

February 15-20th Chicago

Research Report

**LIVING WITH NEW PARENTS TO BETTER UNDERSTAND THE STRUGGLES OF
CHILDCARE AND ASSOCIATED PRODUCTS**

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Summary

This report covers the six-day residency I spent with a married couple and their eight-month-old son, Wells. Research began February 15th, 2024, and was concluded February 20th, 2024. All forthcoming information was gathered between those two dates. A combination of research methods were employed to best understand everything surrounding the use of a crib, including but not limited to: observation, primary experience, and interview of primary users (parents). I did additional in-depth research prior to this study which will not be included or referenced, as that work was not relevant to these findings aside from providing the researcher with context.

Key findings include:

- **Convenience and ease-of-use** are the highest priority to parents **behind safety**, currently the product pool does a relatively poor job of fulfilling that need.
- **SIDS (sudden infant death syndrome) and suffocation** are constant fears for the cautious parent and affects all their choices when purchasing for their baby.
- **Accessibility is a major issue** in cribs specifically; drop down sides were banned in 2011 after infant deaths and complications rendered them unsafe- but innovation that allows parents to maneuver around those walls when the mattress is in the lowest setting is something that would be well received by consumers.
- Despite the intense regulations on the vertical crib slats, parents still have concerns and complaints regarding their safety and functionality.
- Crib aesthetics hold varying degrees of value depending on the parent, but key words that seem to appeal to parents are **simple, classic, and timeless**.

- **Caring for a child is a full-time job** for two parents, and exponentially more difficult for a single parent.
- When the infant is asleep in the crib is the only time during the day when the parent gets a moment of respite- this means **nothing about the crib should make noise or do anything to wake the baby.**

The information presented in this report has been gathered from primary sources, and experiential immersion in the lifestyle of the studied demographic.

The report has been prepared for submission as a supplement and presentational aid for the larger project to be displayed in the portfolio of Parker Lowell and the 2024 EEP showcase.

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1 Introduction

Baby cribs have had a relatively consistent form for as long as they have existed, with notable innovations in the recent decade. More important than form, however, is the crib's functionality. Given the size of the baby product market and the diversity of the consumer looking for a crib, more innovation in accessibility is the most vital aspect of any crib design. This report examines how having a child affects the daily life of a parent, how a parent and their infant interact with their crib, the parent's perception of their crib and other infant products, and other related parenting issues. My goal going into the study was to understand (as completely as possible), the experience of the couple I stayed with, regarding their day-to-day life post-child.

1.1 Methodology

Findings and information in this report were gathered in its entirety by the author, Lowell, during my stay in a home in a Chicago suburb. Mary and Matt Mochel allowed me to share their home and their life for a week- providing me with invaluable insight into childcare and their struggles and successes in that arena. This report is a comprehensive review of my experience and findings during my stay.

1.2 Scope of the Report

This study specifically focuses on one family, the Mochels, and their experience and feedback. When referring to their crib, I am referencing the Delta Adley 3-in-1 Convertible Crib, as that is the exact crib they own. Any broader generalizations made in the report have either been checked with a third party or are a personal inference from a human-centered design perspective. The experience referred to in the study is from the Mochels allowing me to step in and care for their son; the experience is my own findings in taking an infant through his daily schedule.

2 Findings

2.1 Observation

Wells Mochel, the infant I helped care for during this period, was eight months old at the time of this study. Wells was active and vocal, though he could not speak yet. He was alarmed to have new people in his house and cried when I first arrived. Wells loves playing with cups and bowls, specifically the act of stacking, unstacking, and throwing. While there were a good number of toys in the house the infant always seemed most interested in items that were not toys, like water bottles and tv remotes. The baby loved going outside so the Mochels made a point to take him on a daily walk. Wells enjoyed being read to, but more often he preferred to turn the pages on his own and not allow me to finish the page I was reading. After I sat on the ground with him and played with his toy truck and stacking cups, Wells quickly bonded with me. For the duration of the trip after my arrival (February 15th), Wells was very interested in me and would often stare at me for extended periods of time. At meals, he would eat his own baby meals, with the exception of dinner where he would share a plate with his mother. Wells was friendly and amiable but would get fussy when he was tired or hungry. Usually after a meal he would play briefly before showing “sleepy signs,” indicating it was time for a nap or bedtime. Some common sleepy signs were sudden crying, getting extra cuddly, or losing interest in playing. Wells was also teething and recovering from an ear infection during my time with him.

When it was time to put Wells to bed, we followed a consistent progression of steps. First you go into the kitchen and make him a bottle of formula. After that you take him upstairs and put him in a sleepsuit, so he’s wearing something safe when he’s in the crib. Then you take him to the nursery and feed him the bottle, give him his pacifier, and rock him to sleep on their rocking

chair. After he falls asleep, you carefully set him on his back in the crib- bottom touched mattress first and then his head. Any sudden movements or noises will wake Wells and you must start the process all over again. If the infant is taking a nap for longer than two hours, I was instructed to wake him, so that he would sleep at night. When you take Wells to his nursery, you must go alone. If anyone else is in the room, he will be too distracted to fall asleep.

The home was well furnished and filled with toys. The Mochels frequently wiped down surfaces and washed Wells' silverware, trays, and clothes. The father, Matt, put on golf while we played with the baby or while cooking. After we put Wells to bed, Matt and Mary would watch an episode or two of a tv show before going upstairs to bed. We went out to a kid friendly restaurant for dinner one night, so I also got to see the family's baby car seat, stroller, and the portable highchair that attaches to a table. Most notably, the stroller gave Mary trouble getting her son in as well as folding and unfolding the chair to get it in and out of the car. At dinner, Wells was fascinated by all the other little kids running around the restaurant and did not eat as much.

2.2 Experience

After a few days of light observation and assistance, I felt confident in my ability to step in and take Wells through his daily schedule with minimal assistance from his parents. The experience of doing everything with this child (he was fussy with his diapers, so I never got the opportunity to change diapers), was incredibly taxing. My room shared a wall with the nursery, so I had already been waking up whenever he cried in the night, but it added another degree of difficulty once I had to get up and rock him back to sleep. During his naps, I often ended up falling asleep with him in the rocking chair.

The crib itself was certainly a source of anxiety while I was caring for Wells. The mattress was in the lowest setting, and I had to bend deeply over the railing to set Wells down inside. That action was uncomfortable and made me fear falling in or dropping him. The slats were another major pain point when using this crib. Wells likes to sleep with his pacifier; however, he seems to like throwing his pacifiers through the slats and out of the crib more. We operated on a “hope and pray” system when putting him down for naps, hoping that if we left him with three pacifiers in the crib, he would not throw all of them on the floor. The slats also gave Wells an opportunity to stick his arms and legs out of the crib. Often during my stay, I had to go into the nursery and pull his limbs out from between the slats. The gap is not large enough for his head, so it’s technically safe- but he frequently got his limbs stuck.

2.3 Interview

At the end of my residency, I sat down with Matt and Mary to fill in any gaps in my comprehension and learn more about what it means to be a parent.

Can you walk me through your experience with Wells after you gave birth?

[Mary] *It’s been a massive learning process, completely flips your world upside down. Baby becomes an all-encompassing priority. You need to learn how to use a million new products and the experience is very overwhelming. It’s a very expensive endeavor, you can’t try any products out as a sample.*

How long were you in the hospital, what did you do there?

[Mary] *Just under 2 days. You go in through the emergency room, triage, and then into the labor room, then you go to an overnight room. Exhausting and traumatic experience, nurses feel like angels on Earth, the food tasted good.*

How has it been to have him at home?

[Mary] *Good to have him at home. Slept and spent the whole day in the living room after coming home.*

Did you buy your crib new, or how did you acquire your current crib?

[Matt] *New crib, \$200. Didn't want a very expensive crib... the mattress was more expensive than the crib was. We put them both on the registry, so we didn't pay for it ourselves.*

When was the last time you used the crib? Tell me about that.

[Mary] *9 days ago (she had just had abdominal surgery), to place the baby in there you must be in a very uncomfortable position leaning over into the crib, with the crib in the lowest setting, the mom can't set the baby in there. **I am too short to put Wells in the crib on the lowest setting and I can't put him in at all while I'm recovering from surgery.***

[Matt] *5 minutes ago. Since moving to the lowest setting, it's difficult to set the baby down in there (needs a stool to put him down in there), he's more prone to waking up.*

What are the usual steps you might take leading up to and during use of the crib?

[Matt] *Diaper check, sleep clothing, sleep sack, go into the room (it's pitch black), sit in rocking chair and feed bottle, once asleep- lean over the crib and put down bottom half of baby first and then his head.*

What are things you know right now are a problem?

[Mary] *Depth with setting baby in, spacing between slats allows baby to get stuck, the crib physically feels light (mom has a perception that the crib could be tipped)*

[Matt] *Everything else the same as Mary, changing mattress height settings is difficult and time consuming.*

How do you transform the crib? What about that process is annoying or difficult?

[Matt] *Time consuming, Allen wrench it down.*

Will you be getting a different crib after your experience with this one?

[Mary] *Yes, we would like to, a transformable bassinet to crib might be something interesting.*

Does the aesthetic of the crib work for you? Between 1-10 what is the importance of how it looks?

[Matt] *Doesn't care; 0/10*

[Mary] *It looked classic and light, looks fine and doesn't clash with anything; 9/10*

Do you feel the crib matches the home?

[Mary] *Yes absolutely, white or wood is a very common and safe option.*

Do you like the materials used in the construction of the crib?

[Both] *Want a material that's safe for kids and passes environmental safety laws, renewable, non-chemical.*

What do you want from a crib?

[Both] *Adjustability, inclusivity for shorter parents, versatility, utility, safety, breathable wall alternative to bars (he throws stuff out and get legs out).*

What would your ideal crib look like?

[Both] *Rounded edges, easy to build and assemble, no bars, baby proof as much as possible, push and grab for the front of the crib to drop down. They also had an interest in something with wheels.*

Anything else I should've asked you?

[Matt] *Should be everything, silence is important in the crib.*

3 Conclusion

It is a colossal task to take care of a baby, with a great many difficulties and potential problems.

The products parents buy, specifically the crib, should not in any way add to those problems. It should be the aim of the designer to break from existing product conventions and push their crib design to make parents' lives easier. Infant's day is highly structured, and it is very easy to mess that schedule up. Harmony is important within the home and a crib is very much a part of that.

Parents have difficulty assembling and transforming cribs with such options. Lowering down the mattress one setting can take multiple hours.

4 Recommendation

The primary pain points in the traditional crib are the slats and the wall height. Finding a child-safe and sustainable replacement for the slats, as well as a safe way to reduce the extreme bend required with current wall heights is necessary.

New crib designs must be cautious to avoid solutions that are too distracting for the baby or a crib that would make any sort of noise while the baby is asleep.