



Pathfinder Honour: Trainer's Notes

Babysitting



Instructions to Trainers / Instructors of this Honour

Thankyou for being involved with this Honour. These notes have been developed to assist in teaching / instructing this honour. We recognise that there is much more information available and we are grateful that you should share your expertise.

Please remember that Honours are designed to develop our Pathfinders in many ways; their interests, their knowledge and their relationship with their Saviour and Creator. Your enthusiasm and creativity will have a huge impact on those doing the honour.

To complete an Honour, the following (where applicable) must be completed satisfactorily:

- Physical and Practical Requirements.
- Honour Workbook.
- Honour Assessment Sheet. (*On SPD Honour Website but Leader's level access is required*)

Additional Reference Material

Acknowledgements

These notes are based on the following site which was found to be most useful:

[http://en.wikibooks.org/wiki/Adventist_Youth_Honors_Answer_Book/Division/Child_Care_\(Babysitting\)](http://en.wikibooks.org/wiki/Adventist_Youth_Honors_Answer_Book/Division/Child_Care_(Babysitting))

Be aware that material on any Wikibooks site (or any other site) is beyond the control of the SPD.

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BEFORE YOU START

Persons who are babysitting may range from a big sister / brother / cousin to someone who is not known to the baby. Many countries and states have legislation and standards relating to the well-being of children, including babies. This may include - but not be limited to - the requirement to have a certified card (generated by police checks etc) and signed-off approval form/s by parents. Although the motive for caring for babies is heaven-inspired, it is essential that local legal requirements are understood and complied with.

As such, many of the requirements (viz 2 to 5) ask for a 'knowledge / understanding' of essential elements of baby care. Our preference is for participants of this honour to actually 'do' these tasks. However, we accept that this is not always feasible or practical.

The following notes are general in nature and are intended to give broad advice only. Please seek professional advice for any areas of concern and adapt these notes to suit local cultures.

REQUIREMENT 1: Be able to look after a baby during several hours in the absence of its mother.

After studying the other requirements in this honour, and after taking care of a baby while its mother is present, you will be ready to take care of a baby in its mother's absence. Offer to watch the baby of a relative, friend, neighbour, or church member. They may offer to pay you, but if you do it for free, you can count time spent watching the baby as community service or outreach.

There are many excellent outreach opportunities for meeting this requirement. If your church is conducting an evangelistic seminar, you can offer your services in the nursery. You can also offer your services during any church program, from the Sabbath worship service to social events to wedding showers to seminars.

Parents invariably appreciate the opportunity to get away from the baby for a few hours, but at the same time, they are hesitant about leaving it in the care of a stranger. If your community offers baby-sitting classes with certifications, consider signing up. Having a certificate will help build the parents' confidence in you.

Being able to leave their child with a qualified baby sitter can be a boon to a parent's spiritual well-being. A church that ministers well to children will attract and retain their parents as members. What better time to start than when their children are babies?

REQUIREMENT 2: List all the precautions to be taken when preparing the baby's bottle.

- Check the bottle is clean.
- If using formula, make sure you mix it according to the directions.
- If using milk, put only as much as the baby needs in the bottle. The baby's usual care giver should be able to tell you how much and how often the baby should be fed.
- Older babies may drink milk cold, but others will need it to be heated first. The ideal temperature for milk is body temperature (37°C or 99°F), as that is the temperature of breast milk. If the milk needs to be heated, follow these guidelines:
 - Contrary to popular belief, the bottle can be heated in a microwave oven, so long as the milk is mixed well after it comes out. The problem with heating milk in a microwave is that it heats the milk unevenly. There may be pockets of milk that are hot enough to burn the baby's mouth, while other parts of the milk are still cold. Shake the milk vigorously after removing it from the microwave.

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- You may also heat the milk in a saucepan.
- The bottle may also be placed in a saucepan of hot water to be heated.
- Before giving heated milk to a baby, **always** check its temperature by squirting some on your wrist or on the soft side of your forearm. These areas of your body are sensitive to heat. If the milk feels hotter than your skin, **do not give it to the baby**. Instead, mix up some more and try heating it less, or put it in the refrigerator or a saucepan of cold water until it cools down to body temperature.

REQUIREMENT 3: Know how to prepare, bathe, change and dress the baby.

Preparing the bath.

Ensure you have all requirements, bath, towel, wash cloth, soaps, powder, ointments, clothes and nappy before you bring the baby to the bath.

Babies cannot tell you if the water is too hot, so be careful to ensure that the temperature is right. Fill the tub with about 5 cm (two inches) of water and check that the temperature is comfortable. It should be neither too hot, nor too cold.

You must not leave the baby unattended even for a few seconds while it is in the tub. If you do forget something, take the baby out of the tub, wrap it in a towel so that it does not get cold and so it is not so slippery (you don't want to drop baby!). Then take the baby with you to fetch the forgotten item.

Bathing the baby.

You must always stay with the baby when it is in the tub. A baby can easily drown in even a centimetre of water. If the phone rings, do not leave the baby so you can answer it. Let it ring, or take the baby with you (wrap it in a towel so it does not get cold) when you go to answer it. The same goes for the doorbell, or **any** other distraction.

First wash the baby's face, starting with the area around its eyes. Do not use soap on its face - a wet wash cloth will do nicely. It is better to wet the washcloth from the tap rather than from the tub, because the baby may have urinated in the water. You wouldn't wash your own face in that, so don't wash the baby's face in it either. The reason you start with the eyes is because they are susceptible to infection. Use one corner of the washcloth on one eye, and a different corner of the washcloth on the other eye. This will prevent spreading an existing infection from one eye to the other. After you are finished washing the baby's face, you can wash his / her hair.

Use a gentle soap and shampoo on the baby. Babies' skin is more sensitive than yours, so you must use extra gentle soap. Also, be careful to not get any soap or shampoo in the baby's eyes. Baby shampoo and soap will not damage the baby if it *does* get in the eyes, but it may hurt, and the baby may cry. Some babies do not like to get water on their faces, even if the soap doesn't make its eyes sting. You can buy a visor to put around the baby's head to divert the water away from its face when rinsing shampoo out of its hair. Otherwise, you can tilt baby's head way back (support it with your hand!) and carefully rinse its head that way.

Finally, you are ready to wash the baby's body. Start with the neck, chest, tummy, back, and arms, then move to the legs and feet. Wash the nappy area last, as that area is most likely to pick up germs.

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Dressing the baby

When you are finished rinsing the baby, lift it out and carefully wrap it in a towel. Drain the tub immediately. Do not let the water stand in the tub, as the baby could find its way back to the tub, fall in, and drown.

Gently dry the baby. You may wish to powder its behind before putting a nappy back on it. It is difficult to get the baby's nappy area dry with only a towel, and powder will help with this. Do not use too much, and be careful not to make powder clouds for you and the baby to inhale. Once powdered, baby is ready to have his / her nappy on.

Lay the baby on its back, and slip the nappy underneath its hips. Then draw the front of the nappy up towards its tummy. If you are using disposable nappies, undo the adhesive from the back of the nappy and fasten it to the front. Do this on both the left and the right (the order does not matter). Remember that the adhesive will not stick if you get powder on it, so do not expose the adhesive until the powder has settled.

Do not draw the nappy too tightly. You should be able to slip two fingers into the nappy at the baby's hip. If you cannot, the nappy is too tight. The nappy should be tight enough so that it does not fall off. If you can slip four fingers into the waistline, it may be too loose. Adjust as necessary. You will eventually get the hang of it, so that you won't need to check and recheck.

Finally, put the baby's clothes on it. Be careful not to pinch it when you do this, and make sure the clothes are not twisted and that they lay right.

REQUIREMENT 4: Know how to prepare the baby's bed and put it to bed for the night.

Babies soil their sheets more often than other people, so it is important to check that the sheet are clean before putting the baby to bed. Sometimes a baby will need to have its sheets changed more than once in a day.

Child rearing experts frequently debate the proper way to lay a baby down for sleep.

Some say to lay them on their tummies so that if they spit up they will not choke on the sputum. Recent research indicates that laying them on their backs or sides is preferable so they do not bury their faces in the soft mattress or blanket and suffocate (this *has* happened). This can be addressed by using only a firm mattress in the baby's bed, and by not having a lot of blankets and other items in the bed with the baby. Comforters should also be avoided until the baby is able to turn itself over.

When lying baby on its side, you may need to roll up two dry towels or small blankets and place them one on either side of the baby to hold it in place. Do not cover its face or head with a blanket. Draw the blanket up over its shoulders, but no further.

Some parents will wait until the baby falls asleep and then carefully put them to bed. Others are able to put the baby in bed when it is awake. Try to find out how the baby is used to being put to bed before you have to do it yourself.

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REQUIREMENT 5: Explain the purpose of keeping a personal health record for a baby and the importance of recording its growth progress.

In Australia, as in many other countries, a 'Personal Health Record Book' is presented to mothers at the birth of each child.

The book, besides having a sentimental value, provides a valuable record of the baby's early years. It is often used to identify health issues so that early treatment put in place. It has facilities to record lots of information on the baby. For instance:

- Birth details (when, where, family, doctor, weigh, body dimensions etc)
- Baby's milestones (first smile, first teeth, first word, first step etc)
- Vaccinations (when, what etc)
- Significant health events and how managed
- Growth details (weight, head / body dimensions etc). Often there are charts or tables to compare baby's growth with what would be expected. Anything outside the expected values triggers an investigation.

REQUIREMENT 6: Explain why breast-feeding is superior to bottle-feeding.

The benefits of breastfeeding are both physical and psychological for both mother and child. Nutrients and antibodies are passed to the baby while hormones are released into the mother's system. The bond between baby and mother can also be strengthened during breastfeeding.

Breast milk, if fed directly from the breast, is immediately available with no waiting and is at body temperature. Breast-fed babies have a decreased risk for several infant conditions including sudden infant death syndrome (SIDS). The sucking technique required of the infant encourages the proper development of both the teeth and other speech organs. Sucking also has a beneficial role in the prevention of obstructive sleep apnea.

The many health benefits of breastfeeding have been well documented. According to the American Academy of Paediatrics policy statement, "Extensive research, especially in recent years, documents diverse and compelling advantages to infants, mothers, families, and society from breastfeeding and the use of human milk for infant feeding. These include health, nutritional, immunologic, developmental, psychological, social, economic, and environmental benefits."

REQUIREMENT 7: What is weaning?

Weaning is the process of gradually introducing the infant to foods which will be its adult diet while simultaneously withdrawing the supply of milk.

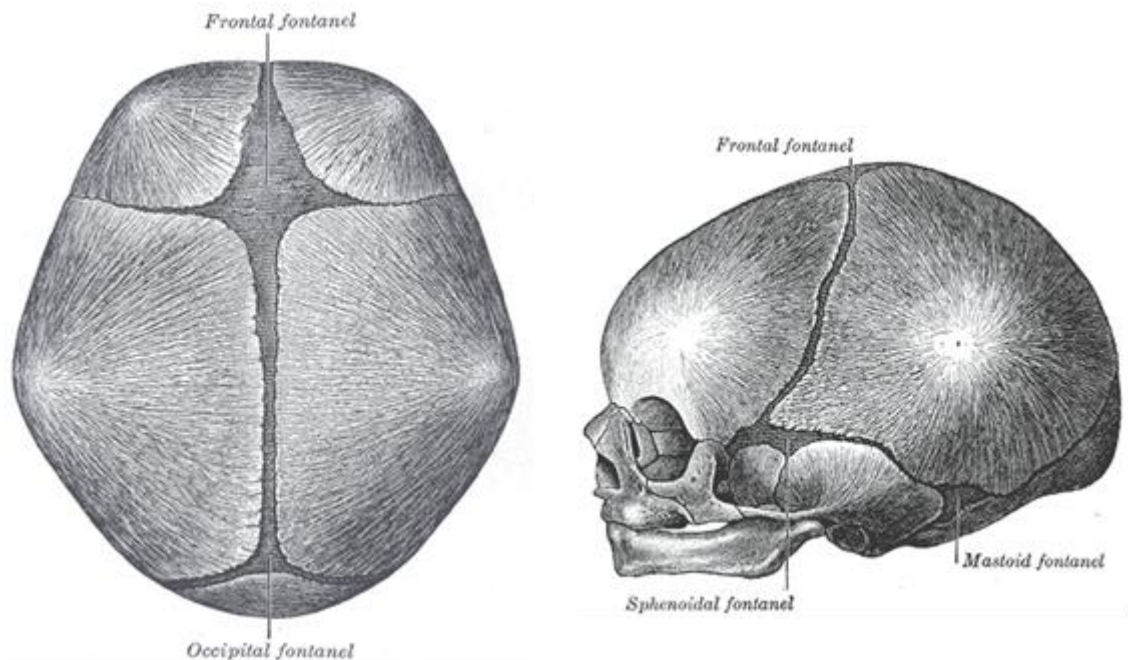
Food such as apples, carrots, potatoes are stewed and pureed and added to the diet. Milk intake is reduced as teeth appear and the baby develops the ability to chew first cooked - and later raw food.

The infant is considered to be fully weaned once it no longer receives any breast milk and begins to rely on solid foods for all its nutrition.

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REQUIREMENT 8: What is the fontanel (soft spot)? At about what age does it disappear?

Picture: The skull at birth, showing the front (anterior) and rear (posterior) fontanels



Picture sources:

Looking down on top of head: <http://upload.wikimedia.org/wikipedia/commons/b/b3/Gray197.png>

Looking at the side of the head: <http://upload.wikimedia.org/wikipedia/commons/a/a0/Gray198.png>

The skull of a newborn consists of five main bones: two bones in the front, two bones on the side (one on each side), and one bone at the back of the head. These are joined by fibrous joints, which allow movement that facilitates childbirth and brain growth.

At birth, the skull features a small fontanel at the back of the head, an open area covered by a tough membrane, where the two bones at the sides of the head adjoin the bone at the back of the head. This fontanel usually closes during the first several months of an infant's life.

There is also a much larger, diamond-shaped fontanel where the two frontal and two side bones come together. This fontanel remains open until the child is about two years of age. This fontanel is found at the very top of the baby's head.

The fontanel at the top of the head is useful clinically. A sunken fontanel indicates dehydration; whereas a very tense or bulging fontanel indicates raised pressure inside the skull (both conditions require medical attention).

Parents may worry that their infant may be more prone to injury at the fontanel. In fact, although they may colloquially be called "soft-spots", the membrane covering the fontanelles is extremely tough and difficult to penetrate.

Comment: This is another example of the wisdom of our Creator; the miracle of birth that has given life to all of us.

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REQUIREMENT 9: Do one of the following. Make a brief report.

- a. **Interview staff at a local day-care centre (or baby clinic) regarding their organization and the help they offer to mothers.**

Day-care centres and baby clinics are very busy places, so you will want to make arrangements ahead of time with the staff to meet with them. Allow them to suggest a time when it is convenient for them to talk to you. Be on time and courteous. Day care centres are also an excellent place for Pathfinders to do community service. They are unlikely to ask the Pathfinders to take charge of the kids, but they will may have painting or yard work that needs to be done

- b. **Interview two generations of mothers (ie mothers and grandmothers) and find out any similarities or differences in the way they cared for their babies. Record any interesting experiences they had in caring for their babies.**

For starters, you could interview your mother and grandmothers. It's a great way to get to know grandmothers better. Who knows; you may even find out interesting things about your parents that you didn't know about.

Just look around and you'll find heaps of interesting opportunities for other mums to interview. Why not talk to some of the mothers in our Old-Folks Homes. It would make their day.

REQUIREMENT 10: Babysit on at least three (3) different occasions and keep a record of each occasion. The total babysitting time must be at least five (5) hours. [Note. It is OK to babysit on more than three occasions to reach the minimum time of five (5) hours]

This requirement has been made flexible to give participants plenty of scope. We've already given some ideas in Requirement 1. No doubt you will have plenty more.

Please make sure that you meet all legal requirements applicable to where you live.

Make sure that the parents give their consent.

Happy babysitting!