

February 10, 1997

Joe M. Sanders, Jr, MD
Executive Director
American Academy of Pediatrics
141 NW Point Blvd.
Elk Grove Village IL 60009

Dear Dr. Sanders:

I am writing to ask you to give this information to the appropriate committee(s) so they can review and comment on the *Preparation for Parenting* manual and the book *On Becoming BABYWISE* distributed by Growing Families International (GFI). *Preparation for Parenting* is a religiously based infant management program distributed through churches and the mail. *On Becoming BABYWISE* is the same program distributed through general bookstores and the mail and includes almost identical wording with religious references removed. I am including copies of both with this letter.

I am deeply concerned about this parenting program because it is affecting so many babies; many of the medical claims it contains are untrue, misleading, or unsubstantiated; the people who developed it are not physicians, child development experts, or Lactation Consultants; they have been unresponsive or aggressive when questioned about their claims; and pediatricians are seeing babies with dehydration, slow growth and development, as well as "failure to thrive" whose parents are attempting to follow it. Further, many pediatricians are surely seeing babies with similar but less extreme problems without realizing they may be the result of this widely disseminated parenting program.

SCOPE OF PROGRAM

GFI's infant management program, *Preparation for Parenting*, was developed by Gary and Anne Marie Ezzo and first distributed in California in 1984. *On Becoming BABYWISE*, the secular version of the same program, was first widely distributed in 1995. Between the two titles the program has reached over a half-million babies. It is sold along with several other parenting programs the Ezzos have developed, including *Preparation for the Toddler Years*, *Growing Kids God's Way*, *Reaching the Heart of Your Teen*, and *Reflections of Moral Innocence*. These programs are available in manual, tape, and video formats. GFI also distributes the book *On Becoming BABYWISE - Book Two* which contains the same instructions as *Preparation for the Toddler Years* except with the religious references removed. GFI's parenting curricula are used by over 3,500 churches across North America and now extend to 35 countries. This year alone GFI is holding two national conferences and 21 local conferences in the United States as well as an international trip. Last year's conferences

included stops in New Zealand, Australia, Malaysia, Singapore, and Indonesia. In addition to their base of operations in Chatsworth, Ca they also have ten regional administrators or directors located throughout the United States. They offer an extensive internet online service with a forum section, “chat” area, and live events (<http://www.gfi.org/>).

BACKGROUND OF THE AUTHORS

Gary Ezzo is a graduate of Talbot Theological Seminary, served as the pastor to Family Ministries at Grace Community Church, Sun Valley, California, and now serves as the Executive Director of Growing Families International. According to GFI’s materials Anne Marie Ezzo has a background in pediatric nursing and is a childbirth instructor. It is uncertain what type of nursing background they are referring to or how much experience she had. Despite the fact neither Gary nor Anne Marie is a pediatrician, child development expert, or Lactation Consultant, *Preparation for Parenting* and *On Becoming BABYWISE* are filled with medical advice for infants. Gary Ezzo does list a pediatrician as co-author of *On Becoming BABYWISE* but changed practically nothing from his *Preparation for Parenting* except the religious references.

EXAMPLES OF MEDICAL CLAIMS THAT ARE UNTRUE, UNSUBSTANTIATED OR MISLEADING

Unfortunately, much of the medical advice contained in both *Preparation for Parenting* and *On Becoming BABYWISE* is untrue, unsubstantiated, or misleading.

For the sake of simplicity I will use quotes directly from *Preparation for Parenting* Fifth Edition (*PP*) and give the page number for the same or very similar quote used in *On Becoming BABYWISE* (*BW*). Some of the quotes will include references to two fictional characters the Ezzos have developed. “Ryan” describes what a typical baby on their program will be like and “Stevie” describes what a baby will be like if he is fed on demand (*PP* pages 15, 55). In *On Becoming BABYWISE* the same characters are used but their names are “Chelsea” for the baby on their program and “Marisa” for the demand-fed baby (*BW* pages 20,43).

Also, in some cases I have references to specific studies that refute claims made by the Ezzos. These study references were given to me by other healthcare professionals. I have not read them myself but am including them in hopes that they may provide additional information that may be of assistance to the Academy.

SIDS and Sleeping Position for Infants: On page 184 of their *Preparation for Parenting* manual (*BW* p. 166) in a discussion about crib death the Ezzos write: “Some researchers suggest that putting a baby on his back for sleep rather than on his tummy will reduce the chance of crib death. That research is not conclusive, and the method of gathering supportive data is questionable. . . parents should be concerned with the possibility that their baby could aspirate vomit (if there is an abnormally high amount) that has no place to go if he is placed on his back.” **THEIR TEACHING ON THIS SUBJECT CLEARLY CONTRADICTS THE AAP’S OFFICIAL STATEMENT.**

Infant feeding: A large portion of *Preparation for Parenting* and *On Becoming BABYWISE* directs parents to feed their babies according to a schedule called “Parent Directed Feeding” (PDF) that the Ezzos have developed. According to the PDF schedule the mother feeds her baby every 3 - 3 ½ hours the first four weeks and after that every 3 - 4 hours during the day and less often if at all during the night (*PP* pages 113 - 116 and *BW* pages 99-101). This time interval is calculated by allowing a half hour to nurse and then waiting 2 ½- 3 ½ hours before nursing again.

Although the Ezzos state that “with PDF, a mother feeds her baby when he is hungry” (*PP* p. 49, *BW* p. 39) this contradicts the instructions they give the parents. On page 194 of the *Preparation for Parenting* manual (*BW* p. 180) in the “newborn scenarios” section the Ezzos write, “Your two week old baby nurses on one side then falls asleep. Two hours later he wants to eat again. What should you do? You must keep your baby awake during feeding and teach him to nurse from both sides equally . . . *If he does not eat at one feeding, then make him wait until the next one*” (emphasis mine). Also, on page 129 of *Preparation for Parenting* (*BW* p.115) they say: “we discourage parents from allowing their babies to fall asleep without having received a full feeding. . . if nothing works, put him down to sleep, but *do not feed him before the start of the next cycle*” (emphasis mine). By eight weeks babies are not fed in the middle of the night (*PP* pages 125, 196 and *BW* pages 112, 182).

Unfortunately, **LACTATION CONSULTANTS AND OTHER HEALTHCARE PROFESSIONALS ARE SEEING BABIES WHO ARE DEHYDRATED, GROWING AND DEVELOPING SLOWLY, OR “FAILING TO THRIVE” WHOSE PARENTS ARE ATTEMPTING TO FOLLOW THIS PROGRAM.** (I have attached a list of Lactation Consultants willing to discuss these problems).

These problems with babies whose parents are attempting to follow the Ezzos’ feeding program (PDF) are not surprising. A percentage of breastfeeding babies on a predetermined schedule are bound to fail to thrive because breast storage capacity varies and the baby’s ability to remove milk varies. Generally, smaller breasted women have a smaller storage capacity and consequently need to breastfeed their babies more frequently than most larger breasted women. [Peter Hartmann, Ph.D.]. In addition, the baby may need to feed more frequently depending on the way he latches on to the breast, sucks, or how the mother’s breast anatomy and his oral anatomy function together [Marmet, CG and Shell, EP]. Babies also need to feed very frequently during growth spurts in order to insure sufficient milk supply to accommodate growing needs.

Milk Production: The Ezzos’ claim that “too many snack feedings (too little time between feedings) may reduce proper stimulation [of milk supply]” (*PP* p. 78, *BW* p. 66). They also write that “the infant who is fed on a basic 3 hour routine and whose digestive metabolism is stabilized will demand more milk, thereby stimulating greater milk production as compared to the child who feeds more often but demands less (*PP* p. 78, *BW* p. 66).” These claims contradict the advice of lactation experts. They see milk supply drop when feeding intervals are long and the baby is younger than 3 - 4 months. Because of this, **MANY MOTHERS ON THE EZZO PROGRAM EXPERIENCE SUPPLY FAILURE BY 3-4 MONTHS.** At particular risk with these claims are babies who are sleepy, “content to starve,” difficult to feed, jaundiced, or premature.

Formula: “Today’s formulas have properties closely matched to those of breastmilk” (*PP* p. 89, *BW* p. 76). **THIS STATEMENT IGNORES THE FACT THAT BREASTMILK VARIES FROM MOTHER TO MOTHER, DAY TO DAY, FEEDING TO FEEDING, PROVIDING WHAT THE BABY NEEDS. IT CHANGES OVER TIME FOR THE CHANGING NEEDS OF THE BABY, AND IS A LIVING SUBSTANCE THAT INTERACTS WITH THE BABY’S SYSTEM AS OPPOSED TO FORMULA, WHICH DOES NOT ADAPT OR INTERACT** [Cunningham, A and Jelliffe, Annotated Bibliography; Walker, Marsha; LLLI fact sheet; LLLI abstracts]. Unfortunately, many mothers who experience milk supply problems using GFI’s program choose to switch to formula rather than go off the schedule GFI outlines. Most do so believing they are milk insufficient.

Jaundice: THE EZZOS ADVISE PARENTS THAT EVEN IN CASES OF SEVERE JAUNDICE NURSING NEWBORNS EVERY THREE HOURS IS NORMALLY SUFFICIENT. “A mild degree of jaundice is common in most newborns. If the condition appears to be more serious after the second day, frequent blood tests are done and conservative treatment initiated. Part of that treatment includes an increase in fluid intake. You do not necessarily have to nurse more often. Sticking with a strict 2 ½-hour feeding routine [½hour of feeding and then 2 ½hours until the next feeding starts] is normally sufficient to bring down the bilirubin levels” (*PP* pages 86,87 and *BW* p. 170). **THIS ADVICE IS INCONSISTENT WITH THE FACT THAT THE TREATMENT OF PHYSIOLOGIC JAUNDICE IS SUFFICIENT MILK INTAKE BY FEEDING VERY FREQUENTLY** [Gartner, L and Maisels, J and Oski, F].

Gastric Reflux: Referring to their fictional characters, Ryan (a baby on the Ezzos’ program) and Stevie (fed on demand), they claim that “Ryan’s digestive system will have fewer problems with gastric reflux or with colic-like symptoms when compared with his demand-fed cousin” (*PP* pages 57,58 and *BW* p.45). **THE OPPOSITE IS TRUE AS THE TREATMENT FOR REFLUX OFTEN INCLUDES GIVING SMALLER, MORE FREQUENT FEEDINGS.**

“Metabolic Confusion”: The Ezzos also claim that Stevie’s metabolism is adversely affected by being demand - fed. They write: “The erratic nature of the free-feed theory is what negatively impacts Stevie’s metabolism . . . the lack of regularity sends a negative signal to the baby’s body, creating metabolic confusion that negatively affects his hunger, digestive, and sleep/wake cycles” (*PP* pages 55,56 and *BW* p. 43). **THE WAY THIS CLAIM IS PRESENTED MAKES “METABOLIC CONFUSION” SOUND LIKE GENERALLY ACCEPTED PHYSIOLOGIC FACT.**

Learning Disorders: Another claim is that their program enhances learning potential while attachment parenting and other nonstructured styles of parenting are associated with learning disorders: “PDF fosters an environment of learning from the beginning. Ryan is learning to be at peace with his environment, which enhances his learning potential. Many learning disorders are associated with nonstructured styles of parenting, such as difficulty sitting, focusing, and concentrating skills.” (*PP* p. 59 and *BW* p. 46). **THE EZZOS’ CLAIM IS INCONSISTENT WITH THE FACT THAT CHILDREN WITH ADD IMPROVE ON STIMULANTS—POINTING TO A CHEMICAL RATHER**

THAN EMOTIONAL PROBLEM. IT IS ALSO INCONSISTENT WITH THE FINDINGS FROM THE LITERATURE SEARCH DESCRIBED BELOW.

Overall Development: On page 76 of *Preparation for Parenting* (BW p. 64) the Ezzos write that “PDF complements the overall advancement of the child, demand feeding detracts from it.” **THE EZZOS TIE DEMAND FEEDING TO LEARNING DISABILITIES** (PP pages 59,68 and BW p. 46), **COLIC** (PP pages 57,58,68 and BW p.45), **METABOLIC DISORDERS** (PP pages 55,56,68 and BW p. 43,54), **NEUROLOGIC DISORDERS** (PP pages 68-70 and BW pages 54-57), **BEHAVIORAL PROBLEMS** (PP pages 46, 66-68 and BW p. 37), **SLEEP DISTURBANCES** (PP pages 66,67 and BW pages 52,53), **SEPARATION ANXIETY** (PP p. 46, BW p. 37), **AND INFANT CHRONIC FATIGUE** (PP p. 68-70, BW pages 55-57), **BUT AN EXTENSIVE LITERATURE SEARCH ON TWO MAJOR DATA BASES (MEDLINE AND HEALTH STAR) OF MEDICAL STUDIES SINCE 1966 REVEALED NO FINDINGS FOR ANY ASSOCIATION BETWEEN DEMAND FEEDING AND THESE PROBLEMS.**

The effect of letting babies cry: In addition to a feeding schedule the Ezzos have established a specific sleep schedule for babies from birth. Parents are instructed to put their babies down for a nap at the scheduled time and not respond to their baby’s cries more than every 15 minutes until they go to sleep unless the cries are particularly abnormal (PP pages 145,149 and BW pages 130,134). The Ezzos claim that in this case “the benefits of non-intervention are best for your baby” (PP p. 149, BW p.134). If the baby is eight weeks old or older and has not yet slept through the night the Ezzos write, “When your baby awakens, do not rush right in. Any crying will be temporary, lasting from 5 - 45 minutes” (PP pages 125, 196 and BW pages 112,182). **IT IS APPALLING THAT AN EIGHT WEEK OLD BABY WILL NOT BE FED OR COMFORTED IN THE MIDDLE OF THE NIGHT** [Bowlby and Spitz]. They claim that “there is no evidence that an immediate response by a mother teaches a baby anything about love, just as there is no evidence to prove that a little crying fosters feelings of insecurity” (PP p. 141 and BW 126,127). **NOT ONLY ARE THESE CLAIMS INCONSISTENT WITH ATTACHMENT THEORY STUDIES AND ERICSON’S WORK ON TRUST BUT THEY IGNORE THE RESEARCH SHOWING THAT BABIES LEFT TO CRY REMAIN IN PHYSIOLOGIC DISTRESS** [Gene Cranston - Anderson]. Babies in a research study left to cry had heart rates that reached worrisome levels and lowered oxygen levels in their blood. When these infants’ cries were soothed, their cardiovascular system rapidly returned to normal, showing how quickly babies recognize the status of well being on a physiologic level.

Attachment Parenting: Although numerous rigorous studies have been done on attachment theory the Ezzos claim that “attachment parenting theories are faddish and not well-grounded on an impeccable body of empirical data. Although there is plenty of speculation, there is only a minimum of objective and verifiable information” (PP pages 49,50 and BW p. 38). **DESPITE THE FACT THESE STUDIES HAVE SHOWN ATTACHMENT PARENTED CHILDREN TO BE SECURE, SETTLED, TRUSTING, OPEN TO REDIRECTION, SOCIABLE, CONSIDERATE, AND COOPERATIVE THE EZZOS CLAIM THAT THIS “STYLE OF PARENTING WORKS AGAINST A CHILD’S HEALTHY DEVELOPMENT.”** Their comments

continue: “The symptoms of this include: excessive fussiness, disequilibrium in feeding and sleep cycles, waking through the night, a perpetual need for comfort nursing, fear of mother separation, fear of sleeping by himself, desire for immediate gratification, lack of self-comforting coping skills, limited self-play adeptness, a demanding toddler” (PP p. 46, BW p. 37).

Mothers who breastfeed on demand: On page 60 of *Preparation for Parenting* (BW p. 47) **THE EZZOS CLAIM THAT MOTHERS WHO BREASTFEED ON DEMAND WILL HAVE PROBLEMS WITH THEIR “LET-DOWN,” POSTPARTUM DEPRESSION, PHYSICAL STRENGTH, AND MATERNAL ANXIETY.** To demonstrate they again refer to the fictional characters “Ryan” who is on their PDF schedule and “Stevie” who is demand fed. Regarding “let-down” they write, “Breastfeeding mothers on PDF rarely have problems with their let-down reflex In contrast, Stevie’s mom nurses so often that sometimes her let-down is delayed, frustrating the child; or worse, she does not let down at all.” They write about postpartum depression: “PDF mothers tend to move back into hormonal balance sooner than non-PDF mothers. Stevie’s mom had a terrible bout with postpartum depression.” And with respect to physical strength they say, “Ryan’s mom regained her physical strength quickly . . . Stevie’s mom is often not in the mood for seeing anyone.” Finally they discuss maternal anxiety by writing “Ryan’s mom and the other mothers who follow PDF have less maternal anxiety than mothers who choose to demand-feed.”

MEDICAL DOCTORS AND OTHER HEALTHCARE PROFESSIONALS ARE CONCERNED ABOUT THE DAMAGING EFFECTS OF GFI'S INFANT PROGRAM

These misleading, unsubstantiated, and untrue medical claims are disturbing for a variety of reasons but most importantly because **SOME BABIES WHOSE PARENTS ARE ATTEMPTING TO FOLLOW THIS PROGRAM ARE DEHYDRATED, GROWING AND DEVELOPING SLOWLY, AND “FAILING TO THRIVE.”** Many medical doctors and other healthcare professionals are concerned about this problem:

Medical Doctors: Dr. William Sears, Clinical Assistant Professor of Pediatrics at the University of Southern California School of Medicine and, along with his wife, author of 23 books on various aspects of infant care and parenting, spoke out against GFI’s program on *ABC World News Tonight*: “This is probably the most dangerous program of teaching about babies and children that I have seen in my 25 years of being a pediatrician.”

Sears and other medical doctors (see attached list) agree with the concerns presented in this letter. They are available to discuss GFI’s program with the Academy, and are looking forward to getting the Academy’s feedback on this potentially harmful program.

Nurses and Lactation Consultants: The “Preparation for Parenting” program is a constant subject of discussion and concern on LactNet, the Internet discussion site for lactation professionals. Many of these professionals are seeing problems because of the Ezzos’ program and are willing to speak out against it. Several who are knowledgeable

about the issue are Jan Barger, RN, MA, IBCLC, Lactation Consultant with Wheaton Pediatrics and The Breastfeeding Connection and past President of the International Lactation Consultant Association as well as Lisa Marasco, BA, IBCLC and Nancy Williams, MA, MFCC, IBCLC. They agree with the concerns expressed in this letter and are looking forward to getting the Academy's feedback on GFI's potentially harmful program (see attachment for complete list of Lactation Consultants).

Counselors: Counselors are concerned about GFI's program because of the potentially damaging consequences to children as well as the parents. They are seeing many parents using the program who are suffering from depression, guilt, and anxiety. I have attached a list of counselors who agree with the concerns expressed in this letter.

Authors, Researchers, and Others: A number of people considered experts in the fields of breastfeeding and child development are concerned about *Preparation for Parenting* and *On Becoming BABYWISE*. I have attached a list with their names as well.

The Child Abuse Prevention Council of Orange County (California) formed a committee with a broad range of expertise and religious affiliations to thoroughly review the parenting programs offered by Growing Families International, including the *Preparation for Parenting* program. They formed this committee because of the calls they were receiving from physicians and nurses concerned about the health and development of babies on the program. The committee included a pediatrician, pediatric social worker, experts in childhood development, Board Certified Lactation Consultants, pastors, and other professionals. **THEIR REPORT ISSUED IN MAY OF LAST YEAR CONCLUDED THAT THE PREPARATION FOR PARENTING PROGRAM CONTRADICTED ALL SIX POSITIVE ASPECTS/CRITERIA THAT THE CHILD ABUSE COUNCIL ENDORSES FOR HEALTHY CHILD DEVELOPMENT** (see attached copy of report). Their comments included:

- “The method of withholding food until a scheduled time so that the baby will accommodate a routine set by an outside entity is extremely disturbing . . . babies who are in control of the feeding pattern gain weight better and are generally happier than babies from whom food is withheld” (p.9 of report).
- “Dr. James McKenna has studied incidence of Sudden Infant Death Syndrome (SIDS) and its possible causes. His research indicates that infants who interact during the night with parents are of [sic] lower risk for SIDS. The ‘Preparation for Parenting’ recommendations of parental control over the schedule clearly contradicts Dr. McKenna’s work” (p.10).
- “The issues of control and authority seem to override the elements of compassion, child advocacy, and real developmental needs in *Preparation for Parenting*” (p.10).
- “Strict limits on the intervals or frequency of breast feedings can lead to diminished milk supply or the infant not being allowed to take in adequate nourishment. The curriculum does give guidelines for assessment of breast milk intake but unfortunately

these do not include the number of bowel movements the infant has daily. Without this information one cannot determine adequate nourishment” (p.10).

- “A concern of the committee is that the teachings on letting infants cry might lead parents to become insensitive to their baby’s needs. They could miss when the baby is sick or injured if they are used to ignoring the child’s cries” (p.11).
- “Ignoring an infant’s cries could also lead to a lack of trust in the newborn. The fostering of trust is one of the most important factors in child development. According to the works of Brazelton and Ericson, building a sense of trust is accomplished by responding to a child’s emotional, physical and psychological needs” (p.11).
- “The Ezzos state that if scheduled feedings are implemented, you should expect your baby to sleep seven to eight hours per night by three to eight weeks of age. This also is not research based” (p.11).
- “They also state that scheduling causes a child’s nervous system to mature more quickly. This statement is not backed up with current literature and is not a belief held in current child development theory” (p11).
- “The Ezzos state that attachment parenting fosters insecurity, yet research shows the opposite is true” (p.11).
- “This is a common method used by the Ezzos – criticize without citing evidence” (p.3).

THE DANGER OF DISCOUNTING A MOTHER’S INTUITION

One side effect of the program that exacerbates the poor medical advice it contains is that mothers are discouraged from trusting their feelings about their babies’ needs. The Ezzos say that “Reason and assessment, not feelings, are the basis of healthy parenting. Statements such as ‘Do what your heart tells you,’ ‘follow your maternal instincts,’ and ‘Do what feels natural’ sell an image of motherhood that is incompatible with scripture.” (*PP* page 140). They claim that emotional responses to a baby’s cries “violate the Bible’s call to sobermindedness.” (*PP* p. 151) Finally, they discount the unique relationship between a mother and her baby: “While maternal-infant bonding may be an interesting psychological idea, research has not substantiated any such cause and effect relationship in human beings” (*PP* p.180, *BW* p. 162). Klaus and Kennell’s research clearly shows the existence and importance of the maternal-infant bond.

Mothers on the program who routinely do not respond to their baby’s cries before naps and during the middle of the night may stop hearing them altogether. For example, one missionary supervisor couple who traveled throughout the U.S. and abroad and stayed overnight at the homes of a variety of families on the program noticed that although they could hear babies crying up to 45 minutes in the middle of the night the parents could not.

The parents were surprised to hear that their babies had been crying because they thought the babies were sleeping through the night!

An even greater problem than not hearing a baby's cries is not noticing a baby who is underdeveloped. One Lactation Consultant described a typical problem case she had seen with a mother on GFI's program. The mother hadn't noticed her baby's low weight despite the fact he "looked like a refugee from Somalia" and didn't think she needed to feed him more frequently because he slept so well, one of the program's measures of "success." The lactation consultant said the most distressing thing was that the mother and father were obviously loving parents and committed to doing the best for their children. The mother did agree to start feeding the baby more often but was pressured not to and intimidated by others on the program.

In another example, the mother of a full term baby in the NICU for respiratory distress flatly refused to nurse her baby when asked to by the nurses and neonatologist because it had only been 2 ½ hours since he had been fed. Despite the fact he was hungry and the resultant crying was bad for his respiratory distress the mother was determined to stick to GFI's program. After this incident the hospital formed a committee to review the Ezzos' materials. The committee consisted of two MDs (including the director of the pediatric division), two RNs, and two lactation experts. They concluded that the program was not adequately supported by conventional medical practice, outlined 11 areas in which the Ezzos make misleading claims, and warned the pediatricians in their department and a local church against the program. In the appendix I have included their findings as well as several additional stories that raise concerns about the Ezzo program.

As Dr. Sears said on *ABC World News Tonight*, "The 'Parenting God's Way' course, we call it 'Tough Love for Newborns.' It teaches a mother to not listen to the baby's cries. Eventually what happens is that mother loses trust in her instinct. The baby loses trust in the mother."

THE NEED FOR INVOLVEMENT ON THE PART OF THE ACADEMY

Clearly, *Preparation for Parenting* is making questionable medical claims and some babies on the program are suffering. Despite negative assessments by pediatricians, Lactation Consultants, child development experts, the Orange County Child Abuse Council, and other critics, the Ezzos' program continues to grow, now reaching around the world.

The reason for this growth is that parents are not aware of the dangers of the program, they believe in the Ezzos, and they are taught to be afraid of other methods of parenting. Indeed, in many cases, the program does seem to "work." Some babies receive adequate nourishment and do sleep through the night, but at the cost to some of unsuccessful breastfeeding, lack of infant well-being, and lack of good mother-baby attachment. Parents trust the program because their church endorses it, their friend recommends it, or they are convinced by the Ezzos' claim that *Preparation for Parenting* is "God's Way" to parent an infant. In just this past month, the Shier quintuplets of Southern California have

celebrated their first birthday in various local and national media stories, with the parents repeatedly attributing a successful first year to *On Becoming BABYWISE*.

The Ezzos present themselves as experts in child development while discounting the validity of other theories. For example, on page 50 of the *Preparation for Parenting* manual (BW p. 38), after discussing the dangers of attachment parenting, calling attachment parenting theories “faddish and not well-grounded on an impeccable body of empirical data” with “plenty of speculation” and “only a minimum of objective and verifiable information,” and describing the approach as “extreme, wrong, and detrimental to the healthy development of a baby,” the Ezzos say that “As professionals . . . We offer an alternative to parents. You can have structure and still meet all the developing needs of your baby with PDF.” They also claim that they “have a network of health care professionals (including hundreds of pediatricians) who support our work and provide GFI with expert medical advice.” Yet, when asked for a list of these advisors they have declined to make the names available.

Parents are told that if they stick to the program they can expect their baby to sleep through the night by five to eight weeks of age (PP p. 67, BW p. 53 and back cover) but that if they demand-feed their baby he will spend 7 ½- 15 hours a day nursing (PP p. 71, BW p. 56) and may wake up every two hours for two years (PP p. 66, BW p. 52). They are warned that if they do not follow the principles of GFI’s program their child may become like “Stevie” who “wants a toy so badly that he is willing to take it off the store shelf and put it in his pocket” and “will have difficulty with siblings and peers. He will grow up ill-prepared for real life . . . He will suffer in school and at work” (PP pages 25,33 and BW p.22).

When concerned healthcare professionals or others try to approach the Ezzos or inform parents of the dangers and inconsistencies of *Preparation for Parenting* or *On Becoming BABYWISE* they are often threatened, harassed, or prevented from doing so by the Ezzos or their organization, GFI. In three specific instances, people discussing problems and opinions of GFI’s materials were threatened with lawsuits on behalf of GFI. When people post to the GFI website questions or information that contradict the Ezzos’ teachings, GFI often removes the post, bars them from access, and tells them to direct their concerns to GFI privately. When people direct their concerns privately to the Ezzos they are often ignored or responded to with great aggression. In some cases GFI has publicized misinformation about these people in an attempt to discredit their integrity.

While parenting philosophy may be debated, any philosophy that is associated with continuous reports of failure to thrive infants is dangerous. The American Academy of Pediatrics is in a unique position to educate parents about the inconsistencies and dangers of “Preparation for Parenting” because

- AAP has an interest in the health of infants
- AAP is qualified to assess the medical claims made
- The opinion of the AAP will be recognized/responded to by parents across the U.S.

- AAP will be recognized by pediatricians as well as other Pediatric Academies around the world
- Pediatricians informed about these programs can better recognize and correct problems resulting from them

CONCLUSION

I appreciate you taking the time to review these materials. After reading them I believe you will agree that parents and health care professionals need to be educated about the inconsistencies *Preparation for Parenting* and *On Becoming BABYWISE* contain and the dangers they can pose to infants. Please feel free to call me with questions at (714) 367 - 1498 or E-mail me at turner@pacbell.net.

Sincerely,

Kathleen Turner, concerned mother
MBA, University of Chicago Graduate School of Business, 1989