

Focus on the Family and *On Becoming Babywise* Recommendations and Comparisons

The following comparisons are compiled from: Focus on the Family *Complete Book of Baby and Child Care*. The Focus on the Family Physicians Resource Council, U.S.A. and *Babywise* by Gary Ezzo, MA, and Robert Bucknam, M.D., F.A.A.P.

Topic	<i>The Complete Book of Baby and Child Care</i>	<i>On Becoming Babywise</i> Ezzo/Bucknam
Feeding Recommendation		
1. Nursing after delivery	“The baby may or may not be interested in trying to nurse right away, but you need not be in any hurry... you may want to try the first feeding later when you are a little more comfortable” (pg. 63).	“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	“A typical span between feedings will be two to three hours or eight to twelve times per day, but during the first days after birth, the interval may be longer, with only six to eight feedings in a twenty-four-hour period” (pg. 129).	“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). “With these recommended times you can <i>average</i> between 8 to 10 feedings a day in the early weeks” (pgs. 74, 112).
3. Feeding and Cry Cues	“The newborn baby normally will announce his desire for milk very clearly with some insistent crying every two to four hours... There’s no point in waiting for full-blown crying before offering the breast” (pg 130). “What is your baby trying to tell you when he cries? Most likely one of three [four] things: He’s hungry and wants to be fed. He has a wet or dirty diaper. He’s wet, hot, cold, or uncomfortable in some other way. He wants to be held” (pg .176).	“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). “Hunger cues, not the clock, determine feedings” (Page 112).

4. Defining Demand Feeding

Demand feeding (Cue feeding) phrase not found in text.

“Responding promptly to a newborn’s hunger cue is referred to as *demand feeding*. Responding promptly to a newborn’s hunger cues is also a central part of *Parent Directed Feeding*. Yet, in reality both approaches are parent-directed. Parents always decide when a baby will eat regardless of what you call it. But there is a subtle and significant difference between the two approaches. Demand feeding’s more standard, moderate approach... instructs parents to feed their babies every two to three hours based on the baby’s hunger cues: putting fist toward mouth, making sucking motions, or whimpering. Crying is a late signal of hunger. On the other hand, PDF parents will feed their babies on a flexible routine every two to three hours based on the same cues” (pgs. 64-65).

Infant Crying

1. Cry Periods

“Quiet newborns... fuss or cry about an hour each day... Active newborns... sleep about twelve hours a day and spend half of what’s left crying and fussing... Average babies fall into the middle ground, sleeping fifteen hours or so each day, crying and fussing for about three hours a day” (pg. 165).

“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 Food Comfort

“Some parents respond with food (breast, bottle, or snacks) whenever their baby utters any sound remotely suggesting displeasure. The result is nonstop eating by a baby who is never actually hungry or completely satisfied and who might acquire a long-term habit of turning to food for comfort” (pg. 230).

“A mom who picks up her baby and offers the breast each time her baby cries is teaching her baby that food is the source of comfort, not mom. This explains why Marisa is not easily comforted by secondary caregivers. It may also help explain the obesity problem of our nation’s youth and why so many adults turn to food for stress relief” (pg. 140).

3. Crying and Naps

“Some mothers make the mistake of assuming that every sound from a baby should be answered with nursing, when something else (or nothing in particular) may be bothering her. If for example, she has just finished a good feeding thirty minutes ago and begins to fuss after being put down for a nap, it is reasonable to wait and listen for a while, since she may settle down on her own, rather than trying to nurse her again” (pg 139).

“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).

4. Crying and Nighttime Sleep

“Most babies give clues when they are ready to sleep— yawning, droopy eyelids, fussiness... If she is giving you these cues, lay her down in a quiet, dimly lit setting and see if she will fall asleep. If she is clearly unhappy after fifteen or twenty minutes, check on her. Assuming that she is fed and dry, comfort her for awhile and try again” (pg. 169).

“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).

5. Sleeping through the night

“By two months, however, they are capable of lasting for longer periods without a feeding. Most parents will go through the pulse-quicken experience of awakening at dawn and realizing that the baby didn’t sound off in the middle of the night... followed by both relief and quiet exultation: ‘He slept through the night!’ By three months of age, much to their parents’ relief, a majority of babies have established a regular pattern of uninterrupted sleep for seven or eight hours each night” (pgs. 170-71).

“Healthy, full-term babies typically are born with the capacity to achieve seven to eight hours of continuous nighttime sleep between seven and nine weeks” (pg. 43). “While we cannot offer you any guarantees, we can offer you the following statistics that represent *Babywise* norms. Of the breast-fed girls, 86.9% were sleeping through the night between 7 and 9 weeks and 97.0% were sleeping through the night by 12 weeks. Of the breast-fed boys, 76.8% were sleeping through the night between 7 and 9 weeks and 96% were sleeping through the night by 12 weeks. Of the formula-fed girls, 82.1% were sleeping through the night between 7 and 9 weeks and 96.4% were sleeping through the night by 12 weeks. Of the formula-fed boys, 78.3% were sleeping through the night between 7 and 9 weeks and 95.7% were sleeping through the night by 12 weeks” (pgs. 51-52).

6. Sleep Positioning

“Lay baby down on his back” (pg. 172).

“...the American Academy of Pediatrics recommends that healthy infants be placed on their backs for sleep” (pg. 37).

Bed-sharing and Risk of SIDS

No warning offered

“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. 176).

Bonding

“Some have suggested that there is a critical time in the baby’s first hours of life when a special connection will be made, especially between mother and child, that will affect the quality of their relationship for year to come. But this assumption raises a troubling question... human behavior is highly complex and not rigidly stereotyped or predictable like a computer program. As a result bonding is a process that begins well before the baby is born and continues for years thereafter... Furthermore, human babies are not like newly hatched ducklings that attach themselves to the first object they see” (pg. 70).

“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

None Mentioned

“ ‘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’ ” (pages 62-63). 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

AAP Breast-feeding Goals (continued)

Healthy Growth Indicators

“When the room is quiet you will hear your baby swallowing... breasts soften during a feeding as they are emptied of milk... you should be changing six to eight wet diapers each day... you will notice one or several small, dark green stools—sometimes one after every feeding—that become lighter after the first (meconium) stools are passed... Tracking your baby’s weight will give you specific and important information” (pg. 132).

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).

“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).

At Home Parent Monitoring Tools Healthy Baby Growth Charts

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 A-20-21, but there is no place for parents to record indicators 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

A general definition of FTT and a list of possible causes were found on page 317 and 685. No indicators identifying FTT are given.

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).

**Maintaining the Marriage
Relationship as the Priority**

“...it is extremely important that mother and father continuously reaffirm the importance of their own relationship... Remember that the two of you became a family with the exchange of vows, before children were in the picture. You will remain a family after the children have grown and left your home... Your new baby is to be loved and cherished, but he must not, for his own sake, become the permanent center of gravity around which everything else in your home revolves” (pg. 116).

“Where the marriage is intact, keeping this relationship a priority is your starting point for successful parenting... Too often, when a child enters a family, parents leave their first love: each other. The spotlight shifts to illuminate the children, and the marriage gets lost in space. Typically, and ironically, this occurs in the name of good parenting. In reality, this shift offers devastating results. From its start, the family is breaking apart. This type of parenting puts at risk all other family relationships. Rather than welcoming children to the family, children are treated as the center of the family universe. This is the heart of child-centered parenting” (pgs. 21-23).