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AN OPEN LETTER REGARDING THE DANGERS OF *PREPARATION FOR PARENTING* (*BABYWISE*)

The following is Matthew Hsieh's history as described by his parents, Michael & Michelle Hsieh, April 1999.

The purpose of this letter is to generate public awareness about yet another child who has surely suffered due to following a Christian parenting program entitled *Preparation for Parenting/Preparation for the Toddler Years* (secular versions marketed in stores as *On Becoming Baby-Wise 1* & *2*) by Gary and Anne Marie Ezzo[1]. We hope that knowledge of his case can be used to promote existing and future efforts to inform communities of the extremely serious dangers associated with following the Ezzos' program, even in its newest editions. It is our hope that, as awareness grows, popularity for its teachings will diminish to the extent that most churches will no longer promote or choose to be affiliated with them.

Initially, we would like to qualify a couple of points. We are both college graduates from prestigious universities. Michelle has a business degree with an accounting concentration from the University of Washington (a rigorous and highly acclaimed program), and Michael has a mechanical engineering degree from the University of California, Berkeley. He currently works in international sales in the high-tech industry, while Michelle is currently a full-time mom. We point this out to say that we are not uneducated, fly-by-night, take-whatever-we-hear-as-gospel types of people. In fact, we have always prided ourselves on possessing strong common sense, thinking things through in an analytical manner, and distinguishing between right and wrong. Secondly, we want to stress that the classes we attended were, and still are as of this writing, the most up-to-date versions of the program. For instance, the program's infant feeding schedules have been revised to suggest feeding every two-and-one-half to three hours and to incorporate "flexibility," yet the overall message is indeed the very same as in earlier editions (it was shocking to us to learn what they used to recommend!). Major problems still exist with following the Ezzos' parenting program.

Matthew was born March 26, 1998. Just prior to his birth, we took the first parenting class, *Preparation for Parenting* (*Prep*), in a series of what was promoted to be the most Christian-based, medi-

[1] The *BabyWise* books list Gary Ezzo and Robert Bucknam, M.D., as authors, but their content is virtually the same as Gary and Anne Marie Ezzos' books *Preparation for Parenting* and *Preparation for the Toddler Years*, with religious references removed.

cally accurate parenting information. We took the second class, *Preparation for the Toddler Years*, a couple of months later. As first time parents, we were excited about applying the principles, thereby raising our children to be both loving and obedient. The messages were strong and clear, and the boastful claims of thousands of parents correctly applying the principles with *only* optimum results left little room for debate or need to question the material. A couple of times we remember hearing there was controversy regarding the program, but we were encouraged to dismiss it as coming from parents not using good judgement or incorrectly applying the principles, or as simply "secular" society's attack due to the program's Christian affiliation.

Other than his first week, Matthew's first two months went rather smoothly. His first week was tough, and, looking back, it should have been our first indication not to follow the feeding schedule we were taught in *Prep*. We should point out that Matthew was a small newborn. Although he was full-term and healthy, he was just under six pounds at birth, possibly due to low amniotic fluid levels, which, although not significantly alarming, prompted the obstetrician to induce labor eleven days early. (Induction is a relatively common practice, and Matthew was still considered full-term.) Matthew was born on a Thursday; we were discharged on Friday, and yet, during that first week of life, we were back at the hospital every day but one. In his third day, he already appeared to be losing a little too much weight too quickly, and he was getting increasingly jaundiced. His before/after nursing weights indicated that he was getting adequate amounts of breastmilk, even though he was found to be an extremely efficient eater—normally five minutes on one side, and he was done. However, telling the lactation consultants and nurses that he was fed every two-and-one-half to three hours gave them the *intended* message that he was being fed on demand. Yet, "we knew better"—demand feeding was unhealthy, and we were using the Ezzos' parent-directed feeding (PDF) approach.

Tuesday his jaundice was severe enough to require hospitalization, and while there our pediatrician also had mother-baby compatibility tests performed to see if his body was rejecting Michelle's milk—tests were normal. We were sent home the following day but continued on home photo-therapy for the following couple of days. This required a daily visit from a nurse. Michelle remembers them telling us 1) to be sure to feed on demand, 2) not to press beyond the two-and-one-half- to three-hour mark, and 3) to monitor (actually document) all feeding times and wet/poopy diapers. Again, we chose to ignore the feeding on demand advice due to our "medically supported training," but we did make sure to feed him in the time frame suggested, as this went right along with PDF.

Ignoring this advice to feed on demand (or cue) was our FIRST BIG MISTAKE. However, despite our scheduled feedings, Matthew's jaundice did clear up, and his wet/poopy diapers met the minimum number, although they did seem fairly "weightless." As new parents having no experience to compare it against, we assumed infants just eliminated very tiny amounts fairly often. Things continued this way through his two month appointment, where his weight registered in the twenty-fifth percentile. Although his nursing continued to be short in length, the milk supply seemed adequate, and Matthew was fairly content.

Things slowly began to change at this point. Matthew became more fussy/irritable and Michelle found herself always questioning her milk supply, wondering if he had colic or excess gas (we tried Mylicon Drops) or was just overtired. She began pumping regularly, hopefully to ensure sufficient milk sup-

ply, and also tried supplementing with a bottle, but he repeatedly and vehemently refused, becoming so upset that he would even refuse the breast at that feeding. Many times Michelle's intuition told her that Matthew was hungry before the scheduled time, yet she chose to ignore those signals and instead comfort him back to sleep, due to the Ezzos' scheduled feeding philosophies, which had been *drilled* into us. Our training specifically said that regularly feeding him sooner than our schedule would interrupt his hunger, digestive, and sleep/wake cycles, causing him to be a snacker, and this would just be unhealthy for him (and us) overall. We had no reason to argue with this supposed medically-backed advice. On very rare occasions, Michelle would exercise "flexibility" and feed him before "time" due to his uncontrollable cries, but most often he would "submit" to her comforting him to sleep.

It was at Matthew's three-month (possibly between three & four months) check-up that we discovered his weight, in terms of percentiles, had plummeted. He had dropped off the charts altogether. To say the least, we were very alarmed, as he was soon diagnosed as "Failure to Thrive" (FTT). Again, when asked about nursing frequencies, we answered every two-and-one-half to three hours and of the lack of success in getting him to supplement with a bottle. We were told that as long as we had always fed on demand, Michelle's supply should meet his needs. We were told to continue as we were, and to come in for frequent weight checks between well-child appointments. During this time Matthew's temperament had evened out a bit, and once again he seemed fairly content. What we now believe, in fact, to have been the case was that Matthew had become resigned to taking only small amounts of milk—not nearly close to what he needed to "thrive."

We began introducing solid food, which Matthew took to very eagerly. We hoped this would help him to put on some more weight. We again followed the strict suggestions for proper training from our parenting class, and encouraged Matthew to keep his hands down while we spoon fed him. He did NOT like this, but we were encouraged to persevere, as our training had indicated that he could and would learn to keep his hands down and out of/away from his food.

This was our SECOND BIG MISTAKE. He did, in fact, learn to submit to keeping his hands down (or our holding them down), but his interest in food was quickly diminishing. At six months, we knew beyond a doubt that he was still getting far below adequate amounts of milk (we rented a highly accurate scale and did before- and after-feeding weights to get his total intake for twenty-four-hour periods), and felt we had no other choice but to keep feeding him solids as well. His growth had not improved, and he was still off the charts.

More and more, Matthew was losing interest in nursing, while still refusing outside supplementation by bottle or cup. It was obvious that nursing was not a "comfort" to him, as Michelle had always read and heard it to be for other babies (a trust issue). It was increasingly common for him to arch his back and display other obvious signs that he did not want to nurse any longer—just a couple of minutes every four hours or so, and he had enough. His back arching was interpreted as a possible sign of acid reflux, so we tried Zantac but experienced no change in behavior.

If we had rigidly been following the Ezzos' advice in this scenario, we would have punished him for his defiant arching. However, Michelle was unwilling to punish Matthew for this, in fear that it would cause him to reject nourishment even more. At this time (still about six months) Michelle was placed on

Metaclopramide, a generic form of Reglin, to increase her milk supply. It worked wonders. It was obvious through pumping that she now had plenty of milk. However, Matthew's behavior about nursing did not change. For so long he had resigned himself to small amounts, we believe he had *learned* to feel full on that insufficient amount of milk.

Things continued like this until Matthew was nine-and-one-half months old. He was learning up through this time to supplement breastfeeding by taking formula from a cup, but again, extremely small amounts of maybe an ounce or two. His spoon-fed and fingerfoods were, however, on the decline to the point where he would refuse to swallow the spoon-fed food we did get in, and wanted nothing to do with fingerfoods. Then, within a two-day period, Matthew stopped nursing altogether (apparently due to Michelle becoming pregnant, which changes breastmilk flavor). Over the next week he became increasingly dehydrated, with a fever above 103-104 degrees. He would take perhaps eight ounces of formula over the whole day, and, still to his dislike, we continued to spoon feed him until he would protest too loudly or stop swallowing. We felt we had no choice but to push the baby foods, as we were so concerned with his lack of formula intake. With his continued rapid decline in energy/health/weight, he was admitted to Children's Hospital to begin naso-gastric (NG) tube feedings. He was released from the hospital after 4 days but has remained on the NG tube.

To say the least, these last months with him on the NG tube have been the hardest ever. There were times that he was throwing up so much we didn't know if he would make it. However, with the proper amounts of nourishment, his weight has begun to climb dramatically, along with his energy and disposition. At the beginning of the tube feedings, he was almost ten months old and weighed a mere fourteen pounds, eleven ounces. (If he had continued following the curve he set in his first couple of months, he would've been just shy of 20lbs at this point.) At twelve months, he showed significant progress, weighing in at a wonderful eighteen pounds (still off the charts, but getting closer).

During this time, we spent a lot of time reflecting on what brought a perfectly healthy baby boy to this state of complete food aversion/infant anorexia. He has undergone every test (a grueling process) to rule out medical problems, which left us with an unexplained "behavioral" diagnosis. It was then that a chance reading of an article warning against *Babywise* in a local paper led Michelle to do a little more research into the Ezzos' parenting program that we had been so sold on.

What we found was astonishing. Matthew is just one of hundreds who have been diagnosed with improper weight gain or "Failure to Thrive" associated with this program. We were not just looking for somewhere to put the blame. We had complete respect for the Ezzos and their methods. Friends have followed through with the program with only "success." In our hearts, we just knew, as we looked back over his history, analyzed medical reports and other articles, that this program indeed was *the* significant reason for his problems.

We cannot begin to explain the feelings of anger, guilt, and remorse that accompany the realization that due to some very improper and unsound medical advice and child-rearing techniques, our son has had to endure so much. "Unpleasant" doesn't even come close to describing how it feels to force this unnatural tube down our son's nose as he is held there screaming, only to have to do it again if he pulls it

out or, worse, throws it up. And to think that it has been recommended and is quite probable that we will have to proceed with the invasive surgery for the more permanent stomach tube.

It is our firm opinion that the Ezzos lack the background and, therefore, the authority to be preaching about step-by-step methods for raising an infant into a thriving toddler. They allow no room for individual temperament, size (premies, low birth weight babies, etc.), stomach capacity and digestion speed, along with a variety of other factors. When their program doesn't work just right, or they are notified of cases of low weight gain, the Ezzos immediately seem to attribute it to the parents (a guilt trip) for either not following teachings correctly, or following them too rigidly, which is contradictory. It has been proven that there is a 300% variation among mothers for storage capacity of breastmilk[2]. Those with larger capacities can more often nurse at longer intervals, whereas women with smaller capacities need to nurse much more frequently. Most importantly, it was noted that *all* women in these studies had the *ability* to produce plenty of milk over twenty-four hours; what varied was the maximum amount they could deliver at one sitting. It is also known that if an infant is fed on demand, more appropriately titled "cue feeding," during the first couple of months, the mother is much more likely to establish appropriate milk quantities. We were taught to ignore those "cues." Yes, we were told to incorporate some "flexibility" when the child was obviously hungry (like crying to be fed), or when it was to suit our own needs. However, the Ezzos' definition of demand feeding as feeding a baby only when it cries is simply wrong. In fact, demand feeding is actually recognizing the child's hunger *cues* (before crying, as crying is often a late sign of hunger[3]) and feeding them accordingly. We remember those cues vividly, and yet ignored them and tried to pacify Matthew in other ways until his *"appropriate"* feeding time. How very sadly wrong we were.

How obviously wrong we were again to choose to follow the seemingly medical and biblical advice of the Ezzos in *Preparation for the Toddler Years*. Here we were taught to teach our child appropriate "highchair manners" of holding his hands down while he was being fed, and again it was said all children can learn obedience in this area. Health and medical professionals in the feeding therapy arena would all say this is actually one of the *worst* things one can do. A child naturally wants to touch, experiment, etc.—this is a developmental stage/activity all children should be allowed to experiment with. Is avoiding a messy floor or table to teach compliance worth the possible costs? Yes, some infants and maybe even most will learn to be happy to let you hold their hands down while spoon feeding and then to let them experiment after with finger foods. But, it can be argued, is this really success? Or, is success worth the possible cost of later food aversion? Let us tell you, it most definitely is not! We remember heartily laughing at a friend who, having not taken the parenting program offered by the Ezzos, often had to give her six-month-old a bath after a feeding. "How do you keep him from exploring with the food and keep it out of his hair?" she would ask. We would simply think how much extra work she was creating for herself by allowing her child to be, as the Ezzos might describe, "out of control and sinful." Her child is now a healthy, well-behaved one-year-old, and that laugh was sadly at our own expense.

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[2] See "Examining the Evidence for Cue feeding of Breastfed Infants" by Lisa Marasco, BA, IBCLC, and Jan Barger, MA, RN, IBCLC at http://www.fix.net/~rprewett/evidence.html.

[3] See "Breastfeeding and the Use of Human Milk (RE9729)," the December 1997 statement of the American Academy of Pediatrics.

So, did we have success with the parenting program? Obviously not. Do others have success? Some think they do, as their children learn to be fed on schedules, sleep through the night, and otherwise be "obedient." However, is there a long term cost of this obedience? Have bond and trust areas been unknowingly damaged? We really wonder. There are plenty of good parenting books and classes, but any one of those that comes across as if theirs is the only good way (for it is God's way, right?), not only has a lot of nerve but should be questioned in other areas as well. If readers take the time to do this, we are confident that they will find not only that many of the Ezzos' ideas on parenting are being widely questioned as unreliable and outright wrong, but that deeper issues of integrity, accountability, and honesty are also in question. And, contrary to what we were told about "secular" criticism, much of the questioning has come from *within* the Christian community.

Please, don't just take our word for it. Do your own research. When you are finished, we believe you will draw the same conclusions we have. We thought we were following sound parenting information and doing what was proclaimed to be in the best interest of our son. We could not have been more wrong, and we will always live with that knowledge. We now believe nursing on demand, especially in the early months of life, is among the *most critical* things one can do for the long-term health and well-being of their child. The harm that has been associated with the Ezzos' parent-directed feeding schedules is not always easily undone, and is simply not worth the potential risks. No other child or parents deserve to endure what we have suffered.

It is our sincere prayer that as awareness of the controversies and problems with the Ezzos' *Preparation for Parenting* and *Preparation for the Toddler Years* (*On Becoming BabyWise*, books 1 & 2) programs increases, the followers will decrease.

For more information, you may contact us at the address, phone number, or e-mail given below. Here is also a short list of the many articles/commentaries regarding the Ezzos' parenting programs. A full bibliography of information relating to this subject may be found at the following website: http://www.mailing-list.net/redrhino/Ezzo/Files.html

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• "Babies in Danger?" by Jenny Deam, *Ladies Home Journal*, April, 1999, pp. 102, 104, 106, 189.

• "Getting Wise to 'Babywise,'" by Katie Allison Granju, *Salon*, August 6, 1998. http://www.salonmagazine.com/MWT/feature/1998/08/cov_06feature.html

• "More than a Parenting Ministry: The Cultic Characteristics of Growing Families International," by Kathleen Terner and Elliot Miller, *Christian Research Journal*, April-June 1998, pp. 11-19, 27, 43-45. Synopsis and ordering information: http: //www.fix.net/~rprewett/CRI.html Publisher: Christian Research Institute, (888) 7000-CRI, http://www.equip.org

• "Babywise advice linked to dehydration, failure to thrive," by Matthew Aney, MD, *AAP News*, Volume 14, No. 4, April 1998, p. 21

• "Examining the Evidence for Cue Feeding of Breastfed Infants," by Lisa Marasco, BA, IBCLC and Jan Barger, MA, RN, IBCLC. http://www.fix.net/~rprewett/evidence.html