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Introduction

Congratulations! You will soon experience many of the same responsibilities as the parent of a new infant. RealCare® Baby is the most realistic infant simulator available!

RealCare Baby makes many sounds: a coo, cry, fuss, cough, burp, and breathing. These sounds are recordings of a real infant.

Just like real parents, you will not know when or how long Baby will need your attention. Baby may sometimes need you at inconvenient times, including when you are sleeping.

Baby also requires you to properly support its head. Infants’ heads are heavy and their neck muscles are not fully developed at birth. This means you must gently support Baby’s head whenever you care for it.

Keep Baby with you at all times, even if you go out. You will need to carry the diaper bag, bottle, and other supplies everywhere you go. Do not forget other equipment you are given.

Dress Baby correctly for the weather. Never leave it unattended.

Baby Care Book

Caring for RealCare Baby is a lot like caring for a newborn infant.

Always take your diaper bag with you!

Troubleshooting

Baby will not stop crying.
If you touch the ID to the contact point in Baby’s back and it does not beep, Baby is probably just fussy. If the crying continues, try touching the ID to the contact point again. Also, check to make sure Baby’s diaper is attached to Baby’s back. If you still cannot get the crying to stop, contact your instructor.

Baby does not beep when I touch the ID to the contact point in its back.
Baby is probably just fussy. If the crying continues, try touching the ID to the contact point again. If you still cannot get the crying to stop, contact your instructor.

I broke my ID.
If your ID is broken, you will not be able to care for Baby. Contact your instructor immediately. You may have to pay for a replacement ID.

The red light is blinking in Baby’s back.
This means that the batteries are low. Baby can run on low batteries for a set period of time. Let your instructor know as soon as possible.

After I touched the ID to Baby’s back, I checked the diaper and Baby quit crying, but did not coo when the new diaper was attached.
This could be one of two things. First, it could mean that you did not get to Baby within the first two minutes of crying.

If Baby continues to cry, it could mean that Baby wants to be burped or rocked. When you picked Baby up to change the diaper, you provided motion, so Baby thought it was being burped or rocked.
Care Schedules

Baby’s activities are those of real infants. You will be simulating days of real parents. Parents of 50 newborns kept diaries of their infants’ activities for several days. Baby’s schedules recreate some of those days. Their infants were 8 to 83 days old.

Very young infants need frequent care. Their stomachs are very small. They must eat often. As they get older, the time between meals increases. They will also sleep longer at night.

Parents recorded in the diaries for 72 hours.

Baby’s schedules are 24-hour periods. Each 24 hours of your simulation may be the schedule of a different infant.

Like real infants, Baby will often want a series of care such as:
- Diaper Change, Feed, Burp
- Feed, Burp, Feed, Burp
- Diaper Change, Rock

RealCare® Baby (continued)
When Baby Cries

Although there might be times in real life when a parent would let an infant cry, most of the time, and especially with very young infants, the parent(s) should respond quickly.

A real infant’s cry can signal many different needs. RealCare® Baby will cry for many reasons:

• Feed
• Burp
• Diaper change
• No diaper
• Rock
• Wrong position
• Rough handling
• Head support failure
• Fussy
• Wants to be left alone

Cries That Require Care

Four of the cries listed indicate a need for care and use of the ID.

• Feed
• Burp
• Diaper Change
• Rock

Supplies

Parents never know when their infant will need to be fed, or need a diaper change while away from home, so they must carry a baby bag with diapers, bottles, and other supplies. Take good care of these things as well as Baby. If a crib, stroller, car seat or carrier is assigned, use it correctly and consistently.

Final Thoughts

If you receive a good grade or extra credit for your parenting simulation, congratulate yourself. A poor evaluation does not necessarily mean you will not be a good parent someday. It may mean that you are not ready for parenting yet. In either case, your time with Baby should have given you more information to use in making informed choices about your future.
Baby Care Book

Other Baby Care

Skin Care
Real infants have delicate skin. Baby has vinyl skin that STAINS VERY EASILY. Keep Baby away from pens, newspapers, magazines, and new, unwashed clothing, like new blue jeans and sweatshirts.

The inks and dyes can stain Baby’s skin and these stains may not come off.

Bathing
Your instructor may tell you to bathe Baby. Follow your instructor’s directions. NEVER let water touch the electronics and NEVER immerse Baby in water.

Driving
If you are driving when Baby begins to cry, pull the vehicle off the road into a safe place before attempting to provide care. Never put yourself or others in danger.

Use baby wipes to bathe RealCare® Baby.

Keep Baby clothed or wrapped in a blanket to protect it from stains.

Baby Care Book

What Baby Does (continued)

HINT:
Baby’s electronics record every second of crying time. Try to keep crying to as little as possible.

Sounds That Do Not Require Care
Some sounds Baby makes do not need care. These sounds let you know it is a time the real infant was awake.
• Happy Sound - Coo
• Cough
• Fussy

Sometimes infants are just “fussy” and cannot be comforted. Baby simulates fussy times, but for no longer than three minutes. The real infant may have been fussy much longer.

HINT:
Baby cries very hard when hurt. The cry will soften as you rock Baby.

Baby is often mistaken for a real infant. See the reactions you get when taking Baby out in public.

Page 24

Page 5
Every ID is Unique

You will need your ID when Baby needs to be fed, burped, rocked, or have its diaper changed. Baby only allows care if it recognizes a correct ID.

Do not remove the wristband; you will not be able to put it back on. Removing the wristband may also affect your grade.

Your instructor will attach the ID with a wristband, like one you would wear in a hospital. Only you (or your partner, if one is assigned) will be able to provide care for Baby.

In using any of these methods, remember to use caution, attend the infant at all times, and be gentle.

More Information

Shaken Baby Alliance
www.shakenbaby.com
877-6-END-SBS

National Information, Support and Referral Service on Shaken Baby Syndrome
www.capcenter.org/
888-273-0071

SBS Resource Centre
www.geocities.com/HotSprings/Spa/4069

Childhelp USA National Crisis Hotlines
800-4-A-CHILD
800-CHILDREN

For more information outside the United States, contact your local authority.
Never leave an ID lying around. A small child could choke on it.

When Baby cries for care, touch the ID to the contact point on Baby’s back. Baby beeps. You can then care for Baby.

**Babysitter ID**

If there are times that you cannot care for Baby during your parenting simulation, your instructor can choose to have Baby recognize two IDs. The second ID is the Babysitter ID.

The Babysitter ID allows another person to care for Baby. Only your instructor can program Baby to identify the Babysitter ID.

This extra ID may seem convenient, but do not forget that the electronics record how many times each ID is used. If you are doing the parenting simulation with a partner, it lets your instructor know if you have shared Baby’s care equally.

**Shaken Baby Syndrome**

Shaken Baby Syndrome is the medical term used to describe the shaking of an infant and injuries caused by such shaking. An infant’s head is large and heavy, while the neck is very weak. When an infant is shaken, the brain is tossed around inside the skull and the tiny blood vessels that connect the brain to the skull can tear.

Many infants are hospitalized each year as a result of SBS - and as many as one fourth of them die.

Often there is no visible sign of damage, but there is damage inside. Shaking an infant may result in:

- Swelling of the brain
- Hemorrhage (bleeding) in the brain
- Mental retardation
- Blindness
- Hearing loss
- Speech difficulties
- Paralysis
- Seizures
- Death

Shaking usually happens because the person caring for an infant becomes frustrated when he or she is unable to stop the infant’s crying. More men than women are guilty of shaking infants. Boy infants are shaken more than girls. Twins have a higher chance of being shaken than an infant without a twin.

The important thing to remember is that you must stay calm and NEVER, NEVER shake a baby. If you cannot quiet the infant, try one of the following suggestions.
Using Your ID

When Baby cries, touch your ID to the contact point. You will need to touch the ID each time you care for Baby.

What if Baby does not beep when the ID is touched? If Baby was not roughly handled or neglected, and the head has been properly supported, Baby is fussy. You cannot stop the crying.

**HINT:**
Fussy times will not be more than three minutes each time.

Baby will beep if it needs care, but the crying will not stop until you figure out which kind of care it needs. You may have to try several things before finding out what Baby needs.

Just like an infant, you never know when Baby will need care. Keep the diaper bag and Baby’s supplies handy at all times.

Caring for Baby

7. Regular Health Care

Infants should receive regular check-ups and have immunization shots on schedule.

Concerns

Some parents are concerned about putting infants to sleep on their backs for fear they may choke on spit-up or vomit during sleep. Studies did not find SIDS to increase in these conditions.

Heredity

Research shows that SIDS may be hereditary, but the contribution is not strong. If either parent has a history of infant death in the family, you should tell your doctor. A genetic blood-screening test can be done to see if you are a carrier. The infant may also be tested after birth.

Good News

SIDS is not:
- contagious.
- caused by immunization.
- caused by child abuse.
- anyone’s fault.

More Information

Back to Sleep Campaign
www.nichd.nih.gov/800-505-CRIB

National SIDS Resource Center
www.circesol.com/SIDS/703-821-8955

SIDS Alliance
www.sidsalliance.org
800-221-7437

Canadian Foundation
www.sidscanada.org/sids.html
800-END-SIDS

For more information outside the United States, contact your local authority.

HINT:
Fussy times will not be more than three minutes each time.
SIDS (continued)

2. Bedding
An infant should sleep on a firm mattress or surface. Avoid using fluffy blankets, pillows, sheepskins, or comforters under the infant. An infant under one year of age should not sleep on a waterbed or with soft stuffed toys.

3. Prenatal Care
Good prenatal care includes proper nutrition, avoiding alcohol, drugs, and smoking. Frequent check-ups starting early may help prevent or detect abnormalities.

4. Smoking
Infants born to mothers who smoked during pregnancy are three times more likely to die from SIDS. Exposure to smoke after birth doubles an infant’s chance of SIDS. The risk rises with each smoker, the number of cigarettes smoked, and the amount of time the infant is exposed. Smoking also has a negative impact on an infant’s lung development. Smoke-free environments are crucial.

5. Room Temperature
Infants who are overheated are more likely to go into a deep sleep. It is difficult to wake them. Research has found that infants who are allowed to overheat - too much clothing, bedding that is too heavy, and a room that is too warm - are at increased risk for SIDS. Keep infants in a consistent room temperature to help reduce the risk of SIDS.

6. Breastfeeding
Studies have shown that SIDS in breastfed infants is less common. Breast milk can provide extra protection and immunity from infections that can trigger SIDS.

Caring for Baby (continued)

Feeding
After touching the ID to the contact point, touch the bottle to Baby’s mouth. Baby stops crying and starts making feeding sounds.

Baby coos to let you know when it is done eating. If the bottle is taken away from Baby’s mouth before it is done eating, Baby cries.

Although you may be feeding Baby with a bottle, the recommended method of best nutrition is breastfeeding. A breastfeeding device is available for Baby.

If, while feeding Baby, you did not support the head properly or handled it roughly, Baby will not coo when it is done. The feeding sounds will stop when Baby is done.

Burping
If Baby starts to cry shortly after it has eaten, it probably needs to be burped.

Touch the ID to the contact point. Gently pat Baby’s back between the shoulder blades. Baby burps if you did a good job. If you neglected Baby or handled it roughly, it does not burp. The breathing noises simply stop when Baby is done.

If you pat Baby’s back too hard, you may cause rough handling. If this happens, Baby cries. See page 12 about Rough Handling.

Baby will burp if you provide good care.
Baby Care Book

Caring for Baby (continued)

Changing Diapers

Identify yourself to Baby with the ID. Then loosen the diaper from Baby’s back. If Baby stops crying, a diaper change is needed. Baby coos when the other diaper is attached to Baby’s back.

Baby cries if its diaper has been off for too long. The electronics record a “no diaper”.

A diaper neglect is recorded if you do not ID Baby within two minutes of the beginning cry or change the diaper within two minutes.

Baby will not coo when the diaper is changed if neglect, rough handling, or shaking occurred.

Rocking

Infants like to be rocked; so does Baby. The crying stops when you ID Baby and begin rocking.

Rocking can take a long time. Baby may want to be repositioned during the session.

Try holding Baby on your shoulder or cradle it in your arms to rock.

Baby makes breathing noises while you rock it. If you stop or slow down the rocking, Baby cries. A coo signals the end of a good rocking session.

Rocking can take up to 45 minutes.

SIDS (continued)

(continuity) that may be identified on an EKG were 41 times more likely to be at risk for SIDS. The question of what a physician should do in the case of an infant who tests positive is still unanswered.

At Risk

SIDS can affect any infant, however, studies have found that infants in certain categories are more at risk.

• Infants born to mothers less than 20 years old at the time of their first pregnancy.
• Infants born to mothers who had no or late prenatal care.
• Premature or low birthweight infants.
• Infants born to mothers who smoke during or after pregnancy.
• Infants who are put to sleep on their stomachs.

Prevention

Currently, there is no way of knowing which newborns will become victims of SIDS. Parents can help greatly reduce the risk of SIDS by taking a few precautions:

1. Back to Sleep

Whether for a nap or to bed for the night, an infant should usually be put to sleep on its back. Before leaving the hospital, new parents should talk to their doctor about which sleeping position is best. Some health conditions may require tummy-down sleeping.

Visit the National SIDS Alliance web site at www.sidsalliance.org
SIDS

Sudden Infant Death Syndrome

The Baby Think It Over® infant simulator has been designed to help educate about Sudden Infant Death Syndrome, once known as crib death. Baby cries if it is placed on its tummy for very long. This is to remind you that real infants should be put to sleep on their backs. Although real infants can be placed on their tummies when they are awake, Baby can only be on its tummy for a short time.

No one knows for sure what causes SIDS. An infant is put to bed with no sign of problems, but is later found dead. SIDS is the leading cause of death in infants between one month and one year of age.

SIDS most often affects infants age one to four months. It affects all races, religions, and income levels. It has been found that American Indian infants are three times more likely to die of SIDS than Caucasian infants. African-American infants are two and a half times more likely. There is a higher likelihood of SIDS among boys, premature and low-birthweight infants, twins, and triplets. Most deaths occur during the cold winter months.

A recent study states that infants most at risk from SIDS can be treated with an 80 to 90 percent success rate. Newborns with a prolonged QT interval (a heart abnormality) have a higher risk of SIDS.

SIDS is the leading cause of death in infants between one month and one year of age.

Neglect

Baby is neglected if it takes you longer than two minutes to use your ID or more than two minutes to figure out what kind of care it needs. If you handle Baby properly and do not neglect it when it needs care, Baby will coo at the end of the care. At the end of a burping session, Baby will burp instead of coo.

HINT:
Baby has a different cry for each kind of care.
Can you tell what Baby needs by its cry?

If, during rocking, you handle Baby roughly or fail to support its head, Baby does not coo when the rocking is over. The only way to know the rocking is over is that the breathing noises stop and when you stop rocking, Baby will not cry.

Baby sleeps on its back.

RealCare® Baby records each time you neglect it.
Hold the Head!

Be careful! If you have ever held a real infant, you have probably heard this. The same is true for Baby. The electronics records each time the head is not properly supported. It also reports if Baby has been shaken. (See pages 22 through 23 for information about Shaken Baby Syndrome.)

If the head position is not corrected, Baby will continue to cry. Each second of crying is recorded.

Rough Handling

Infants are fragile. They must be handled gently. An accident, shaking, or hitting can hurt or even kill an infant. RealCare® Baby must also be handled gently. Unlike a real infant, Baby can tell your instructor that it was handled roughly, even if it was not your fault.

If you do not support the head, it will fall back and Baby will cry. You must then position the head properly and rock Baby to soothe it. The cry will start out shrill, but as you rock Baby, the cry will lessen. The crying time is about one minute.

If you stop rocking at any time, the cry will return to shrill. You must start all over with the rocking.

A Few Guidelines

1. Choosing the Best Seat
   Before you buy a car seat, try it in your car to make sure it fits and can be buckled in tightly.

2. Read Labels
   Look for and read labels on seat belts and sun visors. Follow the instructions. The information could save your infant’s life.

3. Covering Infants
   Do not wrap the infant in blankets before putting on the harness. Straps must go on first, then a blanket to cover.

4. Seats for Preemies
   A premature infant may need a car bed. The infant’s head must be in the center of the vehicle, away from the door.

5. Lap Belts
   Do NOT use door-fired seat belts. Your auto dealer can install a special lap belt designed to lock the child restraint in place.

6. Twisted Straps
   Twisted straps and missing harness clips reduce protection. Straps must lie flat and be held on shoulders with a harness clip.

7. Shoulder Belts
   A toddler should not wear a seat belt that is across the throat or tucks under the arm. To insure a better fit of the lap and shoulder belt, use a booster seat.

8. Recalls
   If your car seat is recalled, be sure to get it fixed right away.
Car Seat Safety (continued)

Children of all ages, including infants, should never be placed in the front seat with a passenger-side air bag. Children of all ages should ride in the back seat whenever possible.

Do not transport sharp or heavy objects, like groceries, loose in the vehicle. Any loose object can become deadly in a sudden stop or accident.

Do not give a small child hard or long, pointed items such as an ice cream stick, lollipop, pencil, or pen to play with while riding. A sudden stop or accident could cause an injury.

Recalls

Sometimes car seats are recalled because of a defect that could make the seat unsafe. Makers are required to fix the problem free of charge. Be sure to call the manufacturer.

When calling, you will need to know the:
• Manufacturer
• Model Number/Name
• Manufacture Date

This information is printed on labels attached underneath, on the side, or the back of the seat.

If you do not know the correct phone number, call the Department of Transportation Auto Safety Hotline toll-free at 1-888-DASH-2-DOT.

For More Information

National Highway Traffic Safety Administration
www.nhtsa.dot.gov
Child Passenger Safety
www.childsafety.org/
    (715) 344-7583

For more information outside the United States, contact your local authority.

CAUTION: Do not drive if you are too tired to operate a vehicle.

Holding Baby (continued)

Remember, do not . . .

...juggle too many things in your arms at one time while holding Baby; it is easy to drop something and it could be Baby.

...play with Baby by throwing it in the air and catching it. This can cause permanent brain damage in a real infant.

...let other people hold Baby unless you would trust them with your own child. Some people think it is funny to abuse Baby, or may want to get you in trouble by damaging it.

...leave Baby unattended or put it anywhere that would be unsafe for a real infant, including a table, counter, or chair. Some people think it is funny to abuse Baby, or may want to get you in trouble by damaging it.

...let anyone shake Baby, and never shake it yourself. Although shaking may not seem as bad as hitting or dropping an infant, in real life, shaking can cause brain damage, and sometimes death.

If Baby is handled roughly, even accidentally, it will cry. The cry will be shrill at first and you must rock Baby to soothe it. As you rock, the cry will lessen.

Positioning

Baby likes to be on its back. Other positions will make it cry after a short time. To stop the crying, put Baby on its back.

Remember, Baby keeps track of all crying time. Pages 18 through 21 explain the Back to Sleep Campaign, and the reasons why Baby should be on its back.
Baby Care Book

Car Seat Safety

It’s the Law.

Everyone who rides in a vehicle is required to use safety restraints. Adults use seat belts. Children too small to be protected by seat belts ride in car seats, and infants use infant car seats.

There are many brands and types of car seats available. When buying one, be sure it is appropriate for the size and age of the child who will be using it.

Infant car seats are placed in the car differently than a car seat for an older child. Infant car seats allow the infant to be semireclined, not sitting. In an infant car seat, the infant faces the rear of the car, not the front. A car seat, whether for an infant or an older child, must always be secured to the seat with a seat belt. If not secured, the car seat can be thrown through or from the car during a collision or a sudden stop.

- **Infant only seat:** birth to approximately 20 pounds or 1 year.
- **Convertible car seat:** converts from rear-facing for infants to forward-facing for toddlers over 1 year and at least 20 pounds.
- **Booster seat:** used by older children as a transition seat before seat belts. For these seats, children should be over 40 pounds and 4 years old.

Car Seat Safety (continued)

Some convertible car seats have the option of using a base that stays in the vehicle. The base is securely fastened in the vehicle with the seat belt. The car seat locks into the base.

- Test for secure installation by pulling front to back and twisting left to right. There should be no more than one inch of movement.
- To avoid injury, position the handle behind the car seat.

CAUTION:
Do you drive? If you are driving when Baby begins to cry, pull the vehicle off in a safe place before attempting to care for Baby. If there is not a safe place to pull over, let Baby cry.

Place the car seat in the center of the back seat, facing the rear of the vehicle.

Follow these basic car seat installation guides to keep both you and Baby safe:

- Place the car seat rear-facing on vehicle seat firmly against the seat back.
- Thread vehicle seat belt through the car seat belt slots and buckle vehicle belt.
- Remove any slack in the lap belt by pressing down firmly on the car seat to tighten up the lap belt.
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Be sure the seat was manufactured after January 1, 1981 and meets all safety standards. The car seat should be registered with the manufacturer (even if you purchase a used one) in the event of recalls.
Children of all ages, including infants, should never be placed in the front seat with a passenger-side air bag. Children of all ages should ride in the back seat whenever possible.

Do not transport sharp or heavy objects, like groceries, loose in the vehicle. Any loose object can become deadly in a sudden stop or accident.

Do not give a small child hard or long, pointed items such as an ice cream stick, lollipop, pencil, or pen to play with while riding. A sudden stop or accident could cause an injury.

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If Baby is handled roughly, even accidentally, it will cry. The cry will be shrill at first and you must rock Baby to soothe it. As you rock, the cry will lessen.

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Do NOT use door- mounted seat belts. Your auto dealer can install a special lap belt designed to lock the child restraint in place.

6. Twisted Straps

Twisted straps and missing harness clips reduce protection. Straps must lie flat and be held on shoulders with a harness clip.

7. Shoulder Belts

A toddler should not wear a seat belt that is across the throat or tucks under the arm. To insure a better fit of the lap and shoulder belt, use a booster seat.

8. Recalls

If your car seat is recalled, be sure to get it fixed right away.
**SIDS**

**Sudden Infant Death Syndrome**

The Baby Think It Over® infant simulator has been designed to help educate about Sudden Infant Death Syndrome, once known as crib death. Baby cries if it is placed on its tummy for very long. This is to remind you that real infants should be put to sleep on their backs. Although real infants can be placed on their tummies when they are awake, Baby can only be on its tummy for a short time.

No one knows for sure what causes SIDS. An infant is put to bed with no sign of problems, but is later found dead. SIDS is the leading cause of death in infants between one month and one year of age.

SIDS most often affects infants age one to four months. It affects all races, religions, and income levels. It has been found that American Indian infants are three times more likely to die of SIDS than Caucasian infants. African-American infants are two and a half times more likely. There is a higher likelihood of SIDS among boys, premature and low-birthweight infants, twins, and triplets. Most deaths occur during the cold winter months.

A recent study states that infants most at risk from SIDS can be treated with an 80 to 90 percent success rate. Newborns with a prolonged QT interval (a heart abnormality) have a 90 percent success rate for those with a QT of 0.45 to 0.55.

No one knows for sure what causes SIDS. An infant is put to bed with no sign of problems, but is later found dead. SIDS is the leading cause of death in infants between one month and one year of age.

Neglect

Baby is neglected if it takes you longer than two minutes to use your ID or more than two minutes to figure out what kind of care it needs. If you handle Baby properly and do not neglect it when it needs care, Baby will coo at the end of the care. At the end of a burping session, Baby will burp instead of coo.

**HINT:**

Baby has a different cry for each kind of care. Can you tell what Baby needs by its cry?
Caring for Baby (continued)

Changing Diapers

Identify yourself to Baby with the ID. Then loosen the diaper from Baby’s back. If Baby stops crying, a diaper change is needed. Baby coos when the other diaper is attached to Baby’s back.

Baby cries if its diaper has been off for too long. The electronics record a “no diaper”.

A diaper neglect is recorded if you do not ID Baby within two minutes of the beginning cry or change the diaper within two minutes.

Baby will not coo when the diaper is changed if neglect, rough handling, or shaking occurred.

Changing Diapers (continued)

Baby makes breathing noises while you rock it. If you stop or slow down the rocking, Baby cries. A coo signals the end of a good rocking session.

Rocking

Infants like to be rocked; so does Baby. The crying stops when you ID Baby and begin rocking. Rocking can take a long time. Baby may want to be repositioned during the session.

Try holding Baby on your shoulder or cradle it in your arms to rock.

Rocking can take up to 45 minutes.

Baby Care Book

SIDS (continued)

At Risk

SIDS can affect any infant, however, studies have found that infants in certain categories are more at risk.

• Infants born to mothers less than 20 years old at the time of their first pregnancy.
• Infants born to mothers who had no or late prenatal care.
• Premature or low birthweight infants.
• Infants born to mothers who smoke during or after pregnancy.
• Infants who are put to sleep on their stomachs.

Prevention

Currently, there is no way of knowing which newborns will become victims of SIDS. Parents can help greatly reduce the risk of SIDS by taking a few precautions:

1. Back to Sleep

Whether for a nap or to bed for the night, an infant should usually be put to sleep on its back. Before leaving the hospital, new parents should talk to their doctor about which sleeping position is best. Some health conditions may require tummy-down sleeping.

Visit the National SIDS Alliance web site at www.sidsalliance.org
2. **Bedding**
An infant should sleep on a firm mattress or surface. Avoid using fluffy blankets, pillows, sheepskins, or comforters under the infant. An infant under one year of age should not sleep on a waterbed or with soft stuffed toys.

3. **Prenatal Care**
Good prenatal care includes proper nutrition, avoiding alcohol, drugs, and smoking. Frequent check-ups starting early may help prevent or detect abnormalities.

4. **Smoking**
Infants born to mothers who smoked during pregnancy are three times more likely to die from SIDS. Exposure to smoke after birth doubles an infant’s chance of SIDS. The risk rises with each smoker, the number of cigarettes smoked, and the amount of time the infant is exposed. Smoking also has a negative impact on an infant’s lung development. Smoke-free environments are crucial.

5. **Room Temperature**
Infants who are overheated are more likely to go into a deep sleep. It is difficult to wake them. Research has found that infants who are allowed to overheat - too much clothing, bedding that is too heavy, and a room that is too warm - are at increased risk for SIDS. Keep infants in a consistent room temperature to help reduce the risk of SIDS.

6. **Breastfeeding**
Studies have shown that SIDS in breastfed infants is less common. Breast milk can provide extra protection and immunity from infections that can trigger SIDS.

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**Caring for Baby (continued)**

**Feeding**
After touching the ID to the contact point, touch the bottle to Baby’s mouth. Baby stops crying and starts making feeding sounds.

Baby coos to let you know when it is done eating. If the bottle is taken away from Baby’s mouth before it is done eating, Baby cries.

Although you may be feeding Baby with a bottle, the recommended method of best nutrition is breastfeeding. A breastfeeding device is available for Baby.

If, while feeding Baby, you did not support the head properly or handled it roughly, Baby will not coo when it is done. The feeding sounds will stop when Baby is done.

**Burping**
If Baby starts to cry shortly after it has eaten, it probably needs to be burped.

Touch the ID to the contact point. Gently pat Baby’s back between the shoulder blades. Baby burps if you did a good job. If you neglected Baby or handled it roughly, it does not burp. The breathing noises simply stop when Baby is done.

If you pat Baby’s back too hard, you may cause rough handling. If this happens, Baby cries. See page 12 about Rough Handling.
Baby will beep if it needs care, but the crying will not stop until you figure out which kind of care it needs. You may have to try several things before finding out what Baby needs.

Just like an infant, you never know when Baby will need care. Keep the diaper bag and Baby’s supplies handy at all times.

**Using Your ID**

When Baby cries, touch your ID to the contact point. You will need to touch the ID each time you care for Baby.

What if Baby does not beep when the ID is touched? If Baby was not roughly handled or neglected, and the head has been properly supported, Baby is fussy. You cannot stop the crying.

**HINT:**

Fussy times will not be more than three minutes each time.

Touch the ID to the contact point on Baby’s back before providing care.

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**7. Regular Health Care**

Infants should receive regular check-ups and have immunization shots on schedule.

**Concerns**

Some parents are concerned about putting infants to sleep on their backs for fear they may choke on spit-up or vomit during sleep. Studies did not find SIDS to increase in these conditions.

**Heredity**

Research shows that SIDS may be hereditary, but the contribution is not strong. If either parent has a history of infant death in the family, you should tell your doctor. A genetic blood-screening test can be done to see if you are a carrier. The infant may also be tested after birth.

**Good News**

SIDS is not:

- contagious.
- caused by immunization.
- caused by child abuse.
- anyone’s fault.

**More Information**

Back to Sleep Campaign

www.nichd.nih.gov/

800-505-CRIB

National SIDS Resource Center

www.circlesol.com/SIDS/

703-821-8955

SIDS Alliance

www.sidsalliance.org

800-221-7437

Canadian Foundation

www.sidscanada.org/sids.html

800-END-SIDS

For more information outside the United States, contact your local authority.
Shaken Baby Syndrome

Shaken Baby Syndrome is the medical term used to describe the shaking of an infant and injuries caused by such shaking. An infant’s head is large and heavy, while the neck is very weak. When an infant is shaken, the brain is tossed around inside the skull and the tiny blood vessels that connect the brain to the skull can tear.

Many infants are hospitalized each year as a result of SBS - and as many as one fourth of them die.

Often there is no visible sign of damage, but there is damage inside. Shaking an infant may result in:

- Swelling of the brain
- Hemorrhage (bleeding) in the brain
- Mental retardation
- Blindness
- Hearing loss
- Speech difficulties
- Paralysis
- Seizures
- Death

Shaking usually happens because the person caring for an infant becomes frustrated when he or she is unable to stop the infant’s crying. More men than women are guilty of shaking infants. Boy infants are shaken more than girls. Twins have a higher chance of being shaken than an infant without a twin.

The important thing to remember is that you must stay calm and NEVER, NEVER shake a baby. If you cannot quiet the infant, try one of the following suggestions.

Never leave an ID lying around. A small child could choke on it.

When Baby cries for care, touch the ID to the contact point on Baby’s back. Baby beeps. You can then care for Baby.

The Babysitter ID allows another person to care for Baby. Only your instructor can program Baby to identify the Babysitter ID.

This extra ID may seem convenient, but do not forget that the electronics record how many times each ID is used. If you are doing the parenting simulation with a partner, it lets your instructor know if you have shared Baby’s care equally.
Every ID is Unique

You will need your ID when Baby needs to be fed, burped, rocked, or have its diaper changed. Baby only allows care if it recognizes a correct ID.

Do not remove the wristband; you will not be able to put it back on. Removing the wristband may also affect your grade.

The ID will be attached to your wrist with a wristband.

Your instructor will attach the ID with a wristband, like one you would wear in a hospital. Only you (or your partner, if one is assigned) will be able to provide care for Baby.

In using any of these methods, remember to use caution, attend the infant at all times, and be gentle.

More Information

Shaken Baby Alliance
www.shakenbaby.com
877-6-END-SBS

National Information, Support and Referral Service on Shaken Baby Syndrome
www.capcenter.org/
888-273-0071

SBS Resource Centre
www.geocities.com/HotSprings/Spa/4069

Childhelp USA National Crisis Hotlines
800-4-A-CHILD
800-CHILDREN

For more information outside the United States, contact your local authority.

How would you handle the frustration of a crying infant?

• Take several deep breaths and count to ten.
• Say the alphabet.
• Read a poem that gives you inspiration.
• Put the infant in a safe place, then leave the room for a few minutes.
• Create a new, distracting noise to get the infant’s attention. Do not make the noise too loud or it may frighten the infant.
• Close your eyes and think of something pleasant.
• Ask someone else to help.
• Try hugging and cuddling.
• Gentle motion may help.
**Other Baby Care**

**Skin Care**

Real infants have delicate skin. Baby has vinyl skin that STAINS VERY EASILY. Keep Baby away from pens, newspapers, magazines, and new, unwashed clothing, like new blue jeans and sweatshirts.

The inks and dyes can stain Baby’s skin and these stains may not come off.

**Bathing**

Your instructor may tell you to bathe Baby. Follow your instructor’s directions. NEVER let water touch the electronics and NEVER immerse Baby in water.

**Driving**

If you are driving when Baby begins to cry, pull the vehicle off the road into a safe place before attempting to provide care. Never put yourself or others in danger.

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**Sounds That Do Not Require Care**

Some sounds Baby makes do not need care. These sounds let you know it is a time the real infant was awake.

- Happy Sound - Coo
- Cough
- Fussy

Sometimes infants are just “fussy” and cannot be comforted. Baby simulates fussy times, but for no longer than three minutes. The real infant may have been fussy much longer.

**HINT:**

Baby’s electronics record every second of crying time. Try to keep crying to as little as possible.

Baby cries and needs comforting, but no ID, if:
- Its head is not supported
- It is handled roughly
- It is shaken

Baby cries if it does not like its position. You do not need to ID Baby, but you do need to reposition it.

Baby also cries if it wants to be left alone. This means if you try to provide care after Baby has signaled the end of the activity, Baby cries until you stop providing care.

**HINT:**

Baby cries very hard when hurt. The cry will soften as you rock Baby.

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**Baby is often mistaken for a real infant. See the reactions you get when taking Baby out in public.**

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**HINT:**

Baby’s electronics record every second of crying time. Try to keep crying to as little as possible.
When Baby Cries

Although there might be times in real life when a parent would let an infant cry, most of the time, and especially with very young infants, the parent(s) should respond quickly.

A real infant’s cry can signal many different needs. RealCare® Baby will cry for many reasons:

• Feed
• Burp
• Diaper change
• No diaper
• Rock
• Wrong position
• Rough handling
• Head support failure
• Fussy
• Wants to be left alone

Cries That Require Care

Four of the cries listed indicate a need for care and use of the ID.

• Feed
• Burp
• Diaper Change
• Rock

Supplies

Parents never know when their infant will need to be fed, or need a diaper change while away from home, so they must carry a baby bag with diapers, bottles, and other supplies. Take good care of these things as well as Baby. If a crib, stroller, car seat or carrier is assigned, use it correctly and consistently.

Final Thoughts

If you receive a good grade or extra credit for your parenting simulation, congratulate yourself. A poor evaluation does not necessarily mean you will not be a good parent someday. It may mean that you are not ready for parenting yet. In either case, your time with Baby should have given you more information to use in making informed choices about your future.

Real infants cry for many reasons.

Baby has a special bottle.

The blue and white patches on Baby’s diapers help you tell them apart.

Real infants require many supplies. Take good care of the supplies you are assigned.

The Baby Think It Over® Program is designed to help you make informed decisions about parenting.
**Terminology**

**RealCare® Baby or Baby** - refer to the computerized infant simulator you will care for.

**Babysitter ID** - an optional ID some instructors offer to teens so another individual may care for Baby.

**Burping** - using the ID, then gently patting Baby’s back until it burps.

**Contact Point** - the indentation in Baby’s back where you touch the ID.

**Daily Care Schedules** - schedules derived from real infants and programmed into Baby.

**Diapering** - using the ID, then removing Baby’s diaper and replacing it with the other diaper.

**Electronics** - the small computer in Baby’s back that monitors how well you care for Baby.

**Feeding** - using the ID, then touching the bottle or breastfeeding device to Baby’s mouth.

**Head Support Failure** - when Baby’s head is not supported properly.

**Neglect** - when Baby’s needs are not responded to within a given period of time.

**Parenting Simulation** - the experience of caring for Baby.

**Rocking** - using the ID, then gently providing constant motion.

**Rough Handling** - when Baby is not handled gently.

**Student ID** - the device attached to your wrist with a wristband that allows you to identify yourself to Baby before caring for it.

**Care Schedules**

Baby’s activities are those of real infants. You will be simulating days of real parents. Parents of 50 newborns kept diaries of their infants’ activities for several days. Baby’s schedules recreate some of those days. Their infants were 8 to 83 days old.

Very young infants need frequent care. Their stomachs are very small. They must eat often. As they get older, the time between meals increases. They will also sleep longer at night.
Introduction

Congratulations! You will soon experience many of the same responsibilities as the parent of a new infant. RealCare® Baby is the most realistic infant simulator available!

RealCare Baby makes many sounds: a coo, cry, fuss, cough, burp, and breathing. These sounds are recordings of a real infant.

Just like real parents, you will not know when or how long Baby will need your attention. Baby may sometimes need you at inconvenient times, including when you are sleeping.

Baby also requires you to properly support its head. Infants’ heads are heavy and their neck muscles are not fully developed at birth. This means you must gently support Baby’s head whenever you care for it.

Keep Baby with you at all times, even if you go out. You will need to carry the diaper bag, bottle, and other supplies everywhere you go. Do not forget other equipment you are given.

Dress Baby correctly for the weather. Never leave it unattended.

Caring for RealCare Baby is a lot like caring for a newborn infant.

Baby Care Book

Troubleshooting

Baby will not stop crying.

If you touch the ID to the contact point in Baby’s back and it does not beep, Baby is probably just fussy. If the crying continues, try touching the ID to the contact point again. Also, check to make sure Baby’s diaper is attached to Baby’s back. If you still cannot get the crying to stop, contact your instructor.

Baby does not beep when I touch the ID to the contact point in its back.

Baby is probably just fussy. If the crying continues, try touching the ID to the contact point again. If you still cannot get the crying to stop, contact your instructor.

I broke my ID.

If your ID is broken, you will not be able to care for Baby. Contact your instructor immediately. You may have to pay for a replacement ID.

The red light is blinking in Baby’s back.

This means that the batteries are low. Baby can run on low batteries for a set period of time. Let your instructor know as soon as possible.

After I touched the ID to Baby’s back, I checked the diaper and Baby quit crying, but did not coo when the new diaper was attached.

This could be one of two things. First, it could mean that you did not get to Baby within the first two minutes of crying.

If Baby continues to cry, it could mean that Baby wants to be burped or rocked. When you picked Baby up to change the diaper, you provided motion, so Baby thought it was being burped or rocked.

Always take your diaper bag with you!
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