RealCare Baby

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. Infant’s 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.

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.

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

What Baby Does

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

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

Baby will cry and need 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 will not need to ID Baby, but you will need to reposition it.

Baby will also cry 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 will cry until you stop providing care.

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

**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 will simulate fussy times, but for no longer than three minutes. The real infant may have been fussy much longer.

**Your Student ID**

**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.

Your instructor will attach the ID with a wristband so that you will be able to provide care for Baby.

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

If there will be times that you cannot care for Baby during your parenting simulation, please make sure to give your babysitter the ID. Don’t forget to inform your babysitter how to properly care for your baby.

**Caring for Baby**

**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.

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.

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.

**Feeding**

After touching the ID to the contact point, touch the bottle to Baby’s mouth. Baby will stop crying and start making feeding sounds.
Baby will coo 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 will cry.

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. Baby will burp if you did a good job. If you neglected Baby or handled it roughly, it will not burp. The breathing noises will simply stop when Baby is done.

If you pat Baby’s back too hard, you may cause rough handling. If this happens, Baby will cry. See page 4 about Rough Handling.

**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 will coo when the other diaper is attached to Baby’s back.

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

A diaper neglect will be 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 will stop 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 will make breathing noises while you rock it. If you stop or slow down the rocking, Baby will cry. A coo will signal the end of a good rocking session.

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

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

**Neglect**

Baby is neglected if it takes you longer than 2 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.

**Holding Baby**

**Hold the Head!**

Be careful! If you have ever held a real infant, you have probably heard this. The same is true for Baby.

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.

The electronics records each time the head is not properly supported. It also reports if Baby has been shaken. (See pages 4 through 5 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.

*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.
- 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.

**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.

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.

2. **Bedding**

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

**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.

**S.B.S.**

**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 can not quiet the infant, try one of the following suggestions.

- 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.

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](http://www.shakenbaby.com)  (817) 279-1166


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

**Other Baby Care**

**Bathing**

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.

**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.

**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 diaper bag with diapers, bottles, and other supplies. Take good care of these things as well as Baby. Use your car seat and carrier 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.

**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.

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.

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.