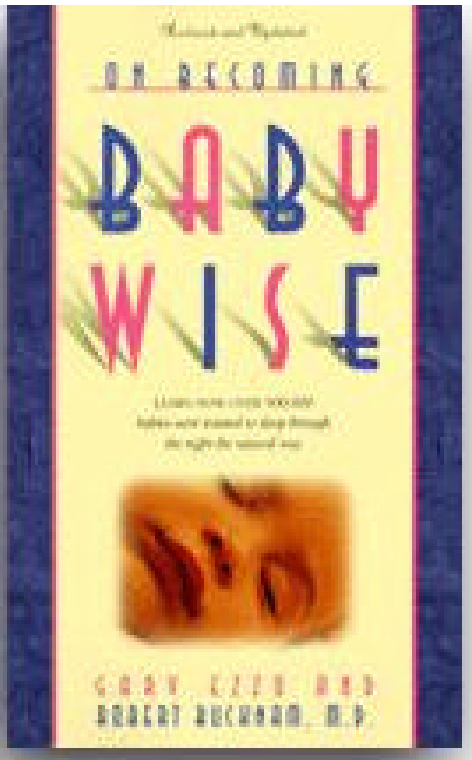
What to make of *Babywise*

By Patty Donohue-Carey, B.S., LCCE, CLE

It is the session on early parenting. A hand goes up. "What do you think about this book?" asks an expectant mother, holding up a copy of *On Becoming Babywise*, by Gary Ezzo and Robert Bucknam, M.D. "It's great!" someone immediately responds. "You feed the baby on a schedule, not on demand, and the baby will sleep through the night before eight weeks. All my friends are using it and they love it! It works!" The book is then passed around the group with the enthusiasm usually reserved for the baby. All eyes are on you, the childbirth educator, to respond.

This is an actual account from my class. If you have not yet been confronted with the controversy over *On Becoming Babywise* (commonly referred to as *Babywise*), you may be soon.



Helping Parents to Evaluate The Premises & Promises of a New book

Given the book's sales record and its departure from standard lactation, child development, and psychological theory and advice, it is essential that childbirth educators have a working knowledge of its background and problematic content, as well as resources and practical strategies for offering an alternative to its unorthodox advice.

Background of Babywise

On Becoming Babywise was first published by Multnomah Press In 1995. Although *Babywise* lists Colorado-based pediatrician Robert Bucknam, M.D., as co-author, its content doesn't differ markedly from Gary and Anne Marie Ezzo's religious baby care book, *Preparation for Parenting*, often referred to as Prep and was published by the Ezzos' religious-based parenting organization, Growing Families International (GFI). Indeed, *Babywise* is marketed by GFI as the "nonsectarian" version of *Prep*. Although Gary Ezzo does not have a college degree, he has a master's degree in Christian Ministry through a seminary extension program that gave credit for life and work experience. Anne Marie Ezzo is a licensed R.N., but worked only for a short period in the field over twenty years ago. She is also listed as a

childbirth educator, self-certified through her own program.

The Ezzos codified their parenting approach in the 1980s during Mr. Ezzo's former work as a pastor in Southern California. At that time they co-founded GFI and began self-publishing their religious-based programs, including *Birth by Design: The Expectant Parent's Handbook*, *Preparation for the Toddler Years*, *Growing Kids God's Way*, and a chastity curriculum, *Reflections of Moral Innocence*. The Ezzos estimated in 1998 that one or more of their programs was being used in over 6,000 churches each week. Sales of *Babywise* are estimated at over 290,000 copies, according to an article in *The Washington Post*. In addition, the Ezzos' materials have been exported to over 90 countries and translated into at least 17 languages.

It would be impossible to list here the many critiques of *Babywise* that have come from a broad spectrum of disciplines, including theology, psychology, human lactation, pediatric medicine, anthropology, history, and child development. (See the bibliography at the end of this article.) Three main content areas of concern in *Babywise* fall within the scope of the childbirth educator: 1) the system of routine feedings for infants; 2) the system's attendant view on infant crying and parental responsiveness; and 3) its approach to baby blues and postpartum depression.

PDF - Scheduled Approach to Infant Feeding

On its back cover, *Babywise* promises parents an "exciting infant management plan that successfully and naturally trains children to sleep through the night before the age of eight weeks." Whether or not your child achieves this "is determined predominately by the philosophy you adopt for feeding." (p. 43) Ezzo and Bucknam's philosophy is a scheduled routine of infant feedings called "Parent-Directed Feeding" (PDF). The parent, not the baby, decides when the baby feeds.

This, assert Ezzo and Bucknam, "is a new and major paradigm shift for the [lactation] industry." (p. 100) PDF, the authors claim, ensures a full night's sleep for new parents, more confident and healthier mothers (p. 42); reduced risk of ADHD (p. 54) and colic-like symptoms (p. 148); babies who, in the long run, cry less than demand-fed babies, are more secure, and learn early in life to be flexible (p. 141); children who better tolerate frustration; and more predictable cries for hunger and thirst in infancy (p. 142). None of these statements is footnoted. Ezzo and Bucknam refer at various points to their own studies, based on a "preliminary retrospective survey" (p. 54), or "convenient [sic] sampling" (p. 51). None gives a publication citation, and only one mentions a date.

The descriptions of feeding intervals presented in *Babywise* are not uniform and may easily result in confusion over the number of feedings a baby may need in a 24-hour period. Intervals of "two-and-a-half to three hours," representing an "average between eight to 10 feedings a day," are recommended (p 74), but so are "seven to nine" daily feedings (p. 114). A daily "sample schedule" (pp. 118-119) provides only eight blanks in which to enter the baby's feeding times. When in doubt, feed more or less often? Mothers are cautioned against feeding too often, as "feeding exclusively at one-and-a-half-to-two-hour intervals may wear a mother down [and] extreme fatigue reduces [the] ability to produce a sufficient quantity and even quality of milk." (p. 74) Given these disparities, it is not difficult to imagine a mother wondering if seven, eight, nine, or ten feedings per day is what she should be setting as a goal for her baby. She is also likely to conclude that demand feeding means one-and-a-half-hour intervals around the clock, or even twenty feedings a day.

Redefining Demand Feeding

To promote Parent-Directed Feeding, Ezzo and Bucknam attack the widely accepted practice of feeding on demand. In the section called "Defining the Terms," demand feeding is artfully redefined by the authors to enable the attack. "Today, the term demand feeding carries a variety of meanings....Julia demand-fed [her] first child every three hours....Barbara fed [her] baby on demand whenever he was hungry, but never sooner than two hours and never longer than four hours....Allicin nursed [her] babies whenever they cried or began to fuss.…[she] was told that mothering attachment required [her] to nurse every two hours around the clock for the first six weeks....[She] was exhausted." (pp. 32, 33)

Although none of the above anecdotes reflect the standard definitions of demand feeding by medical and lactation experts, the authors nevertheless state that Allicin's description "will be used when referring to demand feeding rather than the other two moderate forms described by Julia and Barbara." (p. 33) This is a recurring device in *Babywise*. They discredit a parenting concept by defining it as an extreme that is then decried as invalid and/or harmful. Notice the inflexible and inflammatory terms they use to describe Allicin's account: "fatiguing," "whenever," "required," "every two hours," "around the clock," and "exhausted." In order to champion

Buzz Words

The following are a few distinctive terms that might indicate familiarity with GFI and/or *Babywise*:

- Baby Training
- Biblical Mindset
- Common Sense
- Contact Mom
- Couch Time
- Feed-Wake-Sleep Cycle
- (Flexible) Routine
- Healthy Sleep
- Like-minded
- Metabolic Chaos or Memory
- Milk Insufficient
- PDF
- Playpen-, Room-, Sleep- or Wake-Time
- Prep
- Sleep Training

Parent-Directed Feeding, demand feeding must first be disparaged because it is supported by the vast weight of professional opinion.

More Frequent Feedings?

Babywise insists that its feeding advice is flexible, and allows for feeding more frequently, but primarily for medical reasons. Premature or jaundiced newborns, or "very small full-term infants, such as those with intrauterine growth retardation, may need to feed as often as every two hours initially." (pp. 114, 115) Other examples of times to consider "context" and feed sooner have to do with not inconveniencing other adults. (pp. 116-117) Moreover, *Babywise* contains multiple warnings not to vary from the schedule too often as to "establish a new norm." (p. 115)

The routine, after all, is what gives you the "cure" promised in the foreword: more sleep. Parents are told to feed a hungry baby, yet if their baby is hungry before the two-and-a-half- to three-hour interval, they are encouraged to learn why their baby is "not reaching this minimum mark" and to work toward it. (p. 176)

Babywise makes no mention of the variation in human breast storage capacity and the relationship this has to variation in infant feeding intervals (Marasco and Barger). By implication, then, the normal baby will thrive on the PDF feeding intervals, never needing the additional feedings the AAP states may be necessary even for healthy, full-term infants.

Expert Support for PDF?

The feeding intervals in the American Academy of Pediatrics Breastfeeding Policy Statement are never mentioned in *Babywise*. Nevertheless, parents are assured that by following the PDF two-and-a-half- to three-hour interval "you can average between eight to ten feedings a day in the early weeks. These times fall well within recommendations of the American Academy of Pediatrics." (p. 74)

This statement is footnoted, citing several respected sources as supportive of the PDF feeding intervals, including the American Academy of Pediatrics (AAP) December 1997 "Policy Statement on Breastfeeding and the Use of Human Milk (RE9729)," as well as *Breastfeeding and Human Lactation*, by K. Auerbach and J. Riordan, and *The Nursing Mother's Companion*, by K. Huggins. (p. 215)

Babywise's regimented newborn feeding and sleeping schedules run contrary to established medical and psychological practices.

Even a cursory reading of the AAP Policy Statement reveals that it does not support the PDF feeding intervals (see table). Auerbach explicitly states her disagreement with the PDF plan in the latest edition of *Breastfeeding and Human Lactation* and in a 1998 article for *The Journal of Perinatal Education.* Huggins asserts: "I do not support the general notions presented in this book. It is misleading to suggest otherwise. While I generally recommend eight to 12 feedings in a 24-hour period, I do not like to see nursings structured in a way that ignores the feeding cues of babies." As childbirth educators, we are uniquely positioned to inform parents about conflicts between the advice in *Babywise* and that of experts.

Crying As Normal and Necessary

While Ezzo and Bucknam allow that crying can represent an infant's response to thirst or hunger, they also tell parents, "Getting your baby to sleep through the night is not the final goal of parenting, but we believe it does represent a right beginning." (p. 134) Sleep, at naptime or nighttime, is a "skill" to be "learned" and may be a necessary part of the learning process.

Not only will prompt and consistent response to a baby's cry interfere with sleep training, asserts *Babywise*, but will cause emotional fragility and damage baby's future learning potential (pp. 40, 141) "Research has clearly demonstrated that immediate-gratification training negatively impacts a child's ability to learn, affecting skills of sitting, focusing, and concentrating. All are prerequisites for academic

Advice on Infant Feeding

	Babywise vs.	**the AAP**
Feeding Frequency	**PDF Routine, "approximately every two-and-a-half to three hours," (p. 74) translates to eight to 9.6 times per day**	**On demand, "approximately eight to 12 times every 24 hours." (Breastfeeding Policy Statement, Media Alert)**
Longest Interval Between Feedings	**Five hours for breastfeeding baby; no limits given for formula fed infant. (pp. 113, 119)**	**Four hours. (Breastfeeding Policy Statement)**
Who Should Design the Feeding Schedule?	**Parents, because babies "not capable of regulating their hunger patterns." (p. 47)**	**Baby, because those "designed by parents may put babies at risk for poor weight gain and dehydration." (AP Media Alert)**
Feeding Cues	**A baby "must communicate [needs) with the use of only one tool: the cry." (p. 138)**	**Signs of hunger are listed as "increased alertness or activity, mouthing, or rooting. Crying is a late indicator of hunger." (Breastfeeding Policy Statement)**
Who Can Receive More Frequent Feeding?	**Premature or jaundiced newborns, or very small full-term infants, e.g., those with intrauterine growth retardation. (pp. 114, 115)**	**Any baby, including healthy, full-term infants.**

advancement. These are facts. No evidence exists to prove that an immediate response to every cry teaches a baby about love." (p. 141)

The research referred to here is a study conducted by Daniel Goleman, of Harvard University, of delayed gratification with four-year-old children. Implicit in this statement in *Babywise* is the assumption that delaying a feeding for a crying infant is the foundational and key to enabling that same child as a four-year-old to postpone a treat.

Babywise advises parents: Remember, you aren't training your child to cry, but training him or her in the skill of sleep." (p. 147) "If you want a fussy baby, never let him cry, and hold, rock, and feed him as soon as he starts to fuss. We guarantee that you will achieve your goal." (p. 131)

When settling down for a nap, a baby may cry for 15 to 20 minutes without physical or emotional harm, asserts Babywise. (p. 131) Let the baby cry from five minutes at one naptime to an off-and-on, 35- minute cry at another. (p. 147) When your baby awakens, don't rush right in to him or her. Any crying will be temporary, lasting from five to 45 minutes. (p. 123) There is no precise limitation for normal periods of crying. (p. 148)

Parental concerns about crying are dismissed. "Some parents fear that failing to respond right away will make their baby feel unloved or insecure. On the contrary, it's cruel not to help your child gain the skill of sleeping through the night." (pp. 123, 124) Emotional tears actually eliminate from the body chemically activated stress hormones. (p. 138)

"Naptime" for a PDF baby occurs during each "feed-wake-sleep cycle" (in that order) and thus may occur as often as eight times a day in the early weeks. "Naps are not an option based on your baby's wants. When naptime comes, the baby goes down. It Is that simple." (p. 130) The potential for five to 20 minutes of crying while settling to sleep at each nap, therefore, represents between 40 and 160 minutes of daily crying.

In his book, *Help, I'm a Parent*, clinical psychologist Bruce Narramore, Ph.D., responds: "Babies cry because they have needs and hurts and pains....If we ignore a crying baby we are telling him, "I don't care if you are frightened or hurting. I have my own life to live, and I am not going to interrupt it to help you." We are extinguishing our baby's hope that the world is a good place, that he can be heard and understood by another human being, that when he is in need, someone will care and help.

Postpartum Emotions

Babywise incorrectly uses the term "baby blues," as though it is interchangeable with postpartum depression, and states that many who experience this have certain traits in

Websites

GFI Site:
www.gfi.org

Sites Critical of GFI:
www.fix.net/~rprewett/fam3.html
www.mailing-list.net/redrhino/Ezzo/Files.html

Bibliography of Critiques and Commentaries of Concern:
www.mailing-list.net/redrhino/Ezzo/Bibliography.pdf

Postpartum Support, International Site:
www.iup.edu/an/postpartum

common: they're not on a routine, they nurse frequently, and they are up several times during the night, all of which leave them in a perpetual state of exhaustion. Each of these symptoms can be traced back to the strain that lack of routine puts on a mother." (p. 186) If the new mother is still abnormally melancholy after several weeks, she is directed to speak to her obstetrician. (p. 1 86)

In GFI's book on childbirth, *Birth by Design: The Expectant Parent's Handbook* (co-authored by Anne Marie Ezzo), postpartum depression is attributed to "sleep deprivation" and "unless a physical cause is identified, address the emotional symptoms using wisdom and biblical insight." (*Birth by Design*, p. 108) While the Ezzos recommend immediately contacting the health care provider regarding "any behavior that threatens the safety of the mother herself, the baby, or any other family member" (*Birth by Design*, p. 108) they claim that "Choosing to bring one's feelings and responses to stress under control takes personal discipline. It is an act of the will." (p. 108)

As a Christian myself, I would never discourage anyone from turning to prayer or Scripture in the face of any problem, including PPD or postpartum psychosis. The Ezzos' advice, however, departs radically from the authoritative literature on the subject and warrants substantial corrective interpretation. Ann Dunnewold, Ph.D., past president of Postpartum Support International, author of *Evaluation and Treatment of Postpartum Emotional Disorders*, and co-author of *Postpartum Survival Guide*, responds: "Research has shown that the best predictors of whether a mother will experience postpartum depression are previous history of depression, anxiety, or related disorders, family history of depression, anxiety, or related disorders, and marital conflict. The Ezzos suggest that women who nurse more frequently/on demand are more likely to experience postpartum depression. There is no direct relationship between breastfeeding and postpartum depression." The only way that PPD and breastfeeding are connected is through mutual "intervening variables of maternal confidence and social support." Dr. Dunnewold cautions, "If a woman is feeling PPD, particularly if she is having difficulty sleeping, eating, or caring for self or baby, she should contact a health care professional immediately, not after several weeks."

Referring to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (1994), which clearly indicates that a diagnosis of psychosis disallows rational thought processes, Dunnewold poses the obvious question: "If one cannot engage in rational thought, how can one use one's will, which requires rational thought?"

The Childbirth Educator's Response to *Babywise*

As childbirth educators, we can help expectant parents appreciate that professional organizations and their authoritative literature are not silent about the Ezzos' and Bucknam's advice. A bibliography of the literature used to substantiate *Babywise*'s recommendations has been repeatedly requested by critics and members of the press but has never been produced, nor have they produced the names of more than a handful of the "hundreds of pediatricians" they claim support *Babywise*. The traditional disclaimer advising readers to subordinate an author's recommendations to those of the family's pediatrician does not appear in any edition of either Prep or *Babywise*.

I no longer ask the families in my classes if they have heard of *Babywise*, so as not to put anyone on the spot. Rather, I simply mention that there is a very popular book about which I need to offer some cautionary comments in order to balance what they may be hearing elsewhere.

It helps, however, to have a sense of who in your class may be especially attracted to *Babywise*. Expectant parents who belong to a Christian faith community where *Prep* or *Babywise* is taught and/or promoted are exposed to unique pressure to use the materials. This is where a childbirth educator's knowledge of the criticism from the Ezzos' own theological community may prove helpful.

As Kathleen Auerbach points out in her article, "Scheduled Feedings: Is This 'God's Order'?" a childbirth educator will defeat her own efforts if she is seen to be attacking "a given religious orientation or a particular

church." Gently letting parents know that the Ezzos' parenting materials have received criticism from Focus on the Family, The Christian Research Institute, and the Southern California church where Mr. Ezzo formerly served as associate pastor, as well as others in the larger religious community, may give such parents permission to question the book's authority.

Any couple facing challenges that might tempt them to see nighttime sleep as their highest family priority may find the promises of *Babywise* too powerful to resist. Childbirth educators would do well to listen for student comments regarding difficult work schedules, long commutes, limited or nonexistent maternity leave, and little or no social support for the transition to parenthood. While we may not be stepping on sensitive spiritual beliefs with these families, we nevertheless need to proceed carefully when providing warnings about the *Babywise* phenomenon. Criticisms must be leveled at the book itself, never at the book's potential adherents.

Occasionally, advocacy for *Babywise* is anything but subtle. Earlier this year, I learned that an expectant mother had given a veritable ad for the book during a class break. As a result, I have become proactive in my approach. I hand out a bibliography of publicly stated criticisms, a copy of the April 1998 AAP Media Alert (see references), and direct class members to the AAP statement. I tell them that I am bringing the controversy to their attention so that they can make an informed choice. I encourage expectant parents to make this their guiding question: "How can I tell if my baby is trying to communicate that he wants to be fed?" rather than asking, "How many times a day will I need to feed my baby?" It is not unlike asking, "How can I discover what will help me in labor?" rather than, "How long will my labor last?" As childbirth educators, we enjoy the humbling privilege of helping to shape the perceptions and behaviors of the next generation of parents in a positive way. Toward this end, could anything be more foundational than encouraging parents to behave responsively when feeding their infants?

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