



# *The Happiest Baby in the Center*

A crying baby can certainly feel overwhelming, but be reassured that with time and practice, you will learn a baby's cries and the soothing strategies that work best. Here's the information you need to cope with a crying baby because there is no sweeter sight than a sleeping baby.





**The Happiest Baby in the Center**

by

**Theresa Vadala, Ed. D**

**Child Care Training Consultants, LLC**

**Las Vegas, Nevada 89139**



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**Applying New Knowledge:  
Learning & Transfer**

# Child Care Training Consultants, LLC

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## **CKA 3: Child Growth and Development**

**Title: WI 3.G The Happiest Baby in the Center**

**3 Hours**

**0.3 CEUs**



**Dr. Theresa Vadala  
(Instructor & Curriculum Designer)**



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**Thank you for choosing  
Child Care Training Consultants, LLC.,  
for your Training Needs!**

### **Learning Assessment**

Read the material provided, take the 5-10 quiz questions and  
complete the training evaluation at the end of the course.

Participants must receive 100% on individual courses to obtain a certificate of completion.

### **Questions?**

We are happy to help.

### **Support Services:**

**Please contact us 24/7 at**

**[childcaretrainingconsultants1@gmail.com](mailto:childcaretrainingconsultants1@gmail.com)**

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## **Mission Statement**

“Child Care Training Consultants, LLC’s is committed to provide research-based professional growth and development training courses primarily focused on the Child Development Associate. The CDA is the nation’s premier credential that is transferable, valid, competency-based and nationally recognized in all 50 states, territories, the District of Columbia, community colleges and the United State Military.

## **Vision**

Child Care Training Consultants, LLC’s vision is to provide the early childhood community with courses based on CDA competency standards to obtain their CDA Credential and assist in reaching their goal as an exceptional early childhood educator to ultimately achieve higher child outcomes.





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### **About the Instructor**

Theresa has over 30 years experience in the field of Early Childhood Education. During that time, she served as a Preschool Teacher, Disabilities Coordinator, Program Facilitator, and Director of an Early Childcare Program. She has a Doctoral Degree in Educational Leadership with Specialization in Curriculum and Instructional Design. Theresa is a Professional Growth & Development Trainer and Curriculum Designer and offers web-based courses internationally. She is the Executive Director/Owner of the training organization Child Care Training Consultants, LLC., (CCTC).

### **Business Description**

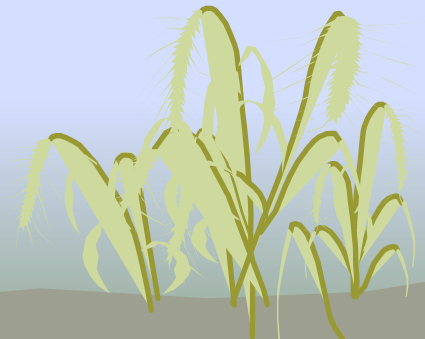
Child Care Training Consultants, LLC. (CCTC) is an accredited provider (AP) with the International Association for Continuing Education and Training (IACET) that provides Continuing Education Units (CEU) for adult education nationally. The business is also a recognized training organization with the Council for Professional Recognition, Child Development Associate Council (CDA), National Credentialing Program.





# *Agenda*

- Calming a baby
- Myths about babies
- Normal crying
- Theories about colic
- The 5 S's
- Resources





# *Learning Objectives*

Learners will be able to:

1. List the five S' s.
2. Identify behaviors that increase the calm a baby.
3. Discuss common myths about colic.
4. Be familiar with resources to help you calm infants in your care.



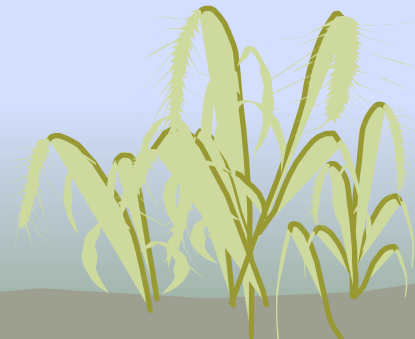




# *Learning Outcomes*

By the end of this session, you will be able to

1. List the five S' s.
2. Identify behaviors that interrupt a calm baby.
3. Name 2 common myths about colic.
4. Be familiar with resources to help you calm infants in your care.





# *Calming a Baby*

- Is she hungry? Feed her.
- Is he wet? Change his diaper.
- Is she lonely? Pick her up.
- Is he gassy? Burp him.
- Is she cold? Bundle her up.

## **What if NOTHING works?**



When a baby cries, he/she is letting you know something is wrong and she needs your help.

Crying is part of life with a new baby. On average, newborns cry for about two hours each day. Although the crying is spread out through the day. Between birth and about 6 weeks of age, the amount of crying typically increases to almost three hours each day, no matter what you do! After that, the fussing should eventually decrease to about an hour a day.

As the baby gets more comfortable with your routines and become more predictable, the baby will probably fuss less often. But you should understand that babies don't have a lot of other ways to communicate, and much of what goes on around them is unfamiliar and therefore upsetting.





# *“Myth ” Conceptions about Babies*

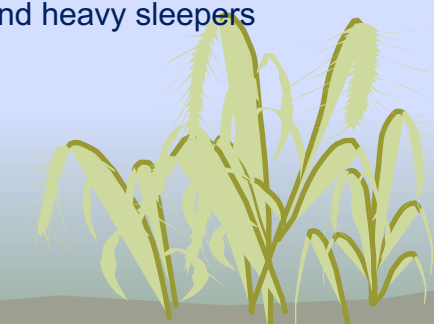
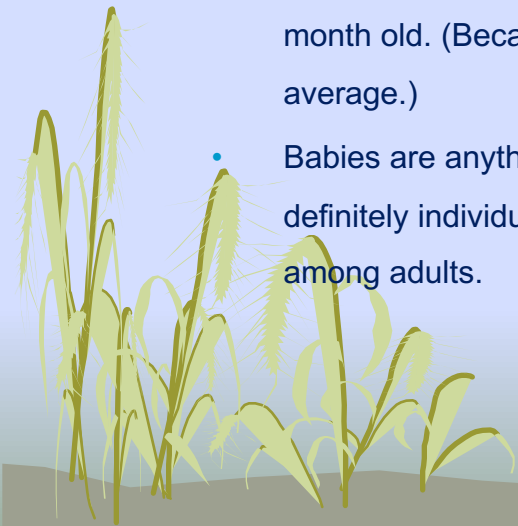
- Women naturally know how to care for babies
- The nuclear family is normal
- Babies are ready to be born after 9 month
- Newborns need us to whisper and tiptoe so they do not get over-stimulated
- Swaddling is bad for babies because they need free hands to explore the world





# *“Myth” Conceptions about Babies*

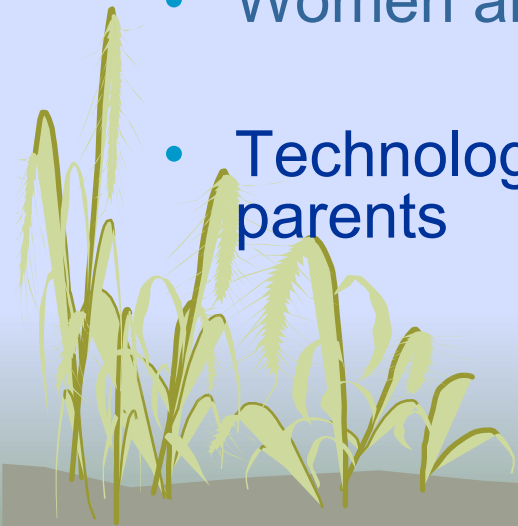
- After 9 months of pregnancy, moms are certainly ready for it to end, but babies are not. Unlike horses, able to run from the first day, newborns are very immature at birth.
- Don't feel like you have to whisper or tiptoe quietly around a sleeping newborn. Most young babies can sleep in the noisiest, brightest places.
- This isn't surprising when you consider that a baby just spent nine months in the womb. The sounds of the mother's heartbeat, digestive system, and other bodily functions are actually quite loud.
- Many newborns sleep better surrounded by some kind of repetitive sound, like a fan or white-noise machine.
- Newborns typically sleep 14 to 18 hours a day in the first week and 12 to 16 hours by the time they're a month old. (Because every baby is an individual, some sleep quite a bit less or quite a bit more than average.)
- Babies are anything but blank slates, and they come to us with their own sleep temperaments. There are definitely individual differences in how babies sleep, just as there are light sleepers and heavy sleepers among adults.





## *“Myth” Conceptions continued...*

- Some babies just cry and there's nothing you can do to stop it
- Babies with loud painful sounding cries have gas
- Going to the baby every time she cries will spoil her
- Women are better at calming babies than men
- Technology has the answers to the problems of new parents





# *“Myth” Conceptions continued...*

Trust develops when needs are met. When baby's needs are met consistently, a typical CYCLE OF NEEDS develops trust between caregiver and child.

First Year Healthy Attachment Cycle:

Baby signals need by crying.

Caregiver comes, soothes, and meets needs.

When repeated over and over again by same caregiver, baby learns to trust.

If successful going through First Year Healthy Attachment Cycle, most likely will proceed through second year Secure Attachment

Cycle.

In the Disturbed Attachment Cycle, the baby's needs are not met in a consistent, appropriate way.

Various causes include:

The baby expresses a need and cries, but this time the need is not met by the parent or caregiver.

Or perhaps the need is inconsistently met, or different caregivers are not attuned to the baby.

Sometimes cries go unanswered (neglect) or are met with physical abuse.

The result is that the baby learns:

That this world is an unsafe place.

That he must take care of himself.

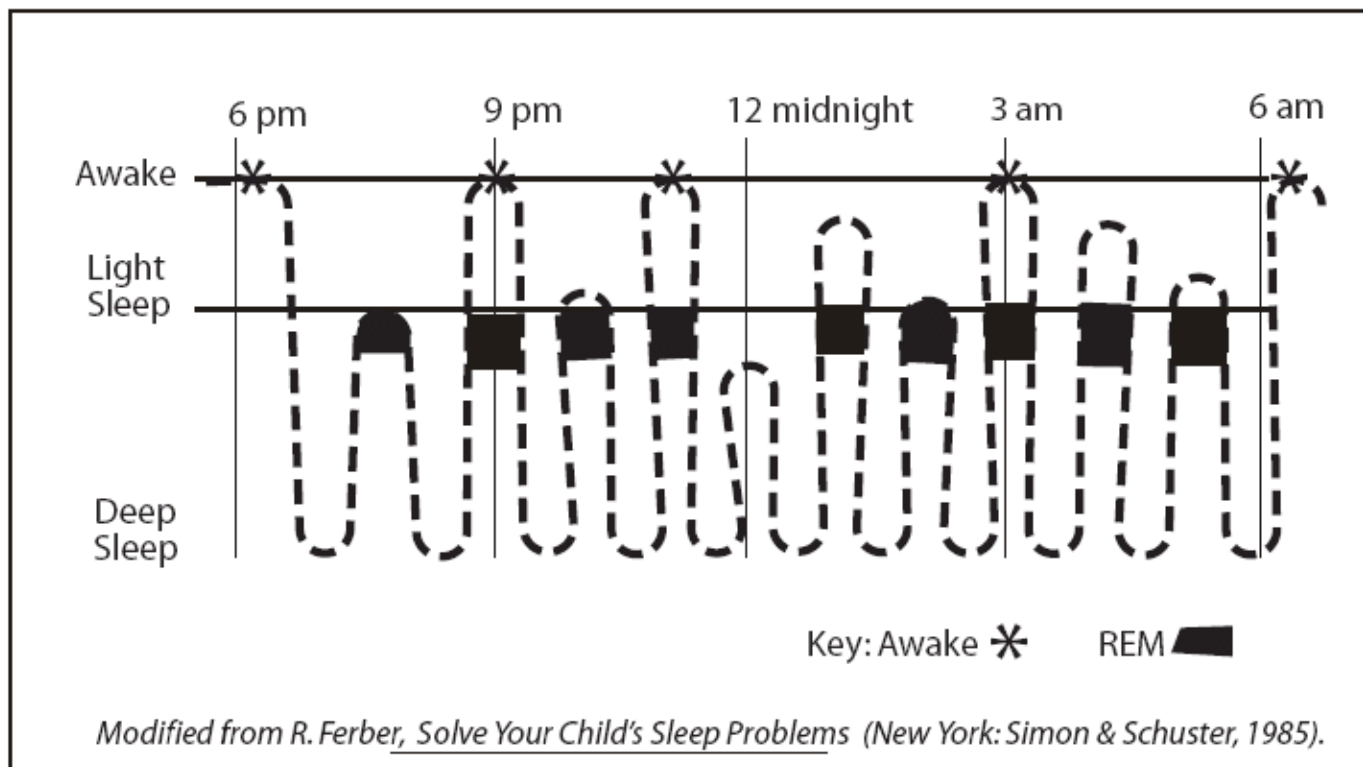
That he can trust no one to meet his needs.

Instead of trust developing, rage develops and is internalized. This child learns that he/she must be in charge of their own life for their very survival.





# Baby's Sleep Cycle





# *Baby's Sleep Cycle*

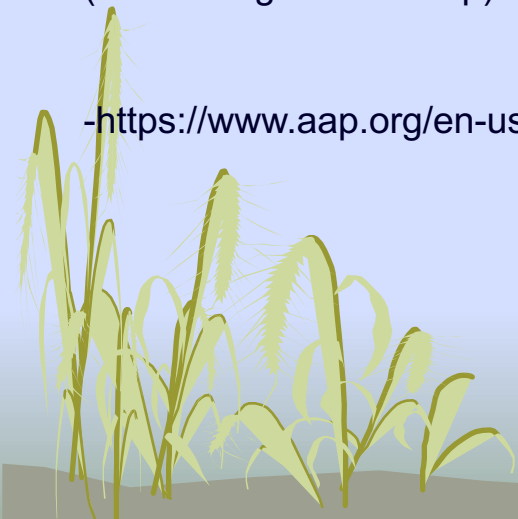
Babies have two sleep states--active and quiet--and their sleep cycles are short, only 50-60 minutes for the first nine months, according to the American Pediatrics Association.

*Active sleep* comes first. It's the baby-equivalent of REM (rapid eye movement) sleep, and, like adults in REM, babies engaged in active sleep awaken more easily. Babies in active sleep exhibit fluttering eyelids; relatively rapid, irregular breathing; occasional body movements; and vocalizations (grunts or brief cries).

About half way through the sleep cycle, babies pass from active sleep to *quiet sleep*. As its name suggests, quiet sleep is characterized by slower, more rhythmic breathing, little movement, and no eyelid fluttering. While in quiet sleep, babies are less likely to be awakened by noise and other disturbances—including a sudden reduction in the oxygen supply.

Quiet sleep represents the end of the baby's sleep cycle. When it's over, babies either begin the cycle again (re-entering active sleep) or they wake up.

-<https://www.aap.org/en-us/Pages/Default.aspx>





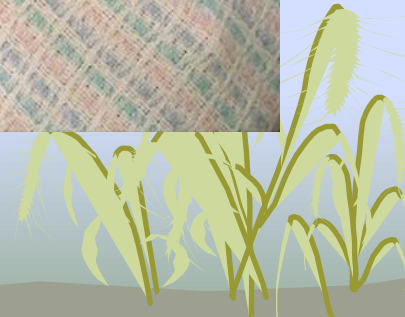
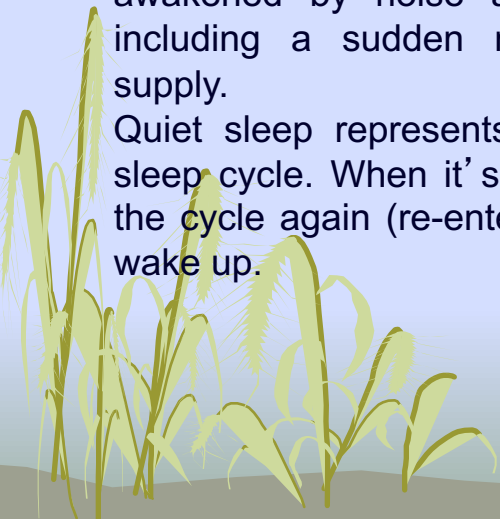
# *The Magic 6<sup>th</sup> S - Sleep*

- Infant's normal pattern
- Using the 5 S's to help babies stay asleep

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# *What is “Normal” crying?*

The 3 Stages of crying:

- Whimpering: mild fussing sounds more requesting than complaining
- Crying: good strong yelp demands your attention
- Shrieking: a piercing, glass shattering wail

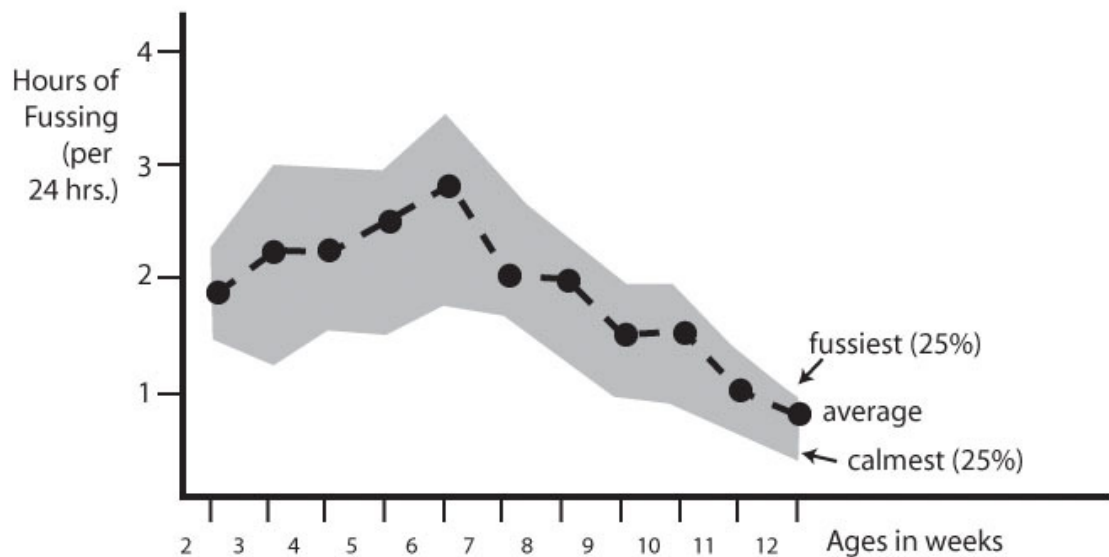






# *Normal crying continued...*

Total Hours of Fussing (80 babies)



Modified from T. Berry Brazelton, *Crying in infancy*, *Pediatrics* 1962:4:579.



# *What is “Normal” crying?*

At times, infants cry for no apparent reason. However, most crying is in response to something. It may be hard to figure out what is bothering the infant at the time. Some possible reasons include:

Hunger, newborns want to eat day and night, often every 2 - 3 hours.

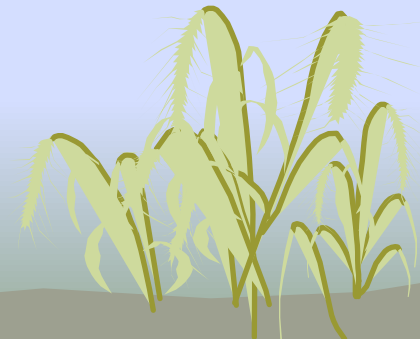
Pain caused by gas or intestinal spasms after feedings. The pain develops if the baby has been fed too much or not burped enough. Foods that a breastfeeding mother eats may cause gas or pain in her child.

Discomfort, such as from a wet diaper.

Feeling too hot or too cold.

Babies may also cry from feeling too wrapped up in their blanket, or from wanting to be bundled up tightly.

Too much noise, light, or activity. These can slowly or suddenly overwhelm a baby.





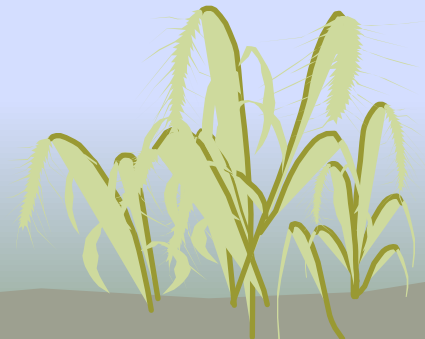


# *What is Colic?*

- Colicky babies:
  - Are not relieved by the comforts of feeding and holding
  - Often doubles up and grunts
  - May start and stop their screaming abruptly
  - Have a shrill cry that resembles the sound they make when they're in pain

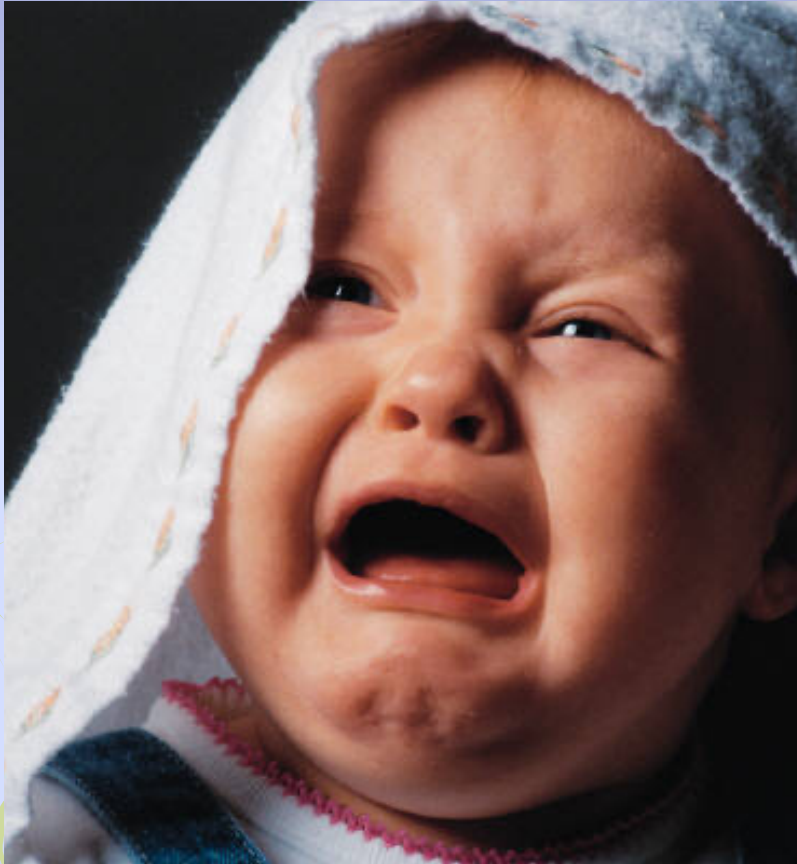
**Colic** is when a baby cries for three or more hours a day, three or more times a week, for at least three weeks. Symptoms usually appear during your baby's first three to six weeks of life. According to KidsHealth.org, approximately 40 percent of infants experience colic.

KidsHealth.com





# *Today's Theories About Colic*



- Gastro-Intestinal Problems
  - Minor Problems – Constipation, gas
  - Major Problems – GERD, allergies
- Maternal Anxiety
- Difficult Infant Temperament
- Brain Immaturity



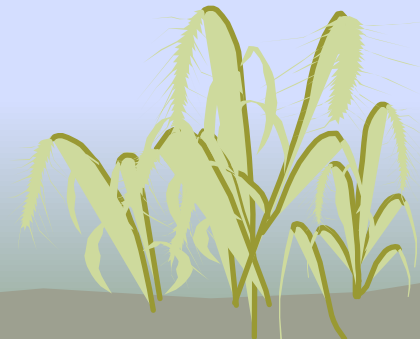
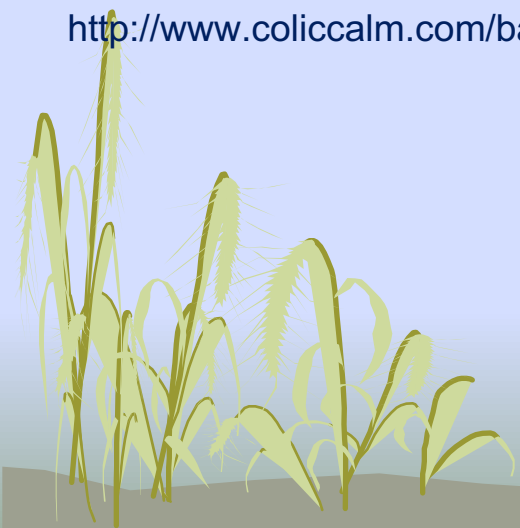


# *Today's Theories About Colic*

While there is no scientifically proven cause for colic most experts point to gastrointestinal discomfort as the likely trigger. The word colic is derived from the ancient Greek word pronounced "kōlon" meaning intestine. If babies could talk and tell us the precise location and nature of their discomfort the medical community would have a much more definitive understanding this condition.

Overstimulation can be triggered by too much activity, people or stimulation in the center. While it is true that overstimulation can make a baby more fussy and colicky, there is not much evidence to support these theories as the underlying cause of colic. A 1991 study concluded that mothers who were coached to carry their colicky baby's and to be more "responsive" had no reduction in crying.

[http://www.coliccalm.com/baby\\_infant\\_newborn\\_articles/understanding-colic.htm](http://www.coliccalm.com/baby_infant_newborn_articles/understanding-colic.htm)



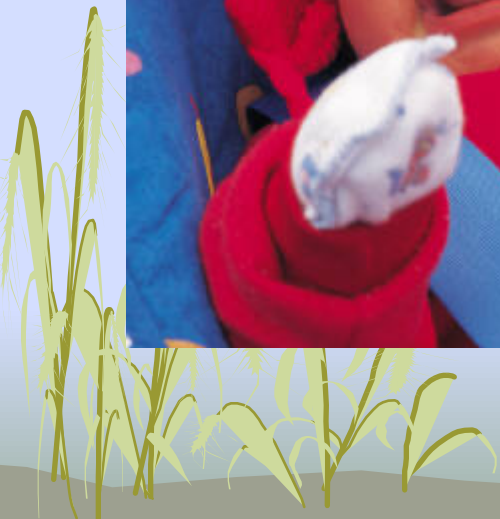


## *Ancient Theories of the Cause of Colicky Crying*



1. The baby caught a draft
2. The baby's spirit is unhappy
3. The mother's milk is too rich or thin
4. A trauma during pregnancy has made the baby fearful

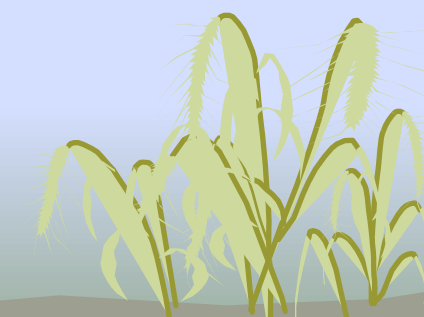
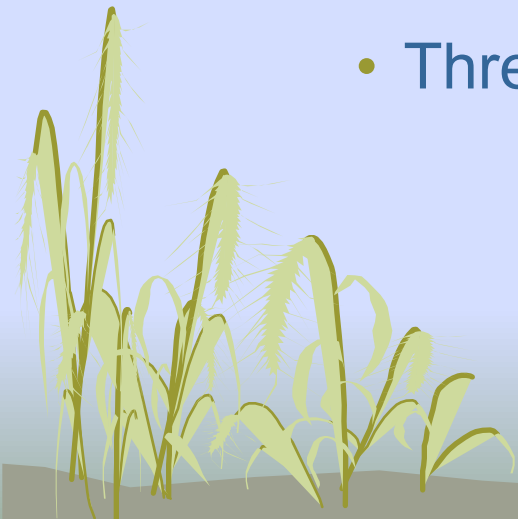
The cause of colic is unknown. Researchers have explored a number of possibilities, including allergies, lactose intolerance, changes in the normal bacteria found in the digestive system, a digestive system that hasn't fully developed, anxious parents, and differences in the way a baby is fed or comforted. Yet it's still unclear why some babies have colic and others don't.





# *How to tell if the baby has Colic?*

- The “Rule of Threes”
  - A baby has colic if she cries at least:
    - Three hours a day
    - Three days a week
    - Three weeks in a row







# *How to tell if the baby has Colic?*

The following symptoms will appear in an otherwise healthy and well fed baby:

Intense crying - the baby cries intensely and furiously, and there is not much the caregivers can do to comfort the baby. The baby's face will become red and flushed. Crying episodes tend to occur at the same time every day - generally during the late afternoon or evening. Episodes may last from a few minutes to much longer periods. Crying usually starts suddenly and for no apparent reason.

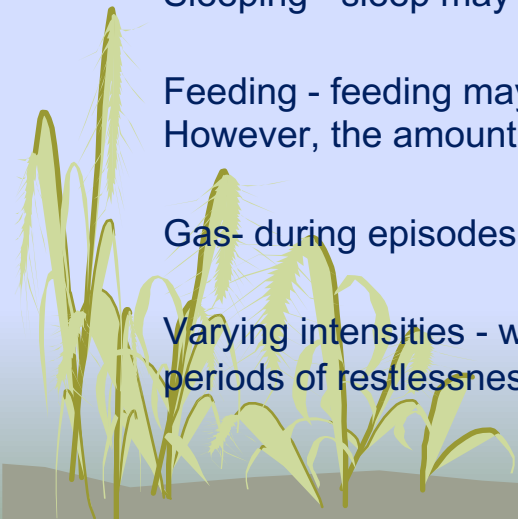
Baby's posture - fists may be clenched, tensed abdominal muscles, knees drawn up, and the back arched.

Sleeping - sleep may be irregular and interrupted with episodes of crying.

Feeding - feeding may also be interrupted and irregular with episodes of intense crying. However, the amount the baby eats each day is not reduced.

Gas- during episodes of intense crying the baby may pass gas.

Varying intensities - with some babies' symptoms are mild and the baby may only experience periods of restlessness.







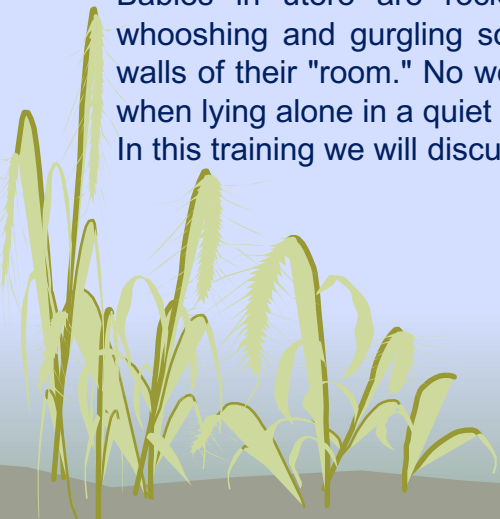
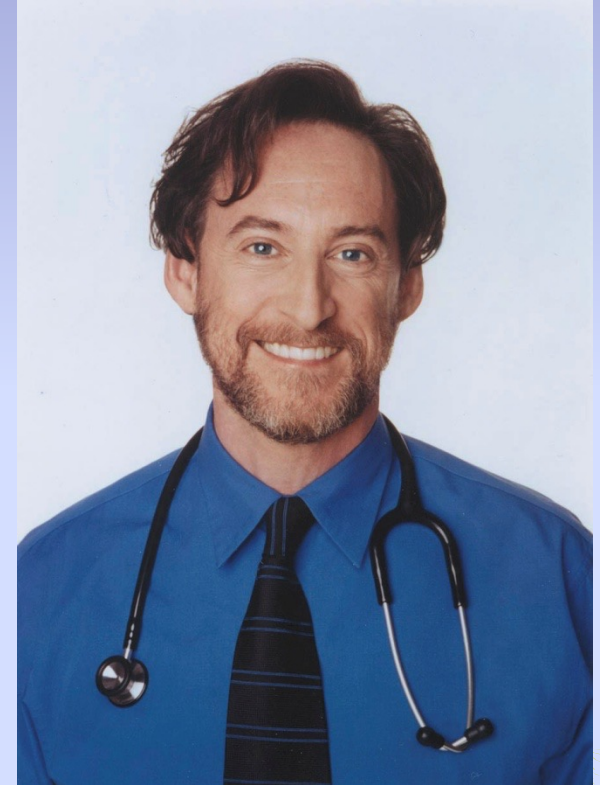
# What is “The Happiest Baby on the Block?”

## Dr. Harvey Karp

Pediatrician Harvey Karp's method for soothing crying or fussy infants and getting them to sleep is known as the Happiest Baby on the Block. At the heart of his method are the so-called five S's: swaddle, side or stomach position, shush, swing, and suck. Harvey Karp says the best way to calm a newborn and get him to sleep is by re-creating the noises, movement, and snug environment of the womb. And the "five S's" baby sleep strategy outlined in Karp's bestselling book, *The Happiest Baby on the Block*, is designed to do just that.

Karp, an assistant professor of pediatrics at the University of Southern California School of Medicine, describes the first few months after birth as the "fourth trimester." Babies are out of the womb, he says – but they're really not ready for our world.

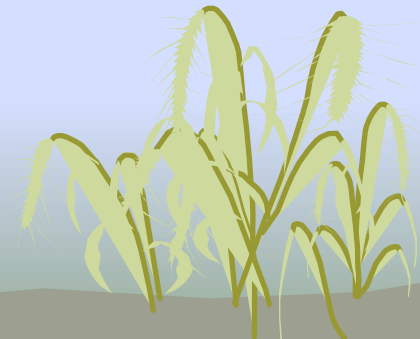
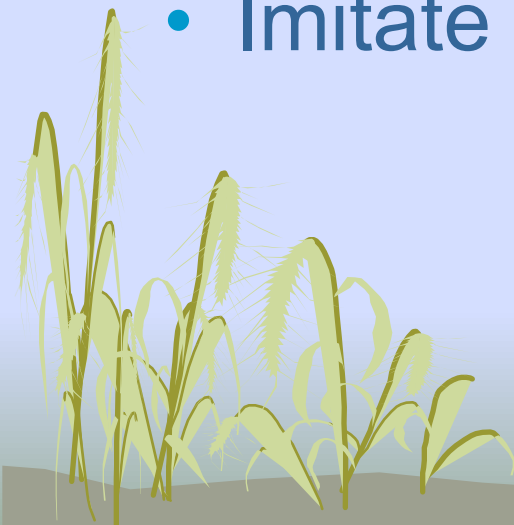
Babies in utero are rocked and swayed. They're bombarded with the whooshing and gurgling sounds of their mother's body and cradled by the walls of their "room." No wonder, Karp says, they feel insecure and unhappy when lying alone in a quiet nursery, their arms and legs loose and flailing. In this training we will discuss the 5 S's and also infant development.





## *The Absence of Colic in other Cultures*

- Women hold their infants almost 24 hours a day
- Feed the infants frequently
- Constantly rock and jiggle their babies
- Imitate the womb





## *The Absence of Colic in other Cultures*

According to Dr. Karp, founder of The Happiest Baby on the Block, to get a deeper understanding of the relationship between colic and breastfeeding, it's good to take cues from other cultures. For example: the !Kung San (or African bushmen) have lived in isolation on the plains of the Kalahari Desert for thousands of years. Over the past forty years, however, the !Kung have allowed scientists to observe their lives, including how they care for babies.

These scientist have found that the !Kung infants hardly ever cry! It's not that they never cry – it's that they never CRY intensely! !Kung infants get upset as often as our babies do, but their parents are so skilled that their babies' fussing bouts average only sixteen seconds in duration – and over 90% end in under a minute.

Dr Karp writes the lack of crying is based on three main factors:

1. Constant holding
2. Immediate responding
3. Very frequent breastfeeding

The !Kung cuddle with their babies a lot. !Kung mothers carry their babies all day long in leather slings and sleep next to them at night. This closeness makes it easy to soothe fussiness right from the start, to keep it from building up into full-on colic.

<http://www.happiestbaby.com/cultures-without-colic-breastfeeding-other-baby-lessons-from-the-kung-san/>



# *Prolonged Crying*

- Stress
- Nursing Failure
- Marital/Family strife
- Depression
- Abuse/Shaken Baby Syndrome





# *Prolonged Crying*

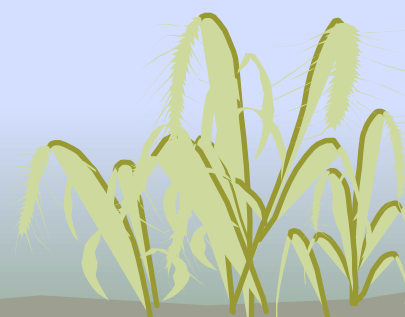
Researchers have studied colic, which is persistent crying that occurs during the first few weeks of life up to three months of age. However, there has been little research on prolonged crying, which continues after an infant reaches three months of age.

The fact is that crying—including long bouts of inconsolable crying—is normal developmental behavior in infants. The problem is not the crying; however, it's how caregivers respond to it. Picking up a baby and shaking, throwing, hitting, or hurting him/her is never an appropriate response.

Shaken Baby Syndrome (SBS), a form of abusive head trauma (AHT) and inflicted traumatic brain injury (ITBI), is a preventable and severe form of physical child abuse. It results from violently shaking an infant by the shoulders, arms, or legs. SBS may result from both shaking alone or from impact (with or without shaking). The resulting whiplash effect can cause bleeding within the brain or the eyes.

Nearly all victims of SBS suffer serious health consequences and at least one of every four babies who are violently shaken dies from this form of child maltreatment.

<http://www.cdc.gov/concussion/HeadsUp/sbs.html>



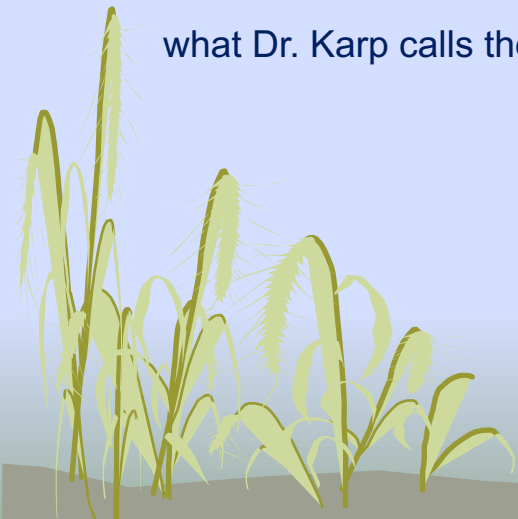




# *The “missing fourth trimester”*

## The 3 day to 3 month comparison

A baby's nine months inside the womb is a time of unbelievable complex development. It takes most babies an additional three months to “wake up” and become active partners in the relationship. This time between birth and the end of your baby's third month is what Dr. Karp calls the baby's fourth trimester.





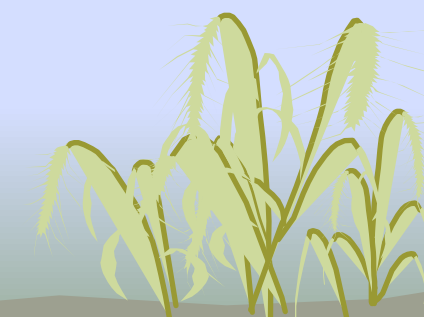


# *The “Missing 4<sup>th</sup> Trimester” What was it like in the Womb?*

From conception the baby had:

- Tight Environment
- Loud Noise
- Consistent temperature
- Eating 24/7
- Constant movement

A lot of newborn animals can walk, even run, on their very first day of life. In fact, they must be able to run because their survival depends on it. Unlike a baby horse whose survival depends on their big strong bodies, a human baby's survival depends on big smart brains. In fact, babies brains are so huge we have to “evict” fetuses from the womb well before they're fully ready for the world to keep their heads from getting stuck in the birth canal.





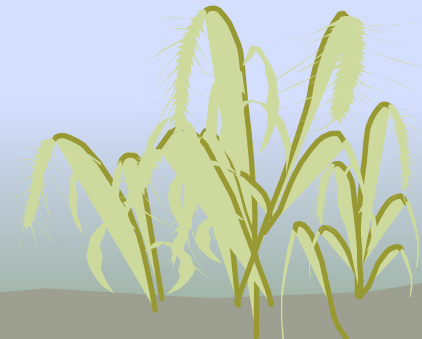
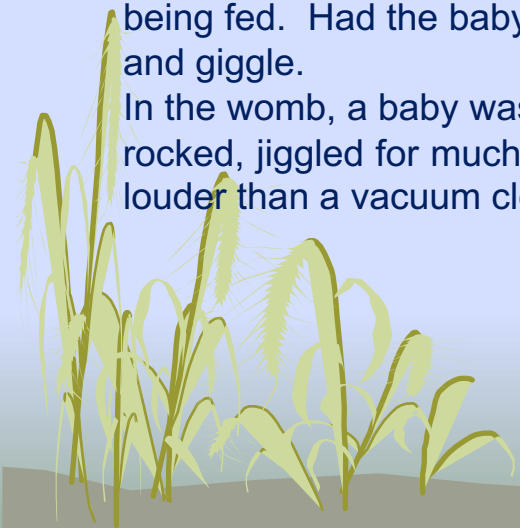
# *The baby's reflexes and cues*

- Keeping safe reflexes  
Crying, sneezing
- Getting a meal reflexes  
Rooting, sucking
- Fetal and leftover reflexes  
Step, grasping, the Moro reflex



Newborns are born very immature. They can't run, walk or even roll over. In many ways a new baby is more like a fetus than an infant, according to Dr. Karp. The baby spends most of his time sleeping and being fed. Had the baby's delivery been delayed just three months, the baby would be able to coo, smile and giggle.

In the womb, a baby was packed tight into the fetal position enveloped by the warm wall of the uterus and rocked, jiggled for much of the day. The baby was also surrounded by a constant shushing sound a little louder than a vacuum cleaner.





## *The Calming Reflex*

- Natures Automatic Shut-off Switch for Baby's Crying
- A “primitive” reflex

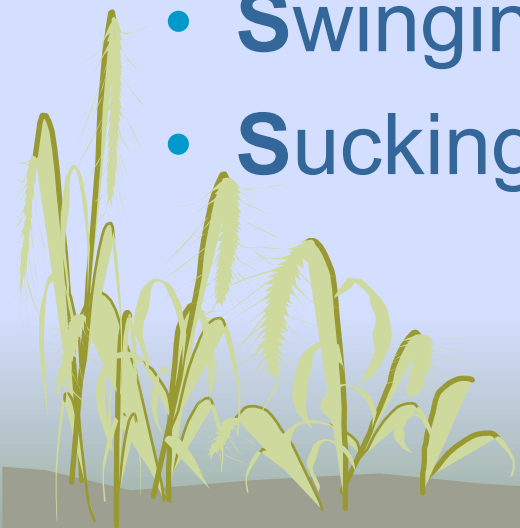
By just swaddling, swinging and shushing a baby triggers a profound neurological response. This ancient and powerful baby reflex is the calming reflex. This automatic reset switch stills a baby's crying and is truly a baby's best friend.





## *The 5 S's*

- **Swaddling** - tight wrapping
- **Side/Stomach** - holding a baby on his/her side or stomach
- **Shushing** - loud white noise
- **Swinging** - Rhythmic, “jiggly” motion
- **Sucking** - sucking on a nipple, finger or pacifier





# *The 5 S's*

## **Sucking**

Sucking triggers the calming reflex and deepens a baby's level of relaxation.

## **Swaddling**

Tight swaddling is the cornerstone of calming.

## **Shushing**

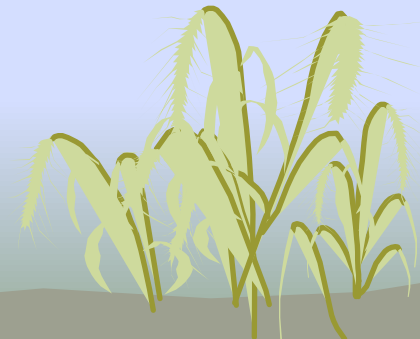
Loud, harsh, white noise mimics the noise of blood flowing through placental arteries when a fetus is in the womb. The louder a baby cries, the louder the shushing has to be to calm him.

## **Swinging**

Lying motionless deprives newborns of sensory stimulation. Swinging (rhythmic, jiggle movement) in rapid, tiny movements, like a shiver (two to three times a second), soothes agitated babies. Use slow, broad swinging to keep your baby soothed. Never shake a baby in anger.

## **Side or stomach position**

All babies should be put to sleep on their back. However, being on the side or stomach while holding the baby is best for calming the baby; it turns on the calming reflex and shuts off the Moro reflex. (The Moro reflex makes a baby's arms shoot out when he is startled by his own crying.)



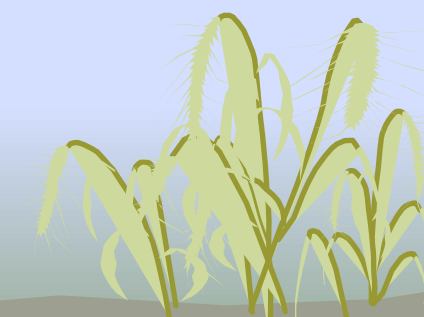


## *Swaddling – The cornerstone of calming*

- The sweet touch of swaddling
- Swaddling keeps the baby in control
- Wrapping helps the baby pay attention to what you are doing to calm him



Avoid overheating and loose blankets. Try wrapping babies with their arms straight at their sides. Wrapping with flexed arms usually fails because the arms soon wiggle free. Swaddling is the cornerstone of calming. Swaddling is the only "S" that does not directly turn on the calming reflex. In fact, many babies struggle even more for a minute or two when first swaddled with straight arms. Swaddling also helps keep babies from accidentally flipping onto their stomach.



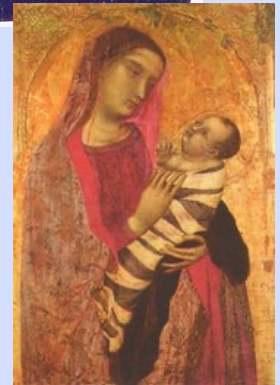
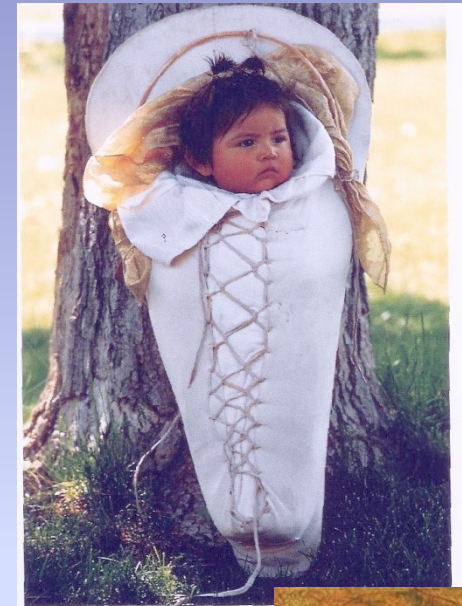




# Swaddling History

## History

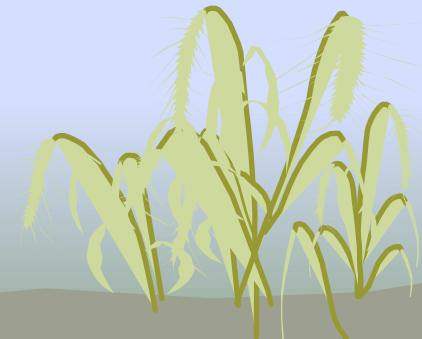
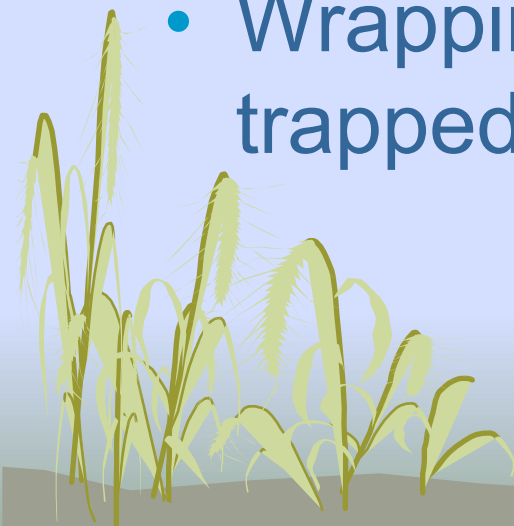
While swaddling has been documented for hundred's of years, it became much more popular in the early 1990's after the promotion of back sleeping for all babies. Prior to the early 1990's, it was common practice to put babies to sleep on their tummies. With better research showing that there was a relationship between Sudden Infant Death Syndrome (SIDS), and tummy sleeping, the Back to Sleep campaign was launched in 1994. Parents were cautioned against putting their babies to sleep on tummy and were encouraged to put baby to sleep on back. Naturally, parents began to explore options for helping babies to sleep safely, especially as parents found that their baby woke more and "startled more" in the back to sleep position.





## *Unnecessary Swaddling Worries*

- Swaddling seems primitive and old-fashioned
- Babies might be uncomfortable with their arms tightly at their sides
- Wrapping may make the baby feel trapped





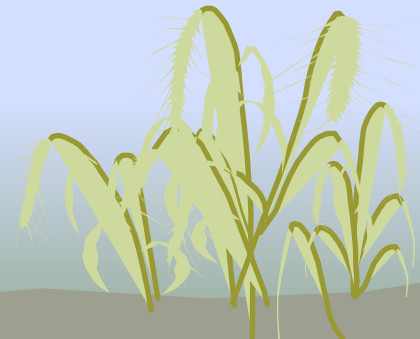
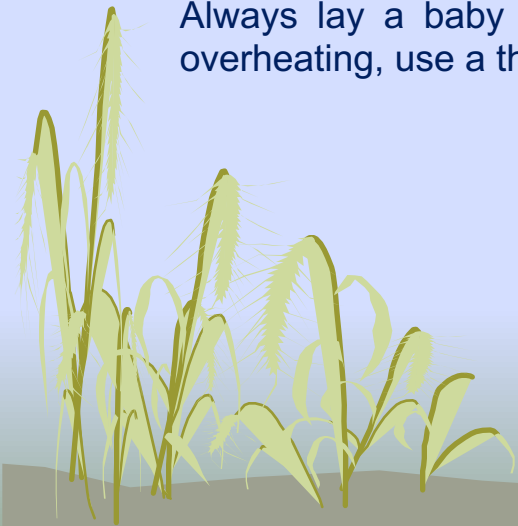
# *Unnecessary Swaddling Worries*

Wrap a crying or fussy baby snugly, arms at her sides, in a thin blanket. Babies can also be swaddled with their arms loose, but it essential to wrap your baby's arms *inside* the blanket. Swaddling soothes babies by providing the secure feeling they enjoyed before birth. After months in that confining environment the world is *too big* for them! That's why they love to be cuddled in our arms and to be swaddled.

Swaddling keeps a baby's arms from flailing and prevents startling, which can start the cycle of fussing and crying all over again. It also lets a baby know that it's time to sleep.

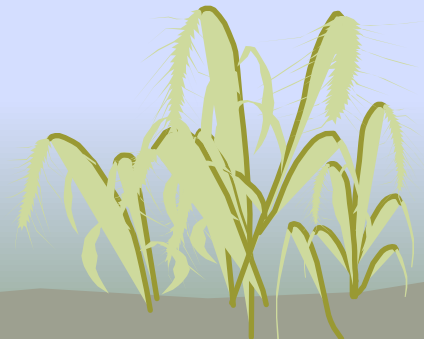
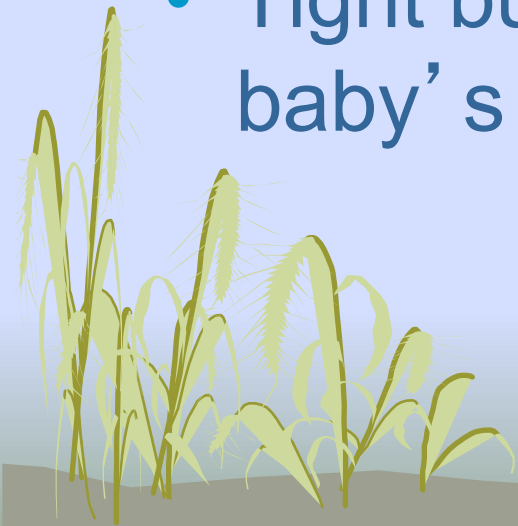
Swaddling helps babies respond better to the other four "S's," too.

Swaddling a baby for sleep every time, whether it's a morning nap or going down for the night. Always lay a baby down to sleep on her back – **never on her side or tummy**. To avoid overheating, use a thin blanket and make sure the room isn't too warm.



## *Unnecessary Worries continued...*

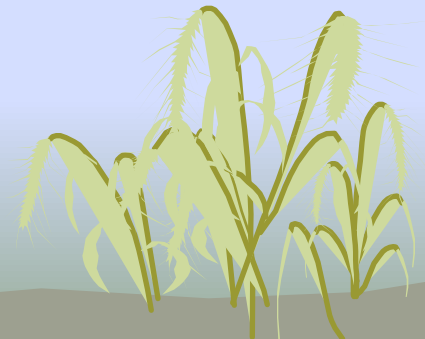
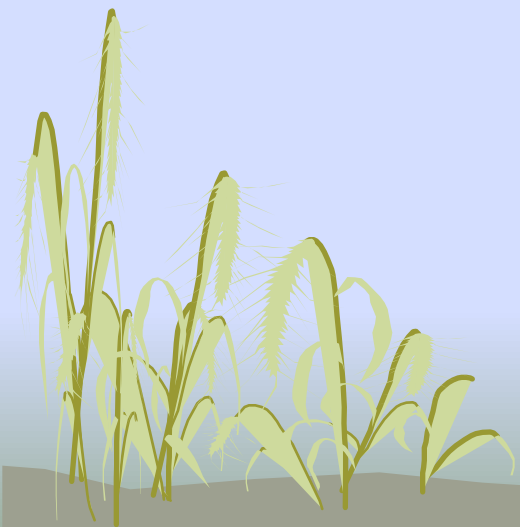
- Babies will get spoiled or dependent on swaddling
- Wrapping frustrates an infant's attempts to suck her fingers
- Tight bundling might interfere with a baby's ability to learn about the world



# *Unnecessary Worries continued...*

Swaddling is not hard to do, but you do need to learn the proper technique to make sure swaddling will be safe and effective. The idea is to wrap babies snugly so they won't try to wiggle out of the swaddle, but leave enough room at the bottom of the blanket for them to bend their legs up and out from their body.

Do swaddle a baby for naps and when she's crying. Don't swaddle when she's awake and happy. Most babies can be weaned off swaddling after four or five months.



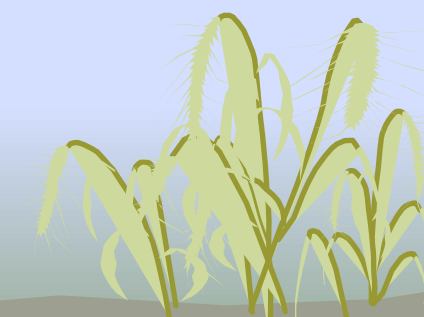
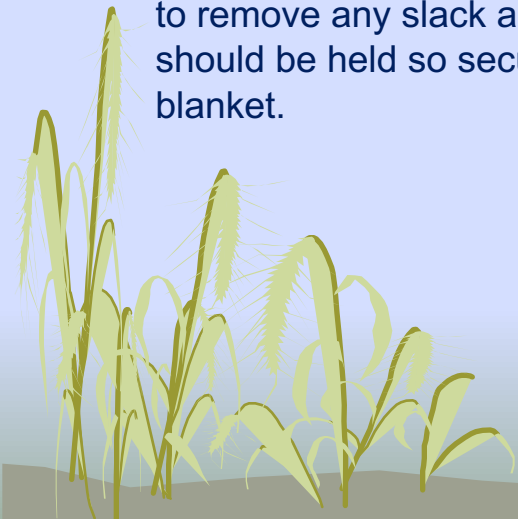


# How to Swaddle



## DUDU Wrap

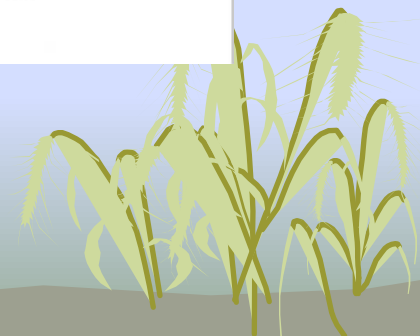
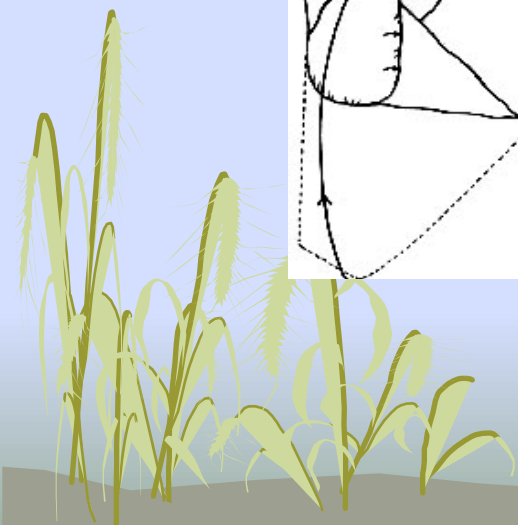
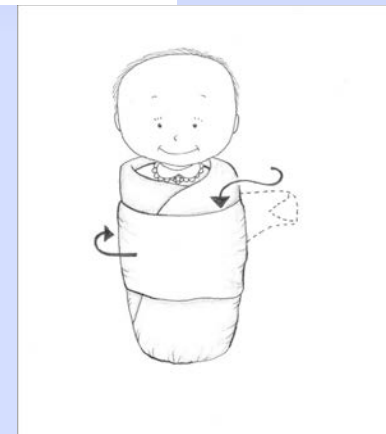
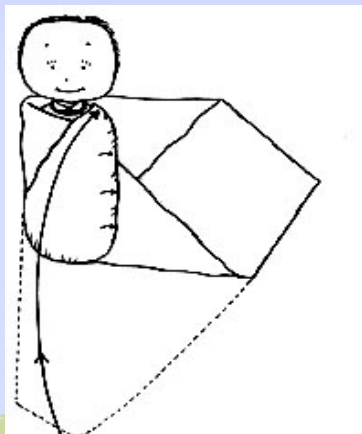
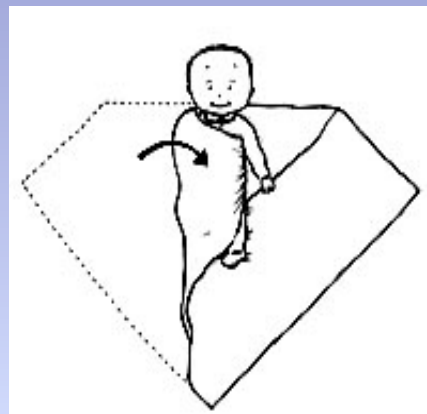
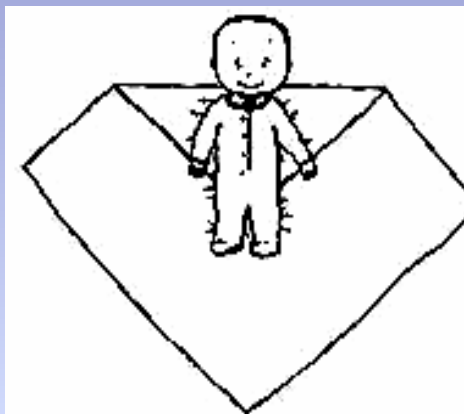
- The “DUDU” wrap. (DUDU, pronounced “doo doo”, stands for Down-Up-Down-Up.)
- Place the blanket on your bed and position it like a diamond. Fold the top corner down so the top point touches the center of the blanket. Place the baby on the blanket so her neck lays on the top edge. Hold the baby’s right arm down straight at her side. If she resists, be patient. The arm will straighten after just a moment or two of gentle pressure.
- Hold the baby’s right arm straight against her side, grab the blanket 3-4 inches from her right shoulder and pull it very tightly down and across her body. (It should look like one side of a V-neck sweater).
- Tuck – Keeping the blanket taut, finish pulling it all the way down and tuck it under her left buttocks and lower back. This anchors the wrap. Snug – While firmly holding the blanket against her left hip, grab the top edge of the blanket next to her unwrapped shoulder and tug it very snug. Pull the blanket tightly to remove any slack around the baby’s right arm. After this first “DOWN...tuck...snug”, her right arm should be held so securely against her side she can’t bend her arm up, even if you let go of the blanket.







# *DUDU Wrap*





# *DUDU Wrap*

Now, straighten her left arm against her side and bring the bottom straight up to cover the arm. The bottom blanket point should reach up and over her left shoulder. It's OK if her legs are bent, but be sure her arms are straight.

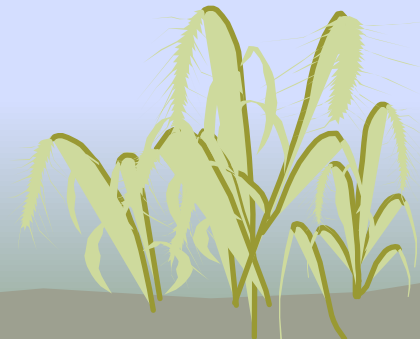
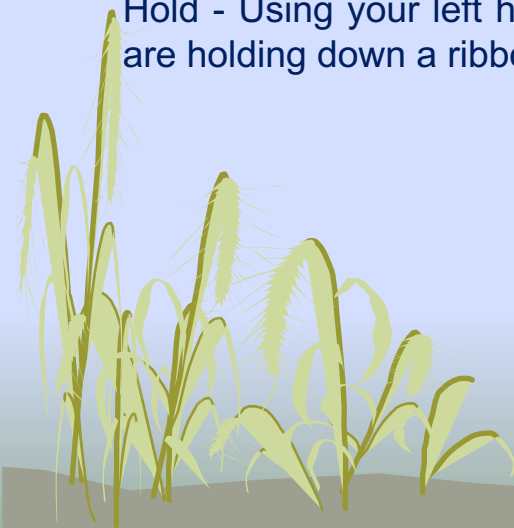
**Tuck** – Tuck this corner tightly under her whole left arm with your right hand. Her arm should be pressed against her body.

**Snug** – While your left hand still holds her left arm down, use your right hand to grab the blanket 3” from her left shoulder and snug it with a continuous pull (stretch it as much as possible). This removes any slack.

Still holding the blanket 3” from her left shoulder, pull the blanket taut and down, but only...a smidge.

**A smidge** – This DOWN should only bring a smidge of fabric over her left shoulder to her upper chest. Like the 2<sup>nd</sup> half of the V-neck sweater. (A mistake parents often make with the DUDU wrap is to bring this down fold all the way to their baby's feet...remember, it's just a smidge.)

**Hold** - Using your left hand, hold that small fold of blanket pressed against her breastbone, like you are holding down a ribbon while making a bow.





# *Safety with Swaddling*

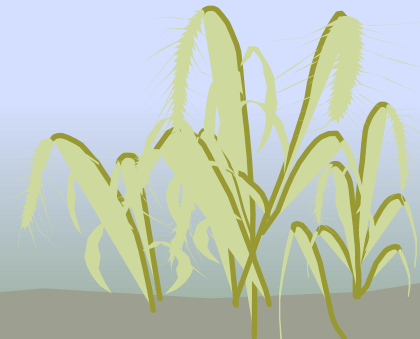
- Check for overheating
- DO NOT have baby sleep in bed with loose blankets
- Wrap needs to be snug so it does not come loose



As your left hand holds that fold, grab the last free blanket corner with your right hand and pull it firmly, straight out to your right. This will get every last bit of stretch and slack out of the wrap you've done so far. And, without releasing the tension, lift that corner in one smooth motion, up and...

Across – Bring it tightly across her waist and wrap it around her body like a belt. The belt should go right over her forearms, holding them down against her sides.

Snug - The finishing touch of the DUDU wrap is to snug the “belt” by giving it one last tight pull to remove any slack and then just tucking it in. This last tight snug and tuck keep the whole swaddle from popping open.



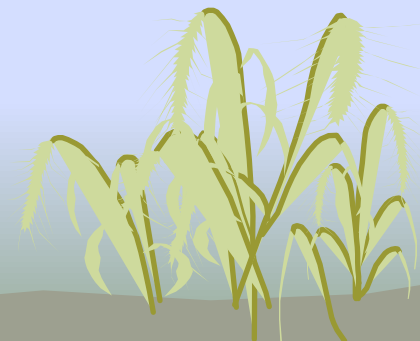
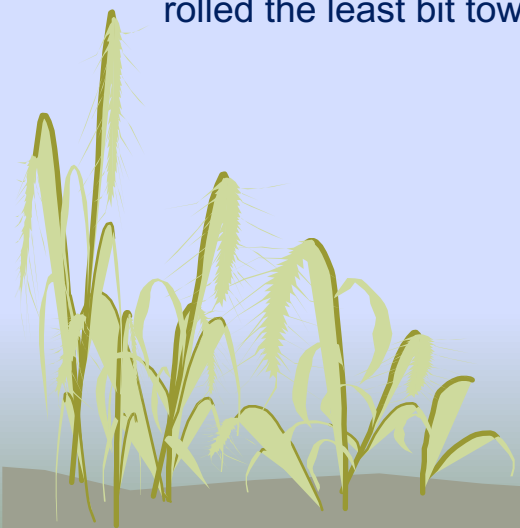


## *Side/Stomach - A baby's "feel-good" position*

- Imitates the baby's position in the womb
- Triggers the calming reflex
- Soothes by shutting off the Moro Reflex



Being supine (**supine position** is a **position** of the body: lying with the face up, as opposed to the prone **position**, which is face down) triggers the very upsetting Moro reflex. This "S" can be activated by holding a baby on her side, on her stomach (**again, not for sleeping**), or over an adult's shoulder. Some babies are so sensitive to position that, even on their side, they won't calm down if they are rolled the least bit toward their back.

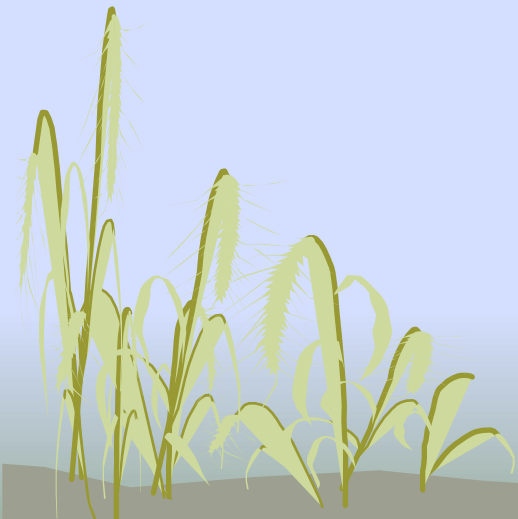




# *Back to Sleep*

Put Babies to Sleep on their Backs to Reduce the Risk of SIDS!!

The Safe to Sleep® campaign, formerly known as the Back to Sleep campaign, focuses on actions you and others can take to help a baby sleep safely and to reduce your baby's risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death.

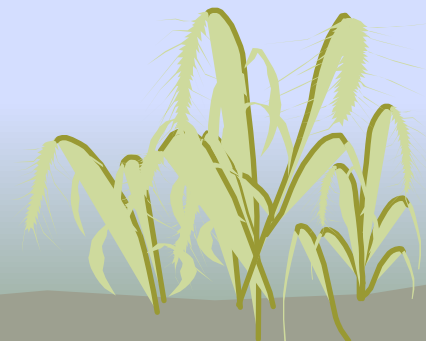
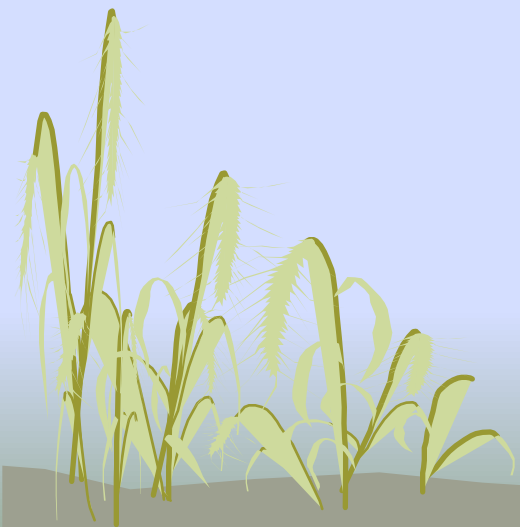






## *Side/Stomach Position continued...*

- The Reverse Breastfeeding Hold
- The Football Hold
- The Over-the-Shoulder Hold







## *Side/Stomach Position continued...*

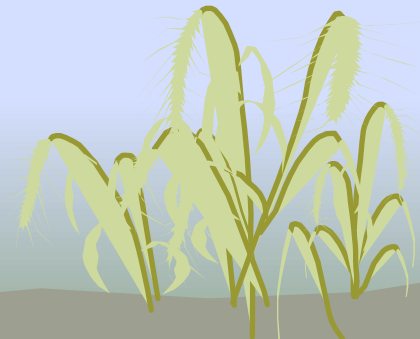
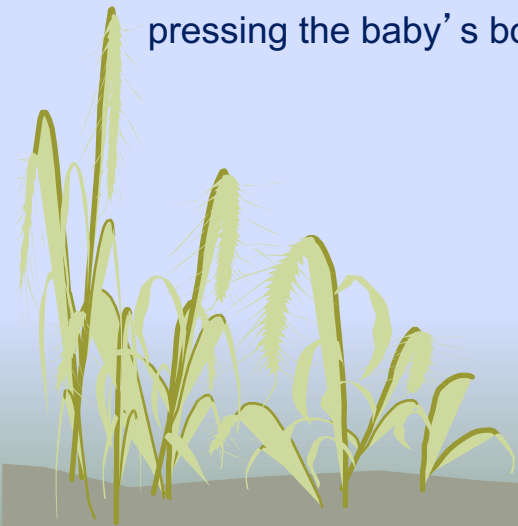
Hold the baby on the left side to assist in digestion, or on the stomach to provide reassuring support.

**Reverse Breastfeeding Hold:** Sit down and lay the baby on your lap. Slide your left hand between your knee and the baby's cheek to support the head in your palm.

Roll the baby onto your left forearm so the baby's stomach rests against your arm and hold close to your body.

**Football Hold:** Sit the swaddled baby on your lap, face the baby to your left and place your left hand under the chin. Gently lean the baby forward and roll the hips over so the stomach is lying on your left forearm. Rest the baby's head in your palm.

**Over the Shoulder Hold:** Hoist the baby onto your shoulder in an upright position while pressing the baby's body into yours.





## *Shhhhh - A baby's sound of love and safety*

- White noise
- Over-stimulation vs. under-stimulation



SHHHHH – Is a sound that calms and comforts your baby, helps stop crying and fussing, and helps your baby go to sleep and stay asleep.

At its simplest, you apply the "shush" step by loudly saying "shhh" into your swaddled baby's ear as you hold her on her side or tummy. Put your lips right next to your baby's ear and "shhh" loudly.

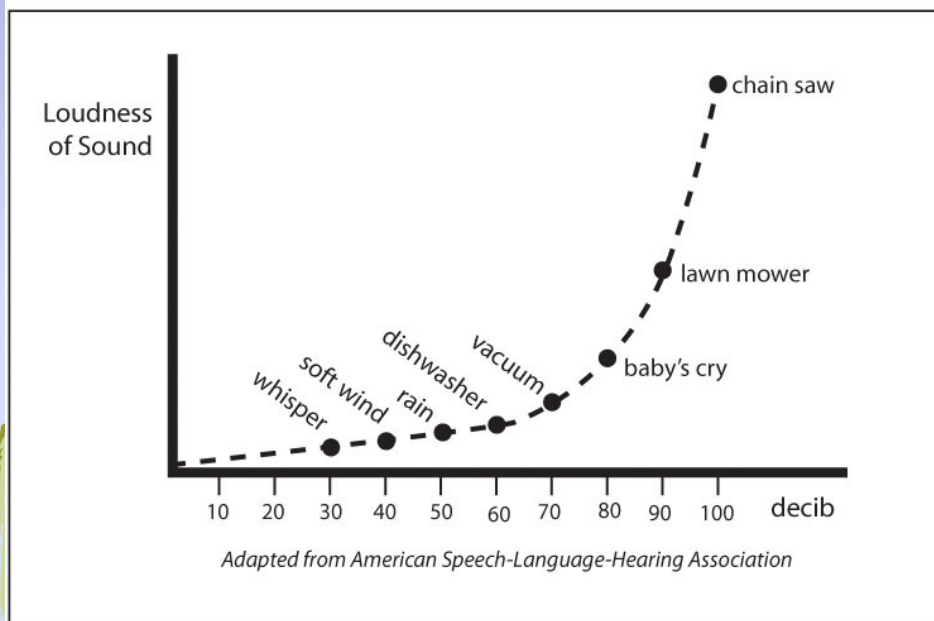
Shush as loudly as the baby is crying. As she calms down, lower the volume of your shushing to match.

In addition, Dr. Karp recommends play a recording of white noise while the baby sleeps. Some sounds are much more effective than others, however. He says that fans, sound machines, and recordings of ocean waves may not work, and recommends sounds that are more low and "rumbly" (like the sounds in the womb).



# *What a baby hears in the womb*

The Decibel Level of Sounds



The louder a baby cries, the louder the shushing has to be to calm him. The "shhh" sound imitates the sound of blood flow that fetuses hear. It has been measured at 75 to 88 dB. This white noise is approximated by harsh, loud sounds from hair driers (85 dB) and vacuum cleaners (75 dB).

<http://www.happiestbaby.com/the-five-s-way-to-calm-a-fussy-baby/>



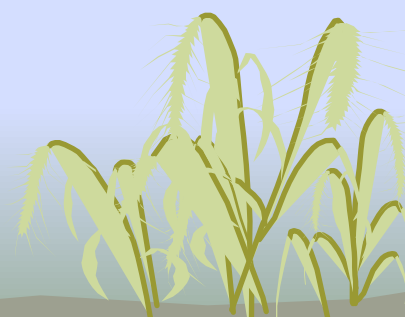
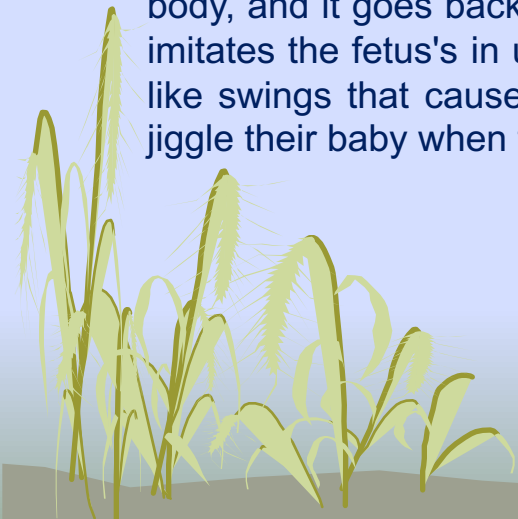
## *Swinging - Moving in rhythm with a baby's needs*

- Start out Fast and Jiggly
- The Head Jiggles More than the Body
- Follow The Baby's Lead

“Shiver Not Shake”



Slow motion is usually ineffective at soothing babies who are upset. Turning on the calming reflex in a crying baby requires fast, low-amplitude movements of the head (to stimulate the vestibular apparatus). This motion is like a fine shimmy or shiver. The head is supported so it moves with the body, and it goes back and forth only about an inch but very quickly—120 to 180 times a minute! This imitates the fetus's in utero experience and is completely different from the large amplitude, whiplash-like swings that cause shaken baby syndrome. Nonetheless, caregivers should be warned **never** to jiggle their baby when they're angry or frustrated.





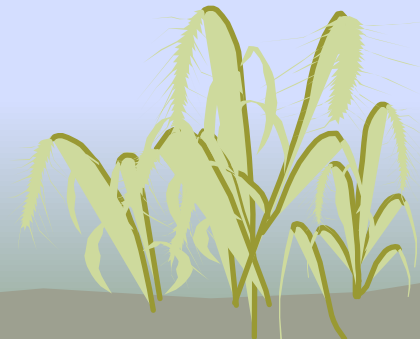
## *Prevention of Shaken Baby Syndrome*

- The big difference between a jiggle and a shake
- Knowing when to walk away and get help

Shaken Baby Syndrome (SBS), a form of abusive head trauma (AHT) and inflicted traumatic brain injury (ITBI), is a preventable and severe form of physical child abuse. It results from violently shaking an infant by the shoulders, arms, or legs. SBS may result from both shaking alone or from impact (with or without shaking). The resulting whiplash effect can cause bleeding within the brain or the eyes.

Nearly all victims of SBS suffer serious health consequences and at least one of every four babies who are violently shaken dies from this form of child maltreatment.

<http://www.cdc.gov/concussion/HeadsUp/sbs.html>



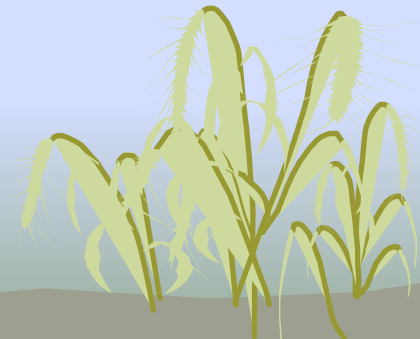




## *Sucking - The Icing on the Cake of Soothing*

- It satisfies the baby's hunger
- It turns on the calming reflex

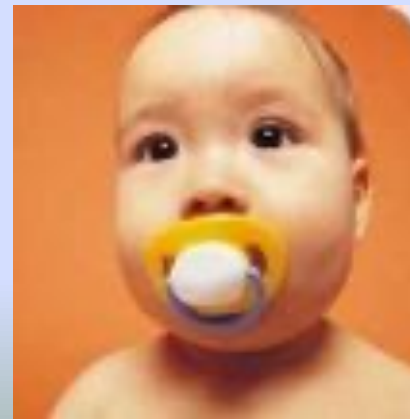
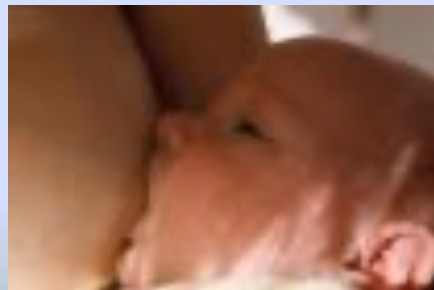
Give a swaddled baby a pacifier or her thumb if she's upset and seems to want to suck. In combination with being held on her side or tummy, being soothed with loud shushing or white noise, and being gently jiggled, sucking may do the trick.





## *Sucking Safety*

- Always wash pacifiers, fingers or nipples before allowing the baby to suck on them
- Never put anything that would fit inside a roll of paper towels in a babies mouth





# *Sucking Safety*

According to recent research, pacifiers may decrease the risk of SIDS when used during sleep. The reasons for this are not yet fully understood. Because of these findings, the American Academy of Pediatrics recommends pacifiers at bedtime until the age of one. If you are breastfeeding, the AAP recommends waiting until breastfeeding is well established, usually about a month, before offering a pacifier or bottle

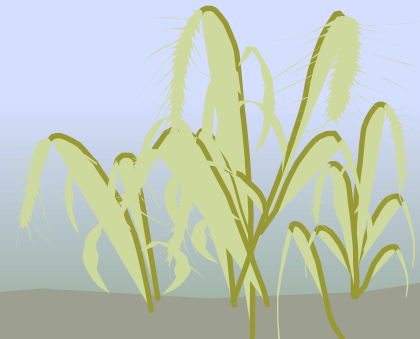
When using a pacifier, it is very important to know how to use it safely. Here are a few important tips to consider:

One piece pacifiers are the safest. Two piece pacifiers can become disconnected posing a choking hazard.

Do not put a baby's pacifier on a string or ribbon to prevent accidental strangulation.

Offer the baby a clean, dry pacifier.

Do not force the baby to take the pacifier.





## *The Cuddle Cure - A Layered Cake of Soothing*

- The 5 S's
- Combining the 5 S's
- Perfect Technique





## *The Cuddle Cure - A Layered Cake of Soothing*

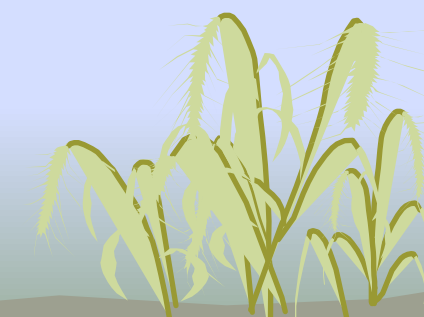
**Swaddling:** Tight swaddling provides the continuous touching and support your baby is used to experiencing within the womb.

**Side/stomach position:** The infant is placed on their left side to assist in digestion, or on their stomach to provide reassuring support. “But never use the stomach position for putting your baby to sleep,” cautions Karp. Sudden Infant Death Syndrome (SIDS) is linked to stomach-down sleep positions. When a baby is in a stomach down position do not leave them even for a moment.

**Shushing sounds:** These imitate the continual whooshing sound made by the blood flowing through arteries near the womb.

**Swinging:** Newborns are used to the swinging motions within their mother’s womb, so entering the gravity driven world of the outside is like a sailor adapting to land after nine months at sea. “It’s disorienting and unnatural,” says Karp. Rocking, car rides, and other swinging movements all can help.

**Sucking:** “Sucking has its effects deep within the nervous system,” notes Karp, “and triggers the calming reflex and releases natural chemicals within the brain.”



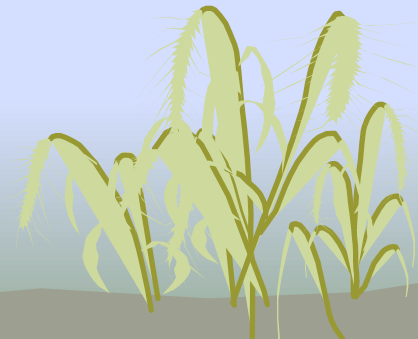
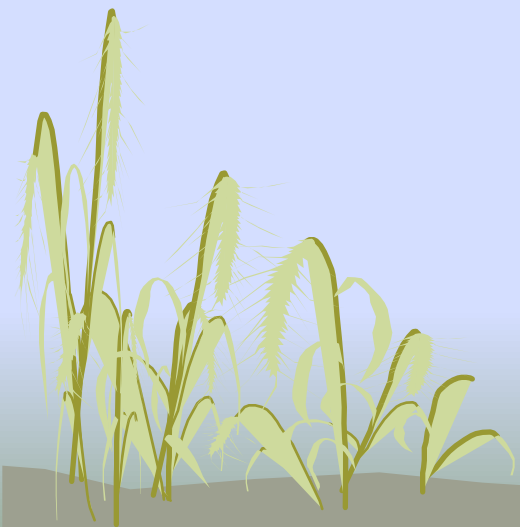




# *Review*

By the end of this session, you should be able to

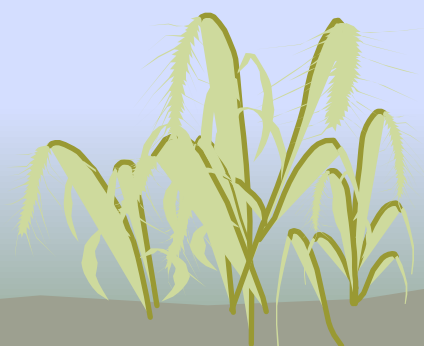
1. List the five S' s.
2. Identify behaviors that interrupt a calm baby.
3. Name 2 common myths about colic.
4. Be familiar with resources to help you calm infants in your care.





# *Resources*

- KidsHealth.org
- [http://www.coliccalm.com/baby\\_infant\\_newborn\\_articles/understanding-colic.htm](http://www.coliccalm.com/baby_infant_newborn_articles/understanding-colic.htm)
- <http://www.cdc.gov/concussion/HeadsUp/sbs.html>
- <http://www.happiestbaby.com/the-five-s-way-to-calm-a-fussy-baby/>
- <http://www.cdc.gov/concussion/HeadsUp/sbs.html>
- <http://babies411.com/babies411/baby-tips/pacifier-safety-new.html>
- <https://www.aap.org/en-us/Pages/Default.aspx>





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