiver provide when calling 911 or their local emergency number? Answer: Address, cross streets, phone number, number and age of people injured, and type of care administered
    - Demonstrate how to access medical care and call 911 or your local emergency number

Lesson Six – Safety, First Aid, and Infant Health

Part 1 – REVIEW: The Solution

10 minutes

Purpose:

The purpose of this activity is to revisit what participants identified as the first aid procedures in the FOCUS activity of this lesson and compare with the correct emergency procedures taught in the LEARN activity of this lesson.

Materials:

- Participants' poster-size pieces of paper
- Black markers
- *There Has Been an Accident – The Solution* worksheet

Facilitation Steps:

1. Instruct participants, who are still seated in their groups with their large sheet of paper, to review their intervention strategies developed in the FOCUS activity of this lesson.
2. Give each group one black marker and instruct them to make the necessary corrections to their original intervention strategies based on what they learned in the LEARN activity.
3. Give each participant a copy of the *There Has Been an accident – The Solution* worksheet and briefly discuss and identify the proper procedures the caregiver in the scenario should have used.

There Has Been an Accident – The Solution

You are the caregiver for an infant and a child. You are upstairs watching TV when you decide to check on the children, who were taking a nap together on a large, adult-size bed in a nearby bedroom. You discover they are gone. You frantically search the area and discover both children had fallen down a flight of stairs. When you assess the scene, you find the infant laying on his back at the bottom of the stairs. His lips are blue, and he is not breathing. The child is sitting on the floor crying with a large bump on her forehead and abrasions on her arms and legs. As the caregiver, what should you do? What actions do you take? List them in the order that you would take them.

Emergency Procedure	**Victim 1: Infant**	**Victim 2: Child**
Check **Note:** To protect both you and the victim, avoid contact with body substances or fluids, known as body substance isolation (BSI), whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.	1. Check the scene. Is it safe? 2. Check the victim. Any injuries? 3. Tap the infant's foot and shout for help. Look, listen, and feel for breathing. 	1. Check the scene. Is it safe? 2. Check the victim. Any injuries?
Call **Note:** Since the child is crying, you know that she is breathing; therefore, you take care of the nonbreathing infant first	4. Since the infant is not breathing and no one is there to call for help, begin CPR for one minute; call 911 or your local emergency number. 5. Tell the dispatcher the infant's condition and that you started CPR. 	3. If there is a life-threatening injury, call 911 or your local emergency number. 4. Tell the dispatcher that the child has a bump on her forehead and abrasions on her arms and legs.

Care	6. Continue with CPR until the medical emergency assistance team takes over and/or the infant starts to breathe on his own.	5. Treat the bruise (cold compress) on the child's forehead. 6. Try to calm the child.

Lesson Six – Safety, First-Aid, and Infant Health

Part 2 – FOCUS: What's in the Bag?

10 minutes

Purpose:
This activity will help participants identify what might cause a breathing emergency and how to prevent it.

Materials:

- *What's in the Bag* worksheet
- Large paper bag
- 10 small objects/toys that are safe for infants
- 10 small objects/toys that are unsafe, such as balloons, plastic bags, hard candy, paperclips, teddy bears with button eyes, grapes, coins, hotdogs, batteries, broken crayons

Facilitation Steps:

1. Give each participant a copy of the *What's in the Bag?* worksheet.

2. Explain that infants and toddlers like to put things into their mouths as they explore their world. As a caregiver, it is your responsibility to ensure that the environment is safe from breathing emergencies. A breathing emergency occurs when breathing stops or when one has trouble breathing. In either case, the caregiver must act immediately, or the infant's/toddler's heart will stop, and death will occur.

3. Explain to participants that you will show them a variety of small objects/toys and it is their job to determine whether each object/toy is safe or unsafe for an infant or toddler under the age of four.

4. Instruct participants to individually write their answers on their worksheet as each object/toy is shown.

5. One at a time, quickly pull the 20 small objects/toys out of the large paper bag, show them to the participants, and place each object/toy on a table at the front of the classroom.

6. Lead a class discussion by asking participants which objects/toys are safe and which are unsafe. Ask participants to give evidence that justifies their decisions.

7. Form two piles, safe and unsafe, then explain that the objects/toys in the unsafe pile could cause a breathing emergency and should never be placed within the reach of an infant or toddler.

8. Brainstorm other objects/toys that might be found in a home, childcare center, or other environment that could be unsafe for an infant or toddler, putting them at risk of having a breathing emergency.

9. Brainstorm other situations that might cause a breathing emergency (i.e., asthma attack, allergic reaction causing swollen throat, illness such as croup, electric shock, drowning).

10. Lead a class discussion on prevention strategies a caregiver could take to reduce the risk of a breathing emergency occurring in an infant or toddler in their care.

What's in the Bag?

Instructions: As your instructor quickly pulls objects/toys out of the paper bag, determine whether each object/toy is safe or unsafe for an infant or toddler under the age of four. Place your answers below.

Safe Objects/Toys:	**Why do you think the object/toy is safe?**
1._____	_____
2._____	_____
3._____	_____
4._____	_____
5._____	_____
6._____	_____
7._____	_____
8._____	_____
9._____	_____
10._____	_____

Unsafe Objects/Toys:	**Why do you think the object/toy is unsafe?**
1._____	_____
2._____	_____
3._____	_____
4._____	_____
5._____	_____
6._____	_____
7._____	_____
8._____	_____
9._____	_____
10._____	_____

Lesson Six – Safety, First Aid, and Infant Health

Part 2 – LEARN: Breathing Emergency Procedures

30 minutes

Purpose:

This activity will help participants learn about the proper procedure(s) a caregiver should administer in a breathing emergency. Participants demonstrate how to identify signs of a breathing emergency and perform rescue breathing for an infant or toddler.

Materials:

- *Safety, First Aid, and Infant Health* slide presentation (slides 12-30)
- RealCare Baby® 4 Infant Simulator (Baby) with accessories
  Note: if you have CPR manikins, you are encouraged to use them for this activity. If you do not have CPR manikins, use Baby; however, it is imperative that rescue skills are simulated only.
- Alcohol swabs (optional)
- Disposable gloves (optional)
- Breathing barriers (optional)

Facilitation Steps:

1. Briefly review with participants: check, call, care, and how to call 911 or your local emergency number.

2. Display slides 12-14 and briefly discuss.

3. Display slides 15-17 and demonstrate how to assist an unconscious infant/child.

   Note: CPR steps do not distinguish between a toddler and a child. Any child above the age of one year of age is considered a "child" rather than a "toddler," as the steps used in that age range are for children ages one to eight.

4. Give each participant or group of participants Baby and have them practice the techniques you modeled. Circle the room, helping and answering questions as necessary. Make sure each participant gets a chance to practice.

5. Display slides 18-21 and demonstrate how to perform infant (age 0-1 year) rescue breathing.

6. Have participants practice the techniques you modeled. Circle the room, helping and answering questions as necessary. If you choose to have participants put their mouths on Baby for rescue breaths, use alcohol swabs to clean Baby between participants.

7. Display slides 22-26 and demonstrate how to perform child (age 1-8 years) rescue breathing.

8. Have participants practice the techniques you modeled. Circle the room, helping and answering questions as necessary. If you choose to have participants put their mouths on Baby for rescue breaths, use alcohol swabs to clean Baby between participants.

9. Display slides 27-28 and demonstrate how to assist a choking infant (age 0-1 year).

10. Have participants practice the techniques you modeled. Circle the room, helping and answering questions as necessary. If using Baby, remind participants to perform back slaps and chest thrusts with care.

11. Display slides 29-30 and demonstrate how to assist a choking child (age 1-8 years).

12. Have participants practice the techniques you modeled. Circle the room, helping and answering questions as necessary. If using Baby, remind participants to perform back slaps and chest thrusts with care.

13. If time permits share short videos that instruct on infant CPR and choking procedures. Here are a few to consider:

    Infant CPR

    https://www.youtube.com/watch?v=n65HW1iJUuY

    https://www.youtube.com/watch?v=ksLwSIUljP4

    https://www.youtube.com/watch?v=iyjL3eZlP90

    Choking infant

    https://www.youtube.com/watch?v=ePodw7L_mFM

    https://www.youtube.com/watch?v=4j329wUsl3s

    https://www.youtube.com/watch?v=_K7Dwy6b2wQ

Lesson Six – Safety, First Aid, and Infant Health

Part 2 – REVIEW: Check Your Skills

15-30 minutes

Purpose:

This activity assesses the rescue skills demonstrated and practiced within this lesson.

Materials:

- *Check Your Skills* worksheet
- RealCare Baby® infant simulator or first aid manikins

Facilitation Steps:

1. Explain that the skills demonstrated and practiced within this lesson will be assessed.
2. Pair participants up and give each participant the *Check Your Skills* worksheet and have them complete it.
3. Circle the room, helping and answering questions as needed.

Name: _____ Class: _____

Check Your Skills

Instructions: Take turns with your partner demonstrating and assessing the rescue skills you have learned. For example, one person will demonstrate the steps to help a choking infant while the other checks off each step as it is performed. If any steps are missed or performed incorrectly, stop, explain the correct procedure, and practice the sequence of steps again. Peer Evaluators: Be sure to add up the total points earned for each skill, make any comments and/or notes as needed, and sign at the conclusion of the demonstration.

Infant (Age 0-1 Year) Rescue Breathing	Excellent	Good	Fair	Poor
	4	3	2	1
1. Tap the infant's foot and shout, "Are you okay?"				
2. If there is no response, shout for help: • If someone comes, have them call 911 or your local emergency number. • If no one comes, conduct rescue breathing and/or CPR for one minute, then call 911 or your local emergency number.				
3. Open the infant's airway (tilt the head and lift the chin).				
4. Look, listen, and feel for breathing (5-10 seconds).				
5. If not breathing, seal your mouth over the infant's nose and mouth and give two breaths (one second each, removing your mouth after each breath). Watch for the infant's chest to rise with each breath.				
6. Check for signs of circulation: • If signs of circulation, continue rescue breathing, giving one breath every three seconds and checking circulation every minute. • If no signs of circulation, begin chest compressions and CPR until help arrives; or continue rescue breathing, giving 20 breaths and checking circulation every minute.				

Note: To protect both you and the victim, avoid contact with body substances or fluids known as body substance isolation (BSI), whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.

Total Points Earned: _____

Comments/Notes:

_____

_____

Peer Evaluator Signature: _____

Name: _____ Class: _____

Check Your Skills (cont.)

Child (Age 1-8 Years) Rescue Breathing	Excellent	Good	Fair	Poor
	4	3	2	1
1. Tap the child's shoulder and shout, "Are you okay?"				
2. If no response, shout for help: • If someone comes, have them call 911 or your local emergency number. • If no one comes, conduct rescue breathing and/or CPR for one minute, then call 911 or your local emergency number.				
3. Open the child's airway (tilt the head and lift the chin).				
4. Look, listen, and feel for breathing (5-10 seconds).				
5. If not breathing, plug the child's nose, seal your mouth over the child's mouth, and give two breaths (one second each, removing your mouth after each breath). Watch for the child's chest to rise with each breath.				
6. Check for signs of circulation: • If signs of circulation, continue rescue breathing, giving one breath every three seconds and checking circulation every minute. • If no signs of circulation, begin chest compressions and CPR until help arrives; or continue rescue breathing, giving 20 breaths and checking circulation every minute.				

Note: To protect both you and the victim, avoid contact with body substances or fluids known as body substance isolation (BSI), whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.

Total Points Earned: _____

Comments/Notes:

_____

_____

Peer Evaluator Signature: _____

Name: _____ Class: _____

Check Your Skills (cont.)

Infant (0-1 Year) Choking	Excellent	Good	Fair	Poor
	4	3	2	1
1. If alone, shout for help: • If someone comes, have them call 911 or your local emergency number. • If no one comes, conduct rescue skills for one minute, then call 911 or your local emergency number.				
2. Hold the infant face down on your right forearm, supporting the infant's head and jaw with your hand. Sit or kneel and rest your arm on your right thigh, holding the infant's shoulders below their hips.				
3. Give up to five "back slaps" with the heel of your left hand between the infant's shoulder blades. Each slap should be a little harder to help the obstruction dislodge.				
4. Hold the back of the infant's head with your left hand and flip the infant to your left forearm, supporting the infant's head and neck with your left hand.				
5. Give up to five "chest thrusts" on the breastbone using two fingers of your right hand, placing the fingertips one finger width below the nipple line.				
6. Alternate giving five "back slaps" and five "chest thrusts" until the object comes out; the infant breathes, coughs, or cries; or until the infant stops responding (begin rescue breathing and/or CPR).				

Note: To protect both you and the victim, avoid contact with body substances or fluids known as body substance isolation (BSI), whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.

Total Points Earned: _____

Comments/Notes:

_____

_____

Peer Evaluator Signature: _____

Name: _____ Class: _____

Check Your Skills (cont.)

Child (Age 1-8 Years) Choking	Excellent	Good	Fair	Poor
	4	3	2	1
1. If alone, shout for help: • If someone comes, have them call 911 or your local emergency number. • If no one comes, conduct rescue skills for one minute, then call 911 or your local emergency number.				
2. Ask, "Are you choking?" If he or she nods yes, explain that you know how to help.				
3. Kneel or stand firmly behind the child and wrap your arms around them so that your hands are under their arms and in front of their abdomen.				
4. Make a fist with one hand.				
5. Place the thumb side of your fist slightly above the child's navel and well below their breastbone.				
6. Grasp your fist with your other hand, give quick upward thrusts into the child's abdomen.				
7. Continue thrusts until the object comes out; the child breathes, coughs, or talks; or until the child stops responding (begin rescue breathing and/or CPR).				

Note: To protect both you and the victim, avoid contact with body substances or fluids known as body substance isolation (BSI), whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.

Total Points Earned: _____

Comments/Notes:

_____

_____

Peer Evaluator Signature: _____

Name: _____ Class: _____

Check Your Skills Total

Skill	Points Possible	Total Points Earned	Grade
Infant Rescue Breathing	24	_____	100-90 A
Child Rescue Breathing	24	_____	89-80 B
Infant Choking	24	_____	79-70 C
Child Choking	28	_____	69-60 D
TOTAL POINTS	100	_____	59-0 F

Lesson Six – Safety, First-Aid, and Infant Health

Part 3 – FOCUS: Demonstration Scenario

10 minutes

Purpose:

This activity provides a demonstration of one safety and first aid scenario related to the prevention and intervention skills associated with poisoning. It models what participants will be asked to do within their base groups in the next activity.

Materials:

- *Practice Scenario: Poisoning* worksheet
- *Practice Scenario: Poison Safety* worksheet
- *Practice Scenario: Poisoning First Aid* worksheet
- RealCare Baby® 4 Infant Simulator (Baby) with accessories
- Scenario props (optional)

Facilitation Steps:

1. Lead a class discussion about the importance of safety (prevention) as a caregiver.

2. Lead a class discussion about the importance of first aid (intervention) as a caregiver.

3. Give each participant the *Practice Scenario: Poisoning, Practice Scenario: Poison Safety,* and *Practice Scenario: Poisoning First Aid* worksheets.

4. Using Baby and other props (i.e. botte, household cleaner, telephone) of your choice, read and role-play the scenario located at the top of the worksheet.

5. Using the worksheets, lead a class discussion and ask participants to complete the worksheet questions.

Practice Scenario: Poisoning

Scenario: You are the caregiver of a nine-month-old infant, who is sitting on the kitchen floor. While you briefly turned away to prepare the infant's bottle, the infant was able to open the cupboard below the sink and ingest a household cleaner. What steps do you take as the caregiver?

Prevention: What safety steps should you have taken to prevent this accident from happening?

1. _____

2. _____

3. _____

4. _____

5. _____

Intervention: What first aid steps must you take to intervene and help the infant?

1. _____

2. _____

3. _____

4. _____

5. _____

Other "Good-to-Know" Information:

1. _____

2. _____

3. _____

4. _____

5. _____

Practice Scenario: Poison Safety

1. Know how to call a poison control hotline and/or 911 or your local emergency number.
2. Keep a poison control hotline and/or 911 or your local emergency number clearly visible in your home.
3. Annually service and/or inspect all heaters, stoves, and fireplaces within the home.
4. Install a carbon monoxide detector near all bedrooms; teach the child the sound it makes.
5. Read product labels; if the label includes the words “Caution,” Warning,” “Poison,” or “Danger,” keep out of the child’s reach, preferably in a locked cabinet.
6. Use household products according to label directions; never mix.
7. When answering the telephone or the door, take open products (or the child) with you.
8. Keep all medicines and medical supplies in a locked cabinet, out of the child’s reach.
9. Always read the label before taking or giving medicine.
10. Call medicine by its proper name; never refer to it as “candy.”
11. Take medicine in a place where the child cannot watch; children learn by imitating adults.
12. Dispose of any outdated medications properly.
13. Ensure all chemicals, medications, and cleaning products have child safety caps.
14. Store all dangerous products in their original containers with original labels intact.
15. Keep all dangerous products away from drink and food.
16. Keep house plants out of the child’s reach; even if not poisonous, they might cause choking.
17. Always clean up spills as soon as they happen.
18. Never run a vehicle inside an attached garage; carbon monoxide will enter the home.
19. Never use a barbecue grill inside the home or garage.
20. Ensure every home that the child visits is poison-proofed.

Sources:
Home Safety Council. (n.d.). Think safe be safe: Poison prevention tips. Retrieved from http://www.homesafetycouncil.org/safety_guide/sg_poison_w001.aspx2

National Capital Poison Center. (n.d.). Poison prevention tips. Retrieved from http://www.poison.org/prevent/generalTips.asp

Practice Scenario: Poisoning First Aid

1. Check the scene; ensure it is safe and look for clues as to what the child has been exposed to.

2. Use disposable gloves if you think you might touch any poisonous substances or body fluids.

3. If the child is stable but you suspect poisoning, call a poison control hotline. You may be asked for:
   - Your name and phone number
   - The child's name, age, and weight
   - Any medical conditions and medicine taken
   - The name (see container), amount, and time of poisoning

4. Immediately call 911 or your local emergency number if the child is:
   - Drowsy or unconscious
   - Having difficulty or not breathing (begin CPR)
   - Uncontrollably restless
   - Having seizures

5. While waiting for the emergency medical assistance team to arrive, follow these steps:
   - If the child has been exposed to carbon monoxide, bring them to fresh air
   - If the child swallowed a poison, remove anything remaining in their mouth
   - If the child ingested a household cleaner or other chemical, read the label and follow the instructions for accidental poisoning; if toxic, be sure to call a poison control hotline
   - Follow any treatment directions given by the poison control hotline personnel
   - If the child spilled a poisonous substance on their clothing, remove it
   - If the child spilled a poisonous substance in their skin or eyes, flush with cool or lukewarm water for 15-20 minutes or until medical help arrives
   - Do not give ipecac syrup or do anything to induce vomiting

Sources:
Mayo Foundation for Medical Education and Research. (2008, January 12). Poisoning: First aid. Retrieved from http://www.mayoclinic.com/health/first-aid poisoning/FA00029

American Academy of Pediatrics. (2007, February). What do I do if my child has been poisoned? Retrieved from http://www.aap.org/publiced/BR_Poison.htm

Lesson Six – Safety, First Aid, and Infant Health

Part 3 – LEARN: Group Scenario Activity

60 minutes

Purpose:
The purpose of this activity is to help students problem solve a variety of safety and first aid scenarios as caregivers. Students will learn from each other as they share their solutions to five different scenarios.

Materials:
- *Scenario 1: Falls and Bruises* worksheet
- *Scenario 2: Car Seat and Broken Bones* worksheet
- *Scenario 3: Burns* worksheet
- *Scenario 4: Heat Exposure* worksheet
- *Scenario 5: Infant Illness* worksheet

Facilitation Steps:
1. Divide the class into groups of five and assign each group one of the five scenarios.
2. Give each group the scenario worksheet that goes with the scenario they were assigned.
3. Students must reach through the scenario and then research and problem solve.
4. Each group should assign various tasks to students:
   - Research what safety steps the caregiver should have taken to prevent this accident from happening
   - Research what first aid steps the caregiver must take to intervene and help the infant
   - Identify a list of other good-to-know information to help with the scenario
   - Decide which student(s) will present the scenario to the class and summarize the prevention and intervention strategies that should be used.
5. Have each small group present their scenario and solution to the whole class. Discuss each solution and whether anyone would have done something different.

Name: _____ Class: _____

Scenario 1: Falls and Bruises

Scenario: You are the caregiver for an eight-month-old infant, who is sitting in his highchair. While you briefly turn away to prepare his food, you hear a scream. Turning around, you find that the infant has slipped out of the highchair and is crying uncontrollably on the floor. You also notice that the infant has a large bruise on his forehead. What steps do you take as the caregiver.

Prevention: What safety steps should you have taken to prevent this accident from happening?

1. _____
2. _____
3. _____
4. _____
5. _____

Intervention: What first aid steps must the caregiver take to intervene and help the infant?

1. _____
2. _____
3. _____
4. _____
5. _____

Other "Good-to-Know" Information:

1. _____
2. _____
3. _____
4. _____
5. _____

Name: _____ Class: _____

Scenario 2: Car Seats and Broken Bones

Scenario: As the parent/guardian of a five-month-old arrives by car at the childcare facility, an animal unexpectedly runs out into the road, causing the driver to brake quickly. Upon braking, the infant, who was sitting face forward in a car seat in the front seat, was forcefully thrown forward. The caregiver rushes to the scene of the accident and notices that the infant's right leg is swollen, red, and in an unusual position. The caregiver suspects a broken leg. What steps would you take as the caregiver?

Prevention: What safety steps should the caregiver have taken to prevent this accident from happening?

1. _____
2. _____
3. _____
4. _____
5. _____

Intervention: What first aid steps must the caregiver take to intervene and help the infant?

1. _____
2. _____
3. _____
4. _____
5. _____

Other "Good-to-Know" Information:

1. _____
2. _____
3. _____
4. _____
5. _____

Name: _____ Class: _____

Scenario 3: Burns

Scenario: As you turn around and answer the phone in the kitchen, the toddler in your care pulls down on the handle of a pot that is on the stove, spilling boiling fluid on her arm and chest. What steps do you take as the caregiver?

Prevention: What safety steps should you have taken to prevent this accident from happening?

1. _____
2. _____
3. _____
4. _____
5. _____

Intervention: What first aid steps must you take to intervene and help the toddler?

1. _____
2. _____
3. _____
4. _____
5. _____

Other "Good-to-Know" Information:

1. _____
2. _____
3. _____
4. _____
5. _____

Name: _____ Class: _____

Scenario 4: Heat Exposure

Scenario: It is a very hot and humid day, and you take the infant in your care outside for a ride in the stroller. After 30 minutes outside, you notice that the infant's face and skin are bright red, her forehead is hot to the touch, and she is getting very sleepy. What steps do you take as the caregiver?

Prevention: What safety steps should you have taken to prevent this accident from happening?

1. _____
2. _____
3. _____
4. _____
5. _____

Intervention: What first aid steps must you take to intervene and help the infant?

1. _____
2. _____
3. _____
4. _____
5. _____

Other "Good-to-Know" Information:

1. _____
2. _____
3. _____
4. _____
5. _____

Name: _____ Class: _____

Scenario 5: Infant Illness

Scenario: A neighbor brought her toddler over to play with the toddler in your care two days ago. You were told that the neighbor's toddler had a runny nose and cough when the two children played, and that the two children played with the same toys. Today, the toddler in your care is crying more than usual, feels warm to the touch, has diarrhea, and just vomited for the third time. What do you do?

Prevention: What safety steps should you have taken to prevent this accident from happening?

1. _____
2. _____
3. _____
4. _____
5. _____

Intervention: What first aid steps must you take to intervene and help the toddler?

1. _____
2. _____
3. _____
4. _____
5. _____

Other "Good-to-Know" Information:

1. _____
2. _____
3. _____
4. _____
5. _____

Lesson Six – Safety, First Aid, and Infant Health

Part 3 – REVIEW: Danger in the Unattended Car

10 minutes

Information for this activity is used with permission from: McLaren, C., Null, J., & Quinn, J. (2005, July). Heat stress from enclosed vehicles: Moderate ambient temperatures cause significant temperature rise in enclosed vehicles. PEDIATRICS, 116(1), e109-e112.

Purpose:
Participants learn about the incidents of child deaths due to the infant being left unattended in a hot car. Vehicle heating dynamics and information from a vehicle heat study are covered.

Materials:

- *Fact Sheet*
- Vehicle heating dynamics video clip

Facilitation Steps:

1. Ask the class to list some potential dangers of leaving an infant in a car and write them on the board as dangers are shared. Possible answers: Hypothermia (infant becomes too cold), hyperthermia (infant becomes too hot), carjacking, injury if infant can get out of car seat.

2. Ask students why they think a parent would leave an infant in the car.

   Possible Answers: Too much work getting them in and out of the car seat, just going in to pay for gas or get something quickly, tired and doesn't want to deal with the infant, infant fell asleep, easier to leave them in the car, forgot they were back there, etc.

3. Share the following information from Danger in the Unattended Vehicle and Hyperthermia Stats by Year and State. In the three-year period of 1990-1992, before airbags became popular, there were only 11 known deaths of children from hyperthermia.

In the period from 1998-2010, when almost all young children were placed in back seats instead of front seats, there have been roughly 500 known fatalities from hyperthermia... a ten-fold increase from the rate of the early 1990s.

Note: This in no way implies that it is advocated that children be placed in the front seat or that airbags be disabled.

Why the Increase? The incidence of vehicle related hyperthermia has increased dramatically with the advent of airbags. Since children no longer sit in the front seat, they are sometimes forgotten when out of sight in the rear seat.

Now, an average of 37 children die of hyperthermia inside parked vehicles annually in the U.S. The majority of cases are due to a caregiver forgetting them (about 55 percent), about 13 percent are due to intentionally leaving children unattended, and about 28 percent occur when children climb into unlocked vehicles. The cause of the other four percent is unknown.

Hyperthermia Circumstances

An examination of media reports about the 968 pediatric vehicular heatstroke deaths for a 26-year period (1998 through 2023) shows the following circumstances:

52.17% - Forgotten by caregiver (505 children)
24.48% - Gained Access on their own (237)
20.66% - Knowingly left by caregiver (200)
2.69% - Unknown (26)

The children who have died from vehicular heatstroke in the U.S. (1998-2023) have ranged in age from five days to 14 years. More than half of the deaths (55 percent) are children under two years of age. (noheatstroke.org).

Although all states have laws against endangering the welfare of a child, only 21 states presently have laws prohibiting leaving a child unattended in a car. However, it can be considered abuse or neglect, resulting in criminal charges.

Play this video: https://www.youtube.com/watch?v=b3NFfWlfj24

Vehicle Heating Dynamics
(From ggwether.com – Department of Geosciences - San Francisco State University)

- The atmosphere and the windows of a car are relatively "transparent" to the sun's shortwave radiation (yellow) and are warmed little. However, this shortwave energy does heat objects that it strikes. For example, a dark dashboard or seat can easily reach temperatures in the range of 180 to over 200°F.
- These objects (e.g., dashboard, steering wheel, and infant seat) heat the adjacent air by conduction and convection and also give off long-wave radiation (red), which is very efficient at warming the air trapped inside a vehicle.

Study of temperature rise in enclosed cars on 16 dates between May 16 and Aug. 8, 2002.

- Ambient temperatures were between 72 and 96°F
- Dark blue, mid-size sedan with medium gray interior
- Also tested with windows "cracked"
- As the simulation progresses, note the quick rise in temperature with every passing 10-minute interval

Study Conclusions

- Average elapsed time and temperature rise:
  - 10 minutes ~ 19°F
  - 20 minutes ~ 29°F
  - 30 minutes ~ 34°F
  - 60 minutes ~ 43°F
  - 1 to 2 hours ~ 45-50°F
- Cracking" the windows had little effect
- Vehicle interior color probably biggest factor

"Even at relatively cool ambient temperatures, the temperature rise in vehicles is significant on clear, sunny days and puts infants at risk for hyperthermia. Vehicles heat up rapidly, with the majority of the temperature rise occurring within the first 15-30 minutes. Leaving the windows opened slightly does not significantly slow the heating process or decrease the maximum temperature attained. Increased public awareness and parental education of heat rise in motor vehicles may reduce the incidence of hyperthermia death and improve child passenger safety."

Parents and other caregivers need to be educated that a vehicle is not a babysitter or play area... but it can easily become tragedy.

Increased public awareness and parental education of heat rise in motor vehicles may reduce the incidence of hyperthermia death and improve child passenger safety.

NEVER leave an infant/child in a car, even for a minute! Place your purse/briefcase/jacket in the backseat with the infant. Place a teddy bear in the front seat in a visible location to remind you that the infant is in the back seat.

4. Distribute the *Fact Sheet*. Review the following: Average Elapsed Time and Inside Vehicle Temperature Rise compared to Ambient Temperature:
   - 10 minutes = 19-degree increase
   - 20 minutes = 29-degree increase
   - 30 minutes = 34-degree increase
   - 1 hour = 43-degree increase

FACT SHEET

Pediatric Vehicular Heatstroke (PVH)

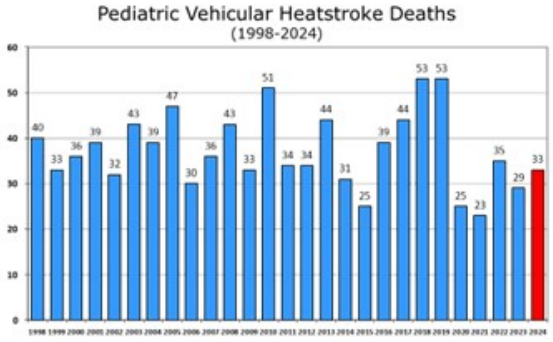
100% of hot car child deaths are preventable

37 AVERAGE PER YEAR

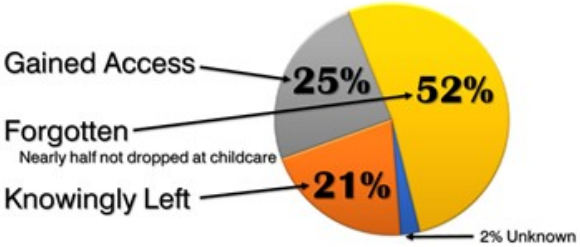
During summer that's 2 per week

1004

TOTAL PVH DEATHS SINCE 1998



Circumstances



IT CAN HAPPEN TO ANYONE

Mom, Dad, Grandparent, Sitter, Teacher, Administrator, Police, Dentist, Social Worker, Military, Physician, Judge, Barber, Principal, Lawyer, Waiter, Engineer, Coach, Accountant, Secretary, Firefighter, Researcher, Clergy, Childcare Provider, Barista, Tradesman, Student, Anyone.

80% of the total heat rise occurs in the 1st 30-min. Max temperatures can exceed 150°

Interior vehicle temperatures

can be 50° higher than outside

SAFETY TIPS

Never leave children unattended in a vehicle. NOT EVEN FOR A MINUTE!
Always check the backseat. Leave your wallet or purse as a reminder.
Always keep vehicle locked and keys out of reach.
Make arrangements with your childcare provider to call if child is absent.
CALL 9-1-1 if you see a child alone in a vehicle.

NoHeatstroke.org

Jan Null, CCM
jnull@noheatstroke.org

Source: Jan Null, CCM, Department of Meteorology and Climate Science, San Jose State University, http://noheatstroke.org

Lesson Six – Safety, First Aid, and Infant Health

Part 4 – FOCUS: The Need to Reposition

3 minutes

Purpose:
This activity introduces the condition of positional plagiocephaly (flat head syndrome).

Materials:
None

Facilitation Steps:

1. Ask participants to think about how they sleep – do they lie still on their back all night? Do they turn, move, and sleep on their side sometimes? Do they sleep on their stomach sometimes? Ask them to think about how difficult it would be if they had to lay in the same position for hours at a time.

2. Write "positional plagiocephaly" on the board and explain that this is also known as flat head syndrome.

3. Ask if anyone has a guess as to what this condition is and explain that they will learn about this condition, its causes, and means of prevention.

Lesson Six – Safety, First Aid, and Infant Health

Part 4 – LEARN: Positional Plagiocephaly

15 minutes

Purpose:
Participants learn about positional plagiocephaly, its causes, and means of preventions.

Materials:
- *Safety, First Aid, and Infant Health* slide presentation (slides 31-39)

Facilitation Steps:
1. Show the slide presentation and use the following information as you present.

Slide 31: Sleep and Positional Safety

Slides 32-33: Positional Plagiocephaly.
We know that "-cephaly" in this word refers to the head, so we can conclude that this has something to do with the head.

Positional plagiocephaly (which means "oblique head" in Greek), also known as flat head syndrome, is a condition most commonly found in infants.

It is characterized by a flat spot on the back, or one side of the head, caused by remaining in one position for too long.

Slide 34: Recognizing Flat Head Syndrome
Point out the flat surface on the infant's head.

Slide 35: What Causes Flat Head Syndrome?
Everyone's skull is a bit asymmetrical. Many vaginally delivered infants are born with an oddly shaped head caused by the pressure of passing through the birth canal.

Infant's skulls are soft and made up of movable plates, which are necessary for an infant to make it through the birth canal. There are spaces in between these plates, which allow the skull to expand for the brain to grow.

If the infant's head always rests on the same spot, the skull plates move in a way that leaves a flat spot, according to the National Institutes of Health.

Infants spend a great deal of their time on their back. The more time they spend on their back during the first two to four months of life, the more likely they are to develop a flat spot on the head, depending on how the infant sleeps.

The flat spot generally doesn't cause developmental delays; it is typically cosmetic and can usually be corrected. Infants who have unusually large heads, or who are born prematurely and have weaker than normal muscle tone, are typically more likely candidates for this condition.

Slide 36: Torticollis
Another cause of flat head syndrome is torticollis. Torticollis occurs when a tight or shortened muscle on one side of the neck causes the head to tilt to the other side, resulting in the infant favoring one side over the other to rest their head.

Slide 37: "Back to Sleep:
Since 1992, when the American Academy of Pediatrics began recommending that infants sleep on their backs, the number of deaths due to sudden infant death syndrome, or SIDS, (the number one cause of death among infants younger than one year old) has been cut in half, according to the CDC.

However, as the number of SIDS deaths has gone down, pediatricians have seen a dramatic increase in infants having flat head syndrome.

About 13 percent of healthy infants have some form of positional plagiocephaly. This is a good trade-off for the reduction in SIDS.

Therefore, even though having your infant sleep on their back can lead to a flattened head, you should not stop placing your infant on its back to sleep, according to the American Association of Pediatrics and the National Institute of Health.

Slide 38: Prevention
Some ways to help prevent flat head syndrome are:

- Alternate turning the infant's head to the left and right when you put them down to sleep
- Put the infant to sleep at alternate ends of the crib
- Change the position of the crib in the room or alternate the position of decorations (mobiles, pictures, etc.) as infants tend to turn their head to look toward the center of the room, the doorway, a window, or interesting objects
- Limit time in infant seats/car seats and swings (although these things don't place as much pressure on an infant's head as lying down, enough pressure is produced to create small deformities)
- Cuddle, holding the infant upright or over your shoulder often during the day
- Provide supervised tummy time

Slide 39: Tummy Time
Note: Click on the picture to begin the video clip.

Place the infant on their stomach for supervised play. Tummy time relieves pressure on the infant's skull and helps them build muscles in their neck and upper body.

Note that the infant in this scene does not like tummy time – this is typical as the infant is working to look up. Tummy time should be limited to a few minutes at a time, but several times per day.

The infant should not be left unsupervised in the tummy time position. Ask participants why this would be the case.

Answer: Because their neck and upper body muscles are not developed, they are not able to keep their head up. This could reduce their ability to keep the nose and mouth unobstructed, the same reason it is not recommended to put an infant to bed on their stomach.

2. Explain that newborn infants sleep an average of 16-20 hours per day (not all at once), and since we know that they should sleep on their backs to possibly help reduce the possibility of sudden infant death syndrome (SIDS), the majority of an infant's day is spent on their back. Infants aren't able to turn themselves over until about five to six months of age. This occurs as they develop stronger neck and arm muscles. In the meantime, they are at the mercy of their caregiver to move them and get them off their back for periods of time.

3. Ask the following participants, "What are some typical times a caregiver would move an infant off their back?"

   Answers: When burping, holding (in football/side hold position), carrying, feeding (infant's head is not on flat mattress surface during this time), or after changing their diaper.

   Note that there is another time you can intentionally move an infant off their back, and help the infant develop the skills needed to turn over, crawl, and build the neck and arm muscles needed for these activities.

   Ask if anyone can remember what this is called.

   Answer: Tummy time.

   Tummy time is placing an infant on their tummy while being supervised by an adult. A good time to have the infant do a few minutes of tummy time is after changing the infant's diaper, because it's done several times a day and the parent/caregiver is holding/repositioning the infant.

It is easier to remember to do the tummy time when you have a regular routine to add it to.

References:

- CNN Health: http://www.flatheadsyndrome.info/
- http://www.babycenter.com/0_plagiocephaly-flathead-syndrome_1187981.bc

Lesson Six – Safety, First Aid, and Infant Health

Part 4 – REVIEW: SIDS

10-20 minutes

Purpose:

Participants learn about SIDS and review what they have learned about positional safety.

Materials:

- *SIDS Facts* worksheet
- Videos on SIDS and flat head syndrome

Facilitation Steps:

1. As a review, conduct a class discussion by asking the following questions:
   - What is the more common term for positional plagiocephaly?
     - **Answer:** Flat head syndrome
   - What does SIDS stand for?
     - **Answer:** Sudden infant death syndrome
   - What is the name of the campaign to reduce SIDS?
     - **Answer:** Back to Sleep
   - Why has there been an increase in flat head syndrome in recent years?
     - **Answer:** Because infants are spending more time on their backs to avoid SIDS
   - What are some other possible causes of flat head syndrome?
     - **Answer:** Preemie (possible weaker neck muscles), torticollis
   - What is torticollis?
     - **Answer:** Occurs when a tight or shortened muscle on one side of the neck causes the head to tilt to the other side
   - What are some recommended ways to help prevent flat head syndrome?
     - **Answer:** Tummy time, cuddling, laying the infant on different end of crib for sleep, turning the infant's head to other side for sleep, placing interesting objects in different locations in the infant's room, moving the crib to a different location in room
2. Distribute the *SIDS Facts* worksheet.
3. Share brief videos on SIDS or flat head syndrome. Here are a some to consider:

   https://www.youtube.com/watch?v=kDFoGmIyShI

   https://www.youtube.com/watch?v=SLU7ckm9qJM

   https://www.youtube.com/watch?v=09kNXxYB_Ko

   https://www.youtube.com/watch?v=4_5lxUl2rW8

   https://www.youtube.com/watch?v=yDdwLS_sdjc

   https://www.youtube.com/watch?v=M7lE2eS1CKc

SIDS Facts

What we know about SIDS:

1. It occurs in all kinds of families.
2. It occurs in seemingly healthy infants.
3. It has nothing to do with race or economic status.
4. It occurs most often in fall and winter months.
5. Most deaths happen before six months of age, and especially between one and four months of age.
6. It is the leading cause of death in infants between one month and one year of age.
7. It often happens quickly during sleep, and the infant shows no signs of suffering.
8. It occurs most often among boys, premature and low-birth weight infants, twins, and triplets.
9. It is determined as the cause of death only after all other causes have been eliminated through an autopsy, a thorough investigation of the death scene, and a review of the family history.
10. No one knows its cause.

Safe sleep top 10:

1. Always place the infant on their back to sleep, for naps, and at night; it is the safest.
2. Always place the infant on a firm sleep surface, such as a safety-approved crib mattress, covered by a fitted sheet. Never place the infant to sleep on pillows, quilts, sheepskins, or other soft surfaces.
3. Always keep soft objects, toys, and loose bedding out of the infant's sleep area. Do not use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in the infant's sleep area and keep any other items away from the infant's face.
4. Never allow smoking around the infant.
5. Keep the infant's sleep area close to, but separate from, where you and others sleep. The infant should not sleep in a bed or on a couch or armchair with adults or other children, but they can sleep in the same room as you. If you bring the infant into bed with you to breastfeed, put them back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside co-sleeper (infant bed that attaches to an adult bed) when finished.
6. Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the infant to take it. If you are breastfeeding, wait until the infant is one month old or comfortable with breastfeeding before using a pacifier.
7. Do not let the infant overheat during sleep. Dress the infant in light sleep clothing and keep the room at a temperature that is comfortable for an adult.
8. Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.
9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions, talk to your healthcare provider.
10. To reduce the chance that flat spots will develop on the infant's head from too much time on their back, provide "tummy time" when the infant is awake and someone is watching; change the direction that the infant lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

Lesson Seven – Attachment/Autonomy: Trust and Brain Development

Lesson Overview

In this lesson, students will learn about Erikson's stages of psychosocial development. They will work in small groups to learn about two stages, and then peer teach their jigsaw group and learn from other group members about other stages.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify Erikson's stages of psychosocial development
- Describe the characteristics of each of Erikson's stages and how parents can help their children in the early stages
- Create a daily and weekly schedule for an infant in their care

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Attachment/Autonomy: Trust and Brain Development* slide presentation (slides 1-3) • Students' own paper to jot down life events	1. Prepare the slide presentation for viewing.	10 minutes
LEARN	• *Attachment/Autonomy: Trust and Brain Development* slide presentation (slides 4-13) • *Daily Schedule* worksheet	1. Prepare slide presentation for viewing. 2. Print the *Daily Schedule* (one per participant).	45-60 minutes
REVIEW	• *Erikson's Stages of Psychosocial Development* worksheet (cut up to hand out to groups) • *Trust and Brain Development Quiz* • *Trust and Brain Development Quiz* – Answer Key	1. Print and cut up the *Erikson's Stages of Psychosocial Development* worksheets (one per group). 2. Print the quiz. 3. Access the answer key for the quiz.	35 minutes

Lesson Seven – Attachment/Autonomy: Trust and Brain Development

FOCUS: Introduction to Erikson's Stage of Psychosocial Development

10 minutes

Purpose:

Students are introduced to Erikson's theory of human psychosocial development.

Materials:

- *Attachment/Autonomy: Trust and Brain Development* slide presentation (slides 1-3)
- Students' own paper to jot down life events

Facilitation Steps:

1. Have students write down what they think a person's most important life events are in order.
2. Ask for volunteers to share their lists. Write these on the board as list items are shared.
3. Introduce Erik Erikson, who developed a theory of the stages of human psychosocial development. According to Erikson's theory, people go through a "crisis" in each of these stages.
4. Display slide two Erikson's Stages of Psychosocial Development, and discuss how the list of items from students fit into the various stages
5. Display slide three, Baby Brain, and explain that a baby brain develops and learns trust in the womb and during the first few years of life.

   The learning of trust and brain development will impact a baby's development throughout life. It is important to start caring for your baby as soon as you get pregnant and start preparing for their early development.

   Being a parent is a lifelong commitment and the tools you use can impact and nurture another human being throughout their life. It will be the most serious and hardest job you will have for the rest of your life.

   It will also be the most rewarding job, if you take the time and engage in the positive development of a person's attachment, trust in others, and brain development.

   The tools and nurturing you do can help create and build another human being to be kind, genuine, thoughtful, caring, smart, engaging, hardworking, and loving.

Lesson Seven – Attachment/Autonomy: Trust and Brain Development

LEARN: Lecture and Schedule Planning

45-60 minutes

Purpose:
Students learn about infant brain development. They will apply what they learn to create a schedule for an infant in their care.

Materials:
- *Attachment/Autonomy: Trust and Brain Development* slide presentation (slides 4-13)
- *Daily Schedule* worksheet

Facilitation Steps:
1. Share the *Attachment/ Autonomy: Trust and Brain Development* slide presentation (slides 4-13).

   Slide 4: Trust and Brain Development
   A baby's brain is built during pregnancy and continues to grow until adulthood. A baby's brain is made up of several different parts that control everything we do and what the body does for us.

   Each area has millions of brain cells, which are called neurons. The neurons communicate by passing messages through the synapses, tiny spaces between neurons.

   Messages are repeated many times and create neural pathways. These pathways create the wiring of the brain. In the first year of life, this is done at a very rapid pace.

   The connections you make with your child during their first year of life is pivotal to a baby's life. Brain growth, as well as the social, emotional, and cognitive development, are formulated by the loving bond and attachment the baby has to a caregiver.

   At birth, a baby's wiring is not fully connected and changes every day. Activities, like playing, being read to, learning, interactions, responding to people, and being responded by people, helps with the development.

   The building blocks for brain formation affect the ability to learn language, solve problems, and do well in school and work. It also affects interpersonal skills later in life.

   It is important to decrease negative effects and stress to a baby and prevent unsafe and toxic stress.

   Slide 5: What a Baby Needs for Brain Development

   Slide 6: Positive Experiences that are Nurturing and Responsive
   - Daily routines, talk to babies during routines
   - Healthy spaces
   - Responding to baby needs, like hunger, tiredness, and need to cuddle

   Slide 7: Fun Activities
   - Telling stories
   - Talking to the baby, praise them
   - Reading books
   - Playing with them, they do not need expensive toys but do need safe toys to play with
   - Games, like peek-a-boo
   - Nursery rhymes
   - Tummy time on the floor

   Slide 8: Healthy Food
   - Breastfeeding helps with brain development, especially in the first three weeks. Colostrum is the first form of breast milk that is released by the mammary glands. It is nutrient-dense and high in antibodies and antioxidants to build a newborn baby's immune system. It changes to breast milk within two to four days.
   - Formula
   - Baby food should be rich in nutrients

Slide 9: Steps to Developing Attachment and Autonomy

Slide 10: Make Community Connections
Make connections with healthcare providers, friends, family, and other babies. Make sure you visit a healthcare provider to help with any questions or concerns.

Slide 11: Let the Baby Explore
Give your baby a safe space where they can move around and explore their surroundings. On walks, talk to your baby and point out interesting things that you see.

Develop routines that a baby can count on, stay calm and loving, and provide a safe environment. Childcare should be someone you trust and will meet your baby's safety and emotional needs.

Slides 12-13: Wise Words

- Do not shake a baby because their brain, spine, muscles, and bones are not completely developed, and the baby cannot support its own body when being shook.
- Put the baby on their back to sleep, avoiding sudden infant death syndrome.
- Protect baby from secondhand smoke because lack of oxygen to the brain can affect development and it is a poor role model.
- Place your baby in a rear-facing car seat in the back seat.
- Prevent choking by cutting food into small, tiny pieces and do not let them play with toys that they could choke on.
- Don't allow your child to play with anything that will cover their face.
- Never carry hot foods or liquids while holding a baby to prevent accidents.
- Vaccinate your baby and bring them to a healthcare provider regularly.
- Allow your baby space to move. Keep them active. This will allow them to become physically stronger, learn, and explore.
- Limit time in swings, strollers, bouncer seats and exercise saucers.
- Limit screen time and best not to use screens at all before 18 months.

Slides 14-15: Parenting Tips for Healthy Baby Development

- Talk to your baby because your voice is calming to your baby.
- Respond when the baby makes sounds with repeated words or sounds. This helps start the development of language.
- Read to your baby. This will also help them understand language and sound.
- Sing and play music for the baby. This helps the baby with brain development and begins the appreciation of music.
- Give loving attention to and constantly praise your baby.
- Make you baby feel secure by spending time cuddling and hugging them.
- Play with your baby when they are relaxed and alert.
- When a baby is fussy distract them with toys, music, and talking to them. This will teach them to develop self-coping skills.
- Record milestones in the first year of life. It is fun to look back at later in life. Examples are height, weight, teeth coming in, how they begin to move, and first words.

2. Distribute the *Daily Schedule* worksheet to each student and explain that a baby's need varies but it is good to keep as much of a consistent routine as you can.

   Variables that can change routine may be sickness, trying new things, meeting new people, observing new objects in an environment, and having new experiences.

   Make a daily schedule for the baby and yourself. Incorporate time for new things and childcare in their daily routine. The schedule should be for every day of the week, Monday through Sunday.

   Each schedule will be different because we all live different lives and have different responsibilities. Make sure you incorporate the things that you will need for each activity of the day. Be detailed.

Here is a list of things to put into your schedule:

- Wake up time and bedtime
- Feeding times
- Dress time in morning and bedtime
- Preparing food
- Cleaning and sanitizing bottles, dishes and toys
- Washing and putting away clothes
- Changing sheets
- Bath time
- Cleanup time
- Tummy and explore time
- Outdoor time
- Playdate time (time with other human beings)
- Reading time and story time
- Safe space playtime

Name: _____ Class: _____

Daily Schedule

A baby's needs vary, but it is good to keep as consistent of a routine as you can. Variables that can change a routine include sickness, trying new things, meeting new people, introduction to new objects in an environment, and new experiences. Make a daily schedule for the baby and yourself. Incorporate time for new things and childcare in their daily routine.

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- Changing sheets
- Bath time
- Clean up time
- Belly and explore time
- Outdoor time
- Playdate time (time with other human beings)
- Reading time and story time
- Safe space playtime

Date	Time	Activity
Monday		
Tuesday		

Date	Time	Activity
Wednesday		
Thursday		
Friday		
Saturday		

Sunday		

Lesson Seven: Attachment/ Autonomy: Trust and Brain Development

REVIEW: Jigsaw and Erikson's Stages

35 minutes

Purpose:
Students learn the eight stages of psychosocial development according to Erik Erikson. A brief quiz will also help students review what they have learned in this lesson.

Materials:
- *Erikson's Stages of Psychosocial Development* worksheet (cut up)
- *Trust and Brain Development Quiz*
- *Trust and Brain Development Quiz* – Answer Key

Facilitation Steps:
1. Divide the class into small groups. In each group, have students count off 1 through 4.

2. Give each group member two stages of development, so that all the ones get the same two stages, all the twos get the same two stages, etc.

3. Have students meet with peers from other groups that are assigned the same number, so that all ones meet in a group, all twos mee, and so on.

4. Each group must read through their stages, discuss them, and write down what caregivers can do to promote a positive outcome for each stage. Some questions you could have them answer (write the questions on the board):
    - What do infants need from parents in this stage of development to be secure?
    - What are some things parents should not do at this stage with their children?
    - What are the consequences if the child does not receive what is needed from parents?
    - For those stages that address older adults, students should identify things an individual can do at this stage to have a positive outcome.

5. Give students five minutes to talk with their same-question group. Each student should write down the group's ideas to report back to their original group.

6. Have students return to their original group and share responses.

7. Distribute the *Trust and Brain Development Quiz* and give students two to three minutes for to complete it.

8. Access the answer key and share answers with students.

Erikson's Stages of Psychosocial Development

(Source: Wikipedia)

Hope: Trust Versus Mistrust (Infants, 0-1 year)

• **Psychosocial Crisis:** Trust Versus Mistrust
• **Virtue:** Hope

The first stage of Erik Erikson's theory centers around the infant's basic needs being met by the parents. The infant depends on the parents, especially the mother, for food, sustenance, and comfort. The child's relative understanding of world and society come from the parents and their interaction with the child. If the parents expose the child to warmth, regularity, and dependable affection, the infant's view of the world will be one of trust.

Should the parents fail to provide a secure environment and meet the child's basic need, a sense of mistrust will result. According to Erikson, the major developmental task in infancy is to learn whether or not other people, especially primary caregivers, regularly satisfy basic needs. If caregivers are consistent sources of food, comfort, and affection, an infant learns trust (that others are dependable and reliable).

If caregivers are neglectful, or perhaps even abusive, the infant instead learns mistrust (that the world is in an undependable, unpredictable, and possibly dangerous place).

Will: Autonomy Versus Shame and Doubt (Toddlers, 2-3 years)

• **Psychosocial Crisis:** Autonomy Versus Shame and Doubt
• **Main Question:** "Can I do things myself or must I always rely on others?"
• **Virtue:** Will

As the child gains control over eliminative functions and motor abilities, they begin to explore their surroundings. The parents still provide a strong base of security from which the child can venture out to assert their will. The parents' patience and encouragement help foster autonomy in the child. Highly restrictive parents, however, are more likely to instill the child with a sense of doubt and reluctance to attempt new challenges.

As they gain increased muscular coordination and mobility, toddlers become capable of satisfying some of their own needs. They begin to feed themselves, wash and dress themselves, and use the bathroom. If caregivers encourage self-sufficient behavior, toddlers develop a sense of autonomy (a sense of being able to handle many problems on their own).

If caregivers demand too much too soon, refuse to let children perform tasks of which they are capable, or ridicule early attempts at self-sufficiency, children may instead develop shame and doubt about their ability to handle problems.

Erikson's Stages of Psychosocial Development

(Source: Wikipedia)

Purpose: Initiative Versus Guilt (Preschool, 4-6 years)

- **Psychosocial Crisis:** Initiative Versus Guilt
- **Main Question:** "Am I good or am I bad?"
- **Virtue:** Purpose
- **Related Elements in Society:** Ideal prototypes/roles

Initiative adds to autonomy the quality of undertaking, planning, and attacking a task for the sake of being active and on the move. The child is learning to master the world around them, learning basic skills and principles of physics. Things fall down, not up. Round things roll. They learn how to zip, tie, count, and speak with ease.

At this stage, the child wants to begin and complete their own actions for a purpose. Guilt is a confusing new emotion. They may feel guilty over things that logically should not cause guilt. They may feel guilt when their initiative does not produce desired results. The development of courage and independence are what set preschoolers, ages three to six years of age, apart from other age groups.

Young children in this category face the challenge of initiative versus guilt. As described in Bee and Boyd (2004), the child, during this stage, faces the complexities of planning and developing a sense of judgment. During this stage, the child learns to take initiative and prepare for leadership and goal achievement roles.

Activities sought out by a child in this stage may include risk-taking behaviors, such as crossing a street alone or riding a bike without a helmet; both these examples involve self-limits. Within instances requiring initiative, the child may also develop negative behaviors. These behaviors are a result of the child developing a sense of frustration for not being able to achieve a goal as planned and may engage in behaviors that seem aggressive, ruthless, and overly assertive to parents. Aggressive behaviors, such as throwing objects, hitting, or yelling, are examples of observable behaviors during this stage.

Preschoolers are increasingly able to accomplish tasks on their own, and with this growing independence comes many choices about activities to be pursued. Sometimes children take on projects they can readily accomplish, but at other times they undertake projects that are beyond their capabilities or interfere with other people's plans and activities.

If parents and preschool teachers encourage and support children's efforts, while also helping them make realistic and appropriate choices, children develop initiative independence in planning and undertaking activities. But if, instead, adults discourage the pursuit of independent activities or dismiss them as silly and bothersome, children develop guilt about their needs and desires.

Erikson's Stages of Psychosocial Development

(Source: Wikipedia)

Competence: Industry Versus Inferiority (Childhood, 7-12 years)

- **Psychosocial Crisis:** Industry Versus Inferiority
- **Main Question:** "Am I successful or worthless?"
- **Virtue:** Competence
- **Related Elements in Society:** Division of labor

The aim to bring a productive situation to completion gradually supersedes the whims and wishes of play. The fundamentals of technology are developed. To lose the hope of such "industrious" association may pull the child back to the more isolated, less conscious familial rivalry of the oedipal time. "Children at this age are becoming more aware of themselves as individuals."

Children work hard at "being responsible, being good, and doing it right." They are now more reasonable to share and cooperate. Allen and Marotz (2003) also list some perceptual cognitive developmental traits specific for this age group: Children understand the concepts of space and time, in more logical, practical ways, beginning to grasp, gain better understanding of cause and effect, and understand calendar time.

At this stage, children are eager to learn and accomplish more complex skills: reading, writing, and telling time. They also get to form moral values, recognize cultural and individual differences and can manage most of their personal needs and grooming with minimal assistance (Allen and Marotz, 2003). At this stage, children might express their independence by being disobedient, using back talk, and being rebellious.

Erikson viewed the elementary school years as critical for the development of self-confidence. Ideally, elementary school provides many opportunities for children to achieve the recognition of teachers, parents, and peers by producing things: drawing pictures, solving addition problems, writing sentences, and so on. If children are encouraged to make and do things and are then praised for their accomplishments, they begin to demonstrate industry by being diligent, persevering at tasks until completed, and putting work before pleasure.

If children are ridiculed or punished for their efforts, or if they find they are incapable of meeting their teachers' and parents' expectations, they develop feelings of inferiority about their capabilities.

Erikson's Stages of Psychosocial Development

(Source: Wikipedia)

Fidelity: Identity Versus Role Confusion (Adolescents, 13-19 years)

- **Psychosocial Crisis:** Identity Versus Role Confusion
- **Main Question:** "Who am I and where am I going?"
- **Ego quality:** Fidelity
- **Related Elements in Society:** Ideology

The adolescent is newly concerned with how they appear to others. Superego identity is the accrued confidence that the outer sameness and continuity prepared in the future are matched by the sameness and continuity of one's meaning for oneself, as evidenced in the promise of a career. The ability to settle on a school or occupational identity is present. In later stages of Adolescence, the child develops a sense of sexual identity.

As they make the transition from childhood to adulthood, adolescents ponder the roles they will play in the adult world. Initially, they are apt to experience some role confusion (mixed ideas and feelings about the specific ways in which they will fit into society) and may experiment with a variety of behaviors and activities (e.g. tinkering with cars, babysitting for neighbors, affiliating with certain political or religious groups). Eventually, Erikson proposed, most adolescents achieve a sense of identity regarding who they are and where their lives are headed.

Erikson is credited with coining the term "identity crisis." Each stage that came before and follows has its own "crisis," but even more so now, for this marks the transition from childhood to adulthood. This passage is necessary because: "Throughout infancy and childhood, a person forms many identifications. But the need for identity in adolescents is not met by these."

This turning point in human development seems to be the reconciliation between "the person one has come to be" and "the person society expects one to become." This emerging sense of self will be established by "forging" past experiences with anticipations of the future. In relation to the eight life stages, the fifth stage corresponds to the crossroads:

> What is unique about the stage of Identity is that it is a special sort of synthesis of earlier stages and a special sort of anticipation of later ones. Youth has a certain unique quality in a person's life; it is a bridge between childhood and adulthood. Youth is a time of radical change—the great body changes accompanying puberty, the ability of the mind to search one's own intentions and the intentions of others, the suddenly sharpened awareness of the roles society has offered for later life.
>
> Adolescents "are confronted by the need to re-establish [boundaries] for themselves and to do this in the face of an often potentially hostile world." This is often challenging since commitments are being asked for before identity roles have formed. At this point, one is in a state of "identity confusion," but society normally makes allowances for youth to "find themselves," and this state is called "the moratorium."

The problem of adolescence is one of role confusion—a reluctance to commit which may haunt a person into their mature years. Given the right conditions—and Erikson believes these are essentially having enough space and time, a psychological moratorium, when a person can freely experiment and explore—what may emerge is a firm sense of identity, an emotional and deep awareness of who they are.

As in other stages, bio-psychosocial forces are at work. No matter how one has been raised, one's personal ideologies are now chosen for oneself. Oftentimes, this leads to conflict with adults over religious and political orientations. Another area where teenagers are deciding for themselves is their career choice, and oftentimes parents want to have a decisive say in that role. If society is too insistent, the teenager will acquiesce to external wishes, effectively forcing them to 'foreclose' on experimentation and, therefore, true self-discovery.

Once someone settles on a worldview and vocation, will they be able to integrate this aspect of self-definition into a diverse society? According to Erikson, when an adolescent has balanced both perspectives of "What have I got?" and "What am I going to do with it?" they have established their identity. Dependent on this stage is the ego quality of fidelity—the ability to sustain loyalties freely pledged despite the inevitable contradictions and confusions of value systems.

Given that the next stage (Intimacy) is often characterized by marriage, many are tempted to cap off the fifth stage at 20 years of age. However, these age ranges are quite fluid, especially for the achievement of identity, since it may take many years to become grounded, identify the object of one's fidelity, and feel that one has "come of age." In the biographies Young Man Luther and Gandhi's Truth, Erikson determined that their crises ended at ages 25 and 30, respectively.

Erikson does note that the time of identity crisis for persons of genius is frequently prolonged. He further notes that in our industrial society, identity formation tends to be long, because it takes us so long to gain the skills needed for adulthood's tasks in our technological world. So, we do not have an exact timespan in which to find ourselves. It doesn't happen automatically at eighteen or twenty-one. A very approximate rule of thumb for our society would put the end somewhere in one's twenties.

Erikson's Stages of Psychosocial Development

(Source: Wikipedia)

Love: Intimacy Versus Isolation (Young Adults, 20-34 years)

- **Main Question:** "Am I loved and wanted?" or "Shall I share my life with someone or live alone?"
- **Ego quality:** Love
- **Related Elements in Society:** patterns of cooperation (often marriage)

Body and ego must be masters of organ modes and of the other nuclear conflicts to face the fear of ego loss in situations that call for self-abandonment. Avoiding these experiences leads to openness and self-absorption. The Intimacy vs. Isolation conflict is emphasized around the ages of 20-34. At the start of this stage, identity versus role confusion is coming to an end, and it still lingers at the foundation of the stage (Erikson, 1950).

Young adults are still eager to blend their identities with friends. They want to fit in. Erikson believes we are sometimes isolated due to intimacy. We are afraid of rejections, such as being turned down or our partners breaking up with us. We are familiar with pain, and to some of us, rejection is painful; our egos cannot bear the pain.

Erikson argues that "Intimacy has a counterpart, Distantiation: the readiness to isolate and, if necessary, to destroy those forces and people whose essence seems dangerous to our own, and whose territory seems to encroach on the extent of one's intimate relations" (1950). Once people have established their identities, they are ready to make long-term commitments to others.

Young adults become capable of forming intimate, reciprocal relationships (e.g. through close friendships or marriage) and willingly make the sacrifices and compromises that such relationships require. If people cannot form these intimate relationships (perhaps because of their own needs), a sense of isolation may result.

Care: Generativity Versus Stagnation (Middle Adulthood, 35-65 years)

• **Psychosocial Crisis:** Generativity versus Stagnation
• **Main Question:** "Will I produce something of real value?"
• **Virtue:** Care
• **Related Elements in Society:** Parenting, educating, or other productive social involvement

Generativity is the concern of establishing and guiding the next generation. Socially valued work and disciplines are expressions of generativity. Simply having or wanting children does not in and of itself achieve generativity. During middle age the primary developmental task is one of contributing to society and helping to guide future generations.

When a person contributes during this period, perhaps by raising a family or working toward the betterment of society, a sense of generativity (productivity and accomplishment) results. In contrast, a person who is self-centered and unable or unwilling to help society move forward develops a feeling of stagnation, a dissatisfaction with the relative lack of productivity.

Central Tasks of Middle Adulthood

• Express love through more than sexual contacts
• Maintain healthy life patterns
• Develop a sense of unity with mate
• Help growing and grown children to be responsible adults
• Relinquish central role in lives of grown children
• Accept children's mates and friends
• Create a comfortable home
• Be proud of accomplishments of self and mate/spouse
• Reverse roles with aging parents
• Achieve mature, civic, and social responsibility
• Adjust to physical changes of middle age
• Use leisure time creatively
• Love for others

Wisdom: Ego Integrity Versus Despair (Seniors, 65+ years)

• **Psychosocial Crisis:** Ego Integrity versus Despair
• **Main Question:** "Have I lived a full life?"
• **Virtue:** Wisdom

As we grow older and become senior citizens, we tend to slow down our productivity and explore life as a retired person. It is during this time that we contemplate our accomplishments and are able to develop integrity if we see ourselves as leading a successful life. If we see our life as unproductive, or feel that we did not accomplish our life goals, we become dissatisfied with life and develop despair, often leading to depression and hopelessness.

The final developmental task is retrospection, in which people look back on their lives and accomplishments. They develop feelings of contentment and integrity if they believe that they have led a happy, productive life. They may instead develop a sense of despair if they look back on a life of disappointments and unachieved goals.

Name: _____ Class: _____

Trust and Brain Development Quiz

Instructions: Choose the best answer for each question.

1. What are the cells in the brain called?
   a. Red blood cells
   b. White blood cells
   c. Myocytes
   d. Neurons

2. Where do the chemical messages in the brain pass from one brain cell to the other?
   a. Synapsis
   b. Neurons
   c. Myoctes
   d. Byoctes

3. Safe space for a baby includes:
   a. Soft surface to roll around in
   b. Big toys that a baby cannot choke on
   c. A place where there are no hot objects
   d. All the above
   e. None of the above

4. One way not to engage with a baby in the womb would be to:
   a. Talk to the baby
   b. Listen to music and sing to the baby
   c. Go for walks and move
   d. Hang out with people that smoke by you

5. When putting a baby to bed you should put them to bed on their:
   a. Side
   b. Stomach
   c. Back
   d. Sitting up in a chair

6. It is a good idea to keep a baby constrained in a stroller, highchair, swing, or exercise saucer all the time.
   a. True
   b. False

7. These are all good ways to distract a fussy baby, except:
   a. Spanking
   b. Cuddling
   c. Talking
   d. Playing

8. Talking, singing, reading, and responding helps the baby develop all of these, except:
   a. Language skills
   b. Trust
   c. Connections and communication
   d. Self-coping skills

9. Giving attention, cuddling, and positive praise will spoil a child and make them ungrateful.
   a. True
   b. False

10. Proper medical care is necessary for you and your baby because it will provide all the following, except:
   a. Vaccines, medicine, and vitamins necessary
   b. The tools to make your baby alert
   c. A resource for you to ask questions on you and your baby's development
   d. A tool to examine the growth and development of you and your baby

Trust and Brain Development Quiz – Answer Key

Instructions: Choose the best answer for each question.

1. What are the cells in the brain called?
   a. Red blood cells
   b. White blood cells
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   d. **Neurons**

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   a. **Synapsis**
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3. Safe space for a baby includes:
   a. Soft surface to roll around in
   b. Big toys that a baby cannot choke on
   c. A place where there are no hot objects
   d. **All the above**
   e. None of the above

4. One way not to engage with a baby in the womb would be:
   a. Talk to the baby
   b. Listen to music and sing to the baby
   c. Go for walks and move
   d. **Hang out with people that smoke by you**

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   a. Side
   b. Stomach
   c. **Back**
   d. Sitting up in a chair

6. It is a good idea to keep a baby constrained in a stroller, highchair, swing, or exercise saucer all the time.
   a. True
   b. **False**

7. These are all good ways to distract a fussy baby, except:
   a. **Spanking**
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   c. Talking
   d. Playing

8. Talking, singing, reading, and responding helps the baby develop all of these, except:
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   b. Trust
   c. Connections and communication
   d. **Self-coping skills**

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    c. A resource for you to ask questions on you and your baby's development
    d. A tool to examine the growth and development of you and your baby

Lesson Eight – Nurture and the Importance of Play

Lesson Overview

In this lesson, students learn the value of parents providing and participating in unstructured play with young children. Students consider their own childhood in light of the subject of play. Students also examine what it means to be a nurturing caregiver.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify the characteristics and skills of nurturing caregivers
- Distinguish between structured and unstructured play
- Understand the value of free play in early childhood

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Nurture and the Importance of Play* slide presentation (slide 2)	1. Prepare the slide presentation for viewing.	10 minutes
LEARN	• *Nurture and the Importance of Play* slide presentation (slides 3-12) • *Play Scavenger Hunt and Journaling* worksheet	1. Prepare *Nurture and Importance of Play* slide presentation for viewing. 2. Provide each participant with the *Play Scavenger Hunt and Journaling* worksheet.	50 minutes
REVIEW	• *The Importance of Play* article • *Nurture and the Importance of Play Quiz* • *Nurture and the Importance of Play Quiz* – Answer Key	1. Print the *Importance of Play* article and *Nurture and the Importance of Play Quiz* (one of each per participant). 2. Access the answer key for the quiz.	20 minutes

Lesson Eight – Nurture and the Importance of Play

FOCUS: Nurturing Discussion

10 minutes

Purpose:

Students are introduced to key skills for nurturing infants to help in healthy child development.

Materials:

- *Nurture and the Importance of Play* slide presentation (slide 2)

Facilitation Steps:

1. Ask students what they think nurturing means to them. Answers will vary among students.

2. Introduce the concept of nurture and the importance of play in a young child's development and share slide two of the *Nurture and the Importance of Play* slide presentation.

   You can develop a child's brain in many ways. You can provide a baby with a better understanding of the world and set the building blocks of future brain growth.

   The connections that the baby makes in early years leads to a foundation of informational growth in later years of life.

   The process of caring for an infant, encouraging growth and development, and providing them with education and environment influences will help to determine the type of person they can become.

   Enriching a baby with books, being read to, music, singing songs, and play both sensory and with toys gives them the perfect life building blocks.

   Neuroscientists have discovered that the cerebral cortex of a baby's brain is associated with higher cognitive processing and is benefited by environment enrichment.

Lesson Eight – Nurture and the Importance of Play

LEARN: Benefits of Play Lecture and Activities

50 minutes

Purpose:
Students learn about the benefits of play in child development. They further reflect on their own childhood play activities and participate in a scavenger hunt.

Materials:
- *Nurture and the Importance of Play* slide presentation (slides 3-12)
- *Play Scavenger Hunt and Journaling* worksheet

Facilitation Steps:
1. Introduce the benefits of play by sharing the slide presentation.

   Slides 3-4: Benefits of Play
   - Stimulates early brain development, which can make babies smarter, increase their intelligence, make them a faster learner, and give them a better memory.
   - Improves communication, speaking, vocabulary, and language and improves babies' understanding of the world
   - Promotes impulse control and emotion regulation.
   - Helps grow social competence, empathy, and understanding of people's feelings and emotions.
   - Leads to better physical and mental health by teaching motor control, strength, and endurance to the body and mind.
   - Teaches life lessons and can help children cope with struggles in their own way. It allows children to rehearse skills and future social roles in a safe way.
   - Strengthens relationships with parents, care givers and peers.
   - Helps children learn how to develop relationships.
   - Allows a child to be happier and more content.
   - Gives the opportunity for children to be creative.

   Slide 5: Types of Play
   Unstructured and structured play are the main types of play, and the variety of play is important to help with development.

   Slide 6: Unstructured Play
   Unstructured play lets children imagine and move at their own pace. You can give ideas to what the child can start with but let them continue on their own.

   Examples:
   - Creative play that is artistic or with musical games. It can be done alone or with others.
     - Drawing with crayons or markers
     - Playing with modeling clay
     - Listening and singing to songs
     - Making music with pots and pans
     - Playing with musical instruments
   - Imaginative games
     - Making playhouses with boxes and blankets
     - Dress up
     - Playing with dolls or figures
     - Outdoor play

   Slide 7: Structured Play
   Structured play is organized and happens at a fixed time and with fixed activities led by an adult.

Examples:

- Music or dance classes
- Swimming classes
- Sport classes, such as roll around or gymnastic class
- Board games

Slide 8: Steps to Develop and Nurture Play by Age

Slides 9-10: Birth to 6 Months

- Looking at your face and listening to your voice is play.
- Playful learning can start with a baby's first smile. Respond with a smile.
- Imitate your baby's coos and babbles, having a back-and-forth conversation.
- Show your baby interesting objects, such as bright-colored toys or pictures. Let them bring safe objects to their mouth to explore and experience new textures.
- Place the baby in different positions, allowing them to see the world from different angles, such as with supervised tummy time. Make sure the baby is lying in a safe environment where they can roll and explore.
- Music, singing, and bells develop hearing and movement.
- Peek-a-boo is great for social and emotional growth.
- Encourage the child's reaching and grasping with different shapes and colored objects.
- Have texture time, when they can touch things with different textures.
- Ball play.
- Read baby books with bright pictures and books that they can hold.
- Bring babies outside for special awareness and switch rooms they are in for change of environment.
- Provide appropriate holding, hugs, and kisses**.**

Slides 11-12: 7-12 months

- Make sure your baby has a safe environment to roll, crawl, and explore.
- Give the baby opportunities to learn that their actions have effects. For example, dropping a toy means it will have to be picked up.
- Use a mirror to learn different facial expressions.
- Hide and seek of toys.
- Let the baby explore a variety of sensory experiences, like a bathtub supervised with toys and bubbles, lying on the grass, playing with different figures and dolls, and touching and playing different instruments.
- Sing songs to the baby.
- Read books to the baby.
- Encourage the child's reaching and grasping with different shapes and colored objects.
- Ball play.
- Sturdy furniture, boxes and activities to encourage body movement, like rolling, crawling, and walking.
- Let the baby have time to explore outside in a safe supervised area.

2. Distribute the *Play Scavenger Hunt and Journaling* worksheet to the students and explain that babies require nurturing and play to have building block to help them grow and develop.

   It is your job as a caregiver to provide children with activities and touches to continuously add to their brain growth. Brain growth at a young age only helps enhance and provide a stable environment for it to flourish in later years.

3. Have each student find five examples of each of the following four categories on the Internet and share it with the class. Examples must be complete and detailed.
   - Baby story books
   - Baby songs to sing
   - Appropriate toys
   - Games to play with a baby

4. Share activities with the class.

5. After the scavenger hunt, have students journal about their childhood and what they liked to play, how they played, and who or what they played with.
6. After five minutes of journaling, ask for volunteers to share some ideas.

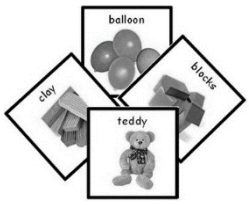
Name: _____ Class: _____

Play Scavenger Hunt and Journaling

Instructions: Using the Internet, find five examples of each of the following and share it with the class. Examples must be complete and detailed. Provide a picture or write a detailed description for each of the four categories.

Baby storybooks	
Baby songs	
Appropriate toys	
Games to play with a baby	

In the space provided below, journal about your childhood and what you liked to play, how you played, and who or what you played with.



Lesson Eight – Nurture and the Importance of Play

REVIEW: The Importance of Play and Quiz

20 minutes

Purpose:
Students learn about and reflect on the importance of play in a child's life. A brief quiz will assess the primary information learned in the lesson.

Materials:

- *The Importance of Play* article
- *Nurture and the Importance of Play Quiz*
- *Nurture and the Importance of Play Quiz* – Answer Key

Facilitation Steps:

1. Give each student a copy of article *The Importance of Play*.

2. Have students read and discuss the article with a partner.

3. Questions for discussion (write them on the board while students are reading or before the class):
    - Do you agree with the article about the importance of play?
    - Have you seen the trend of less unstructured play time for kids? If so, where?
    - What impact do you think the loss of play has on a child? Will it impact our future society? How?

4. Distribute the *Nurture and the Importance of Play Quiz* and give students two to three minutes for completion.

5. Access the answer key and share answers with students.

The Importance of Play

Courtney Braatz, M. Ed Family Education

The American Academy of Pediatrics has declared that play is necessary for healthy development because it contributes to the cognitive, physical, social, and emotional wellbeing of children. Unstructured play develops the important skill of executive function, which is a critical cognitive skill that has several elements, including the ability to self-regulate, control emotions and behavior, resist impulses, and develop self-control and discipline.

Play is important in allowing time to practice private speech – children talk to themselves about what they're going to do and how they're going to do it. This kind of self-regulating language helps children control themselves and police what they're doing. The more structured the play, the less private speech happens, and as a result, children are no longer directing themselves, but they're being directed externally. In the long run children who engage more readily in complex play are more likely to take on responsibility, willing to work independently, and even assist others without prompting.

Play also provides a great opportunity for parents to be fully engaged with their children. Despite the benefits resulting from play, time for free play has been dramatically reduced for many children. A variety of factors contribute to this new trend, including a hurried lifestyle, changes in family structure, and increased awareness of and interest in school readiness activities and classes.

Play provides an opportunity for children to use creativity and develop their imagination, as well as their physical, cognitive, and emotional skills. Play is important to healthy brain development.

At a very early age, children engage and interact in the world around them through play. Play allows children to create and explore by taking on pretend roles and exploring in a safe environment and in a world they can master. This exploration allows a child to experience competence that will be implemented in real life situations. Undirected play facilitates learning how to work in groups, to resolve conflicts, to share, to negotiate, and to learn self-advocacy skills. The area of the brain that is used for decision making is engaged when children are engaged in self-directed play. Children lose some of these benefits and learning opportunities when structured, adult-led activities dominate a child's time in the early years.

Playtime is also an opportunity for parents to observe their children or join with them in child-driven play. A child feels valued when given the full attention of a parent during play and parents can view the world from their child's perspective as the child creates an imaginary world and interactions. This is especially helpful for parents of more introverted children who may gain a better understanding of their child's frustrations and emotions. Quite simply, play provides parents a wonderful opportunity to connect completely with their children.

Name: _____ Class: _____

Nurture and the Importance of Play Quiz

Instructions: Choose the best response for each question below.

1. Examples of how to provide a safe environment for your baby to play are all the following, except:
   a. A grassy area that has been combed through to make sure there is not anything that would cause danger
   b. Indoor rug area with large, colorful toys
   c. Keeping the child in a playpen all the time, so they cannot go anywhere
   d. Childproofing areas in a room with foam padding and gate to restrict them from harmful areas

2. Tummy time is necessary for newborns to six months and should not be supervised.
   a. True
   b. False

3. Listening to your voice is an example of play.
   a. True
   b. False

4. Facial expression begins the learning of social cues.
   a. True
   b. False

5. The movement of a baby should be constricted all the time by swaddling them.
   a. True
   b. False

6. Sensory experiences, like putting small things in their mouth, is important for play.
   a. True
   b. False

7. Sensory experiences, like playing with water or touching safe objects, is part of learning.
   a. True
   b. False

8. Unstructured play is when you bring your baby to a mommy and me class, where there is directed singing and reading of books.
   a. True
   b. False

9. Unstructured play allows the baby to have time to be creative and imaginative.
   a. True
   b. False

10. It is important for a baby to have both structure and unstructured play for good nurturing.
    a. True
    b. False

Nurture and Importance of Play Quiz – Answer Key

1. Examples of how to provide a safe environment for your baby to play are all the following, except:
   a. A grassy area that has been combed through to make sure there is not anything that would cause danger
   b. Indoor rug area with large, colorful toys
   c. Keeping the child in a playpen all the time so they cannot go anywhere
   d. Childproofing areas in a room with foam padding and gate to restrict them from harmful areas

2. Tummy time is necessary for newborns to six months and should not be supervised.
   a. True
   b. False

3. Listening to your voice is an example of play.
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8. Unstructured play is when you bring your baby to a mommy and me class, where there is directed singing and reading of books.
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   b. False

10. It is important for a baby to have both structure and unstructured play for good nurturing.
    a. True
    b. False

Lesson Nine – Pregnancy and Prenatal Development

Lesson Overview

In this lesson, students learn about the initial stages of pregnancy and the characteristics of fetal development by month, within the three trimesters of pregnancy.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify the first signs of pregnancy
- Describe common physical and emotional pregnancy symptoms and discomforts
- Identify the various characteristics of fetal development and categorize them within each trimester of pregnancy

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Pregnancy and Prenatal Development* slide presentation (slide 1) • Everyday objects the size of the fetus	1. Prepare the slide presentation for viewing. 2. Gather the fetal-sized objects.	10-15 minutes
LEARN	• *Pregnancy and Prenatal Development* slide presentation (slides 2-27) • *Pregnancy and Labor Plan* worksheets	1. Prepare the slide presentation for viewing. 2. Print the *Pregnancy and Labor Plan* worksheets (one per participant)	30-45 minutes
REVIEW	• *Trimester Characteristics* worksheet • *Trimester Development* worksheet • Scissors • *Pregnancy and Prenatal Development Quiz* • *Pregnancy and Prenatal Development Quiz* – Answer Key	1. Print the *Trimester Characteristics* and *Trimester Development* worksheets (one per participant). 2. Print the quiz out (one per participant). 3. Access the answer key for the quiz.	20 minutes

Lesson Nine – Pregnancy and Prenatal Development

FOCUS: The Size of the Fetus at Each Month

10-15 minutes

Purpose:
Help participants understand monthly fetal development.

Materials:
- *Pregnancy and Prenatal Development* slide presentation (slide 1)
- Everyday objects the size of the fetus

Facilitation Steps:
1. Try to find everyday objects that are the same size as an unborn infant at each month (approximate sizes listed below). Bring in one of each of the smallest items, and place them in a plastic bag, one for each participant. If you have a fetal size model, display that along with the items.

   Sizes are approximate; months one through five measurements are from crown (top of head) to rump (bottom), and months six through nine measurements are from crown to heel.

   - **Month 1:** ¼ inch (pea, one Red Hots candy, round aspirin)
   - **Month 2:** Almost 1 inch (large jellybean, quarter, large grape)
   - **Month 3:** A little over 2 inches (car key, a ¼ of a graham cracker)
   - **Month 4:** 4 ½ inches (toilet paper tube)
   - **Month 5:** 6 ½ inches (standard stapler, tape dispenser)
   - **Month 6:** Almost 12 inches (1-foot ruler)
   - **Month 7:** Almost 15 inches (loaf of standard store-bought bread)
   - **Month 8:** A little over 16 ½ inches (toy doll)
   - **Month 9:** 19-23 inches (RealCare® Baby Infant Simulator or similarly sized doll)

2. Share slide one, Pregnancy and Prenatal Development.
   Prenatal education is the cornerstone to provide adequate preparation and education on all the stages of pregnancy and labor.

   Preparations include expectations during early and late stages of pregnancy, preparations for labor and birth, and assuring mother and infant safety.

   The more we know about the process of fetal development, the more we can ensure the mother and baby are healthy throughout gestation.

   Prenatal education goals are to prevent pregnancy complications and maternal deaths and improve women's health before, during, and after pregnancy.

Lesson Nine – Pregnancy and Prenatal Development

LEARN: Lecture and Pregnancy/Labor Planning

30-45 minutes

Purpose:
Through a slide presentation and lecture, students learn about pregnancy and the characteristics of each of the trimesters of pregnancy. Students apply what they have learned to create a personal pregnancy or labor plans.

Materials:

- *Pregnancy and Prenatal Development* slide presentation (slides 2-27)
- *Pregnancy and Labor Plan* worksheet

Facilitation Steps:

1. Begin the slide presentation, starting with slide two.

   Slides 2-3: Development of the Fertilized Egg Conception: A woman ovulates halfway through her menstrual cycle. If a cycle is 28 days, she would typically ovulate on the 14th day. The time during which you ovulate can also be measured 12-16 days before menstruation.

   During sexual intercourse, a man releases about 500 million sperm into the uterus. Some of the sperm help the others get to the ovulated egg. Sperm can live in the uterus for approximately six days. When sperm enters the vagina, they start the process called capacitation (releasing enzymes) and hyaluronidase (to soften the outer layer of the egg), allowing one sperm to eventually fertilize the egg. The egg also sends out tiny projections to pull sperm to the surface of the zona pellucida.

   Conception can occur a few days after you have had sexual intercourse. In each menstrual cycle, a woman loses about 1,000 premature eggs and that number decreases with age. Only one egg is released during ovulation. There are incidences of hyper-ovulation, in which sometimes, more than one egg can mature and be released. This can lead to fraternal twin births. Identical twin births happens when the zygote (fertilized egg) splits into two zygotes.

   The egg gets fertilized in the fallopian tubes and then makes an approximate four-day journey to imbed itself into the membrane of the uterus. The beginning of the menstrual cycle hormones released both by the body and the immature eggs, help prepare and develop the membrane of the uterus for egg implantation. Chances of a successful pregnancy from ovulation are only 25 percent.

   After fertilization, the egg grows from the one-cell, fused zygote to the morula, a collection of cells by the division of a zygote.

   As soon as the egg is fertilized, the germinal period begins and last for 14 days. The mother and father's DNA is passed on to the child, at the moment of conception. The genetic makeup and sex of the baby are set at this point. The germinal period lasts from conception to implantation of the zygote in the lining of the uterus.

The next phase is the embryonic period, which lasts for five weeks. Blood vessels grow, forming the placenta. The placenta is a structure connected to the uterus that provides nourishment and oxygen from the mother to the developing embryo via the umbilical cord. During this period, cells continue to differentiate.

Slide 4: Facts About Fertilization
The fetal period happens next. The fetus continues to gain weight and grow in length until approximately 40 weeks. By then, the fetus has very little room to move around, and birth becomes imminent. The brain develops and the body adds size and weight until the fetus reaches full term.

Slide 5: Pregnancy
Pregnancy lasts for 260-270 days, or nine months. Pregnancy is divided up into three trimesters.

Slide 6: 1st Trimester Overview (Embryo/Fetus)
During the first trimester, your body undergoes many changes. Hormonal changes affect almost every organ system in your body. These changes can trigger symptoms even in the very first weeks of pregnancy. Your period stopping is a clear sign but not the only sign that you are pregnant. Other changes may include:

- Extreme tiredness
- Tender, swollen breasts (your nipples might also stick out)
- Upset stomach, with or without throwing up (morning sickness)
- Cravings or distaste for certain foods
- Mood swings
- Men have couvade syndrome
- Constipation (trouble having bowel movements)
- Need to pass urine more often
- Headache
- Heartburn
- Weight gain or loss

What happens with the embryo during this time?

- Embryo grows
- Ectoderm forms
- Nervous system develops
- At six weeks, the tail develops
- Organ development
- After eight weeks, the embryo is called a fetus

Harmful exposures during the first trimester have the greatest chance of causing major birth defects. This is because many important developmental changes take place during this time. The major structures of the body form in the first trimester.

Slide 7: 2nd Month – Embryo (1st Trimester)

Slide 8: 3rd Month – Fetus (1st Trimester)

Slide 9: 2nd Trimester Overview
Most women find the second trimester of pregnancy easier than the first. But it is just as important to stay informed about your pregnancy during these months.

You might notice that symptoms like nausea and fatigue are going away. But other new, more noticeable changes to your body are now happening. Your abdomen will expand as the baby continues to grow. Before this trimester is over, you will feel your baby beginning to move!

As your body changes to make room for your growing baby, you may experience:

- Feeling movement, called quickening (usually fifth month)
- Abdomen expands
- Body aches, such as back, abdomen, groin, or thigh pain
- Stretch marks on your abdomen, breasts, thighs, or buttocks
- Darkening of the skin around your nipples
- A line on the skin running from the belly button to the pubic hairline
- Patches of darker skin, usually over the cheeks, forehead, nose, or upper lip. Patches often match on both sides of the face. This is sometimes called the mask of pregnancy.
- Numb or tingling hands, called carpal tunnel syndrome
- Itching on the abdomen, palms, and soles of the feet. Call your doctor if you have nausea, loss of appetite, vomiting, jaundice, or fatigue combined with itching. These can be signs of a serious liver problem.
- Water retention may cause swelling of the ankles, fingers, and face. If you notice any sudden or extreme swelling or if you gain a lot of weight really quickly, call your doctor right away. This could be a sign of preeclampsia.
- At the end of the trimester, the fetus is approximately 1 foot long and weighs 1 pound

Slide 10: 4th Month – Fetus (2nd Trimester)

Slide 11: 5th Month – Fetus (2nd Trimester)

Slide 12: 6th Month – Fetus (2nd Trimester)

Slide 13: 3rd Trimester Overview
Some of the same discomforts a mother has second trimester will continue. Plus, many women find breathing difficult and notice they need to go to the bathroom more often. This is because the fetus is growing and putting more pressure on the mother's organs. Some new body changes you might notice in the third trimester include:

- Shortness of breath
- Heartburn
- Swelling of the ankles, fingers, and face. If you notice any sudden or extreme swelling or if you gain a lot of weight quickly, call your doctor right away. This could be a sign of preeclampsia.
- Hemorrhoids
- Tender breasts, which may leak a watery pre-milk, called colostrum
- Your belly button may stick out
- Trouble sleeping
- The baby "dropping," or moving lower in your abdomen
- Contractions, which can be a sign of real or false labor
- Fatty tissue develops on the fetus
- The fetus gains weight and grows
- The fetus is covered with light hair called lanugo and waxy bluish called vernix caseosa

Slide 14: 7th Month – Fetus (3rd Trimester)

Slide 15: 8th Month – Fetus (3rd Trimester)

Slide 16: 9th Month – Fetus (3rd Trimester)

Slide 17: Stages of Labor

Slide 18: Stage 1

- Transition (fetus turns into head-down position)
- 24-48 hours the mother prepares for labor
- As you near your due date, your cervix becomes thinner and softer (called effacement)
- Mucus plug comes out, which looks like a bloody discharge
- Water breaks sometimes
    - 10% happen before labor and the baby needs to be born within a day of water breaking

Slide 19: Stage 2

- Can last as long as 8 hours
- Bearing down
- Crowning of baby from body
- Baby is born
- Episiotomy: Incision from vagina towards anus
    - 40% of deliveries

Slide 20: Stage 3

- It can last as long as three hours
- Afterbirth is born 10-12 minutes after labor, the birth of the placenta
- Recovery

Slide 21: Methods of Giving Birth

There are some cases in which labor needs to be started manually (induced). Labor induction may be recommended for reasons such as:

- Labor hasn't started naturally around two weeks after the due date
- Your water has broken but contractions haven't started for several hours
- There's not enough amniotic fluid
- You have an infection or other pregnancy complication

If you choose to labor at a hospital or hospital-based birth center, you will likely have some flexibility around pain management once you reach active labor.

Before you are six centimeters dilated, you will have the option of an epidural or natural childbirth. Unmedicated methods, like hydrotherapy and massage, may work great for you, or you may choose medication, like an epidural, to provide a strong numbing sensation.

Mothers can expect to have a few different options for delivery. It is good to think about your options during pregnancy and have a plan. Sometimes the plan will have to change due to complications.

Methods like Lamaze can be practiced before your labor begins. There are classes that help you prepare. Lamaze focuses on pain relief through breathing and different positions.

The Bradley method focuses on natural childbirth. This method teaches pre-labor classes that enforce, coaching, massage, breathing, positions, and comfort during labor.

The Leboyer method focuses on giving birth in water. Some women may choose to use a midwife and either give birth at home or at a hospital.

Slide 22: Getting Pregnant

- 15-25 percent chance of getting pregnant with sex
- IVF (in vitro fertilization)
    - Grow embryo and place in uterus
- Clomid and Serophene®
    - Drugs that help release more viable eggs
- Injectable hormones
- Laparoscopic surgery
    - To remove scar tissue
- Intra uterine insemination
    - Sperm placed directly into the woman's uterus during ovulation –
    - Less expensive than IVF and can use donor sperm
- Intracytoplasmic sperm injection
    - Sperm is inserted into the egg
- Surrogate pregnancy

- When another mother caries your embryo

Slide 23: Natural Ways to Boost Fertility

- Quit smoking and drugs
  - Men who stop smoking and drugs have a threefold increase in sperm production
- Concentrate on a nutritious diet
- Acupuncture
- Reduce stress
- Yoga and meditation
- Exercise

Slide 24: Complications

- Preterm labor
- Prolonged labor
- Breech
  - Frank Breech: Buttock, leg extended
  - Complete Breech: Feet lead the way
  - Incomplete Breech: One foot
  - Transverse Lie: Shoulders will lead way
- Placenta previa
  - Placenta blocks the birth canal
- Back Labor
  - Tearing of the birth canal
- Amniotic fluid
  - Water breaks and after 24 hours can lead to an increased chance of infection
- Preeclampsia
  - High blood pressure
  - Can lead to death during labor and patients with preeclampsia need to be monitored and medicated
  - Preeclampsia is a condition that occurs only during pregnancy
  - Diagnosis is made by the combination of high blood pressure and protein in the urine occurring after week 20 of pregnancy
- RH factors
  - Mother's RH negative will produce antibodies that break down the fetal red blood cells
  - Women who are RH negative receive an injection of RH immunoglobulin to prevent production of antibodies

Slide 25: Factors Influencing Fetal Development

- Poverty
- Mother's age
- Drug use
- Alcohol
- Tobacco use
- Infections
- Maternal nutrition
- Low birth weight

Slide 26: Prenatal Care

- Develop a plan for their reproductive life
- Increase daily intake of folic acid (one of the B vitamins) to at least 400 micrograms
- Make sure immunizations are up to date
- Control diabetes and other medical conditions
- Eat breakfast every day
  - Eat foods high in fiber, and drink fluids (particularly water) to avoid constipation
- Avoid alcohol, raw or undercooked fish, fish high in mercury, undercooked meat and poultry, and soft cheeses
- Do moderate-intensity aerobic activity at least 150 minutes a week during your pregnancy

Slide 27: Breastfeeding or Bottle feeding
Breast milk antibodies help protect a baby from illness. Breastfeeding has health benefits for both babies and mothers. Breast milk provides a baby with ideal nutrition and supports growth and development.

Breastfeeding can also help protect the baby and mom against certain illnesses and diseases. Lactation consultants can help women successfully breastfeed.

The first time a woman breastfeeds is very hard. It does take time for nature to take its course, and it is a learned skill. Not all women produce enough milk for their babies and breastfeeding is not meant for all women.

Bottle feeding is an excellent substitution. Lactation consultants can teach a woman how to succeed at breastfeeding, stimulate milk production, and know when it is time to feed your baby as well as positions for breastfeeding, getting a good latch, and expressing milk.

If bottle feeding is necessary or wanted, lactation consultants can teach how to implement bottle feeding.

2. Have each student write a pregnancy plan and a labor plan. The pregnancy plan should include the following:
    - Doctor visits
    - Companion to help with the pregnancy and labor
    - Classes and knowledge they want to gain to make a healthier pregnancy and baby
    - Nutritional care

    The labor plan should include:
    - How and where they want to give birth
    - A companion who will assist them during labor
    - A backup plan in case things do not work out as expected

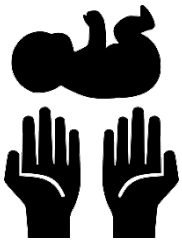
Pregnancy Plan

Instructions: Write a pregnancy plan for yourself or a partner.

The pregnancy plan should include the following:

Doctor Visits	
Companion to help with pregnancy and labor	
Classes and knowledge you want to gain to make a healthier pregnancy and baby	
Nutritional care	

Birth Plan



Instructions: Write a birth plan for yourself or a partner.

The labor plan should include:

How and where you want to give birth	
A companion who will assist you during labor	
A backup plan in case things do not work out as expected	

Lesson Nine – Pregnancy and Prenatal Development

REVIEW: Trimester Development Mix-Up and Quiz

20 minutes

Purpose:
Students participate in an activity to learn about the characteristics of each of the trimesters of pregnancy. This activity will also review the key objectives learned in this lesson.

Materials:
- *Trimester Characteristics* worksheet
- *Trimester Development* worksheet
- Scissors
- *Pregnancy and Prenatal Development Quiz*
- *Pregnancy and Prenatal Development Quiz* – Answer Key

Facilitation Steps:
1. Cut out each developmental characteristic on the dotted lines of the *Trimester Characteristics* worksheet.

2. Write the words "First Trimester," "Second Trimester," and "Third Trimester" on a whiteboard.

3. Mix up the developmental characteristics in a hat or other container and have each participant take turns drawing one. They must decide which trimester it belongs in.

4. Write the characteristic on the board under the trimester the participant chose or tape the papers on the board and move as needed.

5. After all the characteristics have been assigned, distribute the *Trimester Development* worksheet, and discuss each trimester.

6. Change the lists so they are correct as you discuss each characteristic.

7. Facilitate a class discussion, asking:
    - Does one trimester have more characteristics than another? Which one?
    - Which trimester is the most important? (All three are equally important, but major organs and systems form mostly in the first trimester)

8. Distribute the *Pregnancy and Prenatal Development Quiz* to participant and give students two to three minutes for completion.

9. Access the answer key for the quiz and share answers to the questions.

Trimester Characteristics

The sperm joins the egg in the fallopian tube.	Able to feel pain.
Cells rapidly divide. The embryo floats toward the uterus.	Vocal cords are used to cry silently.
Embryo implants itself in the wall of the uterus.	Muscles get longer and are easier to move.
Backbone, spine, spinal cord, brain and nervous system form.	Mother feels kicking and movement inside her. Fetus is cushioned in liquid called amniotic fluid.
Lungs, intestines, and beginnings of urinary system start to develop.	Adult taste buds are formed.
Heart starts beating.	Eyebrows, eyelashes, and hair start to grow.
Placenta starts working.	Fetus is able to grasp things with hands. Kicking continues.
Spine and spinal cord grow quickly.	Fetus can hear voices and recognizes mother's voice.
Facial features become visible.	Fingernails and fingerprints appear.
Muscle system is formed.	Sex organs are formed.
Movement begins.	Fetus starts growing quickly in size.
Embryo is about a ½ inch long.	Fetus is covered with downy hair called lanugo.
Arms, legs, fingers and toes form.	Fetus inhales amniotic fluid to practice breathing.
Brain waves can be measured.	Skin is covered by a waxy substance called vernix.
Heart is almost completely developed.	Nourishment from the mother through the umbilical cord continues.
Baby teeth form in the gums.	Fetus sleeps most of the day.
Brain is physically fully formed.	Fetus gains the most weight and grows longer.

Trimester Development

First Trimester (conception to 12 weeks)	Second Trimester (13 to 26 weeks)	Third Trimester (27 weeks to birth)
The sperm joins the egg in the fallopian tube.	Muscles get longer and are easier to move.	Fetus is covered with downy hair called lanugo.
Cells rapidly divide. The embryo floats toward the uterus.		
2 WEEKS	14 WEEKS	27 WEEKS
Embryo implants itself in the wall of the uterus.	Mother feels kicking and movement inside her. Fetus is cushioned in liquid called amniotic fluid.	
3 WEEKS		Fetus inhales amniotic fluid to practice breathing.
Backbone, spine, spinal cord, brain and nervous system form.		
Lungs, intestines, and beginnings of urinary system start to develop.	15 WEEKS	
	Adult taste buds are formed.	
Heart starts beating.		
5 WEEKS	Eyebrows, eyelashes, and hair start to grow.	Skin is covered by a waxy substance called vernix.
Intestines are developing and the appendix is in place.		
Placenta starts working.	Fetus is able to grasp things with hands.	
Spine and spinal cord grow quickly.		
Facial features become visible.	16 WEEKS	
7 WEEKS		30 WEEKS
Muscle system is formed.	Kicking continues.	Nourishment from the mother through the umbilical cord continues.
Movement begins.		
Embryo is about 1 half-inch long.		
8 WEEKS	Fetus can hear voices and recognizes mother's voice.	
Arms, legs, fingers and toes form.		
Brain waves can be measured.		
10 WEEKS	20 WEEKS	32 WEEKS
Heart is almost completely developed.	Fingernails and fingerprints appear.	Fetus sleeps most of the day.
Baby teeth form in the gums.		
Brain is physically fully formed.	Sex organs are formed.	
Able to feel pain.		40 WEEKS
12 WEEKS	Fetus starts growing quickly in size.	Fetus gains the most weight (½ pound per week) and grows longer.
Vocal cords are used to cry silently.		
		BIRTH

Name: _____ Class: _____

Pregnancy and Prenatal Development Quiz

Instructions: Choose the best answer for each of the questions below.

1. A pregnant woman who has gained excessive weight and has high blood pressure and swollen joints may have _____.
   a. Lightening
   b. Placenta previa
   c. Episiotomies
   d. Preeclampsia

2. The fetus is protected by a thin-walled sac called ___.
   a. Amnion
   b. Tubal
   c. Placenta
   d. Umbilical

3. A woman's egg lives for about ____ after ovulation. (select all that apply)
   a. 12 hours
   b. 5 days
   c. 3 days
   d. 24 hours

4. A medical procedure in which an egg is fertilized by sperm in a test tube or elsewhere outside the body.
   a. Adoption
   b. Intra-cytoplasmic sperm injection
   c. Surrogacy
   d. In vitro fertilization

5. A baby is born during ____ stage of labor.
   a. First
   b. Second
   c. Third
   d. Fourth

6. True labor is marked by the onset of Braxton Hicks contractions.
   a. True
   b. False

7. Fertilization normally occurs in the:
   a. Uterus
   b. Cervix
   c. Fallopian Tubes
   d. Vagina

8. Sperm can live in the uterus for how many days?
   a. 1
   b. 14
   c. 6
   d. 2

9. An incision that can be made from the vagina toward the anus with delivery is:
   a. Episiotomy
   b. Braxton
   c. Lamaze
   d. Leboyer

10. Birth in water is:
   a. Episiotomy
   b. Braxton
   c. Lamaze
   d. Leboyer

Pregnancy and Prenatal Development Quiz – Answer Key

Instructions: Choose the best answer for each of the questions below.

1. A pregnant woman who has gained excessive weight and has high blood pressure and swollen joints may have _____.
   a. Lightening
   b. Placenta previa
   c. Episiotomies
   d. **Preeclampsia**

2. The fetus is protected by a thin-walled sac called ___.
   a. **Amnion**
   b. Tubal
   c. Placenta
   d. Umbilical

3. A woman's egg lives for about ____ after ovulation. (select all that apply)
   a. **12 hours**
   b. 5 days
   c. 3 days
   d. **24 hours**

4. A medical procedure where an egg is fertilized by sperm in a test tube or elsewhere outside the body.
   a. Adoption
   b. Intra-cytoplasmic sperm injection
   c. Surrogacy
   d. **In vitro fertilization**

5. A baby is born during ____ stage of labor.
   a. First
   b. **Second**
   c. Third
   d. Fourth

6. True labor is marked by the onset of Braxton Hicks contractions.
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   b. False

7. Fertilization normally occurs in the:
   a. Uterus
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   c. **Fallopian Tubes**
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8. Sperm can live in the uterus for how many days?
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   d. Leboyer

10. Birth in water is:
    a. Episiotomy
    b. Braxton
    c. Lamaze
    d. Leboyer

Lesson Ten – Alcohol, Drugs, and Fetal Development

Lesson Overview

In this lesson, participants will learn facts, concepts, medical effects, and consequences of Prenatal Alcohol, and Drug Exposure. Participants will see an associated fetal bloodstream animation to resemble prenatal alcohol and drug exposure.

Lesson Objectives

After completing this lesson, participants will be able to:

- Gain awareness of the facts and concepts surrounding prenatal alcohol and drug exposure
- Define FAS and FASD
- Describe how nutrients, oxygen, and other substances (e.g., alcohol) reach a developing fetus
- List the effects of prenatal alcohol and drug exposure
- Explain what happens developmentally when a pregnant woman and her fetus consume alcohol or drugs
- Identify the long-term consequences of prenatal alcohol and drug exposure
- Identify guidelines for prevention
- Determine strategies to help a family or mother when prenatal drug or alcohol exposure is a possibility, or when exposure has been diagnosed by a medical professional

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Understanding Prenatal Alcohol and Drug Exposure Pre-Test* • *Understanding Prenatal Alcohol and Drug Exposure Pre-Test* – Answer Key	1. Print/photocopy *Understanding Prenatal Alcohol and Drug Exposure Pre-Test* (one per participant).	10 minutes
LEARN	• *Alcohol, Drugs and Fetal Development* slide presentation • *Understanding Prenatal Alcohol Exposure Fact Sheet* • *Understanding Prenatal Alcohol Exposure Fact Sheet* – Answer Key • *Understanding Prenatal Drug Exposure Review Questions* • *Understanding Prenatal Drug Exposure Review Questions* – Answer Key • Fetal Bloodstream Animation • Facial Feature Time Lapse Animation	1. Prepare the *Alcohol, Drugs, and Fetal Development* slide presentation for viewing. 2. Have the Fetal Bloodstream Animation and Facial Feature Time Lapse Animation ready and available to show to participants via a large screen. 3. Print the fact sheet and review questions (one of each per participant). 4. Access the answer keys.	40-60 minutes
REVIEW	• *How Nutrients, Oxygen, and Other Substances Reach the Fetus* worksheet • *Using What You Know* worksheet	1. Print the *How Nutrients, Oxygen and Other Substances Reach the Fetus* and *Using What You Know* worksheets (one of each per participant).	50-60 minutes

Lesson Ten – Alcohol, Drugs, and Fetal Development

FOCUS: Pre-Test and Discussion

10 minutes

Purpose:

Participants will check their prior knowledge on prenatal alcohol and drug exposure by completing a pre-test and participate in a brief classroom discussion about the topic.

Materials:

- *Understanding Prenatal Alcohol and Drug Exposure Pre-Test*
- *Understanding Prenatal Alcohol and Drug Exposure Pre-Test* – Answer Key

Facilitation Steps:

1. Distribute the *Understanding Prenatal Alcohol and Drug Exposure Pre-Test* to participants.
2. Give participants five minutes to complete the pre-test.
3. Once participants complete the pre-test, spend approximately five minutes on the discussion question prompt.
4. The purpose of the discussion question prompt on the end of the pre-test is to introduce the topic and spark interest.
5. Instruct participants to engage with the discussion question prompt in a rapid-fire approach. Meaning, answer the question in a brief and concise manner to allow for multiple participants to engage in conversation.

Understanding Prenatal Alcohol and Drug Exposure Pre-Test

Instructions: The following questions will test your knowledge about prenatal alcohol exposure. Circle the best answer(s) or write your response in the space provided.

1. _____can disrupt fetal development at any stage during a pregnancy.
   a. Medication
   b. Protein
   c. Alcohol
   d. Exercise

2. Exposure to alcohol during _____ can cause persistent abnormalities in physical and cognitive development.
   a. Fertilization
   b. Gestation
   c. Labor
   d. Adolescence

3. _____is one of the most profound effects of prenatal alcohol exposure that can result in cognitive and behavioral challenges.
   a. Brain damage
   b. Infection
   c. Birth weight
   d. Reading literacy

4. What is not an example of a social drug?
   a. Caffeine
   b. Alcohol
   c. Aspirin
   d. Nicotine

5. What can happen to an unborn child when a pregnant woman uses drugs? (choose all that apply)
   a. Small head size
   b. Jitteriness
   c. Feeding difficulties
   d. Sleep disturbances

Discussion Question Prompt:

What are the cause(s) of fetal alcohol syndrome?

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Understanding Prenatal Alcohol and Drug Exposure Pre-Test – Answer Key

Instructions: The following questions will test your knowledge about prenatal alcohol exposure. Circle the best answer(s) or write your response in the space provided.

1. _____can disrupt fetal development at any stage during a pregnancy
   a. Medication
   b. Protein
   c. Alcohol
   d. Exercise

2. Exposure to alcohol during _____ can cause persistent abnormalities in physical and cognitive development.
   a. Fertilization
   b. Gestation
   c. Labor
   d. Adolescence

3. _____is one of the most profound effects of prenatal alcohol exposure that can result in cognitive and behavioral challenges.
   a. Brain damage
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   c. Birth weight
   d. Reading literacy

4. What is not an example of a social drug?
   a. Caffeine
   b. Alcohol
   c. Aspirin
   d. Nicotine

5. What can happen to an unborn child when a pregnant woman uses drugs? (choose all that apply)
   a. Small head
   b. Jitteriness
   c. Feeding difficulties
   d. Sleep disturbances

Discussion Question Prompt:
What are the cause(s) of fetal alcohol syndrome?

Lesson Ten – Alcohol, Drugs, and Fetal Development

LEARN: Slide Presentation

40-60 minutes

Purpose:
In this discussion, students will review prenatal alcohol and drug exposure. The presentation is designed to teach participants about fetal alcohol syndrome, fetal alcohol spectrum disorder, prenatal drug exposure, and the long-term consequences associated with each.

Materials:
- *Alcohol, Drugs, and Fetal Development* slide presentation
- *Understanding Prenatal Alcohol Exposure Fact Sheet*
- *Understanding Prenatal Alcohol Exposure Fact Sheet* – Answer Key
- *Understanding Prenatal Drug Exposure Review Questions*
- *Understanding Prenatal Drug Exposure Review Questions* – Answer Key
- Fetal Bloodstream Animation
- Facia Feature Time Lapse Animation

Facilitation Steps:
1. Distribute the *Understanding Prenatal Alcohol Exposure Fact Sheet* and *Understanding Prenatal Drug Exposure Review Questions* worksheets.

2. Instruct participants to complete the worksheets while you share the *Alcohol, Drugs and Fetal Development* slide presentation. Answer sheets are provided for grading.

   Slide 1: Alcohol, Drugs, and Fetal Development

Slide 2: What Is Prenatal Alcohol Exposure?
Fetal alcohol exposure occurs when a woman drinks while pregnant. Alcohol can disrupt fetal development at any stage during a pregnancy, including at the earliest stages before a woman even knows she is pregnant.

Prenatal alcohol exposure represents a preventable cause of developmental and health problems for children. Exposure to alcohol during gestation can cause persistent abnormalities in physical and cognitive development.

Fact: If you are pregnant, or trying to get pregnant, there is no safe amount of alcohol use

Slide 3: Fetal Alcohol Syndrome (FAS)
FAS is a clinical diagnosis applied to children who have been exposed to alcohol during gestation and exhibit deficits in growth, physical structure, and the central nervous system.

Note: The image in this slide is of Realityworks' Fetal Alcohol Syndrome Baby which shows the effects of prenatal alcohol use.

Slide 4: How is FAS Determined?
To meet the clinical FAS case definition, the child must have symptoms in each of the following three categories:
- Growth deficiency in both the prenatal and postnatal periods
- Abnormalities in facial and skull structure
- CNS deficits, such as mental retardation and behavioral problems

Slide 5: FASD
Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person who was exposed to alcohol before birth.

FASD effects can include physical problems and problems with behavior and learning. Often, a person with an FASD has a mix of these problems.

Slide 6: Guidelines for FASD Prevention
FASD are 100% preventable if a fetus is not exposed to alcohol.

It is recommended that women who are pregnant, might be pregnant, or planning pregnancy should not consume alcohol.

Slide 7: FASD Strategic Action Plan
The purpose of the FASD Strategic Action Plan is to improve the quality of life for children and adults with FASD.

There are four key national priorities of the plan which are:

- Prevention
- Screening and diagnosis.
- Support and management
- Priority groups and people at increased risk

Slide 8: Fetal Bloodstream Animation Group Discussion
Show the Fetal Blood Stream Animation to participants. After viewing the animation, discuss the following:

- Describe what is happening in the animation
- How do you think the fetal bloodstream is affected by alcohol?

Slide 9: The Flow of Nutrients and Substances
A fetus depends on its mother for nutrients and oxygen. Due to a fetus not breathing air, the blood circulates differently than when they are born.

The umbilical cord connects a fetus to the placenta (the placenta develops and implants into the mother's uterus). Substances, nutrients, and oxygen from the mother's blood travels through blood vessels in the umbilical cord to the placenta and baby.

The blood flows from the umbilical cord to the baby's liver (remember, during this time, the baby's lungs are not being used while in the uterus and their liver is not yet working). From the liver, the blood moves to a shunt called the ductus venosus. Some of the blood goes to the liver, while most of the highly oxygenated blood flows to the inferior vena cava, and then to the right atrium of the heart.

Slides 10-11: The Effects of Prenatal Alcohol Exposure
Prenatal alcohol exposure can cause cognitive, developmental, and behavioral problems. These effects can develop and appear during childhood and last a lifetime.

Effects of prenatal alcohol exposure can show up at any time throughout a person's lifetime.

Brain damage is one of the most profound effects of prenatal alcohol exposure. Brain damage can result in impairments in cognitive functioning and behavior.

Fetal alcohol spectrum disorders (FASD) are also called by prenatal alcohol exposure.

Slide 12: Impact on the Infant Brain
Discuss how you think FAS effects an infant's brain.

Slide 13: Alcohol Consumption Developmental Effects on a Fetus
Alcohol consumption in the first three months (first trimester) of pregnancy can cause the baby to have abnormal facial features.

Central nervous system problems, premature birth, miscarriage, low birthweight, and behavioral problems can result from alcohol consumption during pregnancy.

Slide 14: Facial Feature Time Lapse Animation
As you watch the Facial Feature Time Lapse Animation, identify distinct facial features that may be associated with FAS.

Slide 15: Long-Term Consequences of Prenatal Alcohol Exposure (Individuals)
Long-term, prenatal alcohol exposure can affect memory, learning, attention span, vision, hearing, and communication.

People with FASD, typically have challenges in school and getting along with others (behavioral problems). A common long-term consequence is problems with learning and problem-solving.

Poor coordination, impulsiveness, and speech impairments are common long-term consequences. Individuals can have a mixture of these effects.

Slide 16: Long-Term Consequences of Prenatal Alcohol Exposure (Families)
The long-term consequences of prenatal alcohol exposure can be difficult for families. Potential treatments can have a cost effect on families.

Alcohol exposure to a fetus can lead to developmental conditions that may result in extensive hospital visits, financial obligations, time away from family, and employment barriers.

Slide 17: Long-Term Consequences of Prenatal Alcohol Exposure (Society)
Societal consequences of prenatal alcohol exposure can include challenges with social engagement in school, communities, and employment.

Other long-term effects are the financial obligation of society to help care for and protect prenatal alcohol exposure candidates.

Slide 18: Resources for Additional Information

- The Centers for Disease Control offers information about alcohol and pregnancy
- Fetal Alcohol Syndrome Facts Sheet – Kids Health
- FASD United Resource Directory

Slide 19: Strategies to Help Families/Mother When Prenatal Alcohol Exposure is a Possibility
If there is a possibility that a child has FAS, it is recommended to talk to a doctor as soon as possible and immediately stop the use of any alcohol.

A doctor will perform a thorough assessment to diagnose FAS. The assessment can include testing cognitive ability, social and behavioral issues, health issues, and observations of the initial weeks of pregnancy.

Early diagnosis is important. When FAS is diagnosed early, this may help to reduce problems like learning difficulties and behavioral challenges.

Slide 20: FAS Diagnosis from Medical Professional: What Next?
Once FAS is diagnosed, it is important to know that there is no cure for FAS or one specific treatment that is the same for every person.

Convene a team of health and education providers that include a doctor, therapist, special education specialist, psychologist, and occupational therapist.

Early intervention may be needed to help with walking, talking, and social skills. Discuss medications that can help with FAS symptoms.

Family counseling to help caregivers and family members learn more about FAS and how to best support their diagnosed family member.

Slide 21: Understanding Prenatal Drug Exposure

Slide 22: What is a Teratogen
An agent that causes physical or developmental defects in an unborn child. Examples include:

- Alcohol
- Mercury
- Nicotine
- Isotretinoin (brand name Accutane, a treatment for severe acne)
- Phenytoin (brand name Dilantin, a treatment for epilepsy)

Slide 23: Drug Use Affects the Unborn Child at Any Time During Pregnancy
The larger the amount of a drug a mother uses, and the longer she uses it, the greater the risks to the unborn baby. The physical, emotional, cognitive, social, and behavioral problems from prenatal drug exposure can continue into childhood and beyond!

Slide 24: Combining Drugs Causes the Greatest Danger
The risks are significantly higher for children whose mother used a combination of drugs during pregnancy. Additional risks exist if a pregnant woman also smokes and drinks alcohol.

Slide 25: Who Is at Risk?
Research indicated that: "The age groups 18-34 with the highest birth rates are also the age groups most likely to use legal and illegal drugs."

Slide 26: Babies Are Also Vulnerable While Breastfeeding
Women who are breastfeeding should check with their doctor or health care professional before taking any drug, even a nonprescription drug or dietary supplement:

- Most drugs that a mother takes are present in her breast milk in a small amount
- Very small amounts of some prescription drugs can harm the baby
- Breastfeeding mothers should not take any amounts of amphetamines or illicit drugs

Slide 27: Many Women Stop Using Drugs During Pregnancy
Many women who use drugs early in pregnancy will stop when they find out they are pregnant. Others cannot stop without help.

Discontinuing drug use, even if it is late in pregnancy, is better than not stopping at all.

Slide 28: How Do Drugs Reach in Unborn Child?
When a pregnant woman takes a drug, it readily moves across the placenta into the fetus's bloodstream through the umbilical cord.

Slide 29: Using Drugs Increases Risk Withdrawal Symptoms

Slide 30: Withdrawal Symptoms
Withdrawal from drug addiction is physically distressing. A newborn who was exposed to drugs before birth shows several typical signs of withdrawal:

- Tremors
- Sleeplessness
- Muscle spasms
- Feeding difficulties

Slide 31: Short-Term Effects of Prenatal Drug Exposure
A fetus exposed to a mother's drug use can experience a number of effects from birth to age two:

- Breathing problems
- Cerebral palsy
- Disrupted sleep patterns
- Hearing problems
- Irritability
- Reduced cognitive ability

- Poor fine motor skills
- Vision problems

Slide 32: Long-Term Effects of Prenatal Drug Exposure

Slide 33: Intervention is Required to Help Drug-Affected Children
Several approaches are used to help drug-affected children cope with their surroundings:
- Emotional self-control by caregivers
- Avoidance of abrupt transitions
- Avoidance of excessive touching
- Fairness, firmness and consistency
- Predictable routines
- Calm and secure environments
- Special positioning techniques
- Protection from bright lights and noise

Slide 34: Strategies for Support
County and community programs can provide support in a variety of ways.
- Help the whole family as a unit
- Integrate family needs with existing services
- Provide competent, consistent, sensitive and respectful care
- Provide parenting skills training
- Create partnerships between parents, caregivers, and health and educational providers
- Promote child's bonding with at least one responsible person in his or her life
- Refer family to drug treatments and interventions

Slide 35: What Can We Do?
- Stop using all drugs, including social drugs, if you are pregnant or could become pregnant
- Help our pregnant partners and friends to stop using all drugs, including social drugs
- Encourage our pregnant partners and friends to see a doctor
- Help families of babies born with effects of prenatal drug exposure find medical, county and community resources

Slides 36-37: How to Stop Drug Use
To avoid using illicit and social drugs and continue getting along with your partner and friends:
- Explain that any amount and any type of drug can hurt your unborn baby
- Keep several alternate activities in mind that you and your partner and friends enjoy doing
- Be assertive

If you cannot stop using illicit or social drugs:
- Talk with your doctor
- See community services and interventions
- Ask your partner and friends for support

Slide 38: How to Help Pregnant Partners and Friends Stop Using Drugs
- Share information about prenatal drug exposure and the importance of not using drugs during pregnancy
- Model safe behavior by not using drugs yourself and attend social gatherings that do not involve drug use
- Encourage her to discuss the reasons leading her to use drugs
- Help her find community services and/or interventions to help her stop using drugs

Slide 39: Risks of Smoking During Pregnancy
- Difficulty becoming pregnant and have a higher risk of never becoming pregnant
- Tissue damage in the unborn baby, particularly in the lung and brain
- Miscarriages
- Carbon monoxide in tobacco leads to babies not getting enough oxygen
- Preterm labor which can lead to death, disabilities, and disease among newborns
- Second-hand smoke just as harmful as smoking

- More likely to die from sudden infant death syndrome (SIDS) than babies who are not exposed to cigarette smoke
- Babies born from smoking mothers have weaker lungs, which increases the risk for many health problems

Slide 40: Marijuana Use During Pregnancy

- Similar affects that smoking has during pregnancy
- THC, the psychoactive or mind-altering compound in marijuana, may also be passed to infants
- Chemicals from marijuana can be passed to a baby through breast milk
- THC is stored in body fat and is slowly released over time, meaning a baby could still be exposed even after a person has stopped using marijuana

Slides 41-43: Opioid Use During Pregnancy Leads to neonatal abstinence syndrome (NAS) in some newborns.

NAS is a group of conditions that can occur when newborns withdraw from certain substances that the fetus was exposed to before birth.

Signs of withdrawal may include the following:

- Tremors (trembling)
- Irritability, including excessive or high-pitched crying.
- Sleep problems
- Hyperactive reflexes
- Seizures
- Yawning, stuffy nose, or sneezing
- Poor feeding and sucking
- Vomiting
- Loose stools and dehydration
- Increased sweating

Withdrawal among newborns during the first 28 days of life due to long-term exposure to opioids before birth is called neonatal opioid withdrawal syndrome (NOWS).

Name: _____ Class: _____

Understanding Prenatal Alcohol Exposure Fact Sheet

Instructions: Complete the following note page as the slide presentation is shared.

1. _____ occurs when a woman drinks while pregnant. _____can disrupt fetal development at any stage during a pregnancy
2. Exposure to alcohol during _____can cause persistent abnormalities in physical and cognitive development.
3. FAS is a clinical diagnosis applied to children who have been exposed to alcohol during gestation and exhibit deficits in _____ _____.
4. To meet the clinical FAS case definition, the child must have symptoms in each of the following three categories:
   - _____
   - Abnormalities in facial and skull structure
   - Central nervous system (CNS) deficits, such as intellectual disability and behavioral problems
5. _____ are a group of conditions that can occur in a person who was exposed to alcohol before birth.
6. The purpose of _____ is to improve the quality of life for children and adults with FASD.
7. A fetus depends on its mother for _____.
8. Prenatal alcohol exposure can cause _____ _____. These effects can develop and appear during childhood and last a lifetime.
9. CNS deficits, premature birth, miscarriage, low birthweight, and _____ can result from alcohol consumption during pregnancy.

10. A common long-term consequence is problems with learning and problem-solving. Also, _____ _____ are common.
11. If there is a possibility that a child has FAS, it is recommended to talk to a doctor as soon as possible and _____ _____.
12. A doctor will perform a thorough _____ to diagnose FAS.
13. The assessment can include testing _____ _____, health issues, and observations of the initial weeks of pregnancy.
14. Once FAS is diagnosed, it is important to know that there is _____ or one specific treatment that is the same for every person.
15. Convene a team of _____ that include a doctor, therapist, special education specialist, psychologist, and occupational therapist.

Understanding Prenatal Alcohol Exposure Fact Sheet – Answer Key

Instructions: Complete the following note page as the slide presentation is shared.

1. **Fetal alcohol exposure** occurs when a woman drinks while pregnant. **Alcohol** can disrupt fetal development at any stage during a pregnancy.

2. Exposure to alcohol during **gestation** can cause persistent abnormalities in physical and cognitive development.

3. FAS is a clinical diagnosis applied to children who have been exposed to alcohol during gestation and exhibit deficits in **growth, physical structure, and the central nervous system.**

4. To meet the clinical FAS case definition, the child must have symptoms in each of the following three categories:
   - **Growth deficiency in both the prenatal and postnatal periods**
   - Abnormalities in facial and skull structure
   - Central Nervous System (CNS) deficits, such as intellectual disability and behavioral problems

5. **Fetal alcohol spectrum disorders (FASDs)** are a group of conditions that can occur in a person who was exposed to alcohol before birth.

6. The purpose of **the FASD Strategic Action Plan** is to improve the quality of life for children and adults with FASD.

7. A fetus depends on its mother for **nutrients and oxygen**.

8. Prenatal alcohol exposure can cause **cognitive, developmental, and behavioral problems**. These effects can develop and appear during childhood and last a lifetime.

9. CNS problems, premature birth, miscarriage, low birthweight, and **behavioral problems** can all result from alcohol consumption during pregnancy.

10. A common long-term consequence is problems with learning and problem-solving. Also, **poor coordination, impulsiveness, and speech impairments** are common.

11. If there is a possibility that a child has FAS, it is recommended to talk to a doctor as soon as possible and **immediately stop the use of any alcohol**.

12. A doctor will perform a thorough **assessment** to diagnose FAS.

13. The assessment can include **testing cognitive ability, social and behavioral issues**, health issues, and observations of the initial weeks of pregnancy.

14. Once FAS is diagnosed, it is important to know that there is **no cure for FAS** or one specific treatment that is the same for every person.

15. Convene a team of **health and education providers** that include a doctor, therapist, special education specialist, psychologist, and occupational therapist.

Name: _____ Class: _____

Understanding Prenatal Drug Exposure Review Questions

Instructions: Write in or choose the best answer for each of the following questions.

1. What are teratogens, and what are three examples?

2. What types of drugs are safe to use during pregnancy without a doctor's guidance?

3. How do drugs reach a developing baby?

4. True or false: Prenatal drug exposure is completely preventable.

5. What can friends do to help a pregnant woman deliver a healthy baby?

Understanding Prenatal Drug Exposure Review Questions – Answer Key

1. What are teratogens, and what are three examples?
   - **Agents that cause physical or developmental defects in an unborn child**
   - **Examples are alcohol, mercury, nicotine, isotretinoin (brand name Accutane, a treatment for strong acne), and phenytoin (brand name Dilantin®, a treatment for epilepsy)**

2. What types of drugs are safe to use during pregnancy without a doctor's guidance?
   - **None. Only a doctor can tell a pregnant woman if a drug is safe for a developing baby.**

3. How do drugs reach a developing baby?
   - **When a pregnant woman uses drugs, the drugs readily move across the placenta into the baby's bloodstream through the umbilical cord.**

4. **True** or false: Prenatal drug exposure is completely preventable.

5. What can friends do to help a pregnant woman deliver a healthy baby?
   - **Socialize in settings that do not involve use of social drugs**
   - **Research community services and intervention, encourage her to make use of those services, and go with her as she visits service providers**

Lesson Ten – Alcohol, Drugs, and Fetal Development

REVIEW: Review and Applying What You Know

5-60 minutes

Purpose:
Participants will review and apply what they have learned.

Materials:

- *How Nutrients, Oxygen and Other Substances Reach the Fetus* worksheet
- *Using What You Know* worksheet

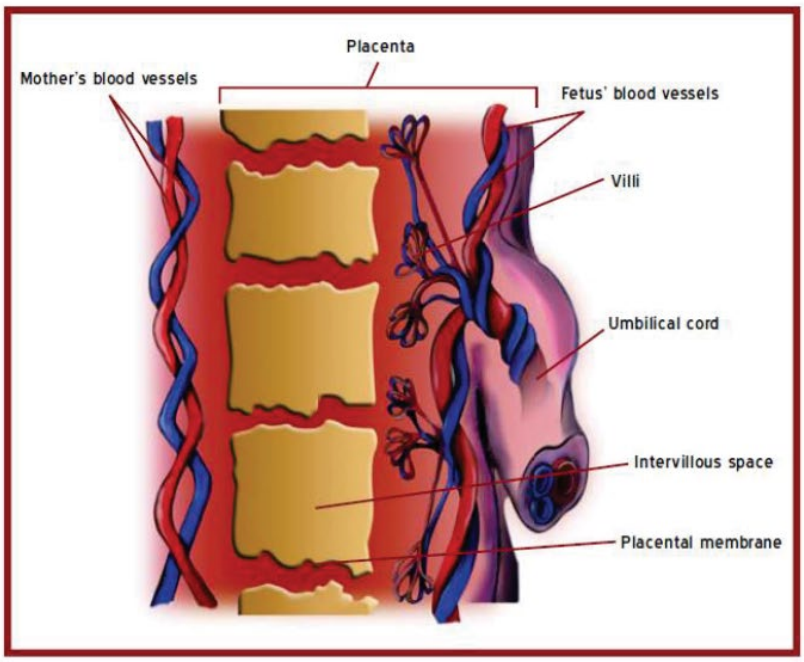
Facilitation Steps:

1. Distribute the *How Nutrients, Oxygen and Other Substances Reach the Fetus* worksheet.
2. Review the process of how nutrients and other substances reach the fetus and the impact on fetal development.
3. Distribute the *Using What You Know* worksheet to students. Have them choose one of the extension activities to work on.

   Note: The application activity could be assigned as homework or could be completed using class time if desired.
4. Have students share their final projects.

How Nutrients, Oxygen, and Other Substances Reach the Fetus

Nutrients, oxygen, and other substances (e.g., drugs) in the mother's bloodstream cross the placental membrane into the fetus's blood vessels through villi, and then pass through the umbilical cord.



Using What You Know

Instructions: Using the information you have learned in this lesson, choose one of the activities below to complete.

- Survey friends to find out what they know about prenatal alcohol and drug exposure, maternal drug use, and pregnancy
- Create a poster illustrating the dangers of using alcohol and drugs during pregnancy
- Develop a public service announcement persuading pregnant women to avoid using any drug unless under a physician's supervision or consuming any alcohol
- Develop an informative brochure targeted to teens and young adults that presents information about prenatal alcohol and drug exposure
- Write a newspaper article for the school newspaper about safe socializing when pregnant
- Create a peer-education activity linked with Family, Career, and Community Leaders of America (FCCLA, at www.fcclainc.org) to teach other groups about the consequences for unborn children when their mothers use alcohol or drugs during pregnancy

Lesson Eleven – Responsibilities Relating to Infant Care and Costs

Lesson Overview

Infants are expensive. Many people become parents without the knowledge that having an infant costs a great deal of money. An infant uses diapers, baby wipes, infant shampoo, soap, powder, lotion, clothing, a car seat, a stroller, a bed (bassinet or crib), sheets, blankets, toys, formula and bottles (if not breastfeeding or supplementing breastfeeding), etc. Some of these items are very expensive, and the non-reusable items must be purchased repeatedly as they are used up. This lesson will give participants a better idea of how having a child would affect them financially.

Lesson Objectives

After completing this lesson, participants will be able to:

- Determine the costs of pregnancy and raising a child from birth to 18 years of age
- Understand the responsibilities associated with parenting a child

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Responsibilities Relating to Infant Care and Costs* slide presentation (slides 1-8)	1. Prepare the slide presentation for viewing.	10 minutes
LEARN	• *Financial Costs to Raise a Child* (one per participant) • *The Cost of Living as I Know it* (one per participant) • *Baby's First Year Expense* packet (one per participant) • Computer lab with Internet access	1. Print the *Financial Costs to Raise a Child, The Cost of Living as I Know it,* and *Baby's First Year Expenses* (one of each per participant).	90-120 minutes
REVIEW	• *Responsibilities Relating to Infant Care and Costs* slide presentation (slides 9-11) • *Infant Care and Costs Quiz* • *Infant Care and Costs Quiz* – Answer Key	1. Prepare the slide presentation for viewing. 2. Print the *Infant Care and Costs Quiz* (one per participant). 3. Access the answer key for the quiz.	10 minutes

Lesson Eleven – Responsibilities Relating to Infant Care and Costs

FOCUS: Lecture and Slide Presentation

10 minutes

Purpose:
Parents have the responsibility to provide warmth and structure throughout each stage of child development. Parents should understand what they need to provide for their child before they are born, so they can be well prepared for parenthood.

There will be changes that occur during the child's development that parents need to be aware of and may need to change their plans accordingly. Child cost in the United States is expensive and parents need to understand and plan how to provide and care for the child. That is the focus of this activity.

Materials:
- *Responsibilities Relating to Infant Care and Costs* slide presentation (slides 1-8)

Facilitation Steps:
1. To introduce to students the various responsibilities relating to infant care and costs, share the slide presentation.

   Slide 1: Responsibilities Relating to Infant Care and Costs

   Slide 2: Good Parenting Practices
   Parenting practices that support healthy childhood development include:
   - Being sensitive to your child's needs
   - Providing structure by sticking to day-to-day routines and rules
   - Using age-appropriate, gentle discipline
   - Avoiding all forms of aggression
   - Protecting your child from harm
   - Providing your child with food, clothing, and a place to live
   - Financially supporting your child
   - Providing safety, supervision, and control
   - Providing medical care and an education

   Slide 3: Tips for Balancing Work and a New Baby
   - Set up a family calendar
   - Find good childcare and have a healthy relationship with your caregiver
   - Divide and conquer
   - Have a backup babysitter in place
   - Make your mornings as easy as possible
   - Get the support you need at work
   - Get the baby to bed
   - Simplify dinner

   Slide 4: Negotiate **F**amily-**F**riendly **W**ork **A**rrangements
   - Working from home
   - Working flexible hours
   - Working part-time hours
   - Job-sharing, which is sharing your job with another part-time employee
   - Working while pregnant
   - Taking parental leave and careers leave

   Slide 5: Cost Factors to Consider
   - Housing
   - Food
   - Childcare and education
   - Transportation
   - Healthcare and insurance
   - Clothing
   - Extracurricular activities, e.g., sports and hobbies
   - Family trips or vacations.

   Slide 6: Licensed Infant and Toddler Childcare
   The average cost to provide center-based childcare for an infant in the United States is $969 per month. In a family childcare home, the average cost is $614 per month.

   On average, a family making the state median income would have to spend 8 to 19 percent of their income to cover the cost of childcare.

(Source: WB_IssueBrief-NDCP-final.pdf (dol.gov))

Slide 7: Checklist of What to Know When Looking for Childcare
This checklist should be considered whether you have stay-at-home care or a childcare center.

- **Costs:** This covers the rate you will pay, frequency of payment (for example, weekly or monthly), and any additional fees
- **Payment and Fees:** This information explains when payment is due, acceptable forms of payment, and late fees
- **Hours of operation**
- **Services:** This includes additional services, such as meals and snacks
- **Program Schedule and Closures:** This specifies days the program is closed and whether payment is required for those days
- **Termination Policy:** This specifies how much notice is required if you or the provider needs to terminate the agreement
- **Authorized Adults:** This allows parents or guardians to identify who is approved to pick up children from care
- Parent and provider signatures and date(s) signed
- Written policies for other important situations, like illnesses, discipline and guidance, emergencies, field trips, and transportation

Slide 8: What To Do After Your Child Is in Childcare

- Stay involved
  - The childcare provider should work as partners with parents to support the child's wellbeing
  - A strong relationship is the best way to ensure the child is happy, safe, and learning while in care
- Visit and participate in activities at your childcare program
  - Visit regularly and at various times to see different parts of the daily routine
  - Look for ways to volunteer
  - Work with the provider to develop a learning plan
  - Work with the provider to find activities that can be done at childcare and at home to establish cohesiveness
- Give time to talk to the childcare provider regularly at drop-off and pick-up times
  - Ask how your child is doing
  - Share concerns and suggestions about the program
  - Share relevant health information, updates, what happened at home, and child's interests with the childcare provider
- Talk with your child
  - Stay connected with your child so that you can understand what they do at childcare and how they feel about it
  - Ask your child how they feel about their day
  - Ask your child what they do during the day
  - Ask your child how they interacted with the caregiver
  - Observe your child's behavior during drop-off and pick-up times
    - Talk with your caregiver about any changes or concerning behavior
  - If your child says that they do not want to go back, ask them why they feel that way

Lesson Eleven – Responsibilities Relating to Infant Care and Costs

LEARN: The Cost to Raise a Child

90-120 minutes

Purpose:

This lesson is to facilitate discussion about how an infant impacts parents financially. This will provide a starting point and reality check for participants to learn about the true cost of parenting.

Materials:

- *Financial Costs to Raise a Child*
- *The Cost of Living as I Know it*
- Computer lab with Internet access
- *Baby's First Year Expense* packet

Facilitation Steps:

1. Ask participants to estimate how much money it costs to raise a child to age 18. Have participants write their estimate on a piece of paper.

2. When they have all written down their guesses have one person collect all the papers.

3. Write all the responses on the board or a flip chart at the front of the room.

4. Distribute the *Financial Costs to Raise a Child* worksheet and discuss the total cost. How close were participants' guesses? Is anyone surprised by the total?

   Each expense category is listed on the worksheet, so participants know which expenses are included in the total.

5. Distribute *The Cost of Living as I Know it* worksheet.

6. Assign each participant an education level: high school participant, high school graduate, technical school degree (two-year), bachelor's degree (four-year), master's degree, or doctorate. Alternatively, you could have each person draw from a hat to make it random.

7. Have participants write their assigned education level on their worksheet. Either as a homework assignment or in class, have participants visit this website:
   Median weekly earnings of full-time wage and salary workers by detailed occupation and sex: U.S. Bureau of Labor Statistics (bls.gov)

   At that site, they can search for a career that they are qualified for with the education level they have been assigned. The website gives an average salary as well. Participants should write this information in the appropriate place on their worksheet.

8. Have participants research prices by interviewing their parents/guardians on the basic living costs. Have them fill in the amounts in the appropriate areas on the worksheet.

9. Facilitate a discussion, asking these questions:
   1. Is the monthly total of bills smaller or larger than your fictional monthly salary?
   2. What about the costs of food, entertainment, laundry, and personal care items?
   3. Do you make enough money to live as you are accustomed? What education did you need to do this?
   4. How much do you receive per week for an allowance?
   5. If you have a job right now, how much do you get paid per week? Multiply that number by four to get your income per month.
   6. Do you think that is enough money to support a baby?

10. In the *Baby's First Year Expense* packet, each area of infant expenses has its own worksheet. You may print each expense worksheet on a

different color paper to distinguish them from each other.

Divide the participants into groups, making sure you have one worksheet for each participant in a group. Assign the participants in each group one type of expense worksheet to fill out.

Participants can work together or come up with items on their own and compile them on one sheet. How participants find the prices may vary.

Are participants required to shop in certain stores? Are catalogs allowed? May they use personal ads from newspapers to purchase used cribs?

You may want to require participants to report for a specified time at a local mall for a shopping trip. If so, you may choose not to give them the expense worksheet until they check in at the mall. Stores may need to be contacted in advance for this type of outing.

You can instruct the participants to omit costs for items they don't plan to purchase, but they must be prepared to justify any omissions. For example, if their parents saved a bassinet for future grandchildren, they need not show an expense for that item unless any refinishing had to be done. Limit omissions to one or two.

11. Remind participants of the following decisions they can make:
    - Will they use cloth or disposable diapers? The participants can decide, or you can assign a type (or both types). You can assign some participants disposable and others cloth and have them compare costs. If cloth diapers are chosen, participants should include the cost of plastic or vinyl pants, diaper pins, and laundry (either at home or using a diaper service).
    - Will participants breastfeed or bottle feed? Have a few participants compute the cost of soy formula. If breastfeeding is used, they need to price nursing bras, pads, bottles, and a breast pump. If formula is used, they should price bottles, supplies, and formula. When will the infant graduate from breastfeeding or formula to milk or soy milk? This component of the sheet can be as simplified or complicated as you wish.
    - Will they do laundry at home or take it to a laundromat? You can have the participants include the cost of the washer and dryer in their expense sheet. How often will they wash clothes? Remind them to figure loads for bedding and, if they have chosen them, cloth diapers (if not using a diaper service).
    - Is any of the equipment unnecessary? Can they leave anything out? Is it up to them to determine what they will buy? Are they allowed to shop for used equipment?

12. Hang each group's completed sheet on the wall and then participants can fill out their own *Baby's First Year Expense* worksheet by making selections from the group worksheets.

Financial Costs to Raise a Child

How much money did you think it would cost to raise one child? Look carefully at the specific costs included in the numbers below. Do any of them surprise you?

A study conducted by the USDA in 2015 highlighted that for a middle-income, two-parent family with two children, the average cost of raising a child from birth until age 18 was estimated at $233,610. When adjusted for inflation, this figure increases to approximately $313,939 as of May 2024. Given the continuous upward trend in expenses, raising a child to age 18 in 2024 and beyond is likely to exceed this figure. It's essential for parents and those considering starting a family to be aware of these costs, ensuring they're equipped to manage the financial implications of such a long-term commitment.
(Source: https://www.bankrate.com/insurance/life-insurance/cost-of-raising-a-child/)

How would these costs change if the child has special needs? Housing costs are the single largest expense, an average is 29 percent of the total. Food is the second largest at 18 percent. Childcare and education was the third largest expense, an average is 16 percent of the total. Other categories are transportation, clothing, healthcare, food, and miscellaneous costs, which include personal care items, entertainment, and reading material.

The most expensive place to live is in cities in the urban Northeast, followed by the cities in the urban West. Families who live in rural areas have the lowest expenses.

The Cost of Living as I Know it

Name: _____

Note to parents/guardians: This assignment is meant to show participants how much money it costs to live as they are accustomed, with their current homes and amenities. Please give them your most accurate estimates for the costs per month below. Thank you very much for your help!

Ask your parents/guardian what the costs are per month for each of the following items. Write your answers in the appropriate box. If your family doesn't have something on the list, write N/A in the box (not applicable).

Expense	Cost
Rent or house payment	
Gas	
Electricity	
Telephone	
Car payment	
Cable, satellite TV, or streaming services	
Internet access	
Health insurance	
Total	

My education level _____

My occupation _____ Salary per month _____

If hourly wage is given, multiply by 160 to get salary per month. If yearly wage is given, divide by 12.

Subtract the total dollar amount of your bills from your salary per month. Do you make enough money to live as you are accustomed?

Baby's First Year Expense

Bottle Feeding

Feeding Costs	1-3 Months	4-6 Months	7-9 Months	10-12 Months	Total
Baby food					
Bottles					
Formula					
Infant cereal					
Bibs					
Subtotal and grand total					

Baby's First Year Expense

Breastfeeding

Feeding Costs	1-3 Months	4-6 Months	7-9 Months	10-12 Months	Total
Baby food					
Bottles					
Breast pump/pads					
Infant cereal					
Bibs					
Subtotal and grand total					

Baby's First Year Expense

Disposable Diapers

Diaper Costs	1-3 Months	4-6 Months	7-9 Months	10-12 Months	Total
Disposable diapers					
Baby wipes					
Diaper rash cream					
Waterproof mattress cover					
Subtotal and grand total					

Cloth Diapers

Diaper Costs	1-3 Months	4-6 Months	7-9 Months	10-12 Months	Total
Cloth diapers/plastic pants					
Baby wipes					
Diaper rash cream					
Waterproof mattress cover					
Diaper service or home laundering					
Subtotal and grand total					

Baby's First Year Expense

Care Supplies and Equipment

Care Supplies Costs	1-3 Months	4-6 Months	7-9 Months	10-12 Months	Total
Cotton balls					
Laundry detergent					
Baby lotion/oil					
Baby shampoo					
Baby soap					
Baby carrier					
Swing					
Bassinet					
Crib/mattress/pad					
Car seat					
Baby bathtub					
Playpen					
Stroller					
Highchair					
Other					
Subtotal and grand total					

Baby's First Year Expense

Other Supplies

Supplies Costs	1-3 Months	4-6 Months	7-9 Months	10-12 Months	Total
Safety covers/locks					
Electrical outlet covers					
Latches for cabinets					
Toys					
Sheets/towels					
Nail clippers					
Crib mobile					
Bassinet					
Books/music					
Blankets					
Subtotal and grand total					

Baby's First Year Expense

Medical

Medical Costs	1-3 Months	4-6 Months	7-9 Months	10-12 Months	Total
Baby vitamins					
Doctor visits (checkups every three months and average of four sick visits per year)					
Health insurance					
Medicines (over the counter)					
Subtotal and grand total					

Questions for reflection:

How will the total change if the baby has a serious illness or disability?

How might that affect the rest of the family?

Baby's First Year Expense

Clothing

Clothing Costs	1-3 Months	4-6 Months	7-9 Months	10-12 Months	Total
Booties/shoes					
1 hat/1 pair of mittens					
6 outfits					
4 pajamas					
1 snowsuit/jacket					
Socks and tights					
6 undershirts					
Other					
Subtotal and grand total					

What feeding method will you use?

☐ Breastfeeding ☐ Bottle feeding

Feeding Costs:	0-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	TOTAL
Baby food					
Bibs					
Bottles					
Breast pump/pads					
Formula					
Infant cereal					
Subtotal:					

Which type of diapers will you use?

☐ Cloth ☐ Disposable ☐ Combination

Diaper Costs:	0-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	TOTAL
Baby wipes					
Diapers					
Diaper pail					
Diaper pins					
Diaper rash cream					
Plastic/vinyl pants					
Waterproof mattress cover					
Subtotal:					

Clothing Costs:	0-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	TOTAL
Booties/shoes					
1 hat/1 pr. mittens					
6 outfits					
4 pajamas					
1 snowsuit/jacket					
Socks and tights					
6 undershirts					
Other					
Subtotal:					

Care Supplies:	0-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	TOTAL
Cotton balls					
Laundry detergent					
Baby lotion/oil					
Baby shampoo					
Baby soap					
Other					
Subtotal:					

Equipment:

Baby bathtub _____
Baby carrier _____
Bassinet _____
Car seat _____
Crib/mattress _____
High chair _____
Mattress pad _____
Playpen _____
Stroller _____
Swing _____
Subtotal: _____

Supplies:

Camera & film _____
Safety covers and locks _____
Electrical outlet covers _____
Latches for cupboard _____
Toys _____
Sheets/towels _____
Blankets _____
Nail clippers _____
Crib mobile _____
Subtotal: _____

Medical:

Baby vitamins _____
Doctor visits _____
Health insurance _____
Subtotal: _____

SUMMARY

Feeding Costs: _____ **Equipment:** _____ **1/12 = Monthly Cost:** _____

Diaper Costs: _____ **Supplies:** _____ **1/52 = Weekly Cost:** _____

Clothing Costs: _____ **Medical:** _____

Care Supplies: _____ **GRAND TOTAL:** _____

Baby's First Year Expense

Lesson Eleven – Responsibilities Relating to Infant Care and Costs

REVIEW: Hospital Delivery Costs and Quiz

10 minutes

Purpose:

How can parents save money when they have a new infant? Of course, many parents receive gifts when the infant is born, so they don't have to purchase some things.

However, over time, gifts wear out or are used up, and the cost of caring for the child falls directly on the parents. One way parents save money is by making sacrifices.

Another way is by buying less expensive brands of certain items. Generic items often offer the same quality for a lower price than brand name items.

This lesson will give participants a realistic idea of what it costs to give birth in a hospital and the sacrifices it will take thereafter.

Materials:

- *Responsibilities Relating to Infant Care and Costs* slide presentation (sides 9-11)
- *Infant Care and Costs Quiz*
- *Infant Care and Costs Quiz* – Answer Key

Facilitator Instructions:

1. Share slides 9–11 that illustrate the average hospital delivery costs in the United States for a birth. Are students surprised?

2. Distribute the *Infant Care and Costs Quiz* and give students time to complete it.

3. Go over the answer key together as a class.

Name: _____ Class: _____

Infant Care and Costs Quiz

Instructions: Choose the best answer for each of the questions below.

1. Going by what you feel is right is the only thing to consider when raising a family.
   a. True
   b. False

2. Childcare laws, rules, and regulations are in place to protect which of the following?
   a. Children
   b. Families
   c. Childcare providers
   d. All the above

3. It is early in the morning. The weather is not great, but you have to be out the door and on time for that appointment. How do you deal with getting everyone ready?
   a. It is ok; we are organized. Time management is key to success. Getting kids ready in the morning is no big deal! We are out the door before the alarm clock goes off.
   b. AHH! I just want it to be easy. I cannot deal with juggling it all and just want to get myself organized and run out the door. Did I misplace the keys to the car again?
   c. Ideally, someone should just show up and take care of everyone but myself. I will pay anything to have peace of mind in the morning.
   d. Mornings are chaos! Hopefully someone will show up that can care for the mess I left.

4. All the following are ways to stay involved in your baby's childcare, except?
   a. Talk to your childcare provider regularly
   b. Volunteer at your childcare facility
   c. Trust your provider and just drop off your child, no need to talk
   d. Talk to your child and monitor your child's behavior at drop off and pick up

5. A checklist of things to know when choosing childcare include all the following, except:
   a. Gender of the childcare provider
   b. Cost
   c. Fees and services
   d. Hours of operation

6. To create a good work-life balance while raising a baby, it is good to research and ask for:
   a. Flexible hours
   b. Fixed hours
   c. Part-time work
   d. A work from home situation

7. Factors to consider when raising a child are: (Choose all that apply)
   a. Healthcare and insurance
   b. Childcare and education
   c. Housing cost
   d. Quality of clothing

8. All of the following are good parenting practices, except:
   a. Being sensitive to your child's needs
   b. Providing structure by sticking to day-to-day routines and rules
   c. Using age-appropriate, gentle discipline
   d. All forms of aggression

9. It is important to have a preapproved list of authorized adults who can pick your child up at the care facility.
   a. True
   b. False

10. Time management is not necessary for efficient childcare.
    a. True
    b. False

Infant Care and Costs Quiz – Answer Key

Instructions: Choose the best answer for each of the questions below.

1. Going by what you feel is right is the only thing to consider when raising a family.
   a. True
   b. False

2. Childcare laws, rules, and regulations are in place to protect which of the following?
   a. Children
   b. Families
   c. Childcare providers
   d. All the above

3. It is early in the morning. The weather is not great, but you have to be out the door and on time for that appointment. How do you deal with getting everyone ready?
   a. It is okay; we are organized. Time management is key to success. Getting kids ready in the morning is no big deal! We are out the door before the alarm clock goes off.
   b. AHH! I just want it to be easy, I cannot deal with juggling it all and just want to get myself organized and run out the door. Did I misplace the keys to the car again?
   c. Ideally, someone should just show up and take care of everyone but myself. I will pay anything to have peace of mind in the morning.
   d. Mornings are chaos! Hopefully someone will show up that can care for the mess I left.

4. The following are all ways to stay involved in your baby's childcare, except:
   a. Talk to your childcare provider regularly
   b. Volunteer at your childcare facility
   c. Trust your provider and just drop off your child, no need to talk
   d. Talk to your child and monitor your child's behavior at drop off and pick up

5. A checklist of things to know when choosing childcare include all the following, except:
   a. Gender of the childcare provider
   b. Cost
   c. Fees and services
   d. Hours of operation

6. To create a good work-life balance while raising a baby, it is good to research and ask for:
   a. Flexible hours
   b. Fixed hours
   c. Part-time work
   d. A work from home situation

7. Factors to consider when raising a child are: (choose all that apply)
   a. Healthcare and insurance
   b. Childcare and education
   c. Housing cost
   d. Quality of clothing

8. All of the following are good parenting practices, except:
   a. Being sensitive to your child's needs.
   b. Providing structure by sticking to day-to-day routines and rules
   c. Using age-appropriate, gentle discipline
   d. **All forms of aggression**

9. It is important to have a preapproved list of authorized adults who can pick your child up at the care facility.
   a. **True**
   b. False

10. Time management is not necessary for efficient childcare.
    a. True
    b. **False**

Lesson Twelve – The Reality Is… Impact of a Baby on Goals, Relationships, and Time

Lesson Overview

There are strong ties between parents and their children. A baby's first model for relationships, sense of security and positive self-esteem stems from their parents. The parents impact a child's social and cognitive development. With all these responsibilities there is a significant change of life for the parents before and at the arrival of their baby.

New parents are usually blindsided by the reality of the situation, despite how much they perceive they have prepared. It is imperative to map out a plan for your future goals, relationships, work, and time you will need to set aside to raise a completely developed human.

Lesson Objectives

After completing this lesson, participants will be able to:

- Determine the impact that having a child at various ages can have on life goals
- Understand the impact of having a child can have on relationships with many people in our lives

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *My Life* worksheet • YouTube videos	1. Prepare to view the YouTube videos. 2. Print the *My Life* worksheet (one per participant).	10-25 minutes
LEARN	• *Impact of a Baby on Goals, Relationships, and Time* slide presentation • *Changing Relationships* worksheet	1. Print the *Changing Relationships* worksheet (one per participant). 2. Prepare to view the slide presentation.	15-20 minutes
REVIEW	• *The Reality Is… Impact of a Baby on Goals, Relationships, and Time Quiz* • *The Reality Is... Impact of a Baby on Goals, Relationships, and Time Quiz* – Answer Key • *My Life* worksheet	1. Print the *Reality Is... Impact of a Baby on Goals, Relationships, and Time Quiz* (one per participant). 2. Access the answer key for the quiz. 3. Access the *My Life* worksheet from the FOCUS part of the lesson.	20 minutes

Lesson Twelve – The Reality Is… Impact of a Baby on Goals, Relationships, and Time

FOCUS: Life Goals

10-25 minutes

Purpose:

The purpose of this activity is to have students brainstorm and mindfully consider what they would like their life to look like in the future. Then, they will consider how having a baby could impact these life goals.

Materials:

- *My Life* worksheet

Facilitation Steps:

1. To introduce students to the topic of what type of an impact having a baby can have on goals, relationships and time, distribute the *My Life* worksheet and give them 5-10 minutes to complete it. They will save this and use it later in the lesson.
2. Share a video or videos about the impact of a baby on relationships, goals, and time. Here are a few to consider:
   Having a baby: Impact on married and cohabitating parents' relationships (4:49)
   https://www.youtube.com/watch?v=YVhwizY2CVc

   What happens to your relationship after having a baby (5:18)
   https://www.youtube.com/watch?v=zJC210j8ESI

   Giving Birth in Your 20s vs Your 30s (3:22)
   https://www.youtube.com/watch?v=gY5CLjmfhvo

   What Every New Parent Needs to Know (12:29)
   https://www.youtube.com/watch?v=jskG0yVDMLk

Name: _____ Class: _____

My Life

1. Describe the life *you would like* to live (if you could do anything you wanted to do) in **five** years. Include information about your education, career, family, income, home, geographic area…

   _____
   _____
   _____
   _____
   _____
   _____

2. Describe the life *you would like* to live (if you could do anything you wanted to do) in **10** years. Include information about your education, career, family, income, home, geographic area…

   _____
   _____
   _____
   _____
   _____
   _____

3. Describe the life *you would like* to live (if you could do anything you wanted to do) in **25** years. Include information about your education, career, family, income, home, geographic area…

   _____
   _____
   _____
   _____
   _____
   _____

4. Describe the life *you would like* to live (if you could do anything you wanted to do) in **40** years. Include information about your education, career, family, income, home, geographic area…

   _____
   _____
   _____
   _____
   _____
   _____

Lesson 12 – The Reality Is… Impact of a Baby on Goals, Relationships, and Time

LEARN: Impact on Relationships

15-20 minutes

Purpose:
People talk about how becoming a parent brings about profound changes in personal lives and relationships. There is a challenging transition from being a couple, to being pregnant, and having a child.

Becoming a parent also prompts people to reflect on how they saw themselves compared with before parenthood, and how a child brought changes to relationships with other family members and friends. That is the focus of this activity.

Materials:
- *Impact of a Baby on Goals, Relationships, and Time* slide presentation
- *Changing Relationships* worksheet

Facilitation Steps:
1. Share the following information as you show the slide presentation.

   Slide 1: Impact of a Baby on Goals, Relationships, and Time

   Slides 2-4: Impact of a Baby
   Initially, a baby does not view a parent as an extension of themselves. Babies do not have the emotion understanding, life experience, or self-awareness an adult has.

   Parents feel a strong connection with their newborn after birth, which makes the baby feel secure and connected.

   The bond develops throughout the baby's growth. Children's early relationships shape how they perceive themselves and others.

   These relationships also teach children how to stabilize and control their emotions and impulses. Holding a baby close also increases a baby's security and happiness.

   Babies can sense a parent's emotion and understand when parents become frustrated, angry, and depresses with the changes of parenthood.

   New parents are often short of time. Hours that were once used for other tasks are now prioritized directly to the baby.

   Slide 5: What Parents Expect of Parenthood
   - To love every minute
   - To have a lot of support
   - To be able to juggle different tasks
   - To do things they used to without guilt
   - To experience joy and gratitude all the time

   Slide 6: What Parents *Do Not* Expect of Parenthood
   - To feel isolated
   - To feel a loss of freedom
   - To want their old life back (some parts of it)
   - To feel a sense of guilt about nearly everything
   - To feel insecure about their abilities as a parent (or anything for that matter)

   Slide 7: Life Changes
   - It's no longer about you. Every waking moment, you consider, look out for, and are entirely responsible for another human being. Taking care of someone is a beautiful and rewarding honor.
   - Your heart grows when you realize the baby sees you as the best thing in the world. When you think of how much you love them, it keeps on growing and getting better every day.

- You start to cherish simple things, like going to the park or a snuggle session. You enjoy and hold onto special moments with your child.
- You worry more and want to keep the baby safe and healthy.
- You find strength you did not know you had through pregnancy, labor, and delivery along with the lifelong commitment of parenthood. You have the strength, not because you must, but because you love this human so much that you would do anything for them. There is a strong resilience built up due to you plugging through and enduring many rough and happy situations.
- Your confidence grows from the strength and resilience. Practice makes perfect, and over time, you learn to be fearless in standing your ground on behalf of your baby.
- Your self-esteem might even increase. You will have a new version of yourself and things that did not matter before will be invaluable to you now. You will develop new strengths and perspectives.
- You will have a new set of priorities and even interests. You will become more family oriented and new adventures will include all that are close to you.
- Your relationships will change as your life has changed. Some relationships will fade as others flourish.
- You will start to think about guardianship plans, life wills, finances, living arrangements, schooling, and work stability.
- Some life plans must be delayed until the child is old enough to participate in these plans.
- Life begins to fall in place, even when things appear crazy. Everything will take longer to do. Times when you can keep things clean and tidy will change and sometimes you will have to give up on your perfectionism. You must plan for meals and improvise when you have a missing ingredient.
- Your life will become fun because more people are involved.
- Your forms of entertainment will change.
- Your heart will multiply in size.

2. Distribute the *Changing Relationships* worksheet. How would it change these relationships, if students had to tell them they were about to become a parent.

3. Have students imagine you have just told the people listed on the worksheet that they will become a parent soon, at their current age and also 10 years from now.

4. Have students list several ways that they think their news about becoming a parent would change their relationships now and 10 years from now. They can leave the space blank if the person or group does not apply to their life.

5. Give students 5-10 minutes to complete the worksheet.

Name: _____ Class: _____

Changing Relationships

How would it change these relationships if you had to tell them you were about to become a parent? Imagine you have just told the people listed below that you will become a parent soon, at your current age and 10 years from now. List several ways that you think your news about becoming a parent would change your relationships now and 10 years from now. Leave the space blank if the person or group does not apply to your life.

My Parents/Guardians

_____
_____
_____

My Friends

_____
_____
_____

My Siblings

_____
_____
_____

My Grandparents

_____
_____
_____

My Employer

_____
_____
_____

The Person I Date

_____
_____
_____

Lesson Twelve – The Reality Is… Impact of a Baby on Goals, Relationships, and Time

REVIEW: Life Goals

20 minutes

Purpose:
This short quiz will assess what students have learned in this lesson and review the main objectives.

Materials:
- *The Reality Is… Impact of a Baby on Goals, Relationships, and Time Quiz*
- *The Reality Is... Impact of a Baby on Goals, Relationships, and Time Quiz* – Answer Key
- *My Life* worksheet

Facilitation Steps:
1. Have students access their *My Life* worksheets and turn them over.

2. On the back of the worksheet, have students write about how having a baby now would impact their life goals 5, 10, 25, and 40 years from now as identified on the worksheet.

3. Distribute *The Reality is... Impact of a Baby on Goals, Relationships, and Time Quiz* and give students two to three minutes to complete it.

4. Access the answer key and share answers with the class.

Name: _____ Class: _____

The Reality Is… Impact of a Baby on Goals, Relationships, and Time Quiz

Instructions: Choose the best answer for each of the questions below.

1. The term parent-child relationship refers to the unique and enduring bond between a caregiver and _____.
   a. Their child
   b. A pet
   c. A career
   d. A skill

2. Many psychologists believe that the relationships between _____ and children are very important in determining who the children become and how they relate to others and the world.
   a. Doctors
   b. Neighbors
   c. Teachers
   d. Parents

3. A family with a foundation based on love, trust, and commitment is more likely to endure than a family lacking those qualities.
   a. True
   b. False

4. One of the primary goals of parenting is to:
   a. Raise children who know their place in the social order
   b. Raise children who challenge authority
   c. Raise children who become responsible, productive members of society
   d. Raise patriotic citizens

5. Which of the following is a benefit of building strong relationships with families?
   a. These relationships will improve your child's academic performance
   b. These relationships will help you move up to a different job
   c. These relationships will be affirmed by your administration
   d. These relationships will offer your child a sense of continuity

6. What are preconceptions?
   a. Facts you have learned about another person
   b. All facts about children's families
   c. Ideas you have about events to invite families to attend
   d. Ideas you have about another person before meeting them

7. What does good parenting require?
   a. Providing a positive role model
   b. Encouraging productive behavior
   c. Engaging in adequate supervision
   d. All the above

8. Which of the following can negatively affect children?
   a. Racism
   b. Language barriers
   c. Poverty
   d. All the above

9. Which of the following is a common form of child neglect?
   a. Failure-to-thrive syndrome
   b. Emotional neglect
   c. Unsafe home environment
   d. All the above

10. A family's environment can change over time depending on its _____.
    a. Structure
    b. Size
    c. Economic conditions
    d. All the above

The Reality Is… Impact of a Baby on Goals, Relationships, and Time Quiz – Answer Key

1. The term parent-child relationship refers to the unique and enduring bond between a caregiver and _____.
   a. Their child
   b. A pet
   c. A career
   d. A skill

2. Many psychologists believe that the relationships between _____ and children are very important in determining who we become and how we relate to others and the world.
   a. Doctors
   b. Neighbors
   c. Teachers
   d. Parents

3. A family with a foundation based on love, trust, and commitment is more likely to endure than a family lacking those qualities.
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   b. False

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   a. Structure
   b. Size
   c. Economic conditions
   d. All the above

Lesson Thirteen – RealCare Baby® Simulation Experience – Part 1

Lesson Overview

In this lesson, participants are introduced to the RealCare Baby® infant simulator and the types of care events it requires. They then practice using each of the five care events in response to Baby's cries. Information and permission forms are given to each participant in preparation for the lengthier care simulation later in the course.

Lesson Objectives

After completing this lesson, participants will:

- Understand and administer care events for the RealCare Baby infant simulator
- Understand the responsibilities of taking care of the RealCare Baby infant simulator outside of class

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• RealCare Babies with accessories • Burping cloths (optional) • Receiving blankets (optional) • *Letter to Participant's Family* • *Parent/Guardian Permission Form* • *Safety Precautions* • *Participant Contract*	1. Prepare Babies with accessories for demonstration of all care events. 2. Purchase or obtain burping clothes and receiving blankets (optional). 3. Print/photocopy the *Letter to Participant's Family, Parent/Guardian Permission Form, Safety Precautions,* and *Participant Contract* (one of each per participant).	30 minutes
LEARN	• RealCare Babies with accessories • *A Crying Infant* worksheet	1. Print/photocopy the *A Crying Infant* worksheet (one per participant). 2. Prepare the Babies with accessories for a care simulation.	10 minutes
REVIEW	• Any materials used in previous activities within the lesson • RealCare Baby Care Guide student app	1. Prepare to use the RealCare Baby Care Guide student app.	5-15 minutes

Lesson Thirteen – RealCare Baby® Simulation Experience – Part 1

FOCUS: RealCare Baby

30 minutes

Purpose:
This activity introduces participants to RealCare Baby and how it works. Participants also have an opportunity to practice care events (feeding, burping, rocking, diaper changing, and playing) with Baby.

Materials:
- RealCare Babies with accessories
- Burping cloths (optional)
- Receiving blankets (optional)
- *Letter to Participant's Family*
- *Parent/Guardian Permission Form*
- *Safety Precautions*
- *Participant Contract*

Facilitation Steps:
1. Introduce RealCare Baby to the class and explain that Baby is about the weight of a typical newborn, approximately six-and-a-half to seven pounds (three kilograms).

2. Activate Baby for demonstration.

3. Explain that Baby requires five care events: feeding, burping, diapering, rocking, and playing:
    - Feeding: Hold the bottle to Baby's mouth. Baby must be held during this time. The bottle cannot be propped up to feed. When Baby is "full," it will coo.
    - Burping: Hold Baby up to your shoulder or sit or lay (stomach down) Baby on your lap and gently pat its back. Consider using a burping cloth or receiving blanket to demonstrate this skill.
    - Diapering: There are two diapers with each Baby. Change Baby's diaper, alternating from the yellow diaper to the green one or vice versa. You must change the diaper, as it will not recognize simply taking off and putting on the same diaper. When the "clean" diaper is on, Baby will coo.
    - Rocking: Hold Baby and rock it in your arms or while sitting in a rocking chair. Consider using a receiving blanket to demonstrate this skill. When Baby feels secure, it will coo.
    - Playing: Hold Baby and pick up the toy. Put the toy in Baby's hands and keep providing movement for at least a few seconds every 30 seconds until the conclusion of the playtime event. Baby will giggle during the playtime event. Alternatively, you may pick up Baby and shake the toy near the Baby during the care event. Baby will coo when playtime is over.

4. Demonstrate each care event while explaining the following:
    - All care events must be preceded by Baby "recognizing" the caregiver with the unique wristband ID assigned to it. When Baby is picked up, it will recognize that student as the caregiver. The Baby will chime when it recognizes you and the care event has begun.

    Note: Babies will respond to any ID during a demo.

    - Baby requires proper head support, just like a real infant. If Baby's head is not properly supported (head falls back), it will cry loudly and record the head support failure.
    - Baby also records shaken baby (head moves back, forward, and back again in two seconds), wrong positioning (placed upside down for more than two seconds or on tummy for more than five seconds while sleeping), and rough handling (hit or drop).

- RealCare Baby® infant simulator (Baby) tracks when it is exposed to dangerous sounds exceeding 94 dB (similar to a loud car horn). The abuse cry will ensue for about 1 minute, and it will be recorded as a mishandle event.
- It is encouraged to position Baby on its' tummy on the tummy time blanket during awake time. This is reported on the student report and is encouraged as one would do with a real infant.
- Baby responds when spoken to in "awake" mode and babble back periodically. This information will be included as a data point on the report. Instructors should encourage students to talk to Baby periodically while in their care to encourage socialization and language development. It will also foster a closer bond during the simulation between the infant and caregiver.
- Baby tracks exact times of any missed care events.
- Although Baby records its care (feeding, burping, diapering, rocking, and playing) and safe handling, Baby will not record during the demonstration mode. The only feedback provided by Baby during a demonstration is the stopping of crying and/or cooing as the correct care is provided.
- Later in the course, participants will have an opportunity to take Baby home to care for it, known as a "care simulation" experience. Details about preparing for the care simulation will be provided in the next lesson.

5. Give each participant or group of participants one Baby with accessories. If each participant has their own Baby, all care events can be practiced at the same time. If participants are sharing Baby, have them take turns practicing as you program Baby to demonstrate each of the five care events.

6. Program Babies to demonstrate each of the five care events. Alter event duration as needed. Circle the room and help, answering questions as necessary.

7. Encourage students to download the free RealCare Baby Guide app for use during the simulation. More use instructions may be found in the software help guide and quick start guide provided with the program. Here are some of the features of the app:
    - Real Time Status Information: The app reports when Baby is awake, asleep, in a care event, or in a mishandle event. This also helps students know that Baby is on and working, resulting in less fewer calls to instructors.
    - Students can verify their Student ID and Toy are working. Can also simulate taking Baby's temperature.
    - Students may check how they are doing on care events and mishandles to make mid-simulation corrections
    - Journaling capability with a notes section that can be exported and emailed at the end of a simulation.
    - Random events/scenarios for students to respond to are sent to the app once each day during a simulation. This helps develop their problem-solving skills.
    - Care event and mishandle event how-to videos along with FAQs for students to review when they are unsure what to do.
    - Compatible with RealCare Baby 4 for notes, journaling, and random scenarios. RealCare Baby 3 Babies cannot communicate with the student app, but students can still access it for notetaking, tips, and how-to articles.

    Important note: Each Baby can only be added to one device with the student app installed. If a student has Baby 1 but selects Baby 2, they can delete Baby 2 and add Baby 1. However, Baby 2 cannot be added to another device until Baby 2 is re-programmed.

8. After each participant has had an opportunity to try each care event, lead a class discussion which might include questions like:
    - What are some differences between Baby and a real infant?
    - What was the easiest skill to perform?
    - What was the hardest skill to perform?
    - What might you do if you completed all of the care events and Baby continued to cry?

9. Give each participant a copy of the *Letter to Participant's Family* and *Parent/Guardian Permission Form.*

10. Briefly discuss these forms and explain the importance of sharing them with a parent or guardian.

11. Ask participants to return the signed permission form the following day.

    Note: Given your audience, you may decide to not use these forms. If you do not use these forms, be sure to discuss the level of responsibility and care needed when caring for Baby outside of class.

12. Give each participant a copy of the *Safety Precautions* and *Participant Contract*.

13. Read through and briefly discuss each form.

14. Tell participants they need to sign and return these with the signed permission form.

15. Collect Babies and prepare for the next activity. It is a good idea to plug the Babies into a charger if you plan on using them in the near future.

Letter to Participant's Family

Dear parents/guardians and family:

Your student will soon experience many of the responsibilities required of a new infant's caregiver. As a temporary caregiver, your student will care for RealCare Baby, a computerized infant simulator that must be supervised by your student at all times. Baby will cry and need to be fed, burped, rocked, played with, and have its diapers changed. It is your student's responsibility to tend to Baby's needs.

A small computer inside Baby is programmed to follow actual schedules of different newborns. Each day, Baby will be on a different schedule. Baby may need your student to care for it at inconvenient times, including when they are sleeping. Your student will be graded on learning how to keep Baby happy, their understanding of the full-time commitment of childcare, their persistence (getting through the care simulation without quitting), the care and condition of Baby and supplies, and returning everything to school on time.

Incidences of neglect, head support failure, shaking, rough handling, wrong position, no diaper, and other functions are recorded by Baby's computer and will lower your student's grade. Some of these behaviors will produce intense crying that your student should learn to avoid. This intense crying can be stopped by rocking Baby.

Your student will wear a waterproof wristband with a unique ID that must be present whenever your student cares for Baby. Without the ID, Baby will not accept care. The wristband must be in good condition and still on your student's wrist when Baby is returned.

You can help by providing emotional support and treating Baby as if it were real. Offer advice, but your student should do the actual work of caring for Baby.

The RealCare® Baby infant simulator uses computerized technology and represents a substantial investment by the sponsoring school or organization. If the RealCare Baby is abused, damaged, or lost while in my student's possession, I agree to reimburse:

_____ up to $_____.
Organization name

Other charges may be assessed for damaged or missing accessories.

Lack of sleep may cause your student to become drowsy. Please do not allow your student to drive if overly tired. Instruct your student to pull over and care for Baby if it cries while they are driving.

Your student is scheduled to take the RealCare Baby® infant simulator home starting _____ and ending _____. For schedule conflicts, please contact the instructor.

Thank you for your patience and support in making this project a learning experience for your student!

RealCare Baby is a product of Realityworks, a company that specializes in interactive, science-based technology. Realityworks helps educators worldwide deliver unforgettable learning experiences that promote healthy choices and quality of life.

Parent/Guardian Permission Form

A response from you is requested whether permission is given or denied. Please read these statements and sign below:

The Realityworks RealCare Program will require the participant to be the sole caretaker of the RealCare Baby® infant simulator (Baby), whose sounds and behaviors replicate those of an infant. The experience is intended to demonstrate to the participant the full-time commitment required of a new infant's caregiver. Baby requires care throughout the day and night. When Baby cries, it is the responsibly of the participant to attend to Baby's needs.

Baby's crying and need for care may cause the participant to lose sleep and may disturb other family members. Lack of sleep may cause drowsiness. Do not allow the participant to drive if overly tired. You must understand all safety precautions the participant must be aware of while caring for the Baby.

Baby uses computerized technology and represents a substantial investment by the sponsoring organization. If Baby is abused, damaged, or lost while in the participant's possession, I agree to reimburse:

_____ up to $_____.

Organization name

Please select one and sign where indicated.

□ I understand the statements above and agree to allow _____ to participate in the care simulation with Baby.

Signature: _____ Date: _____

□ I understand the statements above and do NOT wish _____ to participate in the care simulation with Baby. I understand that if I do not allow my student to participate in this project, they will not receive a lower grade because of my refusal. I understand that an alternative assignment requiring an equal amount of work and family involvement will be given as a substitute for this project.

Signature: _____ Date: _____

Safety Precautions

Read this list together with the participant. Signing this form indicates that you have read and understand all safety precautions that should be observed while the participant is caring for the RealCare Baby® infant simulator. The participant must return this form along with the *Parent/Guardian Permission Form* to participate in the care simulation.

Driving

- Baby may cry while the participant is driving. Please be aware that the crying may start unexpectedly, and the participant should be prepared.
- Do not feed, burp, rock, play with, change diapers, or otherwise care for Baby while driving.
- The participant must bring their vehicle to a complete stop in a safe location before caring for Baby, or retrieving a piece of Baby's accessories that falls.
- In a motor vehicle, failure to install Baby in a car seat could result in Baby or its accessories becoming projectiles in the event of a sudden stop or accident.

Location

- Never leave Baby unattended in a public place. It could be mistaken for a real infant.
- Do not place Baby in or near water.
- Do not place Baby on or near a stove, especially while cooking.
- Baby should sleep somewhere close to the participant's sleeping quarters, but not in bed with the participant. Baby may fall out of the bed, or the participant could roll over on it, causing damage to Baby and discomfort to the participant.

Interaction with Others

- Loud crying near people with potentially serious physical conditions, such as those susceptible to heart attack or stroke, should be avoided.
- Do not allow small children to play with Baby. Baby's hands and feet are small enough to be a choking hazard.
- Baby's crying or other sounds may cause pets to become agitated or aggressive. Keep Baby out of the reach of pets or other animals.

Physical Precautions

- To avoid straining your arms, use an infant car seat or carrier to transport Baby, rather than holding Baby at all times. Holding techniques are listed on the *Participant Care Card* that accompanies Baby.
- Baby weighs around 6.5-7 pounds (3 kilograms) and could cause discomfort for participants with back pain.
- Do not operate any type of equipment or attempt tasks requiring the use of both hands while holding Baby.

Care Simulation Rules

- The participant must never remove their wristband. Not only will they be deducted points, but the ID may be lost, or the participant may stumble around in the dark looking for it if Baby cries during the night.
- The participant should note in their *Caregiver Journal* or the notes section of the RealCare Baby Guide student app when they had to delay caring for Baby because their safety or the safety of others may have been compromised.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Participant Contract

To begin the simulation experience, I will plan with my instructor to pick the RealCare Baby® infant simulator (Baby) up at an agreed upon time, to begin the simulation experience. I understand that as I take Baby home to participate in the simulated caregiving experience, I am responsible for its care. If I do not return it on the scheduled return day and time, I will be penalized in my grade for the class. If I fail to return Baby or do not return it in the same condition as it was when I took it home, I or my family will be responsible for paying the cost of replacing Baby.

Read each point aloud and sign at the bottom.

I promise to:

- Accept full responsibility for Baby
- Take care of Baby as if it were a real, live infant
- Carry Baby and its accessories with me at all times, wherever I go
- Keep Baby out of the reach of young children and pets or other animals
- Always use a car seat, if available, to properly transport Baby in a vehicle
- Never try to care for Baby while driving or operating machinery
- Never leave Baby alone or with someone else unless previously authorized by my instructor
- Never expose Baby to water or moisture
- Never place Baby in direct sunlight or in an area of excessive heat
- Never abuse or neglect Baby, instead treating it gently and patiently
- Never tamper with Baby's electronics, ID, or wristband
- Keep a complete record of all information required in my *Infant/Toddler Schedule* and *Caregiver Journal* or the RealCare Baby Guide student app
- Keep Baby for the entire assigned period
- Turn in my completed *Infant/Toddler Schedule* and other assignments required at the end of my assigned time
- Turn in my completed *Caregiver Journal* or email my notes from the RealCare Baby Guide student app to my instructor
- Return Baby only to the instructor or person designated by the instructor

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Lesson Thirteen – RealCare Baby® 4 Simulation Experience – Part 1

LEARN: A Crying Infant

20 minutes

Purpose:
This activity exposes participants to a crying infant and points out that they may not be able to figure out why they are crying right away. Discussion relating to personal encounters with a crying infant gets participants involved in the discussion.

Materials:
- Babies with accessories
- *A Crying Infant* worksheet

Facilitation Steps:
1. Set up at least three Babies on a table at the front of the classroom.

2. Ask for volunteers (one per Baby) to care for the Babies at the front of the classroom.

3. Divide the class into groups (one per volunteer) and assign each group to observe one of the caregivers at the front of the classroom. Each group should have a different caregiver to observe.

4. Give each participant a copy of the *A Crying Infant* worksheet.

5. Tell groups that they are to observe their caregiver and note what the caregiver does to try to soothe Baby by checking from the list on the worksheet. They should check "Yes" or "No" to indicate whether the action of the caregiver was what Baby needed to stop crying.

6. Program Babies to demonstrate any care event, selecting a different care event for each Baby (unknown to the volunteers) and setting the event duration to last 90 seconds.

7. Tell caregivers they are to figure out what Baby needs to make it stop crying. If caregivers are unable to get Baby to stop crying after 90 seconds, tell them which care event is needed.

8. After the exercise, point out that it took several tries to find out what was wrong with Baby within the 90 seconds. Once a caregiver spends more time with an infant, they gain a better idea of the infant's schedule and will be better able to anticipate what the infant needs. Over time, the infant's various cries will be easier to distinguish and will help the caregiver determine what the infant may need.

9. Tell groups to discuss the questions on their worksheets. Ask for volunteers to share answers.

Name: _____ Date: _____

A Crying Infant

Instructions: Observe your caregiver and note what they do to try to soothe the RealCare Baby® infant simulator (Baby). Check "Yes" or "No" to indicate whether the action of the caregiver was what Baby needed to stop crying.

Caregiver's Name: _____

Action	Yes	No
Feeding		
Burping		
Diapering		
Rocking		
Playing		
Other: _____		

As an observer, how did Baby make you feel when it was crying?

_____

_____

How did the caregiver feel when trying to figure out what was wrong with Baby?

_____

_____

Have you ever taken care of an infant who cried a lot? Yes No

If yes, did you get frustrated or stressed by all the crying? Yes No

If yes, how did you handle your frustration or stress?

_____

_____

_____

Lesson Thirteen – RealCare Baby® 4 Simulation Experience – Part 1

REVIEW: Baby Summary

10 minutes

Purpose:
This activity serves to reinforce what participants have learned in the lesson.

Materials:
- Any materials used in previous activities within the lesson
- RealCare Baby Care Guide student app

Facilitation Steps:
1. If possible, have students download the free RealCare Baby Care Guide student app to their smart phones and access each of the care event videos to give an overview of what students can expect when they take Baby home.
   As an alternative, you can do a quick demo of all of the care events live for them again to remind them what they should expect in caring for Baby.

2. Conduct a brief discussion by posing the following questions and asking volunteers to answer:
   - What are the five care events that Baby requires?
     - *Answer: Feeding, burping, diapering, rocking, and playing*
   - All care events must be preceded by what?
     - *Answer: Baby recognizing the caregiver with the unique wristband ID assigned to it.*
   - If Baby's head is not properly supported (head falls back), what will happen?
     - *Answer: It will cry loudly and record the head support failure.*
   - Besides head support failure, Baby will also record/track what?
     - *Answer: Shaken baby (head moves forward and back again in two seconds), wrong positioning (placed upside down for more than two seconds or on tummy for more than five seconds while sleeping), rough handling (hit or drop), missed and successful care events, time in a car seat, temperature, tummy time, time the student talked to Baby, and what clothes it wears*

Lesson Fourteen – RealCare Baby® Simulation Experience – Part 2

Lesson Overview

In this lesson, students practice giving care based on the needs demonstrated by RealCare Baby infant simulator (Baby). It will provide a hands-on experience as to the consequences of teen pregnancy.

Lesson Objectives

After completing this lesson, students will be able to:

- Understand and respond to the demands of a young infant
- Master the care of Baby during the care simulation experience
- Understand that being sexually active as a teen can have real and lasting consequences

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS:	• *Participant Care Card* • RealCare Baby Care Guide student app • *Care Simulation Instructions* handout • Babies with accessories • *Tracking Practice* worksheet	1. Print/photocopy the *Participant Care Card, Care Simulation Directions,* and *Tracking Practice* (one of each per participant). 2. Have students download the free app. 3. Prepare Babies with accessories for demonstration of all care events.	15 minutes
LEARN:	• *Readiness Quiz* • Babies with accessories • *Infant/Toddler Schedule* • *Caregiver Journal* • *Sample Simulation Report* • *Assessment Rubric*	1. Print/photocopy the *Readiness Quiz, Infant/Toddler Schedule, Caregiver Journal, Sample Simulation Report,* and *Assessment Rubric* (one of each per participant). 2. Prepare Babies with accessories for care simulation.	20 minutes
REVIEW	• *Readiness Quiz* – Answer Key	1. Have the answer key available for reference.	10 minutes

Lesson Fourteen – RealCare Baby® 4 Simulation Experience – Part 2

FOCUS: Care Event and Tracking Practice

15 minutes

Purpose:
This activity prepares participants to take the RealCare Baby® infant simulator (Baby) home for an extended period of time. Participants learn how Baby works and how to properly respond to and track its basic needs.

Materials:
- RealCare Baby Care Guide student app
- *Participant Care Card*
- *Care Simulation Instructions*
- Babies with accessories
- *Tracking Practice*

Facilitation Steps:
1. Give each student a *Participant Care Card* and the *Care Simulation Instructions*. Briefly discuss. Explain that both of these resources should be taken home and used during the care simulation, as needed.

2. Encourage students to download the RealCare Baby Care Guide student app for use during the simulation. Explain that care event and mishandle event videos will be available for viewing if needed.

3. Explain the many features of the app and how to use it, encouraging students to explore the app as well.

4. Program Babies to demonstrate all care events in random order.

5. Give each participant or group of participants one Baby with accessories. Explain that each Baby will require care and their job is to figure out what that care is and how to properly respond.

   The first participant or group to finish the demonstration, properly responding to all care events, "wins."

6. Give each participant the *Tracking Practice* worksheet and explain to them that it is now their job to not only figure out how to properly respond to Baby but to also track the care needed as well as the time it occurred.

7. Explain that this demonstration is a condensed version of what would happen when caring for a real infant.

8. After the demonstration is complete and a winner or winning group has been identified, lead a class discussion by asking participants to share the care events performed, in sequential order.

9. Ask, "What was different with Baby than what would happen with a real infant?"

   Possible Answers: Actual care would take longer, diapers would be soiled thus need to track bowel movement(s), bottle would contain liquid thus need to track how much the infant ate, no additional tracking needs since Baby does not play or accrue additional problems throughout the day.

Name: _____ Date: _____

Care Simulation Instructions

Care for the RealCare Baby® infant simulator (Baby) for the specified period of time set by your instructor. Use the *Participant Care Card,* if provided, and the RealCare Baby Care Guide student app as helpful resources and do not forget the basics:

- When Baby cries, pick it up while carefully supporting the head. Baby will giggle when it wants to play.
- When you hear the chime, try:
  - Feeding
  - Burping
  - Rocking
  - Diapering
  - Playing
- When Baby cries due to the following, rock Baby:
  - Rough handling
  - Head support failure
  - Shaken Baby
  - Fussy
- Talk to Baby and Baby will babble back in response periodically if awake.
- Position Baby on its' tummy on the tummy time blanket to strengthen Baby's neck muscle during "awake" time. You can check if Baby is awake on the RealCare Baby Guide app.
- If no chime, verify the Student ID is working using the student app.

Some infants are more challenging than others. Your goal is to satisfy Baby's needs as best you can.

The wristband with ID should remain on your wrist, in good condition, throughout the care simulation. Your instructor will remove it when you return Baby to class.

Name: _____ Date: _____

Tracking Practice

Instructions: For each care event the RealCare Baby® infant simulator requires, indicate the date/time and order in which a successful care occurred (i.e., first, second, third, and fourth).

Date/Time	Feeding	Rocking	Diapering	Burping	Playing

Lesson Fourteen – RealCare Baby® Simulation Experience – Part 2

LEARN: RealCare Baby Assignment

20 minutes

Purpose:
This activity prepares participants for their care simulation. Participants receive their RealCare Babies with accessories and complete a worksheet that measures their understanding of the simulation. They also receive their caregiver journals and review the criteria that you will use to evaluate quality of participation.

Materials:
- *Readiness Quiz*
- RealCare Babies with accessories
- *Infant/Toddler Schedule*
- *Caregiver Journal*
- *Sample Simulation Report*
- *Assessment Rubric*

Facilitation Steps:
1. Give each participant the *Readiness Quiz* and instruct them to complete it individually. Distribute the RealCare Babies with accessories as participants complete the quiz.

   Note: Quiz answers will be provided and discussed during the review activity of this lesson.

2. Give each participant the *Infant/Toddler Schedule*. Explain that they should write in the schedule after each care event, noting time of event, type of event, and any comments. Explain that they will be asked to share schedule entries later.

3. Give each participant the *Caregiver Journal*. Tell participants that they should write in the journal three times per day, explaining any problems or challenges, thoughts, or feelings. Explain that they will be asked to share journal entries later. There is also the option to journal on the RealCare Baby Guide app and email notes to the instructor.

4. Give each participant a copy of the *Sample Simulation Report* and *Assessment Rubric.* Briefly explain grading and assessment procedures.

5. Lead a class discussion by asking the following questions:
   - How do you think others will react to the RealCare Baby infant simulator (Baby)? You must be prepared for a variety of responses from adults and other young people. Some people may initially think Baby is real. What are some ways people may react, and how might you handle those reactions?
   - What will you tell people who want to hold Baby? Remember Baby reports all forms of mistreatment, regardless of who is responsible. Be sure everyone who holds Baby knows how to do it carefully, just as if Baby were a real infant.
   - How can Baby's sensitive skin be protected? Baby is sensitive to ink pens, newsprint, and unwashed clothing. Baby's skin absorbs ink and dye. Keeping Baby clothed in its blue or pink, long-sleeved, long pants outfits or wrapped in a blanket helps protect the skin.
   - How will you handle emergencies? Consider providing participants with a means to contact you (i.e., home or cell phone number) in case of an emergency. You may also consider showing them the emergency start/stop feature, but Realityworks suggests not telling them about this feature unless they contact you first and it is indeed an emergency.

6. Instruct participants to return their Babies with accessories prior to the start of the next class or school day, or as fits best with your schedule for this curriculum, allowing time to download and print the simulation reports.

Name: _____ Date: _____

Readiness Quiz

Instructions: Answer the following questions by writing your response in the space provided.

1. List at least four types of care you will provide for the RealCare Baby® infant simulator (Baby).

   _____ _____

   _____ _____

2. List three other sounds (besides crying) Baby makes.

   _____ _____ _____

3. Before you can provide care for Baby, you must hear the _____ that means Baby recognizes you.

4. Baby will record neglect if it takes you longer than _____ minute(s) to care for it.

5. Although real infants may be fussy for long periods of time, Baby will not be fussy for more than

   _____ minute(s).

6. List two things that happen if Baby is roughly handled, abused, or its head is not supported.

   _____ _____

7. There are many things that you can do to prevent rough handling and head support failure. List two.

   _____ _____

8. List three things that can permanently stain Baby's skin.

   _____ _____ _____

9. What can you do to help protect Baby from stains?

   _____

   _____

10. How can you simulate bathing Baby?

_____
_____

11. Have you read and signed the *Safety Precautions* and *Participant Contract*?

    ___ Yes ___ No (You must do so before caring for Baby outside of class.)

Name: _____ Date: _____

Infant/Toddler Schedule

Instructions: For each care event the RealCare Baby® infant simulator (Baby) requires, write down the date and time. For feeding, note how long it took to feed since you cannot indicate quantity fed as with a real infant. Indicate how long Baby slept. In the Comments column, note how you are feeling (normally this column would be used to convey any information you would want to share with the parent/guardian if you were in a caregiving situation). If you need additional space, use a separate sheet of paper.

Date/Time	Feeding	Sleeping	Diapering	Playing	Comments

Name: _____ Date: _____

Caregiver Journal

Instructions: At least three times per day during the care simulation, write down your thoughts and feelings about your care giving experience. Explain challenges you are facing or emotions you are feeling. This information will help you with the reflection assignment you will complete after you turn in your RealCare Baby® infant simulator.

Sample Simulation Report

RealCare® Baby
Simulation Report

Class	RCB4 Demo	**ID1**	C2:03:03:00:37:DC
Student	Jayla	**ID2**	00:00:00:00:00:00
Baby	Bartholomew	**BABYB0F0**	Male
Start	11/8/2024, 04:00 PM	**Stop**	11/10/2024, 09:00 PM
Schedule Order	17 29 25 18 22		
Quiet Times			

Total Simulation Time: 2d 05h 00m

Baby cried 106 minutes total

Proper Care			**Mishandle**		
Rock	0/2	0%	Shaken Baby	0	0%
Diaper	19/21	90%	Head Support	10	-30%
Burp	11/13	85%	Wrong Position	1	-3%
Feed	24/29	83%	Rough Handling	0	0%
Play	3/5	60%	Loud Noise	0	0%
Average	57/70	81%	Other		0%
ID1 was used 79 times, ID2 was used 0 times			Total	11	-33%

Performance Overview: 48%

Friday, November 8

04:00 PM Start Simulation
04:06 PM Head Support
04:06 PM Head Support
04:09 PM Missed Feeding
04:41 PM Head Support
04:46 PM Head Support
05:06 PM Head Support
07:51 PM Missed Diaper
07:54 PM Head Support
09:38 PM Head Support
11:46 PM Missed Rock

Saturday, November 9

04:27 PM Missed Play
06:49 PM Missed Feeding
06:49 PM Head Support
10:27 PM Missed Feeding

Saturday, November 9

10:27 PM Head Support
10:59 PM Missed Feeding
11:00 PM Head Support

Sunday, November 10

04:01 AM Missed Burp
10:34 AM Missed Rock
10:38 AM Wrong Position
04:58 PM Missed Diaper
05:04 PM Missed Feeding
06:35 PM Missed Play
08:20 PM Missed Burp
08:38 PM Missed Feeding
09:00 PM Stop

Comments:

Date Programmed: 11/8/2024 09:02 AM

RealCare® Baby
Simulation Report

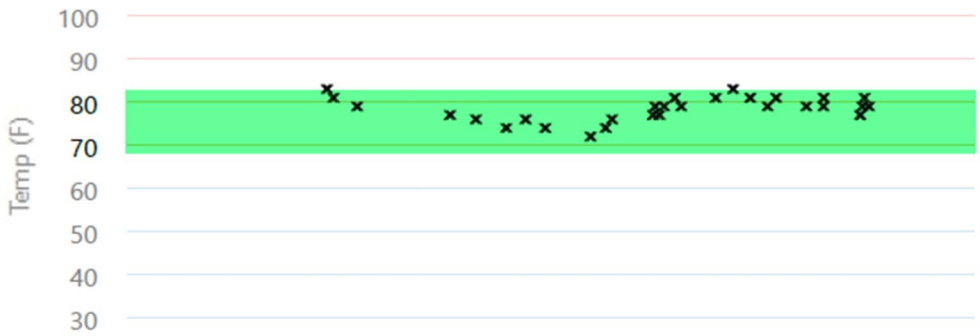
BABYB0F0 Date Programmed: 11/8/2024 09:02 AM

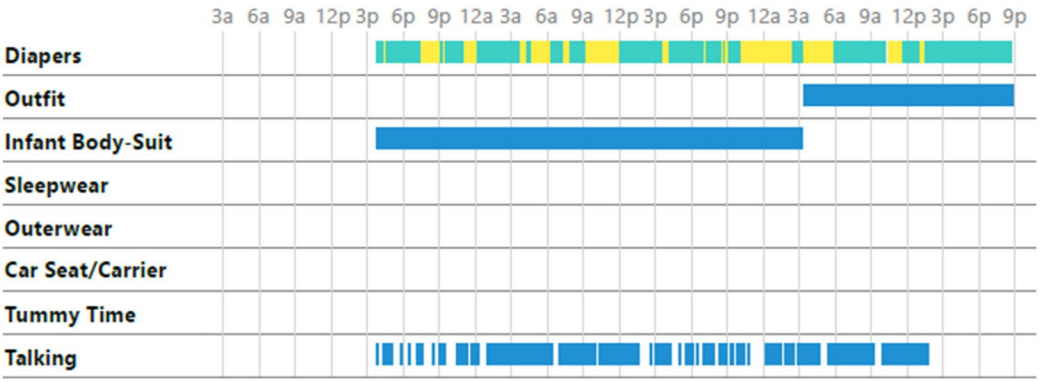
Clothing and Temperature

Baby detects temperature, clothing, and length of time in car seat/carrier to address flathead syndrome. Missing clothing only appears if Baby detects no clothing during a significant period of time.

Look for spikes in temperature on the graph below to determine mishandling. Baby's temperature should fall inside the comfort range (in green – mid section of report). If Baby's temperature falls above or below the comfort range, Baby has been exposed to extreme temperatures for an extended period of time.

Baby Temperature





	Day 1	Day 2	Day 3
High Temp	83 (4:49 PM)	82 (9:51 PM)	83 (2:43 AM)
Low Temp	80 (7:18 PM)	73 (2:43 PM)	78 (1:15 PM)
Time out of safe temp range	0.5 hours	0.0 hours	1.3 hours
Max time between change of clothes	2.5 hours	3.4 hours	7.2 hours
Time in car seat/carrier	0.0 hours	0.0 hours	0.0 hours
Talking	1.7 minutes	27.9 minutes	41.8 minutes
Simulation Time	8.0 hours	24.0 hours	21.0 hours

Assessment Rubric

	World-Class Caregiver (4)	Amateur Caregiver (3)	Indifferent Caregiver (2)	Abusive Caregiver (1)
Care Quality x 2	Spotless reputation (8 points)	Good reputation (6 points)	Possible child abuse referral (4 points)	Evidence of child abuse (2 points)
Missed Care x 2	3 or less instances (8 points)	4 instances (6 points)	5 instances (4 points)	6 or more instances (2 points)
Head Support x 2	5 or less instances (8 points)	6 instances (6 points)	7 instances (4 points)	8 or more instances (2 points)
Rough Handling x 2	2 or less instances (8 points)	3 instances (6 points)	4 instances (4 points)	5 or more instances (2 points)
Shaken Baby x 2	0 instances (8 points)	0 instances (6 points)	1 instance (4 points)	2 or more instances (2 points)
Baby Condition	Returned Baby in great condition (4 points)	Returned Baby in OK condition (3 points)	Returned Baby with dirt or marks (2 points)	Returned Baby unusable (1 point)
Wristband Condition	Wristband and ID in great condition (4 points)	Wristband and ID in OK condition (3 points)	Wristband is damaged (2 points)	Wristband is missing or removed (1 point)
Diaper Bag Condition	Returned diaper bag in great condition with all accessories (4 points)	Returned diaper bag in OK condition with all accessories (3 points)	Returned diaper bag with dirt or marks and one accessory is missing, dirty, or broken (2 points)	Returned diaper bag unusable and more than one accessory is missing, dirty, or broken (1 point)

Responsibility	All items returned on time (4 points)	All items returned later in the day with a reasonable excuse (3 points)	All items returned one day late with a note from a parent/guardian (2 points)	Incomplete or one day or more late (1 point)
Interacting With Baby	Students talked to Baby at least 4 times during the simulation (6 points)	Students talked to Baby at least 2 times during the simulation (4 points)	Students talked to Baby at least 1 time during the simulation (2 points)	Students did not talk to Baby at all during the simulation (1 point)
Tummy Time	Students had at least 3 tummy time events. (6 points)	Students had at least 2 tummy time events. (4 points)	Students had 1 tummy time events (2 points)	Students had no tummy time events. (1 point)

Total 68 = 100% Total 50 = 75% Total 32 = 50% Total 16 = 25%

Lesson Fourteen – RealCare Baby® Simulation Experience – Part 2

REVIEW: RealCare Baby Assignment

10 minutes

Purpose:
This activity ensures that participants understand the features of the RealCare Baby infant simulator (Baby) by reviewing, as a class, the correct answers to the *Readiness Quiz*. Any final questions they may have regarding the pending care simulation experience and your expectations may be addressed during this activity.

Materials:
- *Readiness Quiz* – Answer Key

Facilitation Steps:
1. Using the *Readiness Quiz* – Answer Key, review the correct answers while participants check their own work.
2. Ask participants for their final questions and remind them of the following:
   - Refer to the *Participant Care Card,* RealCare Baby Care Guide student app, and *Care Simulation Instructions* as needed
   - Complete the *Infant/Toddler Schedule* worksheet at the end of each care event
   - Complete the *Caregiver Journal* worksheet or log care in the RealCare Baby Guide app at least three times each day
   - Return Babies with accessories prior to the start of the next school day

Readiness Quiz – Answer Key

Instructions: Answer the following questions by writing your response in the space provided.

1. List at least four types of care you will provide for the RealCare Baby® infant simulator (Baby).

   feeding **rocking**

   burping **diapering**

2. List three other sounds (besides crying) Baby makes.

   coo **cough** **breathing**

3. Before you can provide care for Baby, you must hear the **chime** that means Baby recognizes you.

4. Baby will record neglect if it takes you longer than **two** minute(s) to care for Baby.

5. Although real infants may be fussy for long periods of time, Baby will not be fussy for more than **three** minute(s).

6. List two things that happen if Baby is roughly handled, abused, or its head is not supported.

   Baby cries hard and its electronics record the event

7. There are many things that you can do to prevent rough handling and head support failure. List two.

   Do not throw Baby in the air, do not let other people hold Baby, do not leave Baby unattended, do not let anyone shake Baby

8. List three things that can permanently stain Baby's skin.

   clothing dye **pens and markers** **newspapers and magazines**

9. What can you do to help protect Baby from stains?

   Keep Baby clothed and wrapped in a blanket

10. How can you simulate bathing Baby?

    Baby wipes, damp washcloth - never water!

11. Have you read and signed the *Safety Precautions* and *Participant Contract*?

    ___ Yes ___ No (You must do so before caring for Baby outside of class.)

More Optional Activities

If available, use the Realityworks Drug-Affected Baby and/or Fetal Alcohol Syndrome Baby. Lead a class discussion by asking how taking care of an infant with either condition would differ from taking care of an infant without either condition.

Ask participants to select a problem or challenge they faced when caring for the RealCare Baby® infant simulator (Baby) outside of class. Have them write a letter regarding this problem or challenge to submit to an advice column, seeking help. Collect all the letters and redistribute them to participants, ensuring no one receives their own letter. Explain to participants that they are to respond, in writing, to the letter they have been given, providing advice and/or a solution to the problem or challenge faced with Baby.

Instructor Background Information

Paperwork, Paperwork
The following documents reviewed and sent home during the lesson must be signed by the participant and/or parent/guardian and returned before the participant cares for Baby outside of class.

Keep in mind that many of these documents assume that you are teaching a class of middle or high school students or a babysitting class, where participants still live at home with a parent or guardian.

If you are working with older participants, who are responsible for their own living and financial situation, you may choose to forego using the documents that do not apply.

- *Letter to Participant's Family* (no signature required)
- *Parent/Guardian Permission Form*
- *Safety Precautions*
- *Participant Contract*

The participant should take the following documents home for use during the care simulation:

- *Participant Care Card*
- *Care Simulation Instructions*
- *Infant/Toddler Schedule*
- *Caregiver Journal*

Consider using the following documents, if needed:

- *Memo to Coworkers and Staff*
- *Communication with Coach*
- *Delivery Date Signup*
- *Pass to Leave Class*

Consider using the RealCare Baby Guide student app, allowing students to:

- Answer random scenarios presented each day on the app
- Learn how they are doing mid-simulation, so that corrections may be made
- Confirm when Baby is asleep or awake
- Review care event details

Required Materials
For the participant to care for Baby outside of class, package Baby with the following RealCare Baby accessories:

- One two-piece hooded outfit, bodysuit, and sleeper (other outfits may be used but will not be on the report)
- Two diapers (one with a green patch and one with a yellow patch)
- One bottle (store-bought bottle will not work with Baby)
- One wristband with ID (assigned to Baby)
- One toy
- One tummy time blanket

Optional Materials
Consider purchasing or obtaining any of the following materials to ease your administration of the care simulation experience and/or add to the authenticity of the care simulation experience:

- **Clipboard:** Organize and easily locate paperwork
- **Colored Paper:** Aids efficiency and helps prevent loss of paperwork
- **Instructor Shoulder Bag:** Organize and store wristbands, IDs, and other essential items
- **Baby Storage Unit:** Organize and store Babies; provides security; adds efficiency to programming
- **Diaper Bags:** Decreases likelihood of losing small accessories; adds authenticity to care simulation
- **Infant Car Seats or Carriers:** Decreases likelihood of abuse and adds authenticity to the care simulation
- **Receiving Blankets:** Helps keep the RealCare Baby® infant simulator (Baby) clean and adds authenticity to the care simulation

Organizational Ideas for Efficiency

- Label each Baby with a number and/or letter and "Property of..." with the name of your school or organization with a fine-tip permanent marker
- Label the storage shelf or location for each Baby with matching numbers and/or letters
- Label each diaper bag (ready-made sew-on numbers or letters work well)
- Empty each diaper bag at the end of the care simulations and store under their Babies
- Organizing center in the room makes delivery and return procedures neat, orderly, and efficient.

Important Notes
It is recommended that participants care for Baby for at least two full days (i.e., Friday afternoon until Monday morning). The danger in giving Baby to participants for less than 48 hours is that they will not get past the "honeymoon stage," or the initial fun of caring for an infant. The first day is more of a novelty to participants, but after the second night, they have a better idea of what it means to care for an infant on an ongoing basis, especially as a caregiver.

The use of wristbands with Baby is *crucial*, not optional. When a participant wears the ID on a wristband, that participant is completely responsible for Baby's care, just as a real caregiver. If the participant can simply pass Baby off to someone else, they do not learn the responsibility that comes with caring for an infant. Frequent babysitters should also be avoided.

Complete the delivery sign-up process as far in advance as possible to allow participants and/or parents/guardians to plan so that the experience with Baby is successful.

Preparing Your Organization
Everyone must treat Baby as if it were a real infant. This includes referring to the infant simulator only as "Baby," or by a name given to Baby by the caregiver. Calling Baby a doll seriously detracts from the realism of the care simulation. How people refer to and react to Baby is a big part of the experience.

Several days before the care simulation begins, do at least one of the following:

- Decide if Babies will be in Child Care during the school day
- Hold a meeting to gain the support of faculty and staff and to respond to any questions or concerns
- Introduce Baby at a staff meeting
- Place an inactive Baby in a car seat in the staff lounge with a note about the upcoming experience
- Send a memo (the *Memo to Coworkers and Staff* can be used)
- Communicate with coaches for sporting events using the *Communication with Coach* form

Preparing Participants' Families
Most parents are eager for their child to participate. However, a few parents may choose to keep their child from participating. Send the *Parent/Guardian Permission Form* home along with the *Safety Precautions sheet.* BOTH forms must be signed and turned in before you send Baby home with a participant.

If a participant says a parent objects, be sure you receive a completed, signed *Parent/Guardian Permission Form* that denies permission. The *Letter to Participant's Family* gives an overview of what the family can expect. These forms are located in the FOCUS section of Lesson Thirteen.

Options for Running the Simulation

Simultaneous Simulations
If you have one RealCare Baby® infant simulator (Baby) for each participant, all participants can experience the care simulation at the same time. Simultaneous care simulations are good for class discussions, because all participants in the discussion have had the experience at the same time.

Note: Even if you do not have enough Babies for all participants in your class at the same time, it is important for those who did have Baby to discuss and reflect on the experience as soon as possible, even if it is only four or five participants at a time. Postponing the reflection and discussion until all the participants have taken Baby home causes a loss of impact.

Back-to-Back Simulations
If you have only a few Babies, they can be rotated until all participants have had a turn. Exposing the entire class to the care simulation will take longer, but this method results in a continuous, semester-long dialog on the responsibilities of caregiving.

Paired Simulations
Assign Baby to two participants. The pair can be of the same or different genders. Each participant has their own ID attached with a wristband. This arrangement emphasizes the cooperation and sharing of responsibilities required of caregiving.

This is a good way to issue Baby if participants have employment or sports activities. While one is at work or practice, the other cares for Baby.

Delivery Day Signup
When you work out a timeframe of possible weekends for the care simulation, participants can mark down the dates and discuss them with their parents/guardians.

It is helpful to have a school events schedule for participants to refer to as needed. Babies must be identified by a number or letter for sign-up procedures:

- **Option 1:** Participants draw a labeled popsicle stick or small slip of paper to determine which Baby they get. It is a random drawing. Record information on the *Delivery Date Signup*.
- **Option 2:** Participants select their own Baby. Drawing numbers out of a hat can determine the order. Record information on the *Delivery Date Signup*.
- **Option 3:** Assign each participant a Baby in numerical or alphabetical order. Record information on the *Delivery Date Signup*.

Baby Assignment Preparation
Conduct the following tasks a day or two before the Baby assignment:

- **Perform Battery Checks:** Be sure each Baby is fully charged. It is best to plug them in overnight the night before they go out.
- **Prepare Baby Accessories:** Wrap one green-patch diaper around each bottle and place one yellow-patch diaper on each Baby. Gather wristbands, toys, IDs, and any other accessories (i.e., infant car seat/carrier, receiving blanket, burp cloth, diaper bag) to be sent home with participants and their assigned Baby.
- **Review Baby Assignments or Selections:** Allow each participant to select a Baby of their choice or assign Babies at random. Participants may determine their Baby selection by drawing a number or letter written on popsicle sticks, slips of paper, eggs in a basket, and so on.
- **Prepare a List of Participants and Their Babies:** It is important to keep a list of the participants' names, which Babies they will use, and the date of the care simulation. Consider using the *Delivery Date Signup* to assist with this task (note any exceptions to time or circumstances). You can also print a Program Summary report from Control Center.

- **Program Convenient Simulation Start Times:** Program simulation start times that are convenient for all involved. Postponing start times until later in the day, after the participant is at home, avoids the need for the participant to give initial care in transit. Some participants may need flexibility due to after-school commitments or jobs. Keep in mind that the RealCare Baby® infant simulator (Baby) will not respond to mishandles before the simulation starts and Baby is in in Ready mode.
- **Prepare the *Pass to Leave Class*, if Necessary:** If your class period is not the last one of the day and participants must pick RealCare Babies up at the end of the school day rather than during your class time, issue them passes (*Pass to Leave Class*) to be released from their last class five minutes early.

Foreseeing Possible Problems

Unfortunately, experience has shown that while most participants are conscientious, a few try to get around the assignment. Some typical ways participants try to avoid the assignment are:

- **Sliding the Wristband Off:** This is possible if the wristband is too loose. There must be room for air to circulate between the wristband and the skin. There should **not** be room for one finger to fit beneath the wristband. If a snug wristband has been stretched enough to slide off the wrist, it will be frayed.
- **Returning Without the ID:** All participants should be warned that those who return Baby without an ID will be charged a replacement fee. If the participant returns with no ID, it may mean the wristband was cut and the participant asked someone else to care for Baby.
- **Using the Emergency Start/Stop Feature:** A participant might use the Emergency Start/Stop when merely inconvenienced rather than truly in need of the feature. The report will indicate there was an emergency shutdown along with the date/time.

Instructional Modifications

Alternative Project

Some participants may not wish to participate in the care simulation or a parent/guardian might object to the project. Instructions and rubrics for an alternative project have been included at the end of this section.

When participants read and understand the scope of the challenging alternative project, they and their parents/guardians may change their minds about the simulation.

Accommodating After-School Activities

- The ID and wristband are not allowed for participation in most sporting events. Some coaches have padded and wrapped the wristband and ID for practices. Determine which participants are on sports teams and refer to the school's sports schedule to negotiate a date for the simulation.
- If an after-school event, such as a concert, dramatic performance, or game, is on Friday evening, consider programming Baby to start after the event. If major conflicts involve many participants, consider meeting a group of participants briefly on Saturday. The simulation can then run until Tuesday morning.
- As a last resort, the participant can take Baby home and deliver Baby to your home over a holiday weekend or vacation period when no after-school events take place.

Participants with Physical or Other Challenges

- Some participants may be uncomfortable handling Baby and prefer to practice privately after class versus practicing skills learned within class or caring for Baby outside of class.
- Some participants may be agitated by Baby's crying. Provide earplugs if their hearing is acute.

- Hearing impaired participants may not sleep with their hearing aids in their ears. A wireless notification system using a flashing lamp, a vibrating device, or special indicator lights are available to notify the participant that Baby is crying during the night. Visit the following links for more information on hearing impaired notification systems:
  - https://www.youtube.com/watch?v=fcxB_K611M4
  - https://chatterbaby.org/pages/
  - https://myhearingcenters.com/blog/hearing-impaired-parents-a-new-app-notifies-when-your-baby-is-crying-and-why/
- Participants who take medication and must get their sleep for health reasons could hire their parent/guardian as a babysitter. Another option is to schedule Quiet times when programming the simulation.
- Baby could be scheduled for a shorter period if modification to a less difficult task is required.

Memo to Coworkers and Staff

Date:

To: Coworkers and Staff

FROM:

SUBJECT: RealCare Baby® Care Simulation

Our school/organization is fortunate to have the Realityworks RealCare Baby program. The program allows participants to experience the many responsibilities required of a new infant's caregiver. I hope you will join me in helping participants benefit fully from the program. The core of the program is a care simulation using the newest and most realistic infant simulator available.

The infant simulator (Baby) cries according to its 24-hour schedule and requires the participant to care for it. The participant responds by bringing an electronic ID near Baby, allowing the simulator to recognize its correct "caregiver." Participants must then figure out what kind of care Baby needs. Baby needs to be fed, burped, rocked, played with, and have its diaper changed. Baby will also cry if it is roughly handled, held in a position it does not like, or if the head is not properly supported. There are also happy and fussy times.

Although Baby may momentarily disrupt your class or group, I hope you will agree that the benefits of the program far outweigh the brief interruptions. I would appreciate your help in watching for unattended, mistreated, or improperly held Babies; the electronics cannot monitor all these behaviors. Please contact me if you have any questions or concerns about the program, or if there are special arrangements we must discuss for your classes or groups. A child care option may be available.

Communication with Coach

Dear Coach,

_____ is taking my class this semester and needs a signature confirmation by you that they are a sports team member.

Sport: _____ Coach Signature: _____ Date: _____

Students in this class are involved in a project in which they must care for the RealCare Baby® infant simulator (Baby) for several days and nights. During that time, the participant must wear an identification device (ID) on a tamperproof wristband. The ID and wristband must remain on the participant's wrist until I remove it after the simulation is complete.

I understand that the rules and enforcing officials may not allow a student to participate in your sport while wearing such a wristband. The student has listed the possible dates for the care simulation below. I can program Baby to start after a Friday sporting event, but I require your help to do so. To ensure that the student is the only person who can care for Baby, I need you to attach the ID and wristband to the participant's wrist after the Friday sporting event. It is a very simple procedure that I trust you to do it if the participant must rely on this delayed start option in order to participate.

Thank you for helping!

Coach's Response
Please circle the best date.

Possible dates: _____ _____

_____ _____

Any comments:

If a delayed start time after a sporting event would help on the date you circled, please indicate a reasonable time for Baby to become active: _____

The student must bring this form back to me for coordination of the simulation and then bring it back to you for signature on the night of the game.

Coach's and Participant's Responsibilities AFTER THE SPORTING EVENT
On the first night of the simulation, after the sporting event, coach must attach the ID and wristband to the participant's wrist. Please sign when you have done so.

Coach Signature: _____ Date/Time: _____

It is the participant's responsibly to bring the ID, wristband, and this form to the coach for attachment and signature. *The participant must submit this form with Baby when the care simulation is complete.*

Delivery Date Signup

Simulation Date: _____

You must turn in your signed permission forms to put your name on the list.

Name	Baby	Class Period

Pass to Leave Class

Date: _____

Please allow _____ to leave class five minutes before the end of the school day to receive their RealCare Baby® infant simulator for their care simulation. I apologize for any inconvenience this may cause.

Thank you,

_____

Date: _____

Please allow _____ to leave class five minutes before the end of the school day to receive their RealCare Baby® infant simulator for their care simulation. I apologize for any inconvenience this may cause.

Thank you,

_____

Date: _____

Please allow _____ to leave class five minutes before the end of the school day to receive their RealCare Baby® infant simulator for their care simulation. I apologize for any inconvenience this may cause.

Thank you,

_____

Date: _____

Please allow _____ to leave class five minutes before the end of the school day to receive their RealCare Baby® infant simulator for their care simulation. I apologize for any inconvenience this may cause.

Thank you,

_____

Alternative Project Directions

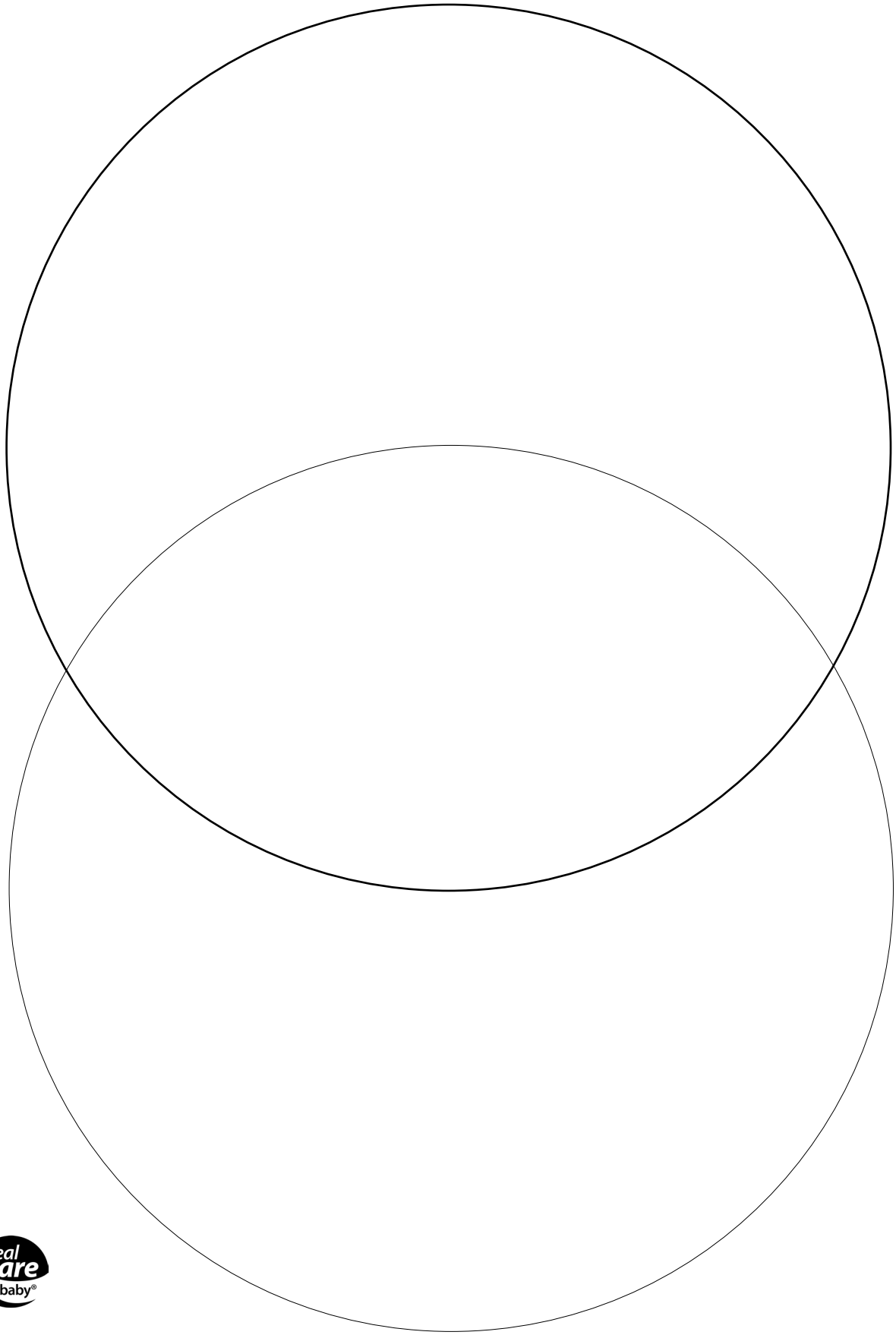
Part One
The following materials are due on this date: _____

1. **Research Articles:** Find six articles that deal with being a caregiver. Read and summarize the articles. Be sure to use a standard bibliography format to cite the articles.
2. **Write Questions:** Compose 15 questions from your research that can be used to interview caregivers. Avoid questions that can be answered with a simple "yes" or "no." Make six copies of the questions, allowing space for recording responses.
3. **Interview Others:** Interview six caregivers, three who provide care for infants and three who provide care for toddlers. If you have difficulty finding caregivers, ask your instructor for help.
4. **Data Collection:** For each caregiver interviewed, include their name, phone number, age they first became a caregiver, current age, and how they were contacted for this interview.
5. **Think About What You Learned:** Using the *Venn Diagram*, compare responses.
6. **Write About What You Learned:** Using your completed *Venn Diagram*, write about your conclusions.
7. Use the *Part One Rubric* to rate your performance before submitting your work.

Part Two (due one week from the day Part One is completed)
Due date: _____

1. Meaningful reflection can help you gather and express your thoughts about the challenges of responsible caregiving. Your responses provide your instructor with feedback on what you learned about the realities of caregiving through your research.
2. Choose one of the following statements about being a responsible caregiver and create a poem, poster, or essay to express what you learned:
   - I learned that responsible caregivers must have **knowledge** about…
   - I learned that responsible caregivers must have these **skills**…
   - I learned that these **personal life situation and circumstances** can help a caregiver be responsible…
   - I learned that responsible caregivers must have these **attitudes**…
3. Use the *Part Two Rubric* to rate your performance before you submit your work.

Venn Diagram



Part One Rubric

	4 points	3 points	2 points	1 point
Six article summaries x 6	Content is related to an approved theme; content is accurate, focused, and complete (24 points)	Content is accurate but lacks depth or focus (18 points)	Content is vague, incomplete, lacks continuity, or falls below minimum requirements (12 points)	Content is incomplete and meets none of the requirements (6 points)
Articles cited properly x 2	Consistently appropriate biography reference (8 points)	Mostly appropriate bibliography references (6 points)	Bibliography not appropriately referenced (4 points)	Bibliography not referenced (2 points)
15 composed questions x 5	Questions are well thought out, original, and related to the topic (20 points)	Questions are related to the topic (15 points)	Questions are vague **or** unrelated to the topic (10 points)	Questions are vague **and** unrelated to the topic (5 points)
Interview question responses x 6	Responses are well recorded and thorough (24 points)	Responses are acceptably recorded (18 points)	Responses are incomplete (12 points)	Responses are unacceptably recorded (6 points)
Interview citation (name, telephone number, age first become caregiver, current age, how recruited) x 2	Identified accurately and thoroughly in an organized way (8 points)	Complete identification of interviewees (6 points)	Incomplete identification of interviewees (4 points)	Inaccurate and incomplete identification of interviewees (2 points)

Total 84 = 100%

Total 63 = 75%

Total 42 = 50%

Total 21 = 25%

Part Two Rubric

	4 points	3 points	2 points	1 point
Content **The extent that the essay, poem, or poster shows understanding of issues that influence ability to be a caregiver.** **x 3**	Shows insightful comprehension for the scope of skills, attitudes, or situational factors that influence the ability to be a caregiver (12 points)	Shows basic comprehension for the scope of skills, attitudes, or situational factors that influence the ability to be a caregiver (9 points)	Shows gaps in comprehension for the scope of skills, attitudes, or situational factors that influence the ability to be a caregiver (6 points)	Shows no relationship to the questions (3 points)
Personal reflection **The extent that the essay, poem, or poster show sincere thoughtfulness, and readiness for caregiving is personalized** **x 2**	Makes insightful connections to own personal life (8 points)	Shows literal personalization (6 points)	Shows a developing ability to personalize (4 points)	Makes few, if any, connections to own personal life (2 points)
Organization of ideas and design	Logical, coherent progression of ideas (4 points)	Generally focused with clear attempt at organization (3 points)	Some organization, but disjoined ideas (2 points)	Little or no organization (1 point)
Use of language	Use of language enhances reader's ability to understand through sophistication and elaboration (4 points)	Use of language allows reader's understanding (3 points)	Use of language is distracting but does not interfere with understanding (2 points)	Use of language interferes with understanding (1 point)

28/28 = 100%

21/28 = 75%

14/28 = 50%

7/28 = 25%

Lesson Fifteen – Summary and Assessment

Lesson Overview

In this lesson, participants will reflect on the care simulation experience and share their observations with the class. Participants will take the Caregiver Self-Assessment again and compare their answers to those from the first lesson.

Lesson Objectives

After completing this lesson, participants will be able to:

- Reflect on personal responses to the ongoing needs of infant care through discussion and personal reflection

Lesson at a Glance

In preparation for this lesson, read the instructor background information located at the end of this lesson.

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• Participants' *Assessment Rubric* • Participants' RealCare® Baby with accessories • Participants' *Participant Care Card* Participants' *Infant/Toddler Schedule* • Participants' *Caregiver Journal* • Baby wipes • Scissors	1. N/A	15 minutes
LEARN	• Sheets of paper with any of the questions in step one written on the top (one question per page) • *Caregiver Self-Assessment* worksheet • Original *Caregiver Self-Assessment*	1. Purchase or obtain sheets of paper. 2. Write one question at the top of each sheet of paper (questions located within the activity). 3. Print/photocopy participant worksheet. 4. Gather participants' original assessments.	30 minutes
REVIEW	• *Post-Summative Assessment* • *Post-Summative Assessment* – Answer Key	1. Print the *Post-Summative Assessment* (one of each per participant).	30 minutes

Lesson Fifteen – Summary and Assessment

FOCUS: Baby Check-In

15 minutes

Purpose:
This activity provides time for RealCare® Baby infant simulator (Baby) check in and simulation data download.

Note: Baby has a programmed stop time, so if you have programmed Baby to stop on the morning of the return day, it should be inactive by class time. If you need to stop the simulation, do so during this activity. The data can be viewed or printed out later.

Materials:
- Participants' *Assessment Rubric*
- Participants' Baby with accessories
- Participants' *Participant Care Card*
- Participants' *Infant/Toddler Schedule*
- Participants' *Caregiver Journal*
- Scissors
- Baby wipes

Facilitation Steps:
1. Refer to the *Assessment Rubric* and note that each participant has returned their Baby and all accessories, including the *Participant Care Card, Infant/Toddler Schedule,* and *Caregiver Journal.*

2. Use scissors to remove the wristbands from participants. Note the condition of the wristband. If it is stretched or not present at all, note it on the participant's *Assessment Rubric*.

3. Give each participant a baby wipe to clean Baby's arms, legs, torso, and face before returning it to the appropriate storage location. Wipe any accessories as well. Baby is now prepared for the next delivery.

5. Download the final simulation data from each Baby. Viewing and printing the data can be done right away for immediate feedback, or later, so you can prepare a report for each participant. Provide feedback to participants on their individual performance as soon as possible.

Lesson Fifteen – Summary and Assessment

LEARN: Care Simulation Reflection

30 minutes

Purpose:
This activity provides time for participants to share feelings, thoughts, and experiences about the caregiving simulation experience. The care simulation and reflective discussion activities invite participants to assess current readiness for the realities of caregiving.

Materials:
- Sheets of paper with any of the questions in step one written on the top (one question per page)
- *Caregiver Self-Assessment*
- Original *Caregiver Self-Assessment*

Facilitation Steps:
1. Ensure there are sheets of paper with any of the following questions written on the top (one question per page):
    - What were your expectations about being the caregiver of an infant before you cared for RealCare Baby® infant simulator (Baby)?
    - What do you know now about being the caregiver of an infant after caring for Baby?
    - How ready are you for the responsibilities of caregiving?
    - What are the **rewards** of caregiving?
    - What are the **challenges** of caregiving?
    - What **knowledge** might **help** you in meeting the responsibilities of caregiving?
    - What **attitudes** might **help** you in meeting the responsibilities of caregiving?
    - What **attitudes** might **limit** you in meeting the responsibilities of caregiving?
    - What **skills** might **help** you in meeting the responsibilities of caregiving?
    - What **life experiences** might **help** you in meeting the responsibilities of caregiving?
    - In what ways was caring for Baby **easier** than expected?
    - In what ways was caring for Baby **harder** than expected?
    - What did you learn from this experience?
    - What suggestions do you have for improving the experience with Baby?
2. Ask participants to share any outstanding incidents or challenges that occurred while caring for Baby.
3. Divide participants into groups of three and give each group one or two sheets of paper on which you have written the questions from step one.
4. Have the groups write their answer to the question, leaving room for other answers.
5. Have the groups pass the sheets of paper to the next group and answer the next question.
6. Repeat the process until all groups have answered all the questions. Each group can present one set of answers to the class.
7. If time permits, the following questions may also be used:
    - How was the care simulation more or less difficult than expected?
    - What emotions did you feel during the care simulation? Happy, sad, angry, frustrated, proud, bored, and/or resentful? When and where did you feel this way? Why?
    - How did your families and friends react at first? At the end of the care simulation?
    - How were you treated in public? Did anyone think you had a real infant?

- How did the car seat, carrier, and/or stroller make things easier or harder?
- What changes, if any, would you make to the equipment used (features or items)?
- Think about how your parents/guardians had to care for you as an infant. How do you think they handled the challenge?

8. Give each participant a copy of the *Caregiver Self-Assessment* to complete.

9. Give each participant their *Caregiver Self-Assessment* completed earlier. Have participants compare their answers to determine whether their attitudes, skills, and confidence in being a caregiver have changed. Ask participants if they had any noticeable changes.

Name: _____ Class: _____

Caregiver Self-Assessment

Instructions: Answer the following questions honestly based on your current understanding and attitudes toward caregivers and their role in child development.

How confident are you in your knowledge of caregiving responsibilities?	1 = Not Confident at All 2 = Slightly Confident 3 = Moderately Confident 4 = Very Confident 5 = Extremely Confident
What qualities or characteristics do you think make a caregiver effective in caring for infants and young children? List at least three.	1. 2. 3.
How important do you believe caregivers are in shaping a child's development?	1 = Not Important 2 = Somewhat Important 3 = Neutral 4 = Important 5 = Extremely Important
What is your current attitude toward the responsibilities of caregivers, such as feeding, diapering, and soothing infants?	1 = Strongly Negative 2 = Somewhat Negative 3 = Neutral 4 = Somewhat Positive 5 = Strongly Positive
How comfortable do you feel in your ability to care for an infant or young child if you were tasked with this responsibility?	1 = Not Comfortable 2 = Slightly Comfortable 3 = Moderately Comfortable 4 = Very Comfortable 5 = Extremely Comfortable
Have you ever been in a caregiving role for a younger sibling, relative, or family member? If yes, please briefly describe your experience. If no, write "N/A."	

Lesson Fifteen – Summary and Assessment

REVIEW: Summative Assessment

30 minutes

Purpose:
The purpose of the *Post-Summative Assessment* is to assess participant understanding of all information presented in this curriculum as listed in each unit's objective statements.

Materials:
- *Summative Assessment*
- *Summative Assessment* – Answer Key

Facilitation Steps:
1. Give each participant a copy of the *Summative Assessment*, allowing 30 minutes to complete it.

2. Collect the assessments. If time permits, review participants' answers as a group using the answer key. Alternatively, you can correct the assessments on your own and assign a score.

Name: _____ Class: _____

Summative Assessment

Instructions: Read each question and choose or write in the best response.

1. What is the role of empathy in caregiving?
   a. Making quick decisions
   b. Understanding and caring about others' feelings
   c. Providing first aid
   d. Enforcing strict rules

2. How should caregivers approach decision-making in caregiving situations?
   a. Always choose the solution they like the most
   b. Quickly react without evaluating options
   c. Identify the problem, list solutions, evaluate them, and choose the best one
   d. Let children make all the decisions

3. What is essential to maintaining patience when caring for infants and toddlers?
   a. Reacting emotionally to challenges
   b. Becoming annoyed or upset easily
   c. Staying calm and persevering during difficulties
   d. Ignoring the child's behavior

4. Which of the following is a key aspect of infant and toddler development?
   a. Learning advanced mathematics
   b. Developing social and emotional skills
   c. Mastering complex language skills
   d. Understanding abstract scientific concepts

5. What is one potential consequence of shaken baby syndrome (SBS)?
   a. Improved cognitive development
   b. Enhanced motor skills
   c. Vision and hearing improvement
   d. Traumatic brain injury

6. What soothing technique involves wrapping a baby securely in a soft blanket?
   a. Feeding
   b. Swaddling
   c. Gentle rocking
   d. Sucking

7. What is one key point when holding an infant safely?
   a. Keep a hand under the baby's bottom for support
   b. Hold the infant with one hand while multitasking with the other
   c. Make sudden movements to entertain the infant
   d. Hold the infant away from your body

8. Why is burping important after an infant has been fed?
   a. It helps the baby fall asleep faster
   b. It releases air bubbles and prevents discomfort
   c. It stimulates the baby's appetite for more feeding
   d. It is not necessary after bottle feeding

9. What is one key safety precaution when bathing an infant?
   a. Use hot water for a comfortable bath
   b. Keep the infant's head and neck supported
   c. Check the water temperature with your elbow
   d. Use soap and shampoo liberally during the bath

10. What should you do if an infant is choking and unable to breathe?
    a. Lay the infant on their back and perform chest compressions
    b. Call 911 immediately and perform back blows and chest thrusts
    c. Shake the infant gently to remove the object
    d. Offer the infant a drink of water

11. What is the first step you should take in a breathing emergency involving an infant or toddler?
    a. Start CPR immediately
    b. Check for signs of circulation
    c. Begin rescue breathing
    d. Call 911

12. What should you do if an infant falls and sustains a head injury?
    a. Give the infant water to drink
    b. Apply ice directly to the head injury
    c. Shake the infant gently to wake them up
    d. Call 911 immediately and carefully monitor the infant for signs of injury

13. A baby is born during ____ stage of labor.
    a. 1st
    b. 2nd
    c. 3rd
    d. 4th

14. True or False: True labor is marked by the onset of Branxton Hicks contractions.
    a. True
    b. False

15. Fertilization normally occurs in the:
    a. Uterus
    b. Cervix
    c. Fallopian Tubes
    d. Vagina

16. A women's egg remains ripe for about ____ after ovulation.
    a. 12 hours
    b. 5 days
    c. 3 days
    d. 24 hours

17. The fetus is protected by a thick-skinned sac called:
    a. Amnion
    b. Tubal
    c. Placenta
    d. Umbilical

18. In the third trimester of pregnancy:
    a. The woman experiences shortness of breath as the enlarged uterus presses on the lungs and diaphragm
    b. The embryo is now called a fetus
    c. The woman should begin regular prenatal checkups
    d. The woman should increase her activity level to ensure that she is fit for childbirth

19. The term parent-child relationship refers to the unique and enduring bond between a caregiver and _____.
    a. Their child
    b. A pet
    c. A career
    d. A skill

20. Many psychologists believe that the relationships between _____ and children are very important in determining who the children become and how they relate to others and the world.
    a. Doctors
    b. Neighbors
    c. Teachers
    d. Parents

21. Reasons for having a child are all the following except:
    a. I am healthy and can have a healthy child
    b. I have a secure relationship and can make a child feel secure
    c. I can accept a child as they are and not be disappointed
    d. I am ready to give time, money, and energy to care for a child

22. True or False: When you have a baby, your relationships will change as your life has changed. Some relationships will fade as others flourish.
    a. True
    b. False

23. What chemical prevents a baby from getting enough oxygen when a mother smokes during pregnancy?
    a. Hydrogen
    b. Oxygen
    c. Nicotine
    d. Carbon monoxide

24. Alcohol is a:
    a. Depressant
    b. Stimulant
    c. Narcotic
    d. Hallucinogen

25. THC in marijuana can affect a baby in all ways except:
    a. Babies can have a psychoactive or mind-altering effect when a mother smokes marijuana
    b. THC is passed through breast milk
    c. THC is stored in fatty tissue and can be released slowly over time
    d. THC cannot be passed to the infant through breast milk

26. True or False: Facial expression begins the learning of social cues.
    a. True
    b. False

27. True or False: The movement of a baby should be constricted all the time by swaddling them.
    a. True
    b. False

28. True or False: Sensory experiences, like a baby putting small thing in their mouth, is important for play.
    a. True
    b. False

29. True or False: Sensory experiences, like playing with water is or touching safe objects, are part of learning.
    a. True
    b. False

30. Childcare laws, rules, and regulations are in place to protect which of the following?
    a. Children
    b. Families
    c. Childcare providers
    d. All the above

31. It is early in the morning. The weather is not great, but you must be out the door and on time for that appointment. How do you deal with getting everyone ready?
    a. It is okay; we are organized. Time management is key to success. Getting kids ready in the morning is no big deal! We are out the door before the alarm clock goes off.
    b. AHH! I just want it to be easy. I can't deal with juggling it all and just want to get myself organized and run out the door. Did I misplace the keys to the car again?
    c. Ideally, someone should just show up and take care of everyone but myself. I'll pay anything to have peace of mind in the morning.
    d. Mornings are chaos! Hopefully someone will show up who can care for the mess I left.

32. The following are all ways to stay involved in your baby's childcare, except:
    a. Talking to your childcare provider regularly
    b. Volunteering at your childcare facility
    c. Trusting your provider and just dropping off your child; no need to talk
    d. Talking to your child and monitoring your child's behavior at drop off and pick up

33. A checklist of what to know when choosing childcare includes all the following, except:
    a. Gender of the childcare provider
    b. Cost
    c. Fees and services
    d. Hours of operation

34. To create a good work-life balance while raising a baby, it is good to research and ask for all but:
    a. Flexible hours
    b. Fixed hours
    c. Part-time work
    d. A work from home situation

35. All the following are factors to consider when raising a child , except:
    a. Healthcare and insurance
    b. Childcare and education
    c. Housing cost
    d. Quality of clothing

36. A pregnant woman who has gained excessive weight and has high blood pressure and swollen joints may have _____.
    a. Lightening
    b. Placenta previa
    c. Episiotomies
    d. Preeclampsia

37. How many days can sperm live in the uterus?
    a. 1
    b. 14
    c. 6
    d. 2

38. An incision that can be made from vagina toward to the anus with delivery is:
    a. Episiotomy
    b. Braxton
    c. Lamaze
    d. Leboyer

39. Birth in water is:
    a. Episiotomy
    b. Braxton
    c. Lamaze
    d. Leboyer

40. Prenatal care consists of all the following, except:
    a. Regular doctor visits
    b. Drinking a glass of wine once per week
    c. Making sure all your vaccines are up to date
    d. Taking appropriate prenatal vitamins

41. All the following are facts about breastfeeding, except:
    a. All women are successful at breastfeeding
    b. A lactation consultant can help you breastfeed
    c. Breastfeeding in the beginning is a difficult task and it can be painful
    d. Breastfeeding can protect the mother and child from sickness and disease

42. All the following are factors that influence fetal development, except:
    a. Poverty
    b. Mother's age
    c. Lamaze
    d. Drug use

43. Unstructured play is when you bring your baby to a mommy and me class where there is directed singing and reading of books.
    a. True
    b. False

44. True or False: Unstructured play allows the baby to have time to be creative and imaginative.
    a. True
    b. False

45. True or False: It is important for a baby to have both structure and unstructured play for good nurturing.
    a. True
    b. False

46. Factors to consider when raising a child are:
    a. What color eye they will have
    b. Childcare and education
    c. How tall the baby will be
    d. Quality of clothing

47. The following are all good parenting practices, except:
    a. Being sensitive to your child's needs
    b. Providing structure by sticking to day-to-day routines and rules
    c. Using age-appropriate, gentle discipline
    d. All forms of aggression

48. True or False: It is important to have a preapproved list of adults who can pick up your child from a childcare facility.
    a. True
    b. False

49. True or False: Time management is not necessary for efficient childcare.
    a. True
    b. False

50. True or False: A family with a foundation based on love, trust, and commitment is more likely to endure than a family lacking those qualities.
    a. True
    b. False

51. One of the primary goals of parenting is to:
    a. Raise children who know their place in the social order
    b. Raise children who challenge authority
    c. Raise children who become responsible, productive members of society
    d. Raise patriotic citizens

52. List five things parents do not expect from parenthood.

53. List five ways your life changes when you become a parent.

54. What are the effects of fetal alcohol syndrome on child development?

55. Positive experiences that are nurturing and responsive to help a baby have positive brain development are:

56. List four fun activities to help with a baby's positive brain development.

57. What are four factors to consider when raising a child?

58. What are three factors to consider when looking for childcare for your baby?

59. What are three things that happen in the first trimester of pregnancy?

60. What happens in the first stage of labor?

61. What happens in the second stage of labor?

62. List three ways that women deal with pain during labor.

Summative Assessment – Answer Key

Instructions: Read each question and choose or write in the best response.

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    b. Cost
    c. Fees and services
    d. Hours of operation

34. To create a good work-life balance while raising a baby, it is good to research and ask for all but:
    a. Flexible hours
    b. **Fixed hours**
    c. Part-time work
    d. A work from home situation

35. The following are all factors to consider when raising a child, except:
    a. Healthcare and insurance
    b. Childcare and education
    c. Housing cost
    d. **Quality of clothing**

36. A pregnant woman who has gained excessive weight and has high blood pressure and swollen joints may have _____.
    a. Lightening
    b. Placenta previa
    c. Episiotomies
    d. **Preeclampsia**

37. How many days can sperm live in the uterus?
    a. 1
    b. 14
    c. **6**
    d. 2

38. An incision that can be made from vagina to anus with delivery is:
    a. **Episiotomy**
    b. Braxton
    c. Lamaze
    d. Leboyer

39. Birth in water is:
    a. Episiotomy
    b. Braxton
    c. Lamaze
    d. **Leboyer**

40. Prenatal care consists of all the follow, except:
    a. Regular doctor visits
    b. **Drinking a glass of wine once per week**
    c. Making sure all your vaccines are up to date
    d. Taking appropriate prenatal vitamins

41. All the following are facts about breastfeeding, except:
    a. **All women are successful at breastfeeding**
    b. A lactation consultant can help you breastfeed
    c. Breastfeeding in the beginning is a difficult task and it can be painful
    d. Breastfeeding can protect the mother and child from sickness and disease

42. All the following are factors that influence fetal development, except:
    a. Poverty
    b. Mother's age
    c. **Lamaze**
    d. Drug use

43. True or False: Unstructured play is when you bring your baby to a mommy and me class where there is directed singing and reading of books.
    a. True
    b. **False**

44. True or False: Unstructured play allows the baby to have time to be creative and imaginative.
    a. **True**
    b. False

45. True or False: It is important for a baby to have both structured and unstructured play for good nurturing.
    a. **True**
    b. False

46. Factors to consider when raising a child are:
    a. What color eye they will have
    b. **Childcare and education**
    c. How tall the baby will be
    d. Quality of clothing

47. The following are all good parenting practices, except:
    a. Being sensitive to your child's needs
    b. Providing structure by sticking to day-to-day routines and rules
    c. Using age-appropriate, gentle discipline
    d. **All forms of aggression**

48. True or False: It is important to have a preapproved list of adults who can pick up your child at their childcare facility.
    a. **True**
    b. False

49. True or False: Time management is not necessary for efficient childcare.
    a. True
    b. **False**

50. A family with a foundation based on love, trust, and commitment is more likely to endure than a family lacking those qualities.
    a. **True**
    b. False

51. One of the primary goals of parenting is to:
    a. Raise children who know their place in the social order
    b. Raise children who challenge authority
    c. **Raise children who become responsible, productive members of society**
    d. Raise patriotic citizens

52. List five things parents do not expect from parenthood.
    - **To feel isolated**
    - **To feel a loss of freedom**
    - **To want their old life back (some parts of it)**
    - **To feel a sense of guilt about nearly everything**
    - **To feel insecure about their abilities as a parent (or anything for that matter)**

53. List five ways your life changes when you become a parent.

- **Life is no longer about you**
- **Heart grows**
- **Cherish different things**
- **Worry more**
- **Find strength**
- **Confidence grows**
- **Increase in self -esteem**
- **New set of priorities**
- **Think of important life and death topics**
- **Forms of entertainment will change**
- **Relationships will change**

54. What are some of the effects of fetal alcohol syndrome on child development?
    - **Leaves to problems with movement, balance, vision, and hearing**
    - **Learning problems with thinking, concentration, and memory**
    - **Babies and children have trouble managing emotions and developing social skills**
    - **Facial deformities**
    - **Can cause heart, bone, and kidney problems**
    - **Seizures and other neurologic problems, such as learning disabilities, and poor balance and coordination.**
    - **Delayed development**
    - **Alcohol is a depressant that affects the brain by causing the brain to slow down**
    - **Alcohol can affect an infant's brain, which continues developing into their early twenties**
    - **Alcohol can negatively impact a child's performance at school**
    - **CDC studies identified that there is one infant with FAS for every 1,000 live births in certain areas of the United States**
    - **Consumption of alcohol while trying to conceive can reduce egg quality**
    - **Alcohol use can affect the viability of eggs, making them less likely to be successfully fertilized and develop into a healthy embryo**
    - **Alcohol reduces sperm production**

55. Positive experiences that are nurturing and responsive to help a baby have positive brain development are:
    - **Daily routines**
    - **Talking to babies during routines**
    - **Healthy spaces**
    - **Responding to baby needs, like hunger, tiredness, and need to cuddle**

56. List four fun activities to help with a baby's positive brain development.
    - **Telling stories**
    - **Talking to them, praising them**
    - **Reading books**
    - **Playing with them, they do not need expensive toys but do need safe things to play with**
    - **Games, like peek-a-boo**
    - **Nursery rimes**
    - **Tummy time on the floor**

57. What are four factors to consider when raising a child?
    - **Cost of housing**
    - **Food**
    - **Childcare and education**
    - **Transportation**
    - **Healthcare and insurance**
    - **Clothing**
    - **Extracurricular activities,** e.g. **sports and hobbies**
    - **Family trips or vacations**

58. What are three factors to consider when looking for childcare for your baby?
    - **Costs: This covers the rate you will pay, frequency of payment (for example, weekly or monthly), and any additional fees**
    - **Payment and Fees: This information explains when payment is due, acceptable forms of payment, and late fees**
    - **Hours of operation**
    - **Services: This includes additional services, such as meals and snacks**
    - **Program Schedule and Closures: This specifies days the program is closed and whether payment is required for those days.**
    - **Termination Policy: This specifies how much notice is required if you or the provider needs to terminate the agreement.**
    - **Authorized Adults: This allows parents or guardians to identify who is approved to pick up children from care.**
    - **Parent and provider signatures and date(s) signed**
    - **Written policies for other important situations, like illnesses, discipline and guidance, emergencies, field trips, and transportation**

59. What are three things that happen in the first trimester of pregnancy?

    - **Embryo grows**
    - **Ectoderm forms**
    - **Nervous system develops**
    - **Extreme tiredness**
    - **At 6 weeks, the tail develops**
    - **Organ development**
    - **After 8 weeks, called a fetus**
    - **Tender, swollen breasts; nipples might also stick out**
    - **Upset stomach with or without throwing up (morning sickness)**
    - **Cravings or distaste for certain foods**
    - **Mood swings**
    - **Men have couvade syndrome**
    - **Constipation (trouble having bowel movements)**
    - **Need to pass urine more often**
    - **Headache**
    - **Heartburn**
    - **Weight gain or loss**

60. What happens in the first stage of labor?

- **Transition (fetus turns into head-down position)**
- **24-48 hours the woman prepares for labor**
- **As you near your due date, your cervix becomes thinner and softer (called effacement)**
- **Mucus plug comes out, which looks like a bloody discharge**
- **Water breaks sometimes: 10% happen before labor and baby need to be born within a day of water breaking**

61. What happens in the second stage of labor?

- **Can last as long as 8 hours**
- **Bearing down**
- **Crowning of baby from body**
- **Baby is born**
- **Episiotomy: 40% of deliveries, incision from vagina towards anus**

62. List three ways that women deal with pain during labor.

- **Lamaze**
- **The Bradley method**
- **Leboyer method**

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