The American Academy of Pediatrics and *On Becoming Babywise* Recommendations and Comparisons

The following comparisons are compiled from: The American Academy of Pediatrics, *Caring for Your Baby: Birth to Age Five - The Complete and Authoritative Guide,* Steven P. Shelov, M.D., F.A.A.P. (Editor-in-chief), and *Babywise* by Gary Ezzo, MA, and Robert Bucknam, M.D., F.A.A.P.

Topic	**American Academy of Pediatrics** *Caring for Your Baby*, Shelov	***On Becoming Babywise*** Ezzo/Bucknam
Feeding Recommendation		
1. Nursing after delivery	"The first hour or so after birth is a good time to begin breast-feeding because your baby is very alert and eager" (pg. 29).	"If possible, nurse your baby soon after birth. This will be sometime within the first hour-and-a-half, when newborns usually are most alert" (pg. 77).
2. Time Between Feeding	"Some newborns need to nurse every two hours; others, every three. As they get older, they are able to go longer between feedings. . ." (pg. 87).	"As a general rule, during the first two months, you will feed your baby approximately every 2 1/2 to 3 hours from the beginning of one feeding to the beginning of the next. Sometimes it may be less and sometimes slightly more, but this time frame is a healthy average. In actual practice, a 2 1/2-hour routine means you will nurse your baby 2 hours from the end of the last feeding to the start of the next, adding back in 20 to 30 minutes for feeding to complete the cycle" (pg. 74).
3. Frequency of Nursing Minimum	"Newborns should be nursed *approximately* 8 to 12 times every 24 hours." Ref: AAP Policy Statement, Pediatrics Vol. 100, Number 6, Dec. 1997, pg. 1037. (No reference found in *Caring for Your Baby.)*	"With these recommended times you can *average* between 8 to 10 feedings a day in the early weeks" (pgs. 74, 112).
4. Feeding hungry babies	"Newborns should be nursed whenever they show signs of hunger. . ." Ref: AAP Policy Statement, Pediatrics Vol. 100, Number 6, Dec. 1997, pg. 1037.	"With PDF, a mother feeds her baby when he is hungry, but takes advantage of the first few weeks to guide the baby's hunger patterns by a basic routine" (pg. 38). "If your baby is hungry, feed him or her. If the child routinely shows signs of hunger before the next scheduled feeding, then find out why, rather than letting the baby cry it out" (pg. 145).

5. Infant Feeding and Crying	"It is best to start nursing the baby before crying starts. Crying is a late sign of hunger" (pg. 87).	"Waiting on the baby's signal for food may also compromise the child's health. Some newborns may not cry to signal hunger readiness for five to six hours, and crying is not always a signal of hunger. Weak and sickly babies may not have the energy to cry. . ." (pg. 65).
6. Defining Demand Feeding	". . . responding promptly to a cue of hunger (a practice called demand-feeding). . . Once you're finally home, it may take several days for her to reset her internal clock, so in the meantime try *demand* feeding her every two to three hours even if she doesn't cry for nourishment" (pg. 87). (Emphasis added.)	"Demand-feeding's more standard, moderate approach . . . instructs parents to feed their babies every two to three hours based on the baby's hunger signals. On the other hand, PDF parents will feed their babies on a flexible routine every two to three hours. In terms of nutrition, both methods are the same. But as demonstrated earlier, the physiological outcomes are drastically different because one method is child-led and the other parent-directed" (pgs. 64-65).
Infant Crying		
1. Crying and Naps	"Many babies cannot fall asleep without crying and will go to sleep more quickly if left to cry for a while. The crying shouldn't last long if the child is truly tired" (pg. 36). "Newborns routinely cry a total of one to four hours a day" (pg. 37).	"Some children cry fifteen minutes before falling asleep. Others vary the duration of their cry from five minutes at one naptime to an off-and-on thirty-five-minute cry at another. If your baby cries longer than fifteen minutes, check on the baby" (pg. 147).
2. Crying and Mothers	"All babies cry, often without any apparent cause. Newborns routinely cry a total of one to four hours a day. . . No mother can console her child every time he cries, so don't expect to be a miracle worker with your baby" (pg. 37). "Pay close attention to your baby's different cries and you'll soon be able to tell when he needs to be picked up, consoled, or tended to, and when he is better off left alone" (pg. 34).	"Some crying is normal. You need to expect it. However, you also need to stay alert to certain identifiable cries. . ." (pg. 142). "Unless you sense your baby is in danger, take a moment to listen and assess his crying. After a brief assessment, take the appropriate action" (pg. 150).
Infant Sleep		
1. Helping Your Baby Sleep	"Initially, your infant doesn't know the difference between day and night. . . But even at this age, you can begin to teach her that nighttime is for sleeping and daytime for play" (pg. 37).	"For better or worse, parents are the greatest influence on a child's sleep ability. Expecting babies and young children to sleep through the night is very realistic. But this all-important life skill is rarely achieved apart from parental guidance" (pg. 43).

2. Sleep and Crying	"Sometimes you may think your baby is waking up when she's actually going through a phase of very light slumber. She could be squirming, startling, fussing, or even crying—and still be asleep. Or she may be awake but on the verge of drifting off again if left alone. Don't make the mistake of trying to comfort her during these moments; you'll only awaken her further and delay her going back to sleep. Instead, if you let her fuss and even cry for a few minutes, she'll learn to get herself to sleep without relying on you. Some babies actually need to let off energy by crying in order to settle into sleep or rouse themselves out of it. As much as fifteen to twenty minutes of fussing won't do your child any harm. Just be sure she's not crying out of hunger or pain, or because her diaper is wet. Though it may be difficult just to let her cry for even a minute or two, you and she will be much better off in the long run" (pgs. 188-189).	"You can't stand to hear baby cry? Join the club, but remember what's truly important. There's a purpose here. Without a goal in mind, i.e., teaching healthy sleep habits, letting your baby cry before falling asleep at naptimes makes little sense. The absence of an attainable and measurable goal breeds doubt and confusion. Why are you doing this uncomfortable thing? Who needs all the added stress? With the goal of teaching good sleep habits, some temporary crying is preferable over long-term poor sleep skills. Some children cry fifteen minutes before falling asleep. Others vary the duration of their cry from five minutes at one naptime to an off-and-on, thirty-five minute cry at another. If your baby cries longer than fifteen minutes, check on the baby. Pat him or her on the back, possibly holding the child for a moment. Then, put the baby back down. Remember, you aren't training your child not to cry, but training him or her in the skill of sleep. This may be the only time in your baby's day that the practice of nonintervention is best" (pgs. 146-147).
3. Sleep Positioning	"Recent information however indicates that the back is a safer position particularly as it relates to the Sudden Infant Death Syndrome (SIDS). Therefore, the American Academy of Pediatrics recommends that healthy infants be placed on their backs for sleep. . . The exact reason for this finding is not certain, but it may be related to the stomach-positioned infant getting less oxygen or eliminating less carbon dioxide because she is rebreathing air from a small pocket of bedding pulled up around the nose" (pg. 37).	"Today, research strongly suggests, and the American Academy of Pediatrics recommends, that putting a baby on his or her back for sleep, rather than on the baby's tummy, reduces the risk of SIDS. What is not conclusive in our opinion is whether back sleeping is the primary or secondary factor in the reduction of risk. Does the supine position (wholly on the back) remove the child from soft surfaces and gas-trapping objects (mattresses, pillows, crib liners), which could be the actual risk factor, or is it actually the bio-mechanics of tummy sleeping?" (pg. 195).
4. Bedsharing and Risk of SIDS	"While bed sharing may have certain benefits . . there are no scientific studies demonstrating that bed sharing reduces SIDS. Conversely, there are studies suggesting that bed sharing, under certain conditions, may actually increase the risk of SIDS." Ref: AAP Policy Statement, Pediatrics Vol. 100, Number 2, Aug. 1997, pg. 272.	"Does bedsharing with your infant really reduce the possibility of SIDS? The American Academy of Pediatrics says no to that question. The AAP, in collaboration with an NICHD subcommittee (National Institute of Child Health and Human Development), concluded there was no evidence that shared sleep reduces the risk of SIDS, and indeed, it may increase the risk" (pg.196).

Bonding

"The first exchanges of eye contact, sounds, and touches between the two of you are all part of a process called bonding, which helps lay the foundation for your relationship as parent and child. . . If your baby must be taken to the nursery right away for medical attention, or if you are sedated during the delivery, don't despair. You needn't worry that your relationship will be harmed because you didn't "bond" during this first hour. You can and will love your baby just as much, even if you weren't able to watch his birth, or hold him immediately afterward. Your baby also will be fine, just as loving of you, and connected to you" (pg. 27).

"While maternal-infant bonding is an interesting psychological idea, research has not substantiated the cause-and-effect relationship this theory speaks of in human beings. And although nonrational animals show some instinctive tendency of this sort, speculating that rational man responds similarly is scientifically unacceptable. Anthropology, the study of mankind, is very different from zoology, the study of animals. There is nothing wrong with a newborn cuddling with his or her mother right after birth or having a close time together with his or her new family. If it's possible, we encourage you to do that. Take time to acknowledge the wonderful creation of a new life. But don't think those first minutes are more binding or important than all the hours and days that will follow. Building a healthy parent-child relationship doesn't take place in a moment of time; it's a long-term process. Your baby will not be permanently impaired if there is a lack of physical contact with mom right after birth" (pgs. 192-193).

AAP Breast-feeding Goals

"'Although breast-feeding rates have increased slightly since 1990, the percentage of women currently electing to breast-feed their babies is still lower than levels reported in the mid-1980s and is far below the Healthy People 2000 goal,' says the AAP. 'In 1995, 59.4% of women in the United States were breast-feeding exclusively or in combination with formula feeding at the time of hospital discharge; only 21.6% of mothers were nursing at six months, and many of these were supplementing with formula. The goal of Healthy People 2000 is to increase the number of breast-feeding mothers to 75% and 50% who will continue breast-feeding until their babies are 5 to 6 months old.'" Ref: AAP Policy Statement, Pediatrics Vol. 100, Number 6, Dec. 1997, pgs. 1036-1037.

"A convenient sampling of over 240 mothers following the PDF principles demonstrated that 88% of mothers who start with the program breast-feed, and 80% of those moms breast-feed exclusively with no formula supplement. And while the national average was 21.6% of mothers breast-feeding into the fifth month, a full 70% of PDF mothers continued into the fifth and six month. On average PDF moms breast-feed 33.2 weeks. Add to these statistics the benefits of uninterrupted nighttime sleep and you will better appreciate the wonderful benefits of a flexible routine" (pg. 63).

Healthy Growth Indicators

"Your baby's diapers will provide clues about whether he is getting enough to eat. During the first month, if his diet is adequate, he should wet six to eight times a day and have at least two bowel movements daily (usually one little one after each feeding)" (pgs. 89-90).

"After the first week, some of the healthy growth indicators begin to change. Here is the check list for the next three weeks.

1. Your baby is nursing at least eight times a day.
2. Your baby over the next three weeks has two to five, or more, yellow stools daily. (This number will probably decrease after the first month.)
3. Your baby during this period should start to have six to eight wet diapers a day (some saturated).
4. Your baby's urine is clear (not yellow).
5. Your baby has a strong suck, you see milk on the corners of his mouth, and you can hear an audible swallow.
6. You're noticing increased signs of alertness during your baby's waketime.
7. Your baby is gaining weight and growing in length. We recommend your baby be weighed within a week or two after birth. Weight gain is one of the surest indicators of growth" (pgs. 91-92).

Weight Gain Concerns

"Once your milk supply is established, your baby should gain about 2/3 ounce a day during his first three months. Between three and six months, his weight gain will taper off to about 1/2 ounce a day and after six months, it will drop even further" (pg. 91).

"In 1997, our retrospective studies tracked and compared the weight gain of 200 *Babywise* infants (group A) and 200 demand-fed infants (group B). Weight and length of each infant was charted at birth, 1 week, 2 weeks, 1, 2, 4, 6, 9 months, and 1 year. Statistical comparisons were made between five weight groups. Babies born between 6.50 and 7.0 lbs, 7.1 and 7.50 lbs, 7.51 and 8.0 lbs, 8.1 and 8.50 lbs, and 8.51 and 9.0 lbs. Two methods of analysis were used to compare growth: weight gain ratios (comparing weight gained at each visit as a percentage of birth weight) and Body Mass Index (BMI). Conclusion: 1) While there was no significant difference between the two groups, group A did gain weight slightly faster than group B at each weight category. 2) Even when group A began sleeping 7 to 8 hours at night, there was no significant change in weight gain performance. 3) While breast-feeding initially was the preferred method for both sets of parents, group B moms gave up breast-feeding significantly sooner than group A" (pgs. 93-94).

At Home Parent Monitoring Tools **Healthy Baby Growth Charts**	*Caring for Your Baby*—None found. (It does contain four sample graphs from the National Center for Health Statistics illustrating what a doctor may use to assess normal height and weight growth on pages 122-125, but there is no place for parents to assess their baby's health on a daily basis.)	Ten specific, individual charts for parents to monitor and assess healthy and unhealthy growth by recording their babies daily feeding and diaper activity are located at the back of the book. These charts include healthy norms and advise parents to call their pediatrician immediately if there is any two-day deviation from what is listed as normal, thus significantly reducing the possibility of undetected health problems.
Warning Signs of Failure to Thrive	*Caring for Your Baby*—Discussion of FTT was not found, but a few guidelines designed to help parents determine if the baby is starting to lose weight are located on page 149.	An entire chapter (Chapter Five) is dedicated to monitoring a baby's growth, with a special emphasis on signs of adequate and inadequate nutrition and potential failure-to-thrive conditions and signals (pgs. 87-104).