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**DECLARATION OF ACCURACY**

I, Jennifer Thompson, declare that the attached:

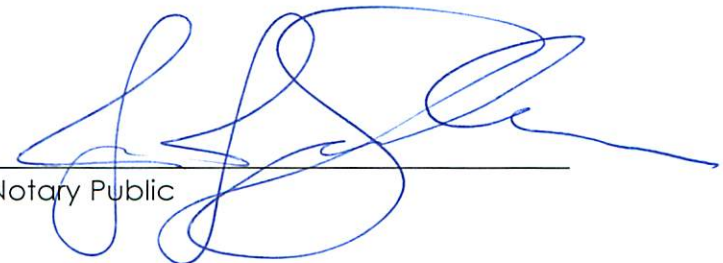
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and embossed with the Atlas Language Services, Inc. logo in the lower right hand corner has been translated and edited by Atlas Language Services, Inc.'s German/English consultant, Annett Brown, to the best of my ability and knowledge.

I hereby certify under penalty of perjury, that the forgoing is true and correct. Dated and signed on July 5, 2016.

  
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Jennifer A. Thompson  
Translation Coordinator



  
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## What parents should watch out for when buying babywearing carriers

The desire of parents to give their child close body contact early on by carrying the child on the body has been addressed from various angles in recent years. A number of babywearing carriers are available on the market. However, these carriers have been primarily assessed only with respect to the durability criteria of the material – yet the important assessment of suitability regarding the anatomical and physiological characteristics of the child has often remained disregarded thus far.

You can carry your child in various positions: lying or seated. If the child is carried in the upright position, most carriers for use during infancy are designed for the child to be worn in front of the chest of the wearer; some of the carriers are also suitable for being used on the back. Few allow for the hip-carry position. When using a baby wrap – with the appropriate the wrapping technique – any position is possible. Carrier options that allow for an upright seated position, in particular, must be critically examined in terms of their suitability.

Infants should be positioned with their legs spread and deeply bent, i.e., the child must be able to tuck up its upper legs up to a 90° angle - ideally even further. Such deeply squatted leg position fits the anatomical constellation of the infant. Another reason why this position with deeply bent legs is crucial, especially in cases of suspected hip dysplasia,\* is that it counteracts this malformation both prophylactically and therapeutically; it corresponds to the leg position called for by medical professionals.

But it is also important to make sure that the carriers facilitate and support the age-appropriate physiological position of the child's spine. The child should sit in these carriers with a slightly rounded back and by no means be forced into a swayback; this risk is greatest when the construction of the carrier pouch or harness causes the child to assume a position with rather extended legs, resulting in an unfavorable position of the pelvis, and eventually in a hollow back, which is not physiological during infancy. To provide good support to the child's back, a babywearing carrier must firmly enclose the infant's torso so that the child can lean against the wearer and sit upright. Using specific examples, these aspects are explained in a bit more detail on the following pages.

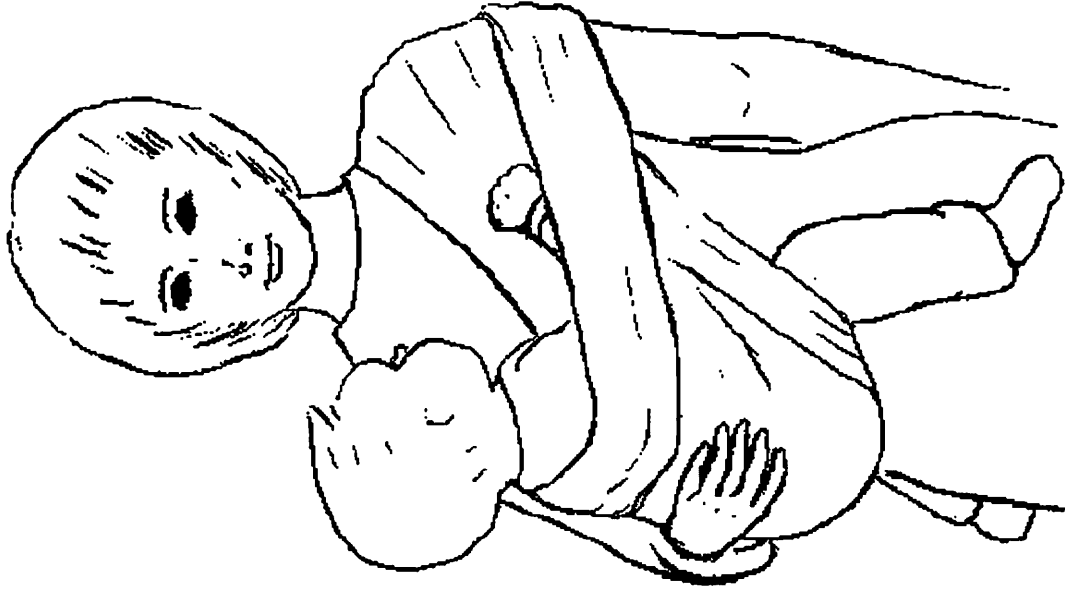
\*Hip dysplasia: The shape of the hip socket is too shallow, in the worst case, leaving the femoral head susceptible to sliding out of the hip socket.

## The wrap carrier

When the wrap carrier is used properly, whether on the hip, in front of the chest or on the back of the wearer, the child's upper legs are deeply bent; if the legs are not bent enough, the parents feel as though their child will slip out of the wrap carrier (this position of the child's legs would also be unfavorable with respect to hip dysplasia). Therefore, parents should check the posture of the child and tie the wrap carrier in such away that

- the little legs are positioned correctly, i.e., tucked up to a 90° angle (as mentioned before, ideally even further),
- the wrap snugly encloses the child's back and the infant is in close contact with the wearer's body.

The proper use of the wrap carrier requires some practice, but, especially with the child in the hip-carry position, must be emphasized as prophylaxis given the risk of hip dysplasia: carried this way, the infant not only assumes a leg position that is conducive to the healthy development of the hip joints. Additionally, with each step of the parent and each time the baby is turned, a motor stimulus is transmitted to the child's hip joints; this stimulus is considered beneficial for the development of the joint structures, which are still cartilaginous. Furthermore, the hip-carry position allows for a less obstructed view, especially for an older baby (which is also the case when the baby is worn on the back – the baby can look over the shoulder). The child can both focus its attention on the surroundings as well as have eye contact with the parent.



## Babywearing harnesses and pouches



If the parents prefer to use a carrier harness or pouch, which is easier and quicker to handle even for inexperienced users, they should examine commercially available products with a particularly critical eye. After all, most of the available models are unsuitable as they do not take the child's anatomy into account. When purchasing a babywearing carrier, it is important to watch out that there are no openings for the infant's legs in downward or downward/lateral direction (as shown in the Drawing A), or that there is only a narrow crotch between the legs (as shown in Drawing B):

- Instead, due to the face-to-face position of the infant to the wearer on such models, permanent, unfavorable pressure is exerted on the hip joints. That's because the downward facing upper legs are incorrectly extended in the hip joints and constantly pressed against the body of the wearer (see arrow, Drawing B), which adversely impacts hip joint development, i.e., promotes hip dysplasia.
- Due to the particular anatomical constellation during infancy, the pressure on the small legs extended in the hip joint can even cause an abnormal swayback posture.

Therefore, the following is important to note in connection with babywearing pouches or harnesses:

- The crotch between the legs should be wide enough to extend to both knee pits, thus ensuring an adequately squatted leg position

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