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DEVELOPMENT AND EVALUATION OF AN INFANT-CARE  
TRAINING PROGRAM WITH FIRST-TIME FATHERS

by

Ronald S. Dachman

A Dissertation  
Submitted to the  
Faculty of The Graduate College  
in partial fulfillment of the  
requirements for the  
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Department of Psychology

Western Michigan University  
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December 1986

DEVELOPMENT AND EVALUATION OF AN INFANT-CARE  
TRAINING PROGRAM WITH FIRST-TIME FATHERS

Ronald S. Dachman, Ph.D.

Western Michigan University, 1986

We evaluated the effectiveness of a multicomponent package in training infant-care skills to first-time fathers. After developing and socially validating a set of infant-care skills, we assessed the effects of training in a hospital-based program with expectant fathers (Experiment 1) and in a home-based program with fathers having varied degrees of experience with their infants (Experiment 2). In both experiments, a multiple probe design demonstrated that the training package was responsible for producing criterion performance by the expectant and first-time fathers. A one-month generalization probe in Experiment 1 showed that the effects transferred across training conditions (training doll to human infant) and settings (hospital to home). An increase in the number of infant stimulation activities performed by fathers was also observed in both experiments.

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PROGRAM WITH FIRST-TIME FATHERS

*Western Michigan University*

Ph.D. 1986

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Ronald S. Dachman

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## INTRODUCTION

Fathers continue to spend less time caring for their newborns than mothers (Araji, 1977; Kotelchuck, 1976; Parke & Sawin, 1976). A variety of cultural shifts, however, have resulted in fathers adopting a more active role in infant care (Parke, Hymel, Power, & Tinsley, 1980). These trends include an increasing number of mothers who are employed full-time, a greater percentage of legal decisions awarding child custody to fathers, enhanced father participation in labor and delivery, earlier postpartum hospital discharges, an increase in the percentage of Caesarean-delivered infants, a rise in the survival rate of low-birth weight preterm infants, and the diminished role of the extended family as a major support mechanism.

Few studies have examined the design and evaluation of infant-care training programs for expectant fathers. One article describes a program to teach fathers a number of infant-care skills, including folding and changing a diaper, bottle feeding, and holding a newborn (Gieffer & Nelson, 1981). The program appeared to be successful in teaching these skills; however, this finding is attenuated by methodological weaknesses such as the use of a one group post-test only design (Cook & Campbell, 1979), lack of performance criterion levels, no reliability data on performance, and the reliance upon a four-item questionnaire as the sole outcome measure.

Another study analyzed the effects of a postpartum intervention on various attitudes and behaviors of fathers (Parke et al., 1980). One group of fathers viewed a 15-minute videotape in which a father demonstrated infant stimulation activities, feeding, burping, and diapering. A control group of fathers followed the standard hospital routine. Subjects who participated in treatment stimulated their infants more during the feeding session, vocalized more to their infants during play sessions, and fed and diapered their babies more frequently at three months than fathers who had not seen the videotape.

This study offers an experimental analysis of an infant-care training protocol using multiple outcome measures (i.e., direct observation of father-infant interaction, and self-report data). Experiment 1 describes an evaluation of a hospital-based training program for expectant fathers. The purpose of Experiment 2 was to evaluate the effects of home-based training administered with fathers having varied degrees of experience with their newborns. Experiments 1 and 2 extend prior research on infant-care skills by systematically developing and validating a set of target skills and by improving on the research methodology with which training programs for fathers were evaluated.



## GENERAL METHOD

### Development and Validation of Infant-Care Procedures

The set of infant-care procedures developed for this study was validated systematically using three discrete steps: The identification of critical infant-care skills, a task analysis of each skill, and the development and revision of protocols based on the feedback of experts (cf. Cuvo, 1978; Mathews, Whang, & Fawcett, 1980).

#### Identification of critical skills

Interviews with experts in pediatric medicine, early childhood educators, and parents were conducted to identify appropriate infant-care skills. Texts in pediatric medicine and nursing, relevant journal articles, and parent-education pamphlets were also consulted to identify the care-giving skills. The general skills chosen included the upright, football, and cradle holds; feeding; burping; bathing; cloth and disposable diapering; and rectal and axillary temperature taking.

Task analysis. A videotape was developed showing the coordinator of prenatal education at a community hospital engaged in the designated infant-care skills. Two graduate students independently observed the videotape and performed task analyses of the proposed skills, yielding a sequence of response requirements for each procedure. Disagreements between the observers were resolved by

reference to the videotape and the opinion of the taped professional (Cuvo, 1978).

Response evaluation. Sixty researchers and practitioners in pediatric medicine and early childhood education who, by virtue of their training and practice in infant education, qualified as infant-care "experts," and 30 parents were asked to rate the importance of each item to the infant-care task analyses on a five-point, Likert-type scale with descriptors ranging from "completely unimportant" to "very important" (Goldfried & D'zurilla, 1969). The judges were also asked to determine how comprehensive the protocols were by answering the question: "Overall, how representative is this list of tasks needed by parents when (e.g., feeding) an infant?" Another five-point scale appeared with descriptors ranging from "very unrepresentative" to "very representative."

The raw data obtained from the judges were converted into percentage scores using the formula developed by Bushell (Mathews et al., 1980).

$$\frac{n(5) + n(4) + n(3) + n(2) + n(1)}{(X) n_2} = \%$$

where X = total number of respondents,  
n = number of respondents per rating, and  $n_2$  = highest possible rating

For example, the expert ratings for step 2 in the bathing protocol (i.e., Gather equipment including the baby's clean clothes and place away from baby's reach) were 4,4,4,5,5,5,5,4,5,2,5,3,5,4,5,5,5,5,4,4,5,4,4,5, and 5, respectively. The calculations were as follows:

$$\frac{14(5) + 9(4) + 1(3) + 1(2) + 0(1)}{25(5)} = 88.8\%$$

Therefore, the judges rated step 2 as being 88.8% important. Individual steps receiving scores of less than 80.0% were either excluded from the protocol, modified in response to feedback received from the judges, or included without revisions if parents rated the step as "important" and experts did not rate the step as "completely unimportant." A minimum mean rating of 80% across all steps for each task analysis was required for the final version of an infant-care protocol to be employed as a training tool.

Twenty-six questionnaires (43%) were returned from the designated experts and 12 (40%) were completed by parents. An example of a task analysis (bathing) appears in Table 1.

Table 1  
Example of Infant-Care Skill Task Analysis

---

Bathing Protocol

---

- Step #1. Select a non drafty location for the bath.
- Step #2. Gather all of the equipment, including the baby's clean clothes, and place them away from the baby's reach.
- Step #3. Put a towel on the bottom of the tub.\*
- Step #4. Fill the basin with water that feels comfortable to your elbow or inner wrist.
- Step #5. Remove the baby's clothing and diaper, and place them away from the baby.
- Step #6. Shampoo
  - A. Place the baby gently on a dry towel and wrap.
  - B. Use the football hold over the tub.
  - C. First wet, then place some shampoo on his/her head and gently masage in a circular motion using the flat pads of your fingers.

Table 1 -- Continued

---

**Bathing Protocol**

---

- D. Squeeze clear water from the washcloth onto his/her scalp, rinsing away all suds.
  - E. Pat dry.
- Step #7. With one hand supporting the baby's head, neck, and shoulders and the other supporting the buttocks, gently and gradually slide him/her into the bath water.
- Step #8. Support the baby's head on your wrist, with the fingers of that hand holding the baby securely in the armpit.
- Step #9. Face
- A. Wet the washcloth and, without soap, wipe the first eye from the inside out.
  - B. With the unused portion of the washcloth, rinse, and wash the other eye, from the inside out.
  - C. Rinse the washcloth and gently massage the face.
  - D. Wrap the washcloth around one finger and wash only the outside of each ear.
- Step #10. Body
- A. Use the washcloth or hand to wet the body from the neck down.
  - B. Apply soap to the washcloth or hand and wash the baby's neck, chest, tummy, arms, armpits and hands.\*\*
  - C. Apply the soapy washcloth to the buttocks, legs and feet.\*\*
  - D. Wet the cloth and rinse beginning with the neck and moving down to the feet.
- Step #11. Back
- A. Lift the baby up to a sitting position and support his/her head by placing the thumb, first, and middle fingers under the baby's chin.
  - B. Apply soap to the cloth or hand and wash his/her back.
  - C. Rinse the baby's back with water.
- Step #12. Drying
- A. Lift the baby out of the tub while supporting his/her head, shoulders, and buttocks, and place him/her on a dry towel.
  - B. Wrap the child in the towel and pat dry.

Table 1 -- Continued

---

### Bathing Protocol

---

- C. Apply alcohol around the base and top of the umbilical cord.\*\*
- D. If prescribed by your physician or if a rash is present, apply lotion.\* \*\*
- E. Dress the baby in a clean diaper and clothes.

\* optional step

\*\* sequence not important

---

### Infant-Stimulation Activities

The infant-stimulation activities selected for this study were compiled from the infant-care and early-childhood education literatures (e.g., Bluma, Shearer, Frohman, & Hilliard, 1976), and from interviews with experts in infant care. Activities were chosen that were appropriate for infants aged newborn to eight weeks. These activities were incorporated into each infant-care skill and were considered part of the procedure. A partial list of the activities used in this experiment is presented below:

- a) Put your face 6-8 inches from your child when talking or singing to him/her,
- b) repeat sounds your baby makes,
- c) sing to your baby or recite poems or nursery rhymes,
- d) gently rock your infant,
- e) gently rub your child's head,
- f) touch a rattle to your child's fingertips or back of hand.

### Personnel and Training

Graduate students in clinical psychology served as the trainers and primary observers. Random assignment of subjects to trainers was

performed to control for differences across staff members. The investigator conducted reliability checks in both experiments. Teaching the trainers to employ the coding system consisted of three phases: (1) memorization of the infant-care coding system, (2) scoring father-infant interactions, and (3) competency-based instruction in the use of the infant-care skills.

#### Setting and Materials

All baseline and training sessions for Experiment 1 and all baseline sessions for Experiment 2 were conducted in a 7m x 7m hospital classroom. The classroom contained a table on which the materials necessary for the correct performance of all infant-care procedures were located. These items included a plastic newborn sized doll, several disposable and cloth diapers, one jar of petroleum jelly, a box of wipettes, diaper pins, rubbing alcohol, washclothes, towels, soap, shampoo, a plastic bathtub, glass thermometer, t-shirts, a plastic wash basin, bath water, an eight-ounce bottle, and formula. The generalization measure for Experiment 1 and training sessions for Experiment 2 were conducted in the fathers' homes.

#### Probes

Fathers were evaluated on their performance of the infant-care skills via probes conducted before and after training. During each probe session, the trainer asked the father to demonstrate how he would bathe, feed, burp, hold, diaper, and take his infant's temperature. Each father was given the following instructions at the

start of the first observation session.

"I am going to ask you to perform a set of infant-care procedures. The baby doll and the rest of the materials necessary to successfully complete these skills are located on the table. I will let you know when to begin and which procedure to demonstrate. Be sure to let me know when you are finished with one procedure and ready to move on to the next. Please hold all your questions until the end of the session. Also, feel free to talk your way through a procedure if you are unsure of what you are doing. The cassette player will only be used to signal the start of intervals which will enable me to record information more accurately. The headphone will be used to minimize distractions for you. Do you have any questions? OK let's begin."

Prior to subsequent observation sessions, a simplified version of these instructions was repeated. Each probe lasted 30-40 min, depending on the number of target behaviors correctly performed.

#### Generalization probes

In order to assess the effects of training across training conditions (training doll to human infant) and settings (hospital to home), direct observations of the fathers performing the infant-care skills with their own newborns were conducted in each subject's home, one month following the birth of each father's child.

#### Data Collection and Reliability

During baseline, training, and generalization conditions of both experiments, a trained observer, seated approximately one meter from

the subject, recorded the occurrence and sequence of each step in the task analysis of infant-care skills (Katz & Iutzker, 1980). Observations were conducted in 15-sec intervals (signalled by a cassette recorder with headphones) for 30-40 consecutive minutes. The frequency of infant stimulation activities was also scored in each 15-sec interval.

The percent occurrence of correct steps in the proper sequence for each skill was calculated. The correctness of each critical step (i.e., those considered to be essential to the performance of the skill) required both the performance of the task as described in the task analysis and, if sequence was considered important, its occurrence in the proper order with respect to the preceeding task (see Table 1 for an example). If a trainee met the established level of performance for an infant-care skill (80% of the critical steps performed correctly), that trainee was given a score of one and was considered as performing the skill to criterion. A total of ten (performance at or above criterion for each of the infant-care skills) was the maximum score possible for a trainee to obtain in each session. Performing any eight of the ten infant-care skills across two consecutive sessions was the criterion level for termination of training. The display of any of the designated verbal or nonverbal infant stimulation activities was scored separately.

Reliability data were collected in 29.3% of all sessions. This involved having a second observer simultaneously but independently score observations in the hospital and homes. An agreement was scored when both observers recorded the occurrence or nonoccurrence of a step in the same 15-sec interval (or in the same sequence when



more than one step was scored). Occurrence and nonoccurrence reliabilities for the infant-care skills were computed using the percent agreement formula by dividing the number of agreements by the number of agreements plus disagreements and multiplying by 100.

In Experiment 1, mean occurrence reliability across skill areas ranged from 72.9% (cloth diapering) to 100% (upright and cradle holds) ( $M=83.0\%$ ). Mean nonoccurrence reliability ranged from 66.7% (football hold) to 100% (upright and cradle holds) ( $M=92.1\%$ ). In Experiment 2, mean occurrence reliability across skill areas ranged from 78.8% (feeding) to 100% (cradle, football, and upright holds) ( $M=85.3\%$ ). Mean nonoccurrence reliability ranged from 80.8% (feeding) to 100% (cradle, football, and upright holds, and burping) ( $M=90.6\%$ ).

Occurrence reliability for infant stimulation activities was computed across infant-care skills and experimental conditions using the formula described above. An agreement was scored when both observers recorded an infant-stimulation activity as occurring in the same 15 sec interval. The mean occurrence reliability scores for stimulation activities across infant-care skills and experimental conditions for Experiments 1 and 2 were 83.8% and 79.6%, respectively.

### Experimental Design

The effects of training were examined using a multiple-probe design across fathers (Horner & Baer, 1978). In Experiment 1, pretraining probes were conducted in the hospital with the training doll; in Experiment 2, probes were administered in each father's home with his respective newborn.

### Consumer Satisfaction Measures

The social significance of the treatment goals, strategies, and outcomes (Wolf, 1978) was assessed using two modified forms of The Parent's Consumer Satisfaction Questionnaire (Forehand & McMahon 1981). Each subject and subject's spouse was asked to complete one of these forms (presented in Table 2) following the completion of training. Six questionnaires (100%) were returned from the subjects and five (83.3%) from the spouses. None of the questionnaires was completed anonymously.

Table 2

Mean responses to fathers' and spouses' satisfaction questionnaire for Experiments 1 and 2.

---

#### A. Overall Program

1. At this point, my expectation for a satisfactory outcome of the training program is: Anchors: 1 - very pessimistic, 7 - very optimistic; response: 6.0 (fathers); 6.0 (spouses)
2. I feel the approach to teaching infant care by using this type of training program is: Anchors: 1 - very inappropriate, 7 - very appropriate; response: 6.0 (fathers); 5.75 (spouses)
3. Would you recommend the program to a friend or relative? Anchors: 1 - strongly not recommended, 7 - strongly recommend; response: 6.0 (father); 5.75 (spouses)
4. How confident are you in your ability (your spouse's ability) to use these infant care skills with your newborn. Anchors: 1 - very unconfident, 7 - very confident; response: 6.6 (fathers); 6.75 (spouses)
5. My overall feeling about the training program is: Anchors: 1 - very negative, 7 - very positive; response: 6.0 (fathers); 6.25 (spouses)
6. At this point, I think my husband's ability to handle caretaking concerns is: Anchors: 1 - considerably worse, 7 - greatly improved; response: 6.25

Table 2 -- Continued

**B. Difficulty**

Anchors: 1 - extremely difficult, 2- difficult, 3 - somewhat difficult, 4 - neutral, 5 - somewhat easy, 6 - easy, 7 - extremely easy

1. Holding: response: 6.8 (fathers); 6.75 (spouses)
2. Feeding: response: 5.6 (fathers); 6.25 (spouses)
3. Burping: response: 5.8 (fathers); 6.5 (spouses)
4. Bathing: response: 4.6 (fathers); 6.5 (spouses)
5. Diapering: response: 6.2 (fathers); 6.5 (spouses)
6. Temperature taking: response: 5.0 (fathers); 4.75 (spouses)
7. The overall group of procedures: response: 5.6 (fathers); 6.25 (spouses)

**C. Usefulness**

Anchors: 1 - extremely not useful, 2 - not useful, 3 - somewhat not useful, 4 - neutral, 5 - somewhat useful, 6 - useful, 7 - extremely useful

1. Holding: response: 6.0 (fathers); 6.25 (spouses)
2. Feeding: response: 5.6 (fathers); 6.25 (spouses)
3. Burping: response: 5.0 (fathers); 6.0 (spouses)
4. Bathing: response: 6.2 (fathers); 6.5 (spouses)
5. Diapering: response: 6.0 (fathers); 6.25 (spouses)
6. Temperature Taking: response: 5.5 (fathers); 5.5 (spouses)
7. The overall group of procedures: response: 6.0 (fathers); 6.5 (spouses)

## EXPERIMENT 1

### Method

#### Subjects

Three adult males, whose spouses were pregnant for the first time, participated. Father 1, age 24, held a high school degree and was employed as a construction worker; Father 2, age 26, was employed as a hair stylist; and Father 3, age 34, held a master's degree in education and taught at a local public school. All three fathers reported having no prior experience in infant care.

#### Procedure

##### Baseline

The trainer met with each father in a hospital classroom to review the rationale and time requirements of the study and to assess his performance of the infant-care skills. Feedback was not provided to fathers on the accuracy of their performance during baseline. All fathers were told they would be taught to bathe, feed, burp, hold, diaper, and take their infant's temperature.

They were also told they would be taught some creative ways to interact with their babies. The trainer answered any questions and asked the fathers to paraphrase the instructions to insure their complete understanding. The fathers were instructed to refrain from discussing their involvement in the project with others. After the

initial baseline session, subsequent sessions were conducted in the same manner as described above, but without the briefing.

### Training

Following completion of baseline probes, training was administered for the set of infant-care procedures following this sequence: Training manual, post-training manual probe, modeling, and role playing with corrective feedback.

First, each father received a programmed instruction manual that included: a) instructions for using the materials, b) a series of fact sheets providing supplementary information regarding the care skills, c) a description of each skill with examples of all procedures, d) review questions to answer following each procedure throughout the text, and e) a self-administered 20-item practice quiz and answer sheet. Each father had approximately one week to read the manual and complete the questions and the practice quiz. Each father then met individually with the trainer, who answered questions regarding the training manual and reviewed the 20-item practice quiz to determine whether the father had adequately learned the behaviors. Immediate feedback was provided on the father's quiz performance. If the father scored less than 90% on the practice quiz, the material was reviewed with the trainer, after which the father provided oral answers to those questions answered incorrectly. Each father then engaged in a 30-40 min observation probe to determine the effects of the training manual.

Following this, each father observed the trainer modeling those infant-care skills on which he did not reach criterion. The trainer

described the critical features of each step while engaging in the procedure. Finally, each father role played those behaviors on which he did not reach criterion, as the trainer read the respective steps from the manual. Corrective feedback was provided on his performance of the skill.

Immediately following the first training session, each father was asked to engage in all of the infant-care skills without the use of the training manual, so that his performance could be observed and the effects of training evaluated. Corrective feedback was provided on his performance, and the second training session was scheduled.

At the onset of the second training session, data were again collected on each father's performance of the care skills. If he did not reach the established performance criterion, training was administered using modeling, role playing, and corrective feedback.

The initial training session lasted approximately 90 min with follow-up sessions requiring 30 to 60 minutes. A mean of 2.2 training sessions (range: 2-3 sessions) was conducted per subject.

## RESULTS AND DISCUSSION

The top portion of Figure 1 shows the percentage of infant-care steps completed correctly for each father across all experimental conditions. The mean baseline scores were 32.1%, 33%, and 22.4% for Fathers 1, 2, and 3, respectively. The post-manual probe data indicate that the percentage of infant-care steps performed correctly increased to 60 for Father 1, 71 for Father 2, and 73.2 for Father 3. The introduction of modeling, role playing, and corrective feedback resulted in means of 90.2%, 91%, and 88.4% for Fathers 1, 2, and 3, respectively. Results of the probe administered within the first month following the birth of each father's child demonstrated the generalization of treatment effects across settings (hospital to home) and across training conditions (training doll to human infant). The percent of infant-care steps performed correctly at home with the newborns was 97.2, 87.3, and 93.3, for Fathers 1, 2, and 3, respectively.

The number of infant stimulation activities initiated by each father is shown in the bottom portion of Figure 1. The baseline scores were zero and did not improve on the post-manual probe, except for Father 1 who engaged in one activity. The introduction of modeling, role playing, and corrective feedback resulted in a pronounced increase in the number of stimulation activities performed, to means of 25, 23, and 50 for Fathers 1, 2, and 3, respectively. The number of activities performed at home with the

newborns during the generalization probe was 34 for Father 1, 29 for Father 2, and 35 for Father 3.

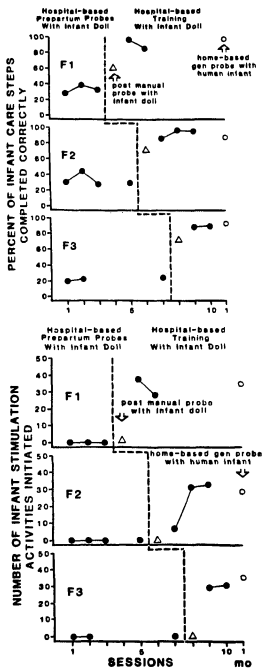


Figure 1. The Percentage of Infant-Care Steps Completed Correctly (top portion) and the Number of Infant-Stimulation Activities Initiated (bottom portion) Across the Three Fathers During Experiment 1.



The findings of Experiment 1 demonstrate the effectiveness of a multicomponent behavioral training package in teaching a set of infant-care skills to first-time expectant fathers. The results of the generalization probe indicate that the three fathers performed the care skills at home with their newborns at a level commensurate with that observed after training with the doll.

Experiment 2 was conducted to determine if experience with one's infant is sufficient to result in competent caretaking. Training was conducted exclusively with the fathers' newborn infants. Thus, Experiment 2 differed from Experiment 1 in the use of infants as opposed to dolls and by the conduct of training sessions in the home as opposed to the hospital. In addition, several improvements were made in the manual and in the infant-care protocols based on suggestions of the fathers in Experiment 1.

## EXPERIMENT 2

### Method

#### Subjects

Three males whose spouses were pregnant for the first time participated. Father 1, age 29, held a bachelor's degree and reported having no prior experience in the area of infant care. Father 2, age 26, completed two years of college and indicated having some experience feeding and diapering his ten month old nephew. Father 3, a 26-year-old college graduate, reported having some experience with young children as a babysitter.

#### Procedure

##### Baseline

Subjects participated in three baseline sessions at the hospital with the infant doll, after which their skill levels were probed in their homes with their 2-, 6-, and 8-week-old infants, respectively. The same data collection procedures described in Experiment 1 were employed.

##### Training

Training for Experiment 2 followed this sequence: Training manual, modeling (with the baby doll), and role playing (with the actual infant) with corrective feedback. The post-manual probe was

omitted from the training protocol because the infant-care skills acquired by fathers in Experiment 1 on the basis of the manual alone were insufficient to meet criterion on any of the skill areas. The procedures were otherwise identical to those described in Experiment 1.

## RESULTS AND DISCUSSION

Figure 2 shows the percentage of infant-care steps performed correctly for the three fathers in this experiment. The mean baseline scores were 22.1%, 32.9%, and 29.3% for Fathers 1, 2, and 3

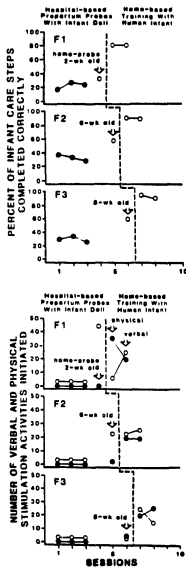


Figure 2. The Percentage of Infant-Care Steps Completed Correctly (top portion) and the Number of Infant-Stimulation Activities Initiated (bottom portion) Across the Three Fathers During Experiment 2.

respectively. The in-home probe data show an increase in the percentage of infant-care steps completed correctly to 31.3 for Father 1, 57 for Father 2, and 59 for Father 3. The introduction of the behavioral training package produced an immediate increase in mean percentage to 80, 90, and 92, for the three fathers respectively.

The number of verbal and physical infant-stimulation activities initiated by each father in Experiment 2 is shown in the bottom of Figure 2. The baseline scores were zero for the stimulation activities involving physical contact, and one for verbal activities. The home-based probe data show increases in stimulation activities to 43 for Father 1, 25 for Father 2, and 9 for Father 3. After the introduction of training, the mean number of activities remained stable at 43 for Father 1, and increased to 43 and 41 for Fathers 2, and 3, respectively.

The results of this experiment suggest that the training was effective in increasing the number of infant-care skills mastered by fathers having varying durations of experience with their infants. Skills were probed in the fathers' homes with their babies at different times during the early postpartum period to evaluate whether experience with their infants was sufficient to produce competent caretaking. The baseline data across all three fathers revealed low levels of performance, with none of the fathers demonstrating competence for any of the procedures. The introduction of training produced an immediate increase in the number of infant-care skills mastered.

Also noteworthy is the change in the types of infant stimulation provided by the fathers. Although a mean of 25 stimulation activities was performed per father during the pre-training probe, only seven activities ( $M = 2.3$  per father) involved any form of physical contact. After the introduction of training, the number of non-verbal activities increased considerably ( $M = 22$  per father). These data suggest that experience with one's infant is not necessarily sufficient to produce certain forms of father-infant interaction.

## GENERAL DISCUSSION

The results of Experiments 1 and 2 demonstrate the effectiveness of a multicomponent training package in teaching six first-time fathers a set of infant-care skills. In Experiment 1, hospital-based training produced increases in the number of skills mastered with three expectant fathers using a training doll. Experiment 2 examined the effects of home-based training with fathers having varying durations of experience with their infants.

As evidenced by the consumer satisfaction data, the fathers in both experiments approved of the training procedures and treatment outcomes. They also expressed confidence in performing the care skills with their children. The data compiled from the spouses' questionnaires, a mean of 5.0 months following the end of training, indicated unanimous approval of the intervention procedures, and satisfaction with the manner in which their spouses provided infant care.

Several issues warrant consideration when interpreting these results. First, although the training manual produced increases in the number of infant-care steps performed correctly in Experiment 1, those increases were not sufficient to meet the 80% criterion level of performance. Furthermore, the manual did not lead to an increase in infant stimulation activities. These findings are not unique; several studies have demonstrated that written materials are less effective than modeling, role playing, and feedback in creating

behavior change (Nay, 1975; Quillitch, 1975). There is some evidence, however, suggesting that written protocols can effect significant behavior change (Miltnerberger & Fuqua, 1986; Friman, Finney, Glasscock, Weigel, & Christopherson, in press). Because the use of a training manual offers a potentially cost-effective approach to infant-care training, an experimental analysis of the effects of the manual as revised for Experiment 2 or variants thereof with fathers and their newborns during the early postpartum period merits further investigation.

This study also demonstrates the acquisition of infant-care skills by first-time fathers, but did not address whether those fathers actually engaged in more care skills at home with their babies than untrained fathers. Maintenance of training, and the residual benefits to fathers and infants from the fathers' mastery of infant-care skills, are separate research questions that warrant further attention.

Finally, in conducting this research, we found that infant-care training has historically been done in an informal manner. Prior experience in addition to informal training has been successful to some degree. It may be possible, however, that infants' health status may be improved by implementing more formalized methods of training for both fathers and mothers.



## APPENDIX A

### LETTER TO MEDICAL AND EARLY CHILDHOOD PROFESSIONALS REGARDING CONTENT VALIDATION QUESTIONNAIRE

Dear Colleague:

As part of a research project being conducted by Western Michigan University, we are attempting to validate several infant care procedures. These procedures will be used in a prenatal training program with expectant fathers. Due to your expertise in the area of infant care, we are soliciting your help in completing this task.

We have enclosed copies of our training protocols for bathing, diapering, feeding, holding, and temperature taking, and would like you to proceed in the following manner.

1. Please read each protocol carefully.
2. Rate the importance of the individual steps according to the five-point scale located directly above each protocol. Place your numerical rating in the space adjacent to each item.
3. Rate the comprehensiveness of the protocols according to the five-point scale located directly below each procedure. Circle the most appropriate numerical rating.
4. Finally, use the remaining space at the end if you wish to make further comments.

Our preliminary results indicate this task will require approximately 20 minutes. We realize that your time commitments are extensive. However, we would be grateful to have your input. When you have completed your evaluation, merely insert it in the enclosed envelope and place it in the mail. Any information you provide will be kept in strict confidence and will only be available to our research staff.

Your timely consideration would be greatly appreciated.

Sincerely,

Ronald S. Dachman, M.S.

Galen J. Alessi, Ph.D.

Enclosures

## APPENDIX B

### LETTER TO PARENTS REGARDING CONTENT VALIDATION QUESTIONNAIRE

Dear Parent:

As part of a research project being conducted by Western Michigan University, we are attempting to develop an infant care training program. The procedures we develop will be used in a prenatal training program with expectant fathers. At this time we have compiled a preliminary set of procedures, but we want to insure that they are valid and complete. Due to your experience as an infant care provider, we are asking for your help in completing this task.

We have enclosed copies of our training protocols for bathing, diapering, feeding, holding, and temperature taking, and would like you to proceed in the following manner.

1. Please read each protocol carefully.
2. Rate the importance of the individual steps according to the five-point scale located directly above each protocol. Place your numerical rating in the space adjacent to each item.
3. Rate the comprehensiveness of the protocols according to the five-point scale located directly below each procedure. Circle the most appropriate numerical rating.

4. Finally, use the remaining space at the end if you wish to make further comments.

This evaluation should only take about 20 minutes to finish. When you have completed your questionnaire, merely insert it in the enclosed envelope and place it in the mail. Any information you provide will be kept in strict confidence and will only be available to our research staff.

Thank you in advance for your help with this project.

Sincerely,

Ronald S. Dachman, M.S.

Galen J. Alessi, Ph.D.

Enclosures

# APPENDIX C

## CONTENT VALIDATION QUESTIONNAIRE

1. While using the cradle hold, how important is it for a parent to perform the tasks described below?

---

1	2	3	4	5
Totally		Neither Important		Very
Unimportant	Unimportant	Nor Unimportant	Important	Important

---

[ ]\*

- [ ]
1. Infants head, shoulders, and back are supported by this

arm. \_\_\_\_\_

2. Baby's thigh is grasped with this arm. \_\_\_\_\_

3. This arm is free for activity \_\_\_\_\_

---

Overall, how representative is this list of tasks needed by a parent when using the cradle hold?

---

1	2	3	4	5
Very Unrepr.	Unrepr.	Neither Repr. Nor Unrepr.	Repr.	Very Repr.

---

Unrepr. = Unrepresentative

Repr. = Representative

\* The original questionnaire contained an illustration that will not appear here.

2. While using the football hold, how important is it for a parent to perform the tasks described below?

---

1	2	3	4	5
Totally		Neither Important		Very
Unimportant	Unimportant	Nor Unimportant	Important	Important

---

[ ]\*

[ ]

1. Baby's head is supported with this hand. \_\_\_\_\_
  2. Baby's back is supported by forearm. \_\_\_\_\_
  3. Baby's buttocks are gently pressed between elbow and hip. \_\_\_\_\_
  4. The other arm is free for activity. \_\_\_\_\_
- 

Overall, how representative is this list of tasks needed by a parent when using the football hold?

---

1	2	3	4	5
Very Unrepr.	Unrepr.	Neither Repr. Nor Unrepr.	Repr.	Very Repr.

---

Unrepr. = Unrepresentative

Repr. = Representative

\* The original questionnaire contained an illustration that will not appear here.

3. While using the upright hold, how important is it for a parent to perform the tasks described below?

---

1	2	3	4	5
Totally		Neither Important		Very
Unimportant	Unimportant	Nor Unimportant	Important	Important

---

[ \_\_\_\_\_ ]\*

[ \_\_\_\_\_ ]

1. Baby's weight is supported by hand wrist, and forearm. \_\_\_\_\_
2. This hand is used for head supported or to pat/rub back. \_\_\_\_\_

---

Overall, how representative is this list of tasks needed by a parent when using the upright hold?

---

1	2	3	4	5
Very Unrepr.	Unrepr.	Neither Repr. Nor Unrepr.	Repr.	Very Repr.

---

Unrepr. = Unrepresentative

Repr. = Representative

\* The original questionnaire contained an illustration that will not appear here.

4. While feeding an infant, how important is it for a parent to perform the tasks described below?

---

1	2	3	4	5
Totally		Neither Important		Very
Unimportant	Unimportant	Nor Unimportant	Important	Important

---

### FEEDING

#### Materials

1. Bottle \_\_\_\_\_ 2. Formula \_\_\_\_\_ 3. One Towel \_\_\_\_\_

#### Procedure

1. Wash hands. \_\_\_\_\_
2. Fill bottle with about three to four ounces of formula. \_\_\_\_\_
3. Size of nipple hole should be checked: Formula should drop but not flow in a steady stream. \_\_\_\_\_
4. Bottle cap should be checked. It should be loose enough so that air bubbles can enter the bottle as milk is sucked out of it. \_\_\_\_\_
5. Use cradle hold. \_\_\_\_\_
6. Place a towel on lap, under the baby's buttocks, to prevent soiling. \_\_\_\_\_
7. Touch the nipple next to the baby's mouth (baby will turn and grasp the nipple with her mouth). \_\_\_\_\_
8. Hold the bottle straight out at a 90° angle to the baby's mouth. \_\_\_\_\_
9. Both the neck and nipple of the bottle should be filled with formula. \_\_\_\_\_



10. After feeding, place baby on abdomen or right side to promote digestion. \_\_\_\_\_

11. The unused portion of formula should be refrigerated. \_\_\_\_\_

Overall, how representative is this list of tasks needed by a parent when feeding an infant?

1	2	3	4	5
Very Unrepr.	Unrepr.	Neither Repr. Nor Unrepr.	Repr.	Very Repr.

Unrepr. = Unrepresentative

Repr. = Representative

5. While burping an infant, how important is it for a parent to perform the tasks described below?

1	2	3	4	5
Totally Unimportant	Unimportant	Neither Important Nor Unimportant	Important	Very Important

#### BURPING

##### Materials

1. Towel \_\_\_\_\_ 2. Diaper \_\_\_\_\_

##### Procedure

1. Place a towel or diaper over shoulder. \_\_\_\_\_

2. Use upright hold. \_\_\_\_\_

3. Rub back in curcular motion or gently pat. \_\_\_\_\_

Overall, how representative is this list of tasks needed by a parent when burping an infant?

1	2	3	4	5
Very Unrepr.	Unrepr.	Neither Repr. Nor Unrepr.	Repr.	Very Repr.

Unrepr. = Unrepresentative

Repr. = Representative

6. While bathing an infant, how important is it for a parent to perform the tasks described below?

1	2	3	4	5
Totally Unimportant	Unimportant	Neither Important Nor Unimportant	Important	Very Important

#### BATHING

##### Materials

- |                           |       |                             |       |
|---------------------------|-------|-----------------------------|-------|
| 1. Tub                    | _____ | 5. Wash Cloth               | _____ |
| 2. Soap                   | _____ | 6. Clean Diaper and Clothes | _____ |
| 3. Non-Irritating Shampoo | _____ | 7. Alcohol                  | _____ |
| 4. Bath Towel             | _____ | 8. Cotton Swabs             | _____ |
|                           |       | 9. Lotion                   | _____ |

##### Procedure

1. Gather equipment including the baby's clean clothes and place away from baby's reach. \_\_\_\_\_
2. Fill basin with water that feels comfortable to elbow or inner wrist \_\_\_\_\_
3. Put a towel on the bottom of the tub. \_\_\_\_\_
4. Remove the baby's clothing and diaper, place away from baby. \_\_\_\_\_
5. Shampoo
  - A. Place child gently on dry towel and wrap. \_\_\_\_\_

- B. Use football hold over tub. \_\_\_\_\_
- C. Place shampoo on head and gently massage in a circular motion using the flat pads of fingers. \_\_\_\_\_
- D. Squeeze clear water from washcloth onto scalp, rinsing away all suds. \_\_\_\_\_
- E. Pat dry. \_\_\_\_\_
- 6. With one hand supporting the baby's head, neck, and shoulders and the other supporting the buttocks, gently and gradually slide into bath water. \_\_\_\_\_
- 7. Baby's head supported on wrist, with the fingers of that hand holding the baby securely in that armpit. \_\_\_\_\_
- 8. Face
  - A. Wet the washcloth and, without soap, wipe the first eye from the inside out. \_\_\_\_\_
  - B. Change the position of the washcloth, rinse, and wash the other eye, from the inside out. \_\_\_\_\_
  - C. Rinse the washcloth and gently massage the face. \_\_\_\_\_
  - D. Wrap the washcloth around one finger and wash only the outside of each ear. \_\_\_\_\_
- 9. Body
  - A. Use washcloth or hand to wet body from the neck down. \_\_\_\_\_
  - B. Apply soap to washcloth or hand and wash the baby's neck, chest, tummy, arms, armpits and hands. \_\_\_\_\_
  - C. Apply soapy washcloth to buttocks, legs and feet. \_\_\_\_\_
  - D. Wet cloth and rinse beginning with the feet and

moving up to the neck. \_\_\_\_\_

10. Back

A. Lift baby up to a sitting position and support head  
by placing the thumb, first, and middle fingers  
under the baby's chin. \_\_\_\_\_

B. Apply soap to cloth or hand and wash back. \_\_\_\_\_

C. Rinse with water. \_\_\_\_\_

11. Drying

A. Lift baby out of tub while supporting head,  
shoulders, and buttocks, and place on dry towel. \_\_\_\_\_

B. Wrap child in towel and pat dry. \_\_\_\_\_

C. Apply alcohol around the base and top of cord. \_\_\_\_\_

D. Apply lotion. \_\_\_\_\_

E. Dress in clean diaper and clothes. \_\_\_\_\_

---

Overall, how representative is this list of tasks needed by a parent  
when bathing an infant?

---

1	2	3	4	5
Very Unrepr.	Unrepr.	Neither Repr. Nor Unrepr.	Repr.	Very Repr.

---

Unrepr. = Unrepresentative

Repr. = Representative

7. While diapering an infant with a disposable diaper, how important  
is it for a parent to perform the tasks described below?

---

1	2	3	4	5
Totally Unimportant	Unimportant	Neither Important Nor Unimportant	Important	Very Important

---

DIAPERING  
DISPOSABLE

Materials

- |                           |                       |
|---------------------------|-----------------------|
| 1. Clean Washcloths _____ | 3. Clean Diaper _____ |
| 2. Ointment _____         | 4. Clothes _____      |

Procedure

1. Place baby on changing table with one hand supporting the baby's head, and shoulders, and one hand supporting the buttocks. \_\_\_\_\_
2. Keep one hand on baby to hold in secure position. \_\_\_\_\_
3. Stand to one side when changing the diaper. \_\_\_\_\_
4. Remove the wet/soiled diaper and place it away from the baby's reach. \_\_\_\_\_
5. Wash area thoroughly using a wet washcloth and pat dry. \_\_\_\_\_
6. Apply ointment liberally over the front and all the way around the baby's buttocks. \_\_\_\_\_
7. Slide the diaper under the baby and fan out the ends that the tape is on. \_\_\_\_\_
8. Pull the front half up and fan out the ends. \_\_\_\_\_
9. Peel the loose edge of the tape from the plastic backing strip and lap the back of the diaper over the front until it fits snugly. \_\_\_\_\_
10. Dress in fresh clothing (if old clothing is wet/soiled). \_\_\_\_\_
11. Place baby in safe, comfortable place. \_\_\_\_\_
12. Shake out BM in toilet and throw diaper away. \_\_\_\_\_
13. Wash hands. \_\_\_\_\_

---

Overall, how representative is this list of tasks needed by a parent when diapering an infant?

---

1	2	3	4	5
Very Unrepr.	Unrepr.	Neither Repr. Nor Unrepr.	Repr.	Very Repr.

---

Unrepr. = Unrepresentative

Repr. = Representative

8. While diapering an infant with a cloth diaper, how important is it for a parent to perform the tasks described below?

---

1	2	3	4	5
Totally Unimportant	Unimportant	Neither Important Nor Unimportant	Important	Very Important

---

DIAPERING  
CLOTH

Materials

- |                          |                  |
|--------------------------|------------------|
| 1. Clean Washcloth _____ | 4. Pins _____    |
| 2. Ointment _____        | 5. Clothes _____ |
| 3. Clean Diaper _____    |                  |

Procedure

1. Place baby on changing table with one hand supporting the baby's head and shoulders, and one hand supporting the buttocks. \_\_\_\_\_
2. Keep one hand on baby to hold in secure position. \_\_\_\_\_
3. Stand to one side when changing the diaper. \_\_\_\_\_
4. Place the pins in soap away from the baby's reach. \_\_\_\_\_
5. Remove the wet/soiled diaper and place it away from the baby's reach. \_\_\_\_\_

6. Wash area thoroughly using a wet washcloth and pat dry. \_\_\_\_\_
7. Fold the diaper properly:
  - A. double thickness in front for boys, \_\_\_\_\_
  - B. double thickness in front for a girl who lies on  
her stomach, and \_\_\_\_\_
  - C. double thickness in back for a girl who lies  
on her back. \_\_\_\_\_
8. Slide the diaper under the baby. \_\_\_\_\_
9. Pull the back of the diaper over the front until it  
fits snugly. \_\_\_\_\_
10. Slip two fingers between the baby and the diaper to  
prevent sticking the child with the pin. \_\_\_\_\_
11. Insert the pin in (toward your fingers) and out;  
fasten. \_\_\_\_\_
12. Dress in fresh clothing (if old clothing is wet/soiled). \_\_\_\_\_
13. Place the baby in a safe, comfortable place. \_\_\_\_\_
14. Place wet/soiled diaper in bin. \_\_\_\_\_
15. Wash hands. \_\_\_\_\_

---

Overall, how representative is this list of tasks needed by a parent when diapering and infant?

---

1	2	3	4	5
Very Unrepr.	Unrepr.	Neither Repr. Nor Unrepr.	Repr.	Very Repr.

---

Unrepr. = Unrepresentative

Repr. = Representative

9. While taking an infants' temperature (rectally), how important is it for a parent to perform the tasks described below?

---

1	2	3	4	5
Totally		Neither Important		Very
Unimportant	Unimportant	Nor Unimportant	Important	Important

---

TEMPERATURE  
RECTAL

Materials

- |                                   |       |            |       |
|-----------------------------------|-------|------------|-------|
| 1. Conventional Glass Thermometer | _____ | 3. Tissue  | _____ |
| 2. Vaseline (or other lubricant)  | _____ | 4. Alcohol | _____ |

Procedure

1. Sterilize thermometer with alcohol. \_\_\_\_\_
2. Lubricate end of thermometer. \_\_\_\_\_
3. Place baby in supine position on soft surface, remove  
diaper and place away from baby's reach. \_\_\_\_\_
4. Hold baby securely with one hand on chest. \_\_\_\_\_
5. Shake thermometer down with free hand. \_\_\_\_\_
6. Grasp the infant's ankles firmly, placing your index  
finger between the ankle bones and lift feet high  
enough to expose rectal area. \_\_\_\_\_
7. Gently insert thermometer about 1/2" (to about the  
98° mark). \_\_\_\_\_
8. Maintain hand on thermometer and keep in place for one  
to three minutes \_\_\_\_\_
9. Withdraw thermometer, release legs, but keep hand on  
baby's chest and read. \_\_\_\_\_



10. Wipe baby's rectal area with a tissue to remove the  
lubricant. \_\_\_\_\_

11. Place the baby in a safe, comfortable place. \_\_\_\_\_

12. Wash hands. \_\_\_\_\_

---

Overall, how representative is this list of tasks needed by a parent when taking an infant's temperature?

---

1	2	3	4	5
Very Unrepr.	Unrepr.	Neither Repr. Nor Unrepr.	Repr.	Very Repr.

---

Unrepr. = Unrepresentative

Repr. = Representative

10. While taking an infant's temperature (axillary), how important is  
it for a parent to perform the tasks described below?

---

1	2	3	4	5
Totally Unimportant	Unimportant	Neither Important Nor Unimportant	Important	Very Important

---

TEMPERATURE  
AXILLARY

Materials

1. Conventional Glass Thermometer \_\_\_\_\_ 2. Alcohol \_\_\_\_\_

Procedure

1. Sterlize thermometer with alcohol. \_\_\_\_\_

2. Place baby in supine position on soft surface. \_\_\_\_\_

3. Remove shirt or lift shirt high enough to expose  
armpit. \_\_\_\_\_

4. Hold baby securely with one hand on chest. \_\_\_\_\_
5. Shake thermometer down with free hand. \_\_\_\_\_
6. Lift arm on warmest side of baby's body. \_\_\_\_\_
7. Place lower half of thermometer under arm (in armpit). \_\_\_\_\_
8. Bring baby's arm down over thermometer. \_\_\_\_\_
9. Gently hold baby's arm at elbow with one hand (hold  
both hands together if baby moves other hand near  
thermometer). \_\_\_\_\_
10. Wait three to five minutes. \_\_\_\_\_
11. Lift arm, withdraw thermometer, and read while  
holding baby securely. \_\_\_\_\_

---

Overall, how representative is this list of tasks needed by a parent when taking the infant's temperature?

---

1	2	3	4	5
Very Unrepr.	Unrepr.	Neither Repr. Nor Unrepr.	Repr.	Very Repr.

---

Unrepr. = Unrepresentative                      Repr. = Representative

## APPENDIX D

### INFANT-CARE SKILLS TRAINING PROTOCOLS\*

#### 1. HOLD ONE: CRADLE HOLD

##### When:

This hold is perfect  
for feeding your baby.

[ ]\*

[ ]

##### What to do:

1. The infant's head, shoulders, and back are supported by this arm.
  2. The baby's thigh is grasped with this arm.
  3. This arm is free to hold a bottle or to perform one of the stimulation activities.
- 

### INFANT STIMULATION MENU

Try any three from this list when using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.

\* Copyright C Ronald S. Dachman, 1985, Department of Psychology,  
Western Michigan University

\*\* The original protocol contained an illustration that will not  
appear here.

4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
6. Gently rock your infant. This may quiet and soothe him/her.
7. Gently rub your child's head. This may soothe him/her.
8. Touch a rattle to your child's fingertips or back of hand.
9. Have your child grasp your fingers, wiggle fingers, and gently pull away.
10. Gently rub your baby's tummy.

## 2. HOLD TWO: FOOTBALL HOLD

### When:

This hold is perfect  
for feeding your baby.

[ ]\*

[ ]

### What to do:

1. The baby's head is supported with this hand.
  2. The baby's back is supported by forearm.
  3. The baby's buttocks are gently pressed between the elbow and hip.
  4. The other arm is free to shampoo the baby or to perform one of the stimulation activities.
- \* The original protocol contained an illustration that will not appear here.

# INFANT STIMULATION MENU

Try any three from this list when using the football hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
6. Gently rock your infant. This may quiet and soothe him/her.
7. Gently rub your child's head. This may soothe him/her.
8. Touch a rattle to your child's fingertips or back of hand.
9. Have your child grasp your fingers, wiggle fingers, and gently pull away.
10. Gently rub your baby's tummy.

## 3. HOLD THREE: UPRIGHT HOLD

### When:

This is an ideal  
hold to use when  
burping you baby.

[ ]\*

[ ]\*

\*\* The original protocol contained an illustration that will not appear here.

What to do:

1. With one hand supporting the head, neck, and shoulders and the other supporting the buttocks, gently lift baby and rest on shoulder.
  2. Baby's weight is supported by hand, wrist, and forearm.
  3. This hand is used for head support or to pat/rub back (see burping).
- 

## INFANT STIMULATION MENU

Try any three from this list when using the upright hold.

1. Repeat sounds your baby makes.
2. Sing to your baby or recite poems or nursery rhymes.
3. Vary voice tone when talking to your child.
4. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
5. Gently rock your infant. This may quiet and soothe him/her.
6. Gently rub your child's head. This may soothe him/her.

4. FEEDINGHave these materials ready:

1. Bottle      2. Formula      3. Towel(s)

Follow these steps:

1. Wash your hands.
2. Fill the bottle with about three to four ounces of formula.
3. The size of the nipple hole should be checked: The formula should drop but not flow in a steady stream.

4. The bottle cap should be checked. It should be loose enough so that air bubbles can enter the bottle as milk is sucked out of it.
  5. Use the cradle hold.
  6. Gently touch the baby's lips with the nipple (baby will turn and grasp the nipple with his/her mouth).
  7. Hold the bottle straight out at a 90° angle to the baby's mouth.
  8. Both the neck and nipple of the bottle should be filled with formula.
  9. After feeding, place the unused portion of formula in the refrigerator.
- 

#### INFANT STIMULATION MENU

Try any three from this list when using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
6. Gently rub your child's head. This may soothe him/her.
7. Stimulate your child's lips with your fingers by gently pinching them.

8. Stimulate sucking by gently massaging your child's cheeks while the nipple is in his/her mouth using a forward-backward motion with your fingers.
9. Touch bottom lip before the nipple is presented.
10. Tap your child gently with your fingertips under his/her chin.

#### 5. BURPING

##### UPRIGHT METHOD

##### Have these materials ready:

1. Burping Cloth (towel, diaper, etc.)

##### Follow these steps:

1. Place a towel or diaper over your shoulder.
  2. Use the upright hold.
  3. Rub the baby's back in a circular motion from the lower back up to the shoulders, or gently pat, until he burps.
  4. After burping, place the baby on his abdomen or right side to promote digestion.
- 

##### INFANT STIMULATION MENU

Try any three from this list while using the cradle hold.

1. Repeat sounds your baby makes.
2. Sing to your baby or recite poems or nursery rhymes.
3. Vary voice tone when talking to your child.
4. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.



## 6. BATHING

### Have these materials ready:

- |                           |                             |
|---------------------------|-----------------------------|
| 1. Tub                    | 6. Clean Diaper and Clothes |
| 2. Soap                   | 7. Alcohol                  |
| 3. Non-Irritating Shampoo | 8. Cotton Swabs             |
| 4. Bath Towel             | 9. Lotion                   |
| 5. Washcloth              |                             |

### Follow these steps:

1. Select a non drafty location for the bath.
2. Gather all of the equipment including the baby's clean clothes and place them away from the baby's reach.
3. Put a towel on the bottom of the tub.
4. Fill the basin with water that feels comfortable to your elbow or inner wrist.
5. Remove the baby's clothing and diaper, and place them away from the baby.
6. Shampoo
  - A. Place the child gently on a dry towel and wrap.
  - B. Use the football hold over the tub.
  - C. First wet, then place some shampoo on his/her head and gently massage in a circular motion using the flat pads of your fingers.
  - D. Squeeze clear water from the washcloth onto his/her scalp, rinsing away all suds.
  - E. Pat dry.

7. With one hand supporting the baby's head, neck, and shoulders and the other supporting the buttocks, gently and gradually slide him/her into the bath water.
8. Support the baby's head on your wrist, with the fingers of that hand holding the baby securely in the armpit.

9. Face

- A. Wet the washcloth and, without soap, wipe the first eye from the inside out.
- B. With the unused portion of the washcloth, rinse, and wash the other eye, from the inside out.
- C. Rinse the washcloth and gently massage the face.
- D. Wrap the washcloth around one finger and wash only the outside of each ear.

10. Body

- A. Use the washcloth or hand to wet the body from the neck down.
- B. Apply soap to the washcloth or hand and wash the baby's neck, chest, tummy, arms, armpits, and hands.
- C. Apply the soapy washcloth to the buttocks, legs and feet.
- D. Wet the cloth and rinse beginning with the neck and moving down to the feet.

11. Back

- A. Lift baby up to a sitting position and support head by placing the thumb, first, and middle fingers under the baby's chin.
- B. Apply soap to cloth or hand and wash back.

C. Rinse with water.

12. Drying

- A. Lift baby out of tub while supporting head, shoulders, and buttocks, and place on dry towel.
  - B. Wrap child in towel and pat dry
  - C. Apply alcohol around the base and top of cord.
  - D. If prescribed by a physician or if a rash is present, apply lotion.
  - E. Dress in clean diaper and clothes.
- 

INFANT STIMULATION MENU

Try any three from this list while using the cradle hold.

- 1. Put your face 6-8 inches from your child when talking or singing to him/her.
- 2. Repeat sounds your baby makes.
- 3. Sing to your baby or recite poems or nursery rhymes.
- 4. Vary voice tone when talking to your child.
- 5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
- 6. Gently rock your infant. This may quiet and soothe him/her.
- 7. Gently rub your child's head. This may soothe him/her.
- 8. Touch a rattle to your child's fingertips or back of hand.
- 9. Have your child grasp your fingers, wiggle fingers, and gently pull away.
- 10. Gently rub your baby's tummy.

## 7. DIAPERING - DISPOSABLE

### Have these materials ready:

- |                     |                 |
|---------------------|-----------------|
| 1. Clean Washcloths | 4. Clothes      |
| 2. Ointment         | 5. Rubber Pants |
| 3. Clean Diaper     |                 |

### Follow these steps:

1. Place the baby on the changing table with one hand supporting the baby's head and shoulders, and one hand supporting the buttocks.
2. Stand to one side when changing the diaper.
3. Keep one hand on the baby to hold him/her in a secure position.
4. Remove the wet/soiled diaper and place it in a sealed container.
5. Wipe the genital area thoroughly using a wet washcloth or towelette and pat dry. (Wipe girls from front to back).
6. If a rash is present, or if recommended by your physician, apply ointment over the front and all the way around the baby's buttocks.
7. Slide the diaper under the baby and fan out the ends that the tape is on.
8. Pull the front half up and fan out the ends.
9. Peel the loose edge of the tape from the plastic backing strip and lap the back of the diaper over the front until it fits snugly.
10. Dress in fresh clothing (if old clothing is wet/soiled).

11. Place the baby in a safe, comfortable place.
  12. Wash your hands.
- 

#### INFANT STIMULATION MENU

Try any three from this list while using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
6. Gently rub your child's head. This may soothe him/her.
7. Have your child grasp your fingers, wiggle fingers, and gently pull away.
8. Gently rub your baby's tummy.
9. With the baby lying on his/her back, lift his/her arms gently up and down over his/her head, and then in and out.
10. Take your baby's feet in your hands and bicycle for a few seconds.
11. Talk and call to your baby from one side of the crib and stroke or touch his/her arm or side. If he doesn't turn his/her head, gently move it to the side and reward him/her with a big smile and gently praise.

### 8. DIAPERING - CLOTH

#### Have these materials ready:

- |                              |                 |
|------------------------------|-----------------|
| 1. Clean Washcloth/Towelette | 4. Pins         |
| 2. Ointment                  | 5. Clothes      |
| 3. Clean Diaper              | 6. Rubber Pants |

#### Follow these steps:

1. Place the baby on the changing table with one hand supporting the baby's head and shoulders, and one hand supporting the buttocks.
2. Keep one hand on the baby to hold him/her in a secure position.
3. Stand to one side of the baby when changing the diaper.
4. Place the pins in soap away from the baby's reach.
5. Remove the wet/soiled diaper and place it away from the baby's reach.
6. Wipe the genital area thoroughly using a wet washcloth or towelette and pat dry. (Wipe girls from front to back).
7. If a rash is present, or if recommended by your physician, apply ointment over the front and all the way around the baby's buttocks.
8. Fold the diaper properly:
  - a. Spread the diaper flat on the surface.
  - b. Fold the upper left and right hand corners down to form a cone
  - c. Fold the bottom flap up about 2-3 inches.
9. Slide the diaper under the baby with the cone facing down so

that the top of the diaper is at waist level.

10. Bring the point of the cone up between the baby's legs.
  11. Hold the point with one hand and use free hand to pull the back of one side of the diaper over the front.
  12. Slip two fingers between the baby and the diaper (to prevent sticking the child with the pin).
  13. Insert the pin in (toward your fingers) and out and fasten.
  14. Pull the back of the other side of the diaper over the front.
  15. Slip two fingers between the baby and the diaper.
  16. Insert the pin in toward your fingers and out and fasten.
  17. Dress in fresh clothing (if old clothing is wet/soiled).
  18. Place the baby in a safe, comfortable place.
  19. Rinse the wet/soiled diaper and place it in closed container.
  20. Wash hands.
- 

#### INFANT STIMULATION MENU

Try any three from this list while using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
6. Gently rub your child's head. This may soothe him/her.

7. Have your child grasp your fingers, wiggle fingers, and gently pull away.
8. Gently rub your baby's tummy.
9. With the baby lying on his/her back, lift his/her arms gently up and down over his/her head, and then in and out.
10. Take your baby's feet in your hands and bicycle for a few seconds.
11. Talk and call to your baby from one side of the crib and stroke or touch his/her arm or side. If he doesn't turn his/her head, gently move it to the side and reward him/her with a big smile and gently praise.

#### 9. TEMPERATURE

##### RECTAL

##### Have these materials ready:

1. Conventional Glass Thermometer
3. Tissue
2. Vaseline (or other lubricant)

##### Follow these steps:

1. Wash the thermometer with soap and cool water.
2. Shake the thermometer down, lubricate the end, and place it away from your baby's reach.
3. Place your baby in a supine position on a soft surface, remove his/her diaper and place it away from his/her reach.
4. Grasp the infant's ankles firmly, placing your index finger between the ankle bones and lift the feet high enough to expose the rectal area.
5. Pick up the thermometer, and gently insert it about 1/2".
6. Maintain your hand on the thermometer and keep it in place



for one to three minutes.

7. Withdraw the thermometer, release the baby's legs, but place one hand on the baby's chest, and read the thermometer.
  8. Wipe your baby's rectal area with a tissue to remove the lubricant.
  9. Place the baby in a safe, comfortable place.
  10. Wash hands.
- 

#### INFANT STIMULATION MENU

Try any three from this list while using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.

#### 10. TEMPERATURE

##### AXILLARY

Have these materials ready:

1. Conventional Glass Thermometer

Follow these steps:

1. Wash the thermometer with soap and cool water.
2. Shake the thermometer down with one free hand.
3. Place your baby in a supine position on a soft surface.

4. Remove the baby's shirt or lift his/her shirt high enough to expose his/her armpit.
  5. Lift the arm on the warmest side of the baby's body.
  6. Place the lower half of the thermometer under the arm (in armpit).
  7. Bring the baby's arm down over the thermometer.
  8. Gently hold the baby's arm at the elbow with one hand (hold both hands together if the baby moves his/her other hand near the thermometer).
  9. Wait three to five minutes.
  10. Lift the arm, withdraw the thermometer, and read it while placing one hand on baby's chest.
- 

#### INFANT STIMULATION MENU

Try any three from this list while using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
6. Gently rub your child's head. This may soothe him/her.
7. Gently rub your baby's tummy.

APPENDIX E  
CONSENT FORM FOR EXPERIMENT I

CONSENT FORM

As part of my doctoral research in association with the Clinical Psychology Department at Western Michigan University, I have developed a project whose purpose is to look at the training of infant care procedures with expectant fathers. Specifically, you will be taught to use bathing, feeding, holding, diapering, and temperature taking. It is hoped that once you learn these techniques you will be able to use them with your newborn. You will also be taught some creative ways to interact with your baby.

This research will be carried out during at least five meetings at the hospital and one in your home. There will be three introductory meetings, at least two training meetings, and one follow-up meeting, all in that order.

The introductory meetings will last about 30 minutes each. The training sessions will last about 1-1/2 hours. The follow-up meeting will require about 30 minutes.

During the introductory meetings, you will be asked to complete a short exercise with the trainer.

During the training meetings, you will be taught to use the infant care procedures described above. After training you will participate in another exercise.

During the follow-up meeting, you will perform the infant care skills with your child.

We would appreciate your cooperation in this effort by providing your consent to be a participant in this project. Of course your name will in no way be connected with the reports of training to others.

\*\*\*\*\*

#### ACKNOWLEDGEMENT

"I have been given an opportunity to ask questions regarding this research study, and these questions have been answered to my satisfaction.

I understand that if I have any additional questions I can contact Ronald S. Dachman at (616) 382-0515."

"In giving my consent, I understand that my participation in this research project is voluntary, and that I may withdraw at any time without affecting my future medical care. I also understand that the investigator in charge of this study, with my welfare as a basis, may decide at any time that I should no longer participate in this study."

"I hereby authorize the investigator, Ronald S. Dachman, to release the information obtained in this study to the medical and/or behavioral science literature. I understand that I will not be identified by name. I also understand that upon completion of this study, all videotapes will be erased."

"Because no medications or invasive procedures are involved in collection of the information, no physical injury is anticipated due to this study. In the event of unanticipated physical injury resulting from the research procedures, Bronson Methodist Hospital and/or the investigator, Ronald S. Dachman, will provide or arrange to provide for all necessary medical care to help me recover, but they do not commit themselves to pay for such care, or to provide any additional compensation. I also understand that neither Bronson Methodist Hospital nor the investigator, Ronald S. Dachman, agree to bear the expense of medical care for any new illness or complications which may develop during my participation in this study, but are not a result of the research procedures. If I have further questions or concerns regarding my participation in this study, I may direct them to the investigator in charge."

"I acknowledge that I have read and understand the above information, and that I agree to participate in this study. I have received a copy of this document for my own records."

---

**Subject****Date**

---

---

**Witness****Date**

---

APPENDIX F  
CONSENT FORM FOR EXPERIMENT 2

CONSENT FORM

As part of my doctoral research in association with the Clinical Psychology Department at Western Michigan University, I have developed a project whose purpose is to look at the training of infant care procedures with expectant fathers. Specifically, you will be taught to use bathing, feeding, holding, diapering, and temperature taking. It is hoped that once you learn these techniques you will be able to use them with your newborn. You will also be taught some creative ways to interact with your baby.

This research will be carried out during at least three meetings at the hospital and three in your home. There will be three introductory meetings, and two training meetings.

The introductory meetings will last about 30 minutes each. The training sessions will last about 1-1/2 hours.

During the introductory meetings, you will be asked to complete a short exercise with the trainer.

During the training meetings, you will be taught to use the infant care procedures described above. After training you will participate in another exercise.

We would appreciate your cooperation in this effort by providing your consent to be a participant in this project. Of course your name will in no way be connected with the reports of training to others.

\*\*\*\*\*

#### ACKNOWLEDGEMENT

"I have been given an opportunity to ask questions regarding this research study, and these questions have been answered to my satisfaction.

I understand that if I have any additional questions I can contact Ronald S. Dachman at (616) 382-0515."

"In giving my consent, I understand that my participation in this research project is voluntary, and that I may withdraw at any time without affecting my future medical care. I also understand that the investigator in charge of this study, with my welfare as a basis, may decide at any time that I should no longer participate in this study."

"I hereby authorize the investigator, Ronald S. Dachman, to release the information obtained in this study to the medical and/or behavioral science literature. I understand that I will not be identified by name. I also understand that upon completion of this study, all videotapes will be erased."

"Because no medications or invasive procedures are involved in collection of the information, no physical injury is anticipated due



to this study. In the event of unanticipated physical injury resulting from the research procedures, Bronson Methodist Hospital and/or the investigator, Ronald S. Dachman, will provide or arrange to provide for all necessary medical care to help me recover, but they do not commit themselves to pay for such care, or to provide any additional compensation. I also understand that neither Bronson Methodist Hospital nor the investigator, Ronald S. Dachman, agree to bear the expense of medical care for any new illness or complications which may develop during my participation in this study, but are not a result of the research procedures. If I have further questions or concerns regarding my participation in this study, I may direct them to the investigator in charge."

"I acknowledge that I have read and understand the above information, and that I agree to participate in this study. I have received a copy of this document for my own records."

---

Subject

Date

---

Witness

Date

APPENDIX G  
TRAINING MANUAL

JUST FOR FATHERS

INFANT CARE

TRAINING MANUAL

Copyright pending 1985  
Ronald S. Dachman

Training Manual

Welcome to our infant care training group! This guide is designed to assist you in learning the infant care and infant stimulation activities appropriate to your newborn child.

1. The first step in the training process is to read and memorize the infant care protocols, fact sheets, and stimulation activities. Ask yourself questions about the information.
2. Answer all of the questions pertaining to the procedure on the following page. After answering all the questions, check your answers with the answer sheet, and correct those you answered incorrectly. DO NOT erase your incorrect answer, just write in the correct one. We will discuss the wrong answers later.
3. You may go on to the next procedure after all questions are answered and you have corrected those you answered incorrectly.
4. When you have completed all ten procedures you may go on to the study guide. Answer all of the questions, check your answers with the training manual, and correct those questions you answered incorrectly. (Again, do not erase your incorrect answers, just write in the correct one.)
5. After completing the study guide (Step #4), you should bring the manual to me, and we will discuss any questions you may have pertaining to the procedures, fact sheets, and stimulation activities.
6. You will be expected to score 90% on a written quiz about the material contained in this manual. If you do not achieve this

score, you will need to restudy the manual before taking another quiz. So, please know the material before taking the quiz.

7. When you have successfully completed the quiz, you will be asked to practice the infant care skills.
8. The infant care skills you will learn to use include: holding, feeding, burping, diapering, bathing, and temperature taking. You will also learn some creative ways to interact and play with your newborn. We would like you to try at least three infant stimulation activities with every infant care procedure.

GOOD LUCK!!!

1. HOLD ONE: CRADLE HOLDWhen:

This hold is perfect  
for feeding your baby.

[ ]\*

[ ]

What to do:

1. The infant's head, shoulders, and back are supported by this arm.
  2. The baby's thigh is grasped with this arm.
  3. This arm is free to hold a bottle or to perform one of the stimulation activities.
- 

## INFANT STIMULATION MENU

Try any three from this list when using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
6. Gently rock your infant. This may quiet and soothe him/her.

\*\* The original protocol contained an illustration that will not appear here.

7. Gently rub your child's head. This may soothe him/her.
8. Touch a rattle to your child's fingertips or back of hand.
9. Have your child grasp your fingers, wiggle fingers, and gently pull away.
10. Gently rub your baby's tummy.

You may go on to the Football Hold when you have answered the following questions correctly. Check your answer sheet.

1. With the cradle hold, the baby's \_\_\_\_\_, \_\_\_\_\_, and back are supported by the forearm.
2. The baby's thigh is grasped with the father's \_\_\_\_\_.
3. List two infant stimulation activities to engage in when using the cradle hold:
  - A.
  - B.

## 2. HOLD TWO: FOOTBALL HOLD

### When:

This hold is perfect  
for feeding your baby.

[ \_\_\_\_\_ ]\*

[ \_\_\_\_\_ ]

### What to do:

1. The baby's head is supported with this hand.
2. The baby's back is supported by forearm.

\*\* The original protocol contained an illustration that will not appear here.

3. The baby's buttocks are gently pressed between the elbow and hip.
  4. The other arm is free to shampoo the baby or to perform one of the stimulation activities.
- 

#### INFANT STIMULATION MENU

Try any three from this list when using the football hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
6. Gently rock your infant. This may quiet and soothe him/her.
7. Gently rub your child's head. This may soothe him/her.
8. Touch a rattle to your child's fingertips or back of hand.
9. Have your child grasp your fingers, wiggle fingers, and gently pull away.
10. Gently rub your baby's tummy.

You may go on to the Upright Hold when you have answered the following questions correctly. Check your answer sheet.

1. When using the football hold, the baby's buttocks are pressed gently between the \_\_\_\_\_ and hip.
2. The baby's back is supported by the \_\_\_\_\_.

3. Put your face \_\_\_\_\_ inches from your newborn when talking or singing to him/her.
4. With the cradle hold, the baby's \_\_\_\_\_, \_\_\_\_\_, and back are supported by the parent's forearm.

### 3. HOLD THREE: UPRIGHT HOLD

#### When:

This is an ideal  
hold to use when  
burping you baby.

[ \_\_\_\_\_ ]\*

[ \_\_\_\_\_ ]

#### What to do:

1. With one hand supporting the head, neck, and shoulders and the other supporting the buttocks, gently lift baby and rest on shoulder.
2. Baby's weight is supported by hand, wrist, and forearm.
3. This hand is used for head support or to pat/rub back (see burping).

### INFANT STIMULATION MENU

Try any three from this list when using the upright hold.

1. Repeat sounds your baby makes.

\*\* The original protocol contained an illustration that will not appear here.



2. Sing to your baby or recite poems or nursery rhymes.
3. Vary voice tone when talking to your child.
4. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
5. Gently rock your infant. This may quiet and soothe him/her.
6. Gently rub your child's head. This may soothe him/her.

You may go on to the Feeding when you have answered the following questions correctly. Check your answer sheet.

1. List at least three stimulation activities to engage in when using the upright hold.
  - A.
  - B.
  - C.
2. When using the upright hold, the baby's weight is supported by the \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
3. When using the football hold, the baby's buttocks are pressed gently between the \_\_\_\_\_ and \_\_\_\_\_.
4. When using the cradle hold, the baby's thigh is grasped with the father's \_\_\_\_\_.

#### 4. FEEDING

Have these materials ready:

- |           |            |             |
|-----------|------------|-------------|
| 1. Bottle | 2. Formula | 3. Towel(s) |
|-----------|------------|-------------|

Follow these steps:

1. Wash your hands.
2. Fill the bottle with about three to four ounces of formula.
3. The size of the nipple hole should be checked: The formula

should drop but not flow in a steady stream.

4. The bottle cap should be checked. It should be loose enough so that air bubbles can enter the bottle as milk is sucked out of it.
  5. Use the cradle hold.
  6. Gently touch the baby's lips with the nipple (baby will turn and grasp the nipple with his/her mouth).
  7. Hold the bottle straight out at a 90° angle to the baby's mouth.
  8. Both the neck and nipple of the bottle should be filled with formula.
  9. After feeding, place the unused portion of formula in the refrigerator.
- 

#### INFANT STIMULATION MENU

Try any three from this list when using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
6. Gently rub your child's head. This may soothe him/her.
7. Stimulate your child's lips with your fingers by gently pinching

them.

8. Stimulate sucking by gently massaging your child's cheeks while the nipple is in his/her mouth using a forward-backward motion with your fingers.
9. Touch bottom lip before the nipple is presented.
10. Tap your child gently with your fingertips under his/her chin.

#### FEEDING FACT SHEET

##### Procedure

- Item 2. Fill bottle with about three to four ounces of fluid.

The newborn will consume about one half to one ounce of formula in the hospital and up to three ounces at discharge time. By the time you bring him/her home, he/she will be ready to eat about three to four ounces of formula every three to four hours.

- Item 3. The size of the nipple hole should be checked: The formula should drop but not flow in a steady stream.

If the nipple hole is too small, the baby will get too little and start fussing or become tired and go to sleep long before finishing the bottle. If the hole is too large, the baby may choke or get indigestion. The hole is generally right for a young baby if, when you turn the bottle upside down, the formula comes out in a fine spray for a second or two and then changes to drops. If it keeps coming in a spray, it is probably too fast. If it comes in slow drops from the beginning, it is probably too slow.

- Item 4. The bottle cap should be checked. It should be loose enough so that air bubbles can enter the bottle as milk is sucked out of it.

There is usually some channel for letting air into the bottle as the baby withdraws milk, to prevent a vacuum, which would collapse the nipple. The air passage is usually designed so that if you screw the nipple cap down tighter, the passage is decreased in size so that there is a partial vacuum and the baby has to suck harder and take longer to finish the bottle. A looser cap allows faster drinking.

- Item 8. Both the neck and nipple of the bottle should be filled with formula.

Most babies work steadily until they have taken all the formula they need. If the neck and nipple are not filled with formula, your baby could swallow alot of air. If the air bubble gets too big, he/she could feel comfortably full and stop feeding in the middle of the bottle.

- Item 9. After feeding, place the unused portion of formula in the refrigerator.

If you have a young baby who sometimes goes to sleep after half of the bottle and then wakes in a couple of hours for the rest, you can promptly put the half-finished bottle back in the refrigerator. Some physicians do not recommend using such a bottle more than twice.

You may go on to Burping when you have answered the following questions correctly. Check your answer sheet.

1. Nipple holes that are too large may cause the baby to \_\_\_\_\_, and nipple holes that are too small may cause the baby to \_\_\_\_\_ during feeding.
2. The bottle should be filled with: \_\_\_\_\_
  - A. 5-6 ounces of formula
  - B. 1-2 ounces of formula
  - C. 3-4 ounces of formula
  - D. 2-3 ounces of formula
3. Both the neck and nipple of the bottle should be filled with formula because: \_\_\_\_\_
  - A. This prevents swallowing of air
  - B. This speeds up the feeding process
  - C. The formula tastes better this way
4. Why should the bottle cap be checked?  
\_\_\_\_\_  
\_\_\_\_\_
5. List two stimulation activities to engage in when feeding your baby.
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
6. When using the upright hold, the baby's weight is supported by the \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

## 5. BURPING

### UPRIGHT METHOD

#### Have these materials ready:

1. Burping Cloth (towel, diaper, etc.)

#### Follow these steps:

1. Place a towel or diaper over your shoulder.
  2. Use the upright hold.
  3. Rub the baby's back in a circular motion from the lower back up to the shoulders, or gently pat, until he burps.
  4. After burping, place the baby on his abdomen or right side to promote digestion.
- 

### INFANT STIMULATION MENU

Try any three from this list while using the cradle hold.

1. Repeat sounds your baby makes.
2. Sing to your baby or recite poems or nursery rhymes.
3. Vary voice tone when talking to your child.
4. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.

### BURPING FACT SHEET

#### General

All babies swallow some air while they are drinking their formula. It collects as a bubble in their stomach. You need to burp your baby in the middle of a feeding only if they swallow so much air that it stops their drinking. You should at least try to get the bubble up

at the end of feeding. Most babies will become uncomfortable in a little while if they're put to bed with the bubble still in the stomach. Some babies even get colic pains from it. On the other hand, if your baby is hard to burp and always seems just as comfortable whether burped or not, there is no need for you to try for more than a few minutes.

#### Procedure

##### Item 1. Place a towel or diaper over shoulder

It is a good idea to put a diaper or towel over your shoulder in case your baby spits up a little.

##### Item 4. After burping, place the baby on his abdomen or right side to promote digestion.

A large number of babies seem to be a little more comfortable going to sleep on their stomachs. This is especially true of the baby who develops colic: The pressure on the abdomen seems to partly relieve the gas pains.

Some physicians recommend that a baby should be taught to sleep on his/her side with the aid of firm pillows. One advantage to this is the flow of gravity causes the formula to move toward the small intestine so that it leaves the stomach sooner, thus enhancing digestion.

One disadvantage to babies sleeping on their back is if they vomit, they are more likely to choke on the vomitus.

You may go on to Bathing when you have answered the following questions correctly. Check your answer sheet.

1. Why is it a good idea to put a diaper over your shoulder when

burping your baby? \_\_\_\_\_

2. Why do babies need to be burped? \_\_\_\_\_
3. Touching the nipple next to the baby's mouth will cause him to: \_\_\_\_\_
- A. Spit up and cry
  - B. Turn away
  - C. Turn and grasp the nipple with his mouth.
  - D. None of the above
4. List three things you can do while burping your child.
- A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
5. The size of the nipple hole should be checked before each feeding. The formula should \_\_\_\_\_ but not \_\_\_\_\_.

#### 6. BATHING

##### Have these materials ready:

- |                           |                             |
|---------------------------|-----------------------------|
| 1. Tub                    | 6. Clean Diaper and Clothes |
| 2. Soap                   | 7. Alcohol                  |
| 3. Non-Irritating Shampoo | 8. Cotton Swabs             |
| 4. Bath Towel             | 9. Lotion                   |
| 5. Washcloth              |                             |

##### Follow these steps:

- 1. Select a non drafty location for the bath.
- 2. Gather all of the equipment including the baby's clean



clothes and place them away from the baby's reach.

3. Put a towel on the bottom of the tub.
4. Fill the basin with water that feels comfortable to your elbow or inner wrist.
5. Remove the baby's clothing and diaper, and place them away from the baby.
6. Shampoo
  - A. Place the child gently on a dry towel and wrap.
  - B. Use the football hold over the tub.
  - C. First wet, then place some shampoo on his/her head and gently massage in a circular motion using the flat pads of your fingers.
  - D. Squeeze clear water from the washcloth onto his/her scalp, rinsing away all suds.
  - E. Pat dry.
7. With one hand supporting the baby's head, neck, and shoulders and the other supporting the buttocks, gently and gradually slide him/her into the bath water.
8. Support the baby's head on your wrist, with the fingers of that hand holding the baby securely in the armpit.
9. Face
  - A. Wet the washcloth and, without soap, wipe the first eye from the inside out.
  - B. With the unused portion of the washcloth, rinse, and wash the other eye, from the inside out.
  - C. Rinse the washcloth and gently massage the face.

- D. Wrap the washcloth around one finger and wash only the outside of each ear.

10. Body

- A. Use the washcloth or hand to wet the body from the neck down.
- B. Apply soap to the washcloth or hand and wash the baby's neck, chest, tummy, arms, armpits, and hands.
- C. Apply the soapy washcloth to the buttocks, legs and feet.
- D. Wet the cloth and rinse beginning with the neck and moving down to the feet.

11. Back

- A. Lift baby up to a sitting position and support head by placing the thumb, first, and middle fingers under the baby's chin.
- B. Apply soap to cloth or hand and wash back.
- C. Rinse with water.

12. Drying

- A. Lift baby out of tub while supporting head, shoulders, and buttocks, and place on dry towel.
  - B. Wrap child in towel and pat dry
  - C. Apply alcohol around the base and top of cord.
  - D. If prescribed by a physician or if a rash is present, apply lotion.
  - E. Dress in clean diaper and clothes.
-

## INFANT STIMULATION MENU

Try any three from this list while using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
6. Gently rock your infant. This may quiet and soothe him/her.
7. Gently rub your child's head. This may soothe him/her.
8. Touch a rattle to your child's fingertips or back of hand.
9. Have your child grasp your fingers, wiggle fingers, and gently pull away.
10. Gently rub your baby's tummy.

BATHING FACT SHEETGeneral

1. If bathing stimulates your baby or makes him irritable or angry, bathe him in the morning.
2. If bathing calms your baby or makes him sleepy, bathe him at night.

ProcedureItem 3. Put a towel on the bottom of the tub.

A tub is less slippery if you line it with a towel or diaper each time.

Item 4. Fill basin with water that feels comfortable to your elbow or

inner wrist.

The water should be about body temperature ( $90^{\circ}$  -  $100^{\circ}$ ).  
 A bath thermometer can be a comfort but is not necessary.  
 Test the temperature with your elbow or wrist. It should  
 feel comfortably warm.

Item 6. Shampoo

C. First wet, then place some shampoo on his/her head and  
 gently massage in a circular motion using the flat pads  
 of your fingers.

1. The FONTANEL (or soft spot) on the top of the head is where the four pieces of bone that make up the top of the skull have not yet grown together. Some fontanels close together as early as nine months or slow ones can take two years. The average is 12 to 18 months. Parents worry unnecessarily about the danger of touching the soft spot. Actually, it is covered by a membrane as tough as canvas, and there is very little risk of hurting a baby there.
2. Use the pads of your fingers when shampooing your child because your fingernails will scratch his/her scalp.

Item 9. Face

A. Wet the washcloth and, without soap, wipe the first eye  
 from the inside out.

The eyes are bathed constantly by the steady flow of the tears (not just when the baby is crying). This is why it

is unnecessary to put any drops in the eyes while they are healthy.

C. Rinse the washcloth and gently massage the face.

1. The mouth ordinarily needs no extra care.
2. The nose has a beautiful system for keeping itself clear. Tiny invisible hairs in the cells lining the nose keep moving the mucus and dust down toward the front of the nose, where it collects on the large hairs near the opening. This tickles the nose and makes the baby sneeze or rub the collection out.

D. Wrap the washcloth around one finger and wash only the outside of each ear.

You will need to wash only the outer ear and the entrance to the canal, not the inside. Wax is formed in the canal to protect and clear it.

Item 12. Drying

D. If prescribed by a physician or if a rash is present, apply lotion.

1. Powder is helpful if the baby's skin chafes easily. It should be dusted on your hand first - away from the baby, so that he/she won't breathe a cloud of powder, and then rubbed gently on his/her skin. Don't overuse powder because:
  - a. they can clog pores
  - b. they can lead to respiratory problems if inhaled.

2. A baby lotion may be helpful when the skin is dry or there is a mild diaper rash. Baby oils (which are different from lotions) and mineral oil have been used less frequently since it has been shown that they sometimes cause a mild rash.

You may go on to Diapering when you have answered the following questions correctly. Check your answer sheet.

1. When is the best time to bathe a baby who is usually aroused during bath time? \_\_\_\_\_.
2. What can you put in the basin to prevent the baby from sliding?  
\_\_\_\_\_
3. It is okay to wash inside your child's ear as long as you use a Q-tip. \_\_\_\_ True \_\_\_\_ False.
4. After the bath, apply \_\_\_\_\_ around the \_\_\_\_\_ and \_\_\_\_\_ of the navel.
5. List three ways to play with your baby during bath time.
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
6. Why should the bottle cap be checked during feeding?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do not overuse powder because:
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_

### 7. DIAPERING - DISPOSABLE

#### Have these materials ready:

- |                     |                 |
|---------------------|-----------------|
| 1. Clean Washcloths | 4. Clothes      |
| 2. Ointment         | 5. Rubber Pants |
| 3. Clean Diaper     |                 |

#### Follow these steps:

1. Place the baby on the changing table with one hand supporting the baby's head and shoulders, and one hand supporting the buttocks.
2. Stand to one side when changing the diaper.
3. Keep one hand on the baby to hold him/her in a secure position.
4. Remove the wet/soiled diaper and place it in a sealed container.
5. Wipe the genital area thoroughly using a wet washcloth or towelette and pat dry. (Wipe girls from front to back).
6. If a rash is present, or if recommended by your physician, apply ointment over the front and all the way around the baby's buttocks.
7. Slide the diaper under the baby and fan out the ends that the tape is on.
8. Pull the front half up and fan out the ends.
9. Peel the loose edge of the tape from the plastic backing strip and lap the back of the diaper over the front until it fits snugly.
10. Dress in fresh clothing (if old clothing is wet/soiled).

11. Place the baby in a safe, comfortable place.
  12. Wash your hands.
- 

#### INFANT STIMULATION MENU

Try any three from this list while using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
6. Gently rub your child's head. This may soothe him/her.
7. Have your child grasp your fingers, wiggle fingers, and gently pull away.
8. Gently rub your baby's tummy.
9. With the baby lying on his/her back, lift his/her arms gently up and down over his/her head, and then in and out.
10. Take your baby's feet in your hands and bicycle for a few seconds.
11. Talk and call to your baby from one side of the crib and stroke or touch his/her arm or side. If he doesn't turn his/her head, gently move it to the side and reward him/her with a big smile and gently praise.



### 8. DIAPERING - CLOTH

#### Have these materials ready:

- |                              |                 |
|------------------------------|-----------------|
| 1. Clean Washcloth/Towelette | 4. Pins         |
| 2. Ointment                  | 5. Clothes      |
| 3. Clean Diaper              | 6. Rubber Pants |

#### Follow these steps:

1. Place the baby on the changing table with one hand supporting the baby's head and shoulders, and one hand supporting the buttocks.
2. Keep one hand on the baby to hold him/her in a secure position.
3. Stand to one side of the baby when changing the diaper.
4. Place the pins in soap away from the baby's reach.
5. Remove the wet/soiled diaper and place it away from the baby's reach.
6. Wipe the genital area thoroughly using a wet washcloth or towelette and pat dry. (Wipe girls from front to back).
7. If a rash is present, or if recommended by your physician, apply ointment over the front and all the way around the baby's buttocks.
8. Fold the diaper properly:
  - a. Spread the diaper flat on the surface.
  - b. Fold the upper left and right hand corners down to form a cone
  - c. Fold the bottom flap up about 2-3 inches.
9. Slide the diaper under the baby with the cone facing down so

that the top of the diaper is at waist level.

10. Bring the point of the cone up between the baby's legs.
  11. Hold the point with one hand and use free hand to pull the back of one side of the diaper over the front.
  12. Slip two fingers between the baby and the diaper (to prevent sticking the child with the pin).
  13. Insert the pin in (toward your fingers) and out and fasten.
  14. Pull the back of the other side of the diaper over the front.
  15. Slip two fingers between the baby and the diaper.
  16. Insert the pin in toward your fingers and out and fasten.
  17. Dress in fresh clothing (if old clothing is wet/soiled).
  18. Place the baby in a safe, comfortable place.
  19. Rinse the wet/soiled diaper and place it in closed container.
  20. Wash hands.
- 

#### INFANT STIMULATION MENU

Try any three from this list while using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.
6. Gently rub your child's head. This may soothe him/her.

7. Have your child grasp your fingers, wiggle fingers, and gently pull away.
8. Gently rub your baby's tummy.
9. With the baby lying on his/her back, lift his/her arms gently up and down over his/her head, and then in and out.
10. Take your baby's feet in your hands and bicycle for a few seconds.
11. Talk and call to your baby from one side of the crib and stroke or touch his/her arm or side. If he doesn't turn his/her head, gently move it to the side and reward him/her with a big smile and gently praise.

#### DIAPERING FACT SHEET

##### General

##### 1. When to change

Most parents change the diapers when they pick the baby up for feeding and again before they put the child back to bed. It is not uncommon to use up to 10-12 diapers per day. It can also be as low as six per day.

##### 2. Meconium

For the first day or so after birth, the baby's movements are composed of a material called meconium, which is greenish-black in color and of a smooth, sticky consistency. Then they change to brown and to yellow.

##### 3. Breast-Fed Movements

A. These movements are usually of a light yellow color. They may be pasty or they may have the consistency of thick cream soup.

- B. Many breast-fed babies change from frequent to infrequent movements by the time they are one, two, or three months old. Some then have one movement a day, others a movement only every other day and even further apart.

4. Bottle-Fed Movements

- A. These movements are usually pasty and of a pale-yellow or tan color.
- B. The baby fed formula usually has between one and four movements a day at first, though an occasional baby has as many as six. As he/she grows older, the number tends to decrease to one or two a day. The number is unimportant if the consistency of the movement is good and if the baby is doing well.

5. Diaper Rash

- A. The best form of prevention for diaper rash is to keep the baby very clean and dry.
- B. Diaper rash can develop from perfumed diapers. This rash will appear red and splotchy.

Procedure

Item 2. Stand to one side of baby when changing the diaper.

Stand to one side of your baby during diapering, and try to keep a diaper over the genitals (especially with boys) to avoid being soiled.

Item 6. If a rash is present, or if recommended by physician, apply ointment over the front and all the way around the baby's buttocks.

Refer back to the BATHING FACT SHEET for information on the use of lotion and powder.

Item 4. Place the pins in soap away from the baby's reach.

Placing the pins in soap will make them easier to stick through the diaper.

Item 19. Rinse the wet/soiled diaper and place it in a closed container.

- A. When you remove a soiled diaper, scrape the movement off into the toilet with a knife, or rinse it by holding in the toilet while you flush it (hold tight).
- B. You may want a covered container partially filled with water to put used diapers into as soon as removed. If it contains soap or detergent, this helps in removing stains. Be sure the soap is well dissolved, to prevent lumps of soap from remaining in the diapers later.

You may go on to Temperature Taking when you have answered the following questions correctly. Check your answer sheet.

1. Moderation is recommended when using baby powder because: \_\_\_\_
  - A. Powders may clog pores
  - B. Inhaling alot of powder may cause a respiratory problem
  - C. Most baby's are allergic to powder
2. What should you do with the soiled diaper?
  - A. Disposable: \_\_\_\_\_
  - B. Cloth: \_\_\_\_\_
3. What can you do with your child's feet to stimulate her during diapering? \_\_\_\_\_

- 
4. One should always stand to the \_\_\_\_\_ when diapering to avoid being soiled.
  5. What do bottle-fed movement look like? \_\_\_\_\_
  6. Why should you place your fingers between the baby and the diaper when inserting the pins? \_\_\_\_\_
- 
7. It is normal to go through
    - A. 2 - 6 diapers per day
    - B. 6 - 12 diapers per day
    - C. 8 - 10 diapers per day
  8. Place the diaper pins in soap because this will \_\_\_\_\_
- 

#### 9. TEMPERATURE

##### RECTAL

##### Have these materials ready:

- |                                   |           |
|-----------------------------------|-----------|
| 1. Conventional Glass Thermometer | 3. Tissue |
| 2. Vaseline (or other lubricant)  |           |

##### Follow these steps:

1. Wash the thermometer with soap and cool water.
2. Shake the thermometer down, lubricate the end, and place it away from your baby's reach.
3. Place your baby in a supine position on a soft surface, remove his/her diaper and place it away from his/her reach.
4. Grasp the infant's ankles firmly, placing your index finger between the ankle bones and lift the feet high enough to

expose the rectal area.

5. Pick up the thermometer, and gently insert it about 1/2".
  6. Maintain your hand on the thermometer and keep it in place for one to three minutes.
  7. Withdraw the thermometer, release the baby's legs, but place one hand on the baby's chest, and read the thermometer.
  8. Wipe your baby's rectal area with a tissue to remove the lubricant.
  9. Place the baby in a safe, comfortable place.
  10. Wash hands.
- 

#### INFANT STIMULATION MENU

Try any three from this list while using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a pleasant feeling with a comforting sound.

#### 10. TEMPERATURE

##### AXILLARY

Have these materials ready:

1. Conventional Glass Thermometer

Follow these steps:

1. Wash the thermometer with soap and cool water.
  2. Shake the thermometer down with one free hand.
  3. Place your baby in a supine position on a soft surface.
  4. Remove the baby's shirt or lift his/her shirt high enough to expose his/her armpit.
  5. Lift the arm on the warmest side of the baby's body.
  6. Place the lower half of the thermometer under the arm (in armpit).
  7. Bring the baby's arm down over the thermometer.
  8. Gently hold the baby's arm at the elbow with one hand (hold both hands together if the baby moves his/her other hand near the thermometer).
  9. Wait three to five minutes.
  10. Lift the arm, withdraw the thermometer, and read it while placing one hand on baby's chest.
- 

## INFANT STIMULATION MENU

Try any three from this list while using the cradle hold.

1. Put your face 6-8 inches from your child when talking or singing to him/her.
2. Repeat sounds your baby makes.
3. Sing to your baby or recite poems or nursery rhymes.
4. Vary voice tone when talking to your child.
5. Whisper in your baby's ear. The baby will learn to associate a



pleasant feeling with a comforting sound.

6. Gently rub your child's head. This may soothe him/her.
7. Gently rub your baby's tummy.

#### TEMPERATURE FACT SHEET

##### General

1. A newborn may sneeze or have a bowel movement while his/her temperature is being taken (using the rectal method). This is reflexive and quite normal.
2. The rectal temperature is typically 1° higher than the baby's core body temperature.
3. The axillary temperature reading is typically 1° lower than the baby's core body temperature.

You may go on to Study Guide when you have answered the following questions correctly. Check your answer sheet.

1. It is a normal reflex response for a baby to sneeze while having his/her temperature taken using the rectal method. ☐ True  
☐ False
2. A bowel movement following a rectal temperature reading indicates a problem. ☐ True ☐ False.
3. A rectal temperature reading is usually 1° \_\_\_\_\_  
(higher/ lower) than the infant's core body temperature.
4. An axillary temperature reading is usually 1° \_\_\_\_\_  
(higher/ lower) than the infant's core body temperature.
5. When using the rectal method, gently insert the thermometer about \_\_\_\_\_ inch(es).

6. Before taking your child's temperature, wash the thermometer with \_\_\_\_\_.
7. List three activities to engage in while taking a newborn's temperature.
8. A father should keep his face \_\_\_\_\_ inch(es) away from a newborn when talking to him/her.
9. What can a father do to stimulate sucking in his infant during feeding? \_\_\_\_\_  
\_\_\_\_\_
10. When is the best time to bathe a baby who is usually stimulated and aroused during the bath time? \_\_\_\_\_  
\_\_\_\_\_
11. With the cradle hold, the baby's \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ are supported by the parent's forearm.

#### INFANT CARE

#### Training Manual Answer Sheet

##### Cradle Hold

1. Head, back
2. Hand
3. Repeat sounds your baby makes, vary voice tone when talking to your child

##### Football Hold

1. Elbow
2. Forearm
3. 6 - 8
4. Head, shoulders

Upright Hold

1. Sing to your baby, whisper in your baby's ear, gently rock your baby
2. Hand, wrist, forearm
3. Elbow, hip
4. Hand

Feeding

1. Choke, fuss
2. C
3. A, B
4. A looser cap allows faster drinking
5. Touch bottom lip before the nipple is presented, tap child gently with your fingertips under his chin.

Burping

1. The baby could spit up
2. Because air bubbles develop during feeding
3. C
4. Sing to your baby, vary voice tone, repeat sounds
5. Drop, flow in a steady stream

Bathing

1. In the morning
2. A towel
3. False
4. Alcohol, tap, base
5. Rub your baby's tummy, rock your baby, touch a rattle to your baby's fingertips

6. So that enough air gets in to make it easy for baby to get formula
7. It can clog pores, cause respiratory problems if inhaled.

#### Diapering

1. A, B
2. Place in plastic bag and throw out, rinse in toilet and place in container.
3. Bicycle exercise
4. Side
5. Pasty, pale-yellow or tan color
6. So you don't pierce baby's skin
7. B
8. Makes pins easier to stick through diaper

#### Temperature

1. True
2. False
3. Higher
4. Lower
5. 1/2 inch
6. Soap and cool water
7. Whisper, gently rub child's head, rub baby's tummy
8. 6 - 8
9. Massage child's cheek using a forward/backward motion with your finger.
10. In the morning.
11. Head, shoulders, back

INFANT CARETRAINING MANUAL STUDY GUIDE

1. List the steps in the following protocols:
  - A. Bathing
  - B. Temperature Taking (Rectal)
  - C. Temperature Taking (Axillary)
  - D. Feeding
  - E. Burping
  - F. Holds (Cradle, Football, and Upright)
  - G. Diapering (Disposable and Cloth)
2. List five infant stimulation activities to engage in while holding an infant.
3. What can a father do to stimulate sucking in his infant during feeding?
4. During feeding, both the neck and nipple of the bottle should be filled with formula. (True or False). If false, change the statement so that it is true.
5. Applying lotion to an infant after a bath is essential. (True or False). If false, change the statement so that it is true.
6. List five stimulation activities to engage in while bathing an infant.
7. Describe at least two ways a father can stimulate a baby's arm and legs during diapering and bathing.
8. Before taking an infant's temperature, it is important to sterilize the thermometer with alcohol. (True or False). If false, change the statement so that it is true.

9. A father should keep his face \_\_\_\_\_ away from a newborn when talking to him/her.
10. List five activities to engage in while diapering an infant.
11. With the cradle hold, the baby's \_\_\_\_\_, \_\_\_\_\_, and back are supported by the forearm.
12. Remember to avoid touching your baby's soft spot. It is an extremely delicate membrane and can be punctured easily. (True or False) If false, change the statement so that it is true.
13. What can you do to stimulate your baby's lips during feeding?
- \_\_\_\_\_
14. Why do babies need to be burped? \_\_\_\_\_
15. A rectal temperature reading is usually  $1^{\circ}$  \_\_\_\_\_ (higher/ lower) than the infant's core body temperature.

APPENDIX H  
DATA SHEETS FOR INFANT-CARE SKILLS

Date \_\_\_\_\_ Scorer \_\_\_\_\_ Phase/Session \_\_\_\_\_  
Percentage \_\_\_\_\_ Father \_\_\_\_\_

Place the appropriate interval number in the box next to each item.

CRADLE HOLD SCORING SHEET

I	S	<u>Procedure</u>
_____	_____	1. Infant's head, shoulders, and back are supported by this arm.
_____	_____	2. Baby's thigh is grasped with this hand.
_____	_____	3. This arm is free for activity.

Stimulation Activities

\_\_\_\_\_

FOOTBALL HOLD SCORING SHEET

I	S	<u>Procedure</u>
_____	_____	1. Infant's head is supported with this hand.
_____	_____	2. Baby's back is supported by forearm.
_____	_____	3. Baby's buttocks are gently pressed between the elbow and hip.
_____	_____	4. The other arm is free for activity.

Stimulation Activities

\_\_\_\_\_

UPRIGHT HOLD SCORING SHEET

I	S	<u>Procedure</u>
_____	_____	1. With one hand supporting the head, neck, and shoulders, and the other supporting the buttocks, gently lift baby and rest on shoulder.
_____	_____	2. Baby's weight is supported by hand, wrist, and forearm.
_____	_____	3. This hand is used for head support or to pat/rub back.

Stimulation Activities

\_\_\_\_\_

FEEDING SCORING SHEET

I	S	<u>Procedure</u>
_____	_____	1. Wash hands.
_____	_____	2. Fill bottle with about three to four ounces of formula or follow physician's advice.
_____	_____	3. Size of nipple hole should be checked: formula should drop but not flow in a steady stream.
_____	_____	4. Bottle cap should be checked. It should be loose enough so that air bubbles can enter the bottle as milk is sucked out of it.
_____	_____	5. Use cradle hold.
_____	_____	6. Gently touch baby's lips with nipple (baby



will turn and grasp the nipple with his/her mouth.

- \_\_\_\_    \_\_\_\_    7. Hold the bottle straight out at a 90° angle to the baby's mouth.
- \_\_\_\_    \_\_\_\_    8. Both the neck and nipple of the bottle should be filled with formula.
- \_\_\_\_    \_\_\_\_    9. After feeding, place the unused portion of formula in the refrigerator.

Stimulation Activities

\_\_\_\_    \_\_\_\_    \_\_\_\_\_

BURPING SCORING SHEET

I        S        Procedure

- \_\_\_\_    \_\_\_\_    1. Place a towel or diaper over shoulder.
- \_\_\_\_    \_\_\_\_    2. Use upright hold.
- \_\_\_\_    \_\_\_\_    3. Rub back in circular motion from the lower back up to the shoulders, or gently pat, until baby burps.
- \_\_\_\_    \_\_\_\_    4. After burping, place baby on abdomen or right side to promote digestion.

Stimulation Activities

\_\_\_\_    \_\_\_\_    \_\_\_\_\_

BATHING

I        S        Procedure

- \_\_\_\_    \_\_\_\_    1. Select a non-drafty location for bath.

- \_\_\_    \_\_\_    2. Gather equipment including the baby's clean clothes and place away from baby's reach.
- \_\_\_    \_\_\_    3. Put a towel on the bottom of the tub.
- \_\_\_    \_\_\_    4. Fill basin with water that feels comfortable elbow or inner wrist.
- \_\_\_    \_\_\_    5. Remove the baby's clothing and diaper, place away from baby
- \_\_\_    \_\_\_    6. Shampoo

  - A. Place the child gently on dry towel and wrap.
  - B. Use the football hold over tub.
  - C. First wet, then place shampoo on head and gently massage in a circular motion using the flat pads of fingers.
  - D. Squeeze clear water from washcloth onto scalp, rinsing away all suds.
  - E. Pat dry.
- \_\_\_    \_\_\_    7. With one hand supporting the baby's head, neck and shoulders and the other supporting the buttocks, gently and gradually slide into bath water.
- \_\_\_    \_\_\_    8. Baby's head supported on wrist, with the fingers of that hand holding the baby securely in the armpit.
- \_\_\_    \_\_\_    9. Face

  - A. Wet the washcloth and, without soap, wipe

the first eye from the inside out.

- B. With the unused portion of the washcloth, rinse, and wash the other eye, from the inside out.
- C. Rinse the washcloth and gently massage the face.
- D. Wrap the washcloth around one finger and wash only the outside of each ear.

\_\_\_\_ 10. Body

- A. Use washcloth or hand to wet body from the neck down.
- B. Apply soap to washcloth or hand and wash the baby's neck, chest, tummy, arms, armpits, legs and feet.
- C. Apply soapy washcloth to buttocks, legs and feet.
- D. Wet cloth and rinse beginning with the neck and moving down to the feet.

\_\_\_\_ 11. Back

- A. Lift baby up to a sitting position and support head by placing the thumb, first, and middle fingers under the baby's chin.
- B. Apply soap to cloth or hand and wash back.
- C. Rinse with water.

\_\_\_\_ 12. Drying

- A. Lift baby out of tub while supporting

head, shoulders, and buttocks, and place on dry towel.

B. Wrap child in towel and pat dry.

C. Apply alcohol around the base and top of cord.

D. If prescribed by physician or if rash is present, apply lotion.

E. Dress in clean diaper and clothes.

#### Stimulation Activities

\_\_\_\_\_

#### DIAPERING SCORING SHEET

##### Disposal

I	S	<u>Procedure</u>
_____	_____	1. Place baby on changing table with one hand supporting the baby's head and shoulders, and one hand supporting the buttocks.
_____	_____	2. Stand to one side when changing the diaper.
_____	_____	3. Remove the wet/soiled diaper and place in sealed container.
_____	_____	4. Wipe area thoroughly using a wet washcloth or towelette and pat dry. (Wipe girls from front to back.)
_____	_____	5. If rash is present, or if recommended by physician, apply ointment over the front and all the way around the baby's buttocks.

- \_\_\_ 6. Slide the diaper under the baby and fan out  
the ends that the tape is on.
- \_\_\_ 7. Pull the front half up and fan out the ends.
- \_\_\_ 8. Peel the loose edge of the tape from the  
plastic backing strip and lap the back of the  
diaper over the front until it fits snugly.
- \_\_\_ 9. Dress in fresh clothing (if old clothing is  
wet/soiled).
- \_\_\_ 10. Place baby in safe, comfortable place.
- \_\_\_ 11. Wash hands.
- nonoccurrence \_\_\_ 12. Father maintained body and/or hands in  
occurrence \_\_\_ proper location to keep baby in secure  
position.

Stimulation Activities

DIAPERING SCORING SHEET

Cloth

- | I   | S   | <u>Procedure</u>   |
|-----|-----|--|
| ___ | ___ | 1. Place the baby on changing table with one<br>hand supporting the baby's head and<br>shoulders, and one hand supporting the<br>buttocks. |
| ___ | ___ | 2. Stand to one side of baby when changing the<br>diaper.  |
| ___ | ___ | 3. Place the pins in soap away from the baby's   |

reach.

- \_\_\_\_\_ 4. Remove the wet/soiled diaper and place it away from the baby's reach.
- \_\_\_\_\_ 5. Wipe area thoroughly using a wet washcloth or towelette and pat dry. (Wipe girls from front to back).
- \_\_\_\_\_ 6. If rash is present or if recommended by physician, apply ointment over the front and all the way around the baby's buttocks.
- \_\_\_\_\_ 7. Fold the diaper properly:

  - a. Spread the diaper flat on the surface.
  - b. Fold the upper left and right hand corners down to form a cone.
  - c. Fold the bottom flap up about 2-3 inches.
- \_\_\_\_\_ 8. Slide the diaper under the baby with the cone facing down so that the top of the diaper is at waist level.
- \_\_\_\_\_ 9. Bring the point of the cone up between the baby's legs.
- \_\_\_\_\_ 10. Hold the point with one hand and use free hand to pull the back of one side of the diaper over the front.
- \_\_\_\_\_ 11. Slip two fingers between the baby and the diaper (to prevent sticking the child with the pin).
- \_\_\_\_\_ 12. Insert the pin in (toward your fingers) and

out and fasten.

- \_\_\_\_ 13. Pull the back of the other side of the diaper  
over the front.
- \_\_\_\_ 14. Slip two fingers between the baby and the  
diaper.
- \_\_\_\_ 15. Insert the pin in toward your fingers and out  
and fasten.
- \_\_\_\_ 16. Dress in fresh clothing (if old clothing is  
wet/soiled).
- \_\_\_\_ 17. Place the baby in a safe, comfortable place.
- \_\_\_\_ 18. Rinse wet/soiled diaper and place in closed  
container.
- \_\_\_\_ 19. Wash hands.
- nonoccurrence \_\_\_\_ 20. Father maintained body and/or hands in  
occurrence \_\_\_\_ proper location to keep baby in secure  
position.

Stimulation Activities

\_\_\_\_

TEMPERATURE SCORING SHEET

Rectal

- | I    | S    | <u>Procedure</u>   |
|------|------|--|
| ____ | ____ | 1. Wash thermometer with soap and cool water.                                      |
| ____ | ____ | 2. Shake the thermometer down, lubricate end,<br>and place away from baby's reach. |

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 3. Place the baby in supine position on soft surface, remove diaper and place away from baby's reach.                                   |
| _____ | _____ | 4. Grasp the infant's ankles firmly, placing your index finger between the ankle bones and lift feet high enough to expose rectal area. |
| _____ | _____ | 5. Pick up thermometer, and gently insert about 1/2".   |
| _____ | _____ | 6. Maintain hand on thermometer and keep in place for one to three minutes.   |
| _____ | _____ | 7. Withdraw thermometer, release legs, but place one hand on baby's chest, and read thermometer.  |
| _____ | _____ | 8. Wipe baby's rectal area with a tissue to remove the lubricant.   |
| _____ | _____ | 9. Place the baby in a safe, comfortable place.   |
| _____ | _____ | 10. Wash hands.   |

Stimulation Activities

TEMPERATURE SCORING SHEET

AXILLARY

- |       |       |   |
|-------|-------|---|
| I     | S     | <u>Procedure</u>                                  |
| _____ | _____ | 1. Wash thermometer with soap and cool water.     |
| _____ | _____ | 2. Shake thermometer down with free hand.         |
| _____ | _____ | 3. Place baby in supine position on soft surface. |



- \_\_\_\_    \_\_\_\_    4. Remove shirt or lift shirt high enough to  
expose armpit.
- \_\_\_\_    \_\_\_\_    5. Lift arm on warmest side of baby's body.
- \_\_\_\_    \_\_\_\_    6. Place lower half of thermometer under arm (in  
armpit).
- \_\_\_\_    \_\_\_\_    7. Bring baby's arm down over thermometer.
- \_\_\_\_    \_\_\_\_    8. Gently hold baby's arm at elbow with one hand  
(hold both hands together if baby moves other  
hand near thermometer).
- \_\_\_\_    \_\_\_\_    9. Wait three to five minutes.
- \_\_\_\_    \_\_\_\_    10. Lift arm, withdraw thermometer, and read  
while placing one hand on baby's chest.

\_\_\_\_    \_\_\_\_    \_\_\_\_    \_\_\_\_    \_\_\_\_  
Stimulation Activities

# APPENDIX I

## PARENT'S CONSUMER SATISFACTION QUESTIONNAIRE

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

The following questionnaire is part of our evaluation of the training program that you have received. It is important that you answer as honestly as possible. The information obtained will help us to evaluate and continually improve the program we offer. Your cooperation is greatly appreciated.

### A. The Overall Program

Please circle the response that best expresses how you honestly feel.

1. At this point, my expectation for satisfactory outcome of the training program is:

very	pessi-	slightly	neutral	slightly	optimisitic	very opti-
pessimistic	mistic	pessimistic		optimistic		mistic

2. I feel the approach to teaching infant care by using this type of training program is:

very	inappro-	slightly	neutral	slightly	appropriate	very
inappro-	priate	inappro-		appropriate		appro-
						priate

3. Would you recommend the program to a friend or relative?

strongly	recommend	slightly	neutral	slightly		strongly
recommend		recommend		not	not	not
				recommend	recommend	recommend

4. How confident are you in your ability to use these infant care skills with your newborn?

very unconfident	unconfi- dent	somewhat unconfident	neutral	somewhat confident	confident	very confident
---------------------	------------------	-------------------------	---------	-----------------------	-----------	-------------------

5. My overall feeling about the training program is:

very negative	negative	somewhat negative	neutral	slightly positive	positive	very positive
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#### PARENT'S CONSUMER SATISFACTION QUESTIONNAIRE

##### B. Teaching Format

##### Difficulty

In this section, we'd like to get your ideas of how difficult each of the following types of teaching has been for you to follow. Please circle the response that most closely describes your opinion.

##### 1. Lecture Information

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
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##### 2. Demonstration of Skills by the Trainer

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

##### 3. Practice of skills in the hospital with the trainer.

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

##### 4. The written materials you were asked to read were:

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

##### Usefulness

In this section, we'd like to get your ideas of how useful each of the following types of teaching is for you now. Please circle the response

that most clearly describes your opinion

1. Lecture Information

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

2. Demonstration of Skills by Trainer

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

3. Practice of skills in the hospital with the trainer were:

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

4. The written materials you were asked to read were:

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

C. Specific Infant Care Procedures

Difficulty

In this section, we'd like to get your ideas of how difficult it usually is to each of the following techniques now. Please circle the response that most closely describes how difficult the technique is to do.

1. Holding

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

2. Feeding

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

## 3. Burping

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

## 4. Bathing

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

## 5. Diapering

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

## 6. Temperature Taking

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

## 7. The overall group of procedures were:

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

## Usefulness

In this section, we'd like to get your opinion of how useful each of the following techniques is to you in improving your interaction with your child. Please circle the response that most clearly describes the usefulness of the technique.

## 1. Holding

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## 2. Feeding

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## 3. Burping

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## 4. Bathing

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## 5. Diapering

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## 6. Temperature Taking

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## 7. The Overall Group of Procedures

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## D. Trainer(s)

In this section, we'd like to get your ideas about your trainer(s). Please circle the response to each question that best expresses how you feel.

## 1. I feel that the trainer(s)'s teaching was

very poor	fair	slightly below average	average	slightly above average	high	superior
--------------	------	------------------------------	---------	------------------------------	------	----------

## 2. The trainer(s)'s preparation was:

poor	fair	slightly below average	average	slightly above average	high	superior
------	------	------------------------------	---------	------------------------------	------	----------

## 3. Concerning the trainer(s)'s interest and concern in me, I was

extremely dis- satisfied	dissatis- fied	slightly dis- satisfied	neutral	slightly satisfied	satisfied	extremely satisfied
--------------------------------	-------------------	-------------------------------	---------	-----------------------	-----------	------------------------

## 4. At this point, I feel that the trainer in the program was

extremely not helpful	not helpful	slightly not helpful	neutral	slightly helpful	helpful	extremely helpful
-----------------------------	----------------	----------------------------	---------	---------------------	---------	----------------------

## 5. Concerning my personal feelings toward the trainer(s)

I dislike him/her very much	I dislike him/her	I dislike him/her slightly	I have a neutral attitude toward him/her	I like him/her slightly	I like him/her	I like him/her very much
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# APPENDIX J

## SPOUSE'S SATISFACTION QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

The following questionnaire is part of our evaluation of the training program that your spouse has received. It is important that you answer as honestly as possible. The information obtained will help us to evaluate and continually improve the program we offer. Your cooperation is greatly appreciated.

### A. The Overall Program

Please circle the response that best expresses how you honestly feel.

1. At this point, my expectation for satisfactory outcome of the training program is:

very	pessi-	slightly	neutral	slightly	optimisic	very opti-
pessimistic	mistic	pessimistic		optimistic		mistic

2. I feel the approach to teaching infant care by using this type of training program is:

very	inappro-	slightly	neutral	slightly	appropriate	very
inappro-	priate	inappro-		appropriate		appro-
						priate

3. Would you recommend the program to a friend or relative?

strongly	recommend	slightly	neutral	slightly		strongly
recommend		recommend		not	not	not
				recommend	recommend	recommend

4. How confident are you in your spouse's ability to use these infant care skills with your newborn?

very	unconfi-	somewhat	neutral	somewhat	confident	very
unconfident	dent	unconfident		confident		confident



## 5. My overall feeling about the training program is:

very negative	negative	somewhat negative	neutral	slightly positive	positive	very positive
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## 6. At this point, I think my husband's ability to handle caretaking concerns is:

considerably worse	worse	somewhat worse	neutral	somewhat improved	improved	greatly improved
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## B. Teaching Format

## Difficulty

In this section, we'd like to get your ideas of how difficult each of the following types of teaching has been for your spouse to follow. Please circle the response that most closely describes your opinion.

## 1. Lecture Information

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

## 2. Demonstration of Skills by the Trainer

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

## 3. Practice of skills in the hospital with the trainer.

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

## 4. The written materials your spouse was asked to read were:

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

## C. Specific Infant Care Procedures

## Difficulty

In this section, we'd like to get your ideas of how difficult it usually is for your spouse to do each of the following techniques now. Please

circle the response that most closely describes how difficult the technique is to do.

1. Holding

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

2. Feeding

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

3. Burping

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

4. Bathing

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

5. Diapering

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

6. Temperature Taking

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

7. The overall group of procedures were:

extremely easy	easy	somewhat easy	neutral	somewhat difficult	difficult	extremely difficult
-------------------	------	------------------	---------	-----------------------	-----------	------------------------

Usefulness

In this section, we'd like to get your opinion of how useful each of the following techniques is to your spouse in improving his interaction with your child. Please circle the response that most clearly describes the usefulness of the technique.

## 1. Holding

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## 2. Feeding

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## 3. Burping

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## 4. Bathing

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## 5. Diapering

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## 6. Temperature Taking

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

## 7. The Overall Group of Procedures

extremely not useful	not useful	somewhat not useful	neutral	somewhat useful	useful	extremely useful
----------------------------	---------------	---------------------------	---------	--------------------	--------	---------------------

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