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'Babywise' said to help mothers regulate infant's sleep, feeding

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When talk turns to infant care and raising children, there is no shortage of opinions. No half-hearted attitudes exist in this arena either. Typically, any opinion held is passionately embraced. Among pediatric experts there are great variations in thinking and methodology. Yet no profession calls for greater intellectual honesty and accuracy about these subjects than ours. When it comes to debate, there is no room for duplicity or exaggerated charges. An article appeared in AAP News, April, 1998, written by candidate fellow Matthew Aney entitled: "Babywise advice linked to dehydration, failure to thrive." As the co-author of *On Becoming Babywise*, I read his commentary with amazement and curiosity.

On Becoming Babywise is popular with today's parents. It is listed on the Ingram's Book Distributors "A" list as one of the most sought after books in the world on infant and child care. It has been on that list every week for over two years. Babywise is a very balanced strategy, encouraging just enough structure to bring order to a baby's day, and enough flexibility to give mom the freedom to respond to any need at anytime.

We realize that some statements found in the first edition needed further clarification and in some cases, minor corrections. We thank our critics for pointing them out. The second edition of Babywise, due out in May of 1998 addresses these concerns. Most of the principles are commonly dispensed in pediatric practices everyday, throughout the country. The book has been scrutinized by a "peer review" committee consisting of 30 physicians including pediatricians, child psychiatrists, pediatric neurologist, family practitioners, obstetricians, and certified lactation consultants.

I personally have never experienced Failure to Thrive (FTT) or dehydration cases among the 2,000 babies in my own practice due to "Babywise" principles. And none of the members of our peer advisory board have seen any cause and effect link between feeding a baby every 2 or 2 1/2 to 3-hours as advocated by "Babywise", and FTT. In light of these comments, we would like to see what Dr. Aney and associates used as criteria to substantiate their FTT claims against "Babywise".

In last month's AAP News, Dr. Aney stated that we are opposed to demand feeding and believe it to be a harmful practice. Actually it is not demand feeding that we oppose but specifically the "attachment parenting" style of demand feeding, which discourages the use of time increments to help new mothers assess real need. We are opposed to the fatigue factor that is so much part of this philosophy. It is an approach that puts children at risk for FTT as well as dehydration.

Waiting on the baby's signal for food may 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, so the advice of sit back and let the baby direct the show could allow serious medical problems to go unnoticed that would otherwise be picked up through routine feedings. It is the predictability within the routine that helps Babywise moms pick up any deviation from the norm. Deviation cues stand out because there is an established pattern of norm cues. In addition to the natural safeguards found within the plan, we also dedicated an entire chapter to helping parents monitor their baby's growth. We encourage the use of a healthy baby growth chart and recommend specific guidelines for calling the pediatrician.

Many doctors and parents have turned to *On Becoming Babywise* for its common-sense approach. There are several good reasons. First, in terms of practice, "Babywise" with its parent-directed feeding (PDF) routine is the center point between the strictness of hyper-scheduling, which has very few followers these days, and the "baby knows best" attachment style of parenting. A parent directed strategy brings out the best in both parent and baby because it is a child-oriented, not child-centered or mother-centered. With the Babywise approach, a mother cooperates with her baby's needs and her baby in return, learns to cooperate with mother's guidance. The result is true connectedness.

Second, parents are most attracted to the physiological outcomes of this program. We are very open to change our book if someone in opposition can show us a better way to achieve all the following:

Healthy Sleep

A sampling of 520 babies revealed that PDF helps infants organize nighttime sleep. By the end of the ninth week for "Babywise participants," 87% of breastfed girls and 77% of breastfed boys begin sleeping through the night (7-8 hours). By twelve weeks both groups reach 97% success, and both start sleeping 10-11 hours at night. The "Babywise" mom feels healthier as a result of her established feeding routine. She gets uninterrupted, truly restful sleep. Fatigue is not a friend to a nursing mom or baby.

Successful Breastfeeding

Despite numerous benefits to breast-feeding, the American Academy of Pediatrics notes that 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." (*Pediatrics*, December 1997, pp. 1036-137). A convenient sampling of 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, and 70% continued into the fifth and six month. The mean average that PDF moms breast-feed is 33.2 weeks. When you add to these statistics the benefits of uninterrupted nighttime sleep it is easy to understand why so many attachment parenting mothers find their way to "*Babywise*".

Excellent Weight Gain

Can faster weight gain be attributed to a particular method of breast-feeding (routine or ad lib)? A review of 400 infants, 200 demand fed, 200 PDF from four different pediatric practices and commissioned by GFI Educational Services, revealed the following:

- While there was no significant difference between the two groups, *Babywise* breastfed infants gained weight slightly faster in each half-pound category than those fed ad lib.

- Even when these babies began sleeping 8 to 10 hours at night, there was no significant change in weight gain performance. (Studies above are referenced in the second edition book.)

In summary, we believe infants, pretoddlers and toddlers with healthy eating and sleep habits are more content, easier to manage, faster learners, and happier children.

As a pediatrician, there is nothing more exciting than to minister my skills to new and expectant parents. I care deeply for those in my care and desire to give my parents the best medical advice I know. Just as we encourage parents to check out all of their parenting options by observing the end product in other families, so we ask AAP Fellows to do the same.