

Foreword:

This is the first chapter of the book *Observant Mom: Infants*. It is the result of many hours of research about the proper care and development of infants, from books such as *Healthy Sleep Habits, Happy Child*, *Wonder Weeks*, *The Blossom Method*, *Your Self-Confident Baby*, *Touchpoints*, *The New First Three Years of Life*, and more. The book, especially this chapter, is designed to give expectant moms the latest information on caring for an infant in as quick of a read as possible. Please send to the expecting moms you know! Please share with this [blog post](#).

All Things Baby: Preparing for Your First Child

When I became pregnant and had to make some decisions about what to buy for my baby, I was completely overwhelmed. I had no idea there was so much contradictory and controversial advice on how to raise an infant. Bumper pads—risk for SIDS or necessary to prevent injuries? Swings—a Godsend for busy parents or a cheap babysitter? Diaper pails—vital to keep a nursery smelling fresh or glorified trash cans? There are also bigger questions, such as to stimulate the child or let them grow more naturally? This first article, "All Things Baby," is an attempt to answer the most vital, biggest questions about raising an infant.

First, if you are considering or actively trying to become pregnant, my advice is to start reading books now. I provide a list of recommended reading at the end of this book. Before I got pregnant, I had read many books on raising children, and I thought I was fairly prepared. But most of my reading focused on children who were 3 or over. The problem was that I would first have to tackle the challenge of raising a 0 – 3-year-old. I did not realize there was so much controversy and decisions to be made about raising an infant. All they do is sleep and eat, right?

There are many competing philosophies over how to raise an infant. How you resolve these controversies, I believe, will affect who your child will grow up to be. If a child is raised in a more independent environment where they are allowed to be alone sometimes, or if the parent follows the "attachment parenting" philosophy, will affect who they become as a 3-year-old, which will affect who they become as a 7-year-old, which will affect who they are as a teenager, and so on. If the caregiver is gentle and loving or rough with the child; if the child has a predictable routine or a chaotic one; if they are in the hands of a competent person or not—all these will affect who the child grows up to be. There are a myriad of personality types and they start in infancy.

Another thing about reading about newborns is how overwhelmed I became with the contradictory advice in the mainstream baby books. It was frustrating. However, I learned to embrace it. I learned to start asking why one book advocated one thing while another advocated another. I found by doing this, I could get to the real heart of an issue. I was able to get more precise advice over when and why to do something in particular.

Finally, I want to add that I originally wrote this first article ("All Things Baby") while still pregnant. I added greatly to it after delivering my first child, a boy, and I updated it again after delivering my second child, a girl. I largely left the original text of this article so I could address the kind of questions I, and presumably others, had before delivering. I think this offers a

unique perspective: it is like a very new mom in the throes of motherhood having a conversation with a very inquisitive pregnant woman, giving very detailed explanations to all questions—and then has added to it the wisdom of a mom with two children, who can speak fairly plainly and simply about what is really important.

Overall Parenting Philosophy

I added this section after delivering my son because, after having a child, I developed a very general philosophy of parenting that caused me to re-structure this entire article. This philosophy quite simply is that a parent should find out what is wrong with the baby when fussy and address it.

This advice seems so simple and so obvious. You would think most people would agree, and most professional books on babies do. Many popular books and sentiments, however, do not. One popular book in particular, *Happiest Baby on the Block*, does not.

Happiest Baby advocates that the best way to calm a fussy baby is to essentially distract the child. It is a wildly popular book now, supported by many medical professionals. Hospitals give classes based on the book to educate parents on how to handle a baby. The author advocates using the 5 "S"'s to calm a baby: sucking, swinging, side lying, swaddling, and "SHHH"ing the baby.

First, I think it is madness that a movement was started and millions of dollars were made by showing parents how to get in their child's face and say, "SHHHHHHHHHH!"

But, further, I find the message it sends to be dangerous. The message is: If your child is crying, don't try to figure out what is actually wrong. Instead, try every gimmick to get the child to stop crying.

Sure, these things "work." I have found for instance, that bathroom fans—which is white noise, which is what "SHHH"ing the baby is—get infants to fall asleep. I used this *trick* (emphasis) with my newborn only occasionally so I could take a shower. I also completely understand that frustrated parents with colicky babies will use these 5 "S"'s. But otherwise I believe that when an infant cries, a parent should take with solemn seriousness the job of trying to figure out why the child is crying and respond appropriately.

Based on experience, for a very young baby (0-3 months old), fussiness or crying is almost always due to either hunger or sleepiness. As such, *feeding and sleeping are the most important things to figure out regarding your newborn.*

To understand hunger and sleep, one of the most important things to learn as a parent is to read the signals your child is giving. It was said to me that you will get to know what cries from the baby mean what. I disagree with this. Crying, as is stated in many books on newborns, is the *last* sign that something is wrong. *Don't wait* until the baby cries to respond to the baby, but rather look at their behavior.

Here is a brief overview of behaviors: If he is licking his lips, sticking his tongue out, putting his fist in his mouth, gnawing on anything within reach, he is hungry. If he is kicking his legs, bringing his legs up to his belly, or turning red, he is gassy. If his eyes are drooping, his activity is slowing down, and/or he has been up for longer than 2 hours (for a very young infant), he may be sleepy.

To deal with hunger and sleep, I recommend two books. One is *The Blossom Method*, which teaches a parent how to "read" their child for hunger cues. The other is *Healthy Sleep Habits, Happy Child*, which teaches parents what to expect in normal sleep development for a child and how to watch for drowsy signs as to establish good sleep habits.

Although these books require some skill development, they are much better books than *Happiest Baby on the Block*. This book may teach a parent how to somewhat deal with a fussy baby such that they don't shake or otherwise hurt the baby. I will also say that it encourages parents to calm their babies when fussy, instead of stimulating the child, which is often a natural reaction. But I don't think *Happiest Baby* provides the very best solution. A parent's motto when it comes to their child should not be "how do I get this child to shut up?" but rather should be: observe, observe, and then observe some more.

Another vital tool in your parenting tool box is to understand the fussy period/leap growth spurts that infants go through as described in the book *Wonder Weeks*. You have to read this book and you have to get the app, which has a very nice, custom calendar on if your child is going through a fussy period or a leap and which one. The book describes 10 predictable "leaps" your child will go through, starting with Week 5 (from the due date). As is also described by many scientists who weigh in on infant development, the authors describe how children grow in leaps. Accompanying each leap is a fussy period: the child may be clingy, fussy, or cry a lot. Their sleeping and eating are often disrupted. Their brain is growing at this time. You will also see new skills starting to emerge, some of them simply jaw dropping. The book promises the leaps can be predicted to within a week. I have found that they are very predictable, calculating from the due date. The book also gives recommendations for toys and games to do with your child at age-appropriate times. An entire chapter of my book is dedicated to this book below ("The Cognitive Development of an Infant.") Really, it's a great book—a gemstone for anyone studying the natural timeline of the development of children. Keep these fussy periods in mind as you learn to read and observe your child.

In addition to simply trying to distract your child, another philosophy of parenting that is opposite of responding to a child's needs is that a parent should "train" a newborn, such as making him wait to eat so he or she is on a "better" schedule. Or making the child stay awake so he "sleeps at night" (which plain doesn't work). This philosophy is still moderately popular among parents, because of what their parents believed, but not professionals and, as such, is a fading philosophy, but still needs addressed.

If you try to "train" your newborn, this is what it means: As your child is wailing for food, you deny it, so he or she "gets used to it."

I would ask any adult with this philosophy: Do you deny yourself food when hungry, so hungry you are screaming? How would you feel if someone told you that getting proper food, sleep, and love would make you "spoiled"? Or, imagine you are in a hospital in terrible pain. How does it feel when the nurse can't get to you for a half hour or an hour? Would any amount of being sung to or rocked calm you down? Do you wonder why there are so many frustratingly irritable babies? Let me be blunt: I find this philosophy to be despotic.

In this respect alone, of being given proper nourishment, a newborn can be considered to be like a plant. When taking care of a simple plant, no one would dream of trying to get the plant "on a schedule." Sure, eventually the watering and feeding schedule becomes predictable, but said schedule is based on the objective needs of the plant. No one would dream of saying "Too bad, so sad," to a plant in need of water or sunlight—something I have heard adults say to newborns.

Worse, some people see to think that not taking care of the needs of a newborn will aid in character development: That it will toughen them up and encourage independence. Like not taking care of the plant, they don't grow stronger; they grow weaker. Independence is gained

through skill building; age appropriate responsibility; and conquering obstacles that they can actually conquer—not denying them the basic needs of human life.

When a child is older, it is true that regular meals at regular times is in their best interest. They come to the table moderately hungry and should be given the opportunity to eat until full. I discuss this further in *The Observant Mom: Toddlers*. But newborns have no such sense of a “future time” and their growing bodies simply demand they be fed when hungry.

If you are still unconvinced, see the section below on finding exact measurements of how much to feed a baby. I think you will find to feed a newborn enough, which is a lot, you cannot accomplish it unless you on-demand feed.

If your child is crying for extended lengths of time in those first few weeks, please consider the food issue and make sure, based on solid numbers (described below), that is he getting enough to eat. It is not gas; it is not an upset stomach; he does not need swaddled; he does not need "SHHHHd"; he does not even need held; he needs *fed*. *This is how to have the "happiest baby on the block." Well-fed and well-rested babies are happy babies.*

It was very shocking—and frustrating—to me how many relatives or friends helped me with the baby and always wanted to attribute my newborn’s crying to "gassiness" or "teething" or an "upset stomach." Worse were relatives who insisted that feeding my child until full would contribute to obesity—essentially putting my newborn on a diet. Relatives actively got in between me and my child as I tried to feed him. Or, when in their care, instead of offering food or putting the baby to bed, they would stuff teethingers in the baby's mouth or try to burp some "stubborn bubbles." My normally happy baby, who I often got told does not act like a fussy baby, turned into a "typical" fussy baby that needed constant attention. When feeding him properly and letting him sleep when he wanted, he was happy, content, and (comparatively) low maintenance. Under the care of others with a different philosophy than mine, he needed constant attention.

I have often been told I am "lucky" to have such a happy baby. But when under different caretakers, my baby acted differently. It was not luck: the different approaches *mattered*.

I want to emphasize that I totally understand that some infants have special needs: They may be colicky or have acid-reflux. The need for observation and learning become all the more needed in these situations!

The overall philosophy is this: the child should be regarded as an independent entity with a specific identity, which is to be *understood* and respected, not manipulated. For a newborn, observe the child, *figure out what is needed*, and respond appropriately. You cannot spoil a baby, whose only desires are the oh-so-luxurious needs of feeding, sleeping, cleaning, and proper medical attention when needed.

Dr. Daniel Siegel in *The Whole Brain Child* discusses the importance of attentive caregiving. He describes how neuroscience has found that people are prone to mimicking others. Hence, modeling ideal behavior is so important as a parent, even for newborns, who have been found to mimic their parents, such as sticking out their tongue. Want an empathetic, attentive child who sees relationships as desirable? Model it. From *Whole Brain*:

[I]n relationships, children develop models about how they themselves fit into the world around them, and how relationships work. They learn whether they can trust others to see and respond to their needs, and whether they feel connected and protected enough to step out and take risks. In short, they learn

whether relationships will leave them feeling alone and unseen; anxious and confused; or felt, understood, and securely cared for.

Think of a newborn. A baby is born ready to connect, ready to link what she sees in others with what she does and with what she feels inside. But what if those others are only rarely attuned to what she needs? What if, more often than not, her parents are unavailable and rejecting? Then confusion and frustration will initially permeate the child's mind.

By two months old, our son was frequently smiling at many things around him, same, in fact more so, with our daughter. Both of my children got many compliments on “how happy” they were. I at first thought people were just flattering us, but when I look around and see how many children simply wail and wail, I realize it was a genuine compliment. And I strongly credit this philosophy just outlined. By providing for their needs, we created a world for our children that was benevolent. Providing a loving environment where their needs are taken care of is the first and best thing you can do to create a child who sees the world as a fun and happy place, i.e., has a “benevolent universe” premise, a concept as presented by Ayn Rand. The child naturally bonds with their environment, whether it is a good one or a bad one. Make it a good one.

As such, *the* most important things to figure out as a parent of a newborn are feeding and sleeping—the two essentials in a newborn's life.

Feeding

I will cut right to the chase: ***The most important thing about taking care of a newborn is making sure they get enough to eat.*** All other topics in this article—bumper pads, pacifiers, swings, etc.—pale in comparison to the importance of feeding properly. This is where I recommend your focus should be when researching about a newborn, with sleep being a very close second.

To estimate if the baby is getting enough (or, rather, the right amount), most advice revolves around how long you breastfeed and how often. I found this is *not* good enough to estimate proper feeding. Just because your newborn was at your breast for 40 minutes doesn't mean he was getting milk the whole time. Trying to judge it this way is like going to a car dealer and having them tell you what your monthly payment will be instead of telling you the total price of the car.

These are the main highlights of what you need to know about if your child is getting enough to eat:

1. The child produces 5 *very wet* diapers per day
2. They don't desperately suck at a bottle when offered. If the child swipes a bottle way, they are not hungry. But the bottom line is if they are desperate to feed at a bottle, they are not getting enough at the breast, and *do not hesitate to feed them to their heart's content.*

I had a medical condition that caused me to have low milk supply. The two saddest days of my life are the days I realized I could not breastfeed my two children. (Despite being formula fed, my children are happy, intelligent, and thriving.) Unfortunately, breastfeeding is so pushed now that I had warped ideas of never offering a bottle and always offering the breast. This caused serious feeding issues with my son. Please, just feed babies what they need—whatever it is—it is better than the alternative.

Exact Methods to Figure Out How Much to Feed an Infant

If you have a happy baby who doesn't desperately suck at bottles for food and is getting 5 very wet diapers per day, your baby probably is getting enough to eat. If not, here are some more exact measurements that can be used.

The best advice I got for feeding a newborn was a table that showed how much the newborn weighs and then how many **total ounces of food per day** he or she should get. Based on the advice that an infant needs 2.5 - 3 times their body weight (in pounds) in ounces of formula or milk per day, I made a table with the number of ounces of formula or milk that an infant needs based on weight. It is at the end of this book. There may be more sophisticated calculations for estimating total ounces in one day, but they cause confusion in my opinion. The estimate in the table combined with your baby's cues should get you to the right amount.

If breastfeeding, to get the very best idea on if you are giving your child the right amount, make an effort to know how much you are giving your child and compare it to how much he should get. This is the best metric possible. In order to know how much milk you produce, one easy way is to use a breast pump and see how much you produce in one feeding. Take one feeding to pump instead of feed from the breast and calculate that what you pump is about what you produce with the baby. Another way is to weigh the child before and after feeding, a service often offered at breastfeeding luncheons. Then write down every time you feed. This is especially necessary if several people feed the child, so that people are communicating when the child fed last (and it is easy to forget when all you fed the infant.) My favorite sheet to do this had each day laid out horizontally with every hour and half hour listed so you just tick off when you fed the baby and write underneath it information about how long or how many ounces. I found this sheet on seewhatyouread.com, which requires a subscription. Doing all of this should tell you about how much the infant got in one day.

I really liked this sheet of amount to feed a child, because it quieted down relatives insisting I not feed my child except every 4 hours. If a child needs, say, 24 oz of liquid, and they take 3 oz at every feeding, the baby needs to be fed 8 times a day. This means they cannot go longer than 3 hours to feed. **Note:** I do not advocate that a child be fed every 3 hours either; I believe in on-demand feeding. But there is usually no way to give the child the amount that they need unless you do on-demand feed. No matter where you are at with feeding, this chart will reassure everyone that feeding a baby when they are hungry is the right thing to do.

Another way to determine that the child is getting enough, as noted, is that, starting around Day 3 – 5, when mom's milk comes in, there should be at least 5 wet diapers a day and the diapers should be **very wet**. The number of soiled diapers per day varies greatly and does not matter as much.

You can also tell how much the infant is getting by weighing the infant. The advice given is a young newborn should gain ½ to 1 ounce every day and should be back to birth weight by 2 weeks old. This will be monitored at each pediatrician visit. However, I propose that it shouldn't have to come to weighing the infant to know if he is gaining enough weight. If he is not gaining weight or losing weight, the health of the child is already compromised. But to get a ballpark estimate, a bathroom scale can be used to weigh the child. Weigh yourself then weigh yourself while holding the baby.

To feed an infant properly, it is important to recognize hunger signs. *The Blossom Method* by Viviel Sabel teaches how to interpret hunger cues. Sabel was raised by a deaf mother and learned how to read non-verbal cues as a form of communication. She used that skill to

understand infants. The book is primarily directed at learning about infants 0 - 3 months old. It teaches how to read not just signs of hunger but how hungry a child is. I would recommend reading this book in print or on an e-reader that shows pictures very clearly.

To judge how much your child should get in one feeding, if your baby is still crying after eating, *he is probably still hungry*. Many breastfeeding advocates often say that a newborn should only get 0.5 - 1.5 oz otherwise their stomachs expand. But as early as Day 3, a newborn may be up to needing 2 oz at each feeding. Our son very quickly went from 2 ounces to 3 ounces (at 3 weeks). He stayed at 4 ounces for quite some time. He finally went to 6 oz around 3.5 months and stayed there until well after 6 months. We only occasionally offered 8 oz at a feeding, not starting until around 8 months, when he was on solid foods and his need for milk went down.

Feeding Immediately After Birth

Immediately after birth, if you can have someone on-call, by your side, to help with breastfeeding, you may find it invaluable. I delivered both of my children late at night and did not get the help I needed. I found the nurse on staff at the hospital may or may not be able to help. The nurse I had for my first started pinching my nipples, aggravating already sore nipples from failed previous attempts.

I found that no amount of lactation consultations or reading could prepare me for breastfeeding. In fact, I think the consultation I had was detrimental. The consultant yelled at me when I went to take notes, wanted me to call a man in Mexico to get a particular drug, and yelled at me as I tried to practice breastfeeding with the model baby she had in her office for not positioning the baby “correctly.” To have trusted help after birth, a doula may help. Or, anyone I know who gave birth in a birthing center always has great things to say about their birthing experience. I describe in the next chapter problems with how breastfeeding is treated in hospitals.

I didn't hire a doula for delivery because I thought a doula was an insult to my husband, suggesting I would want a doula, not him, as my labor coach. Indeed, actual delivery went well with my husband. However, breastfeeding can be very difficult. Neither dads nor moms are usually equipped for it. You really have no idea what to expect—you are meeting your baby for the very first time.

For us, I found a nipple shield helped with breastfeeding. A friend called these “training wheels” for breastfeeding. You may find packing it in your hospital bag to be useful.

Feeding at Home: A Fulltime Job

A newborn's feeding schedule is relentless and exhausting. The first weeks are very, very difficult. New moms are not told this, but should be. The sleep deprivation is through the roof. No matter how hard you think pregnancy is, the 4th trimester is the hardest. I believe most postpartum problems are due to extreme sleep deprivation. A child may want to feed every 2-4 hours. If one feeding takes 40 minutes, do the math on how long you will be breastfeeding *each day*. Mother and baby may also run into technical issues with feeding, such as low milk supply or latching problems, which complicates everything all the more. I am not defending it, but there is a reason why rich women of the past sometimes handed off breastfeeding duties to a wet nurse.

Perhaps there are women with few technical issues and whose babies feed quickly; something I sincerely hope for all new moms. I am not trying to undercut breastfeeding but, really, moms-to-be need to be told how exhausting it can be. And, no, contrary to some people's belief, nature does not automatically work perfectly, despite “years of evolution.” People should

be reminded that until fairly recently, women sometimes died during birth. If you want to know why most births now go mostly well, it is due to *modern medicine*, not the hardening of women due to evolution. Similarly, breastfeeding is not an automatic process without complication. If you are aware of how difficult it will be though, you will be better prepared.

Really—consider what you are going to do to make things easy on yourself. Set yourself up for success in every way possible. Talk to your spouse about your feelings on how often you plan on feeding. Tell him about hunger signs and appropriate amounts of food an infant should get, so he doesn't panic when it seems like the infant is not getting enough. (I have heard this happening many times.)

I am of the belief new moms should be babied after delivery. Friends, relatives, and dad can take care of all household chores, cooking, and non-feeding baby chores (the latter preferably staying with dad) while mom does nothing except focus on breastfeeding. Of all the practices that could actually encourage women to continue breastfeeding past 1 month, I think this would work the best. To get through those exhausting weeks, I would often tell myself, "The only thing I am going to do today is focus on breastfeeding." (Despite the medical problem, I did breastfeed my son for the first 2 months, though he only got about 20% of what he needed from me.) Realize also that the first 6-8 weeks are the hardest. If you can make it past this, everything should start to get easier. Consider it a milestone to get to: Get to it, then worry about anything after later. And *don't* beat yourself up if you occasionally supplement!

Breast Pumps

Lactation consultants are very aggressive now (2012) with pumping. My first Obstetrician took note of it and asked, "What is with all this pumping?"

In my experience, there is no need to pump before your milk comes in (around Day 3 – 5). I found a baby can extract colostrum—the thick substance produced in the first few days after delivery—but a breast pump cannot.

Some lactation consultants argue that, even before your milk comes in, you should stimulate your nipples by using a breast pump. Let me ask you: is this "stimulation" really worth the enormous effort they are asking you to put in—10 minutes on each breast every 2 hours (4 hours a day!)—in the hours after you just went through labor? It is extremely exhausting and frustrating to pump and have nothing come out. If a lactation consultant comes in to your hospital room and wants to leave the breast pump in your room, I recommend declining it.

Also, I found the hospital grade pumps were not any better than the Medela Pump in Style that I had at home. I have never gotten a good explanation on why hospital grade pumps are better. I don't recommend renting one. My experience with that was awful. First, those things are rentals and like all rentals, they are not taken care of. To turn it on, I had to blast it at maximum strength then wind back down to a comfortable suction. That felt *terrible* on my nipples. Further, the paperwork to get the contract kept getting messed up. I continued to get call after call about the rented pump in the days after I left the hospital, waking me from sleep or getting me out of the bath—not something any sleep deprived mom will like.

Low Milk Supply

I would like to add an insight for any woman who is at risk for low milk supply and wants to breast feed. I recommend taking *very* careful measurements of how much you are feeding your child and to plan on pumping. Pumping accomplishes two goals: establishing the

best possible milk supply and knowing how much you produce. In this unique situation, you really, really need to know how much you produce.

This is what I suggest to do: pump every 3 hours **once your milk comes in**, which is not until Day 3 - 5. If you pump aggressively like this, it will help establish a better milk supply. Also consider drinking [mother's milk tea](#) which really does increase milk supply. Be familiar with how much a baby should get in one day, and then compare how much you produce to how much the baby needs. Feed the baby what you pump, supplementing with formula as needed. Perhaps bring the baby to your breast at least once or twice a day so he is used to it. Once you are confident with how much you produce and how much you need to supplement, you can perhaps stop pumping (regularly) if you want. The cycle may need repeated as the baby grows in his feeding needs.

Boppies

If you are bottle feeding, a boppy gives a pillow to set the baby down at a nice angle in which your other hand can even be free. Get one for the upstairs and downstairs. If getting a "boppy" for breastfeeding, one option is the "[BrestFriend](#)" pillow. They snap around your whole torso and you can attach it just below your chest like a shelf. I used boppies regularly with my son and not at all with my daughter. It really is personal preference.

Bottles

Even if breastfeeding, getting some bottle is typically recommended. They can be used as a backup in case breastfeeding doesn't go as planned. Also, if you pump, they store the milk. And bottles allow dad to get involved.

But finding a good bottle is maddening! There is pretty much no bottle on Amazon that has 100% glowing reviews—each of them has several negative reviews.

I think I have figured out why there are no good bottles. It has to do with the the transition away from the material BPA. [This Amazon review](#) explains the different plastics used in bottles. In short, bottles used to be made with Polycarbonate plastic, which is a hard, sturdy, clear plastic. However, due to the BPA scare, most manufacturers no longer use this for baby bottles. Most instead use polypropylene. Polypropylene is flimsier. To accommodate for this, extra parts must be added to the bottle, making it more cumbersome to use and clean. Also, the bottles must be assembled with more care. If they are not assembled correctly, they will leak.

As such, many of the reviewers on Amazon show their frustration with the bottles. Many ask, "Why can't they make a clear bottle?" or "Why can't they make them with less parts like they used to?" Many of the reviews complain about leaks—a problem much more likely to happen with the clunky BPA-free plastic bottles.

I admit I once made a bottle without the ring that goes in the bottle, and it is more than frustrating to go to feed a baby just to have the bottle come apart and milk spill everywhere. It was human error, but one that is easy to do when sleep deprived and feeding a baby around the clock. I can see why customers would take to the review process to show their frustration.

With my first child, on principle, we used glass bottles. Glass was not too heavy as I thought it would be. But the glass bottles on the market don't have as nice of features as other plastic ones do.

Getting a bottle with a wide neck is nice, because it is easier to dump formula or other liquid into it without it spilling all over. With my second child, we bought only 4 plastic bottles and we hand washed them throughout the day, only putting them in the dishwasher at night. This

helped us to not be tripping over bottles and bottle parts all of the time, guaranteeing a clean one almost always.

Mom Tip: Mixing a bottle can be difficult. If you tip the bottle upside down and at an angle, it mixes like magic.

One recommendation I have for new moms is to buy nipples with slow, medium, and fast flow rates. Slow is typically for a 0 - 3 months old; medium for 3 - 6 months; and fast for 6 months or over. It really does make a difference and yes, time will fly. Your baby will be 3 months, then 6 months in seemingly no time at all. Unfortunately, not all nipple products clearly mark the rates. Evenflo nipples do not mark the nipples clearly. The currently popular Avent bottles do mark them easily with a clear “1,” “2,” and “3” on the nipples.

Before getting pregnant, many of the features advertised about bottles confused me greatly. I had several questions, such as: what is a vented nipple? Many nipples say they are "vented" but for the life of me, I could not find the vent. The only exception was NUK nipples. There is a hole, below where the baby's mouth covers, that lets air out and acts as a vent. Others seem to have little slits where the baby's mouth covers, which is their "vent." I am no plastics engineer, but I don't see how these can actually vent air, if the baby's mouth covers it. My not-very-scientific conclusion is that the vents don't matter, but I sincerely welcome anybody to show me differently.

Another question I had was the mix and match ability of bottles: how well would a nipple from one brand fit on the bottle of another? I found there are essentially two sizes: standard and wide-base. Standard bottles can, in theory, be mixed and matched. The threading on certain bottles don't work quite as well with others sometimes. The wide base are convenient for dumping formula in as there is a wider diameter to work with. A particular company's wide base bottle probably will not work with another company's.

As an FYI, there are some bottles that are designed for babies with colic. They have a very complicated system with an insert and there are many parts to assemble and clean. For me, I had them on reserve on a “Wish list” as something to try if my baby had colic. Some brands that are designed for this are Dr. Browns, BornFree, and MAM anti-colic bottles. The reviews of these usually complain about all of the parts but these are designed for a special purpose and it is difficult to get the best of every single world.

Once you buy a bottle you like, I strongly encourage you to practice or at least understand how to make a bottle of formula. You may never need the skill. But when you need to do it at 3 am when you first bring your baby, who was born 3 weeks early, home, it comes in handy.

When going out away from home, we found ready-to-feed formula was a real convenience. Especially convenient were formula bottles that acted as its own bottle with threading at the neck thus only needed a nipple put on it. Similac is the only brand I know of that offers this. There are [two-ounce](#) and [eight-ounce](#) bottles. These ready-to-feed formulas, however, can be expensive and you may or may not use them. Really it just saves the hassle of finding water. With my second child, we typically just made the formula from powder before leaving the house and used that, with some dry powder ready in another otherwise empty bottle, if we planned on being out a long time.

This suggestion about formula out of the way, I want to add: If you want to breast feed in public, I am 100% for your right to do this, in whatever manner you find most comfortable!

Sleeping

A very close second important topic after feeding is sleeping. Want a happy, alert baby? Make sure he gets good sleep.

The two main competing philosophies about a sleep schedule are on-demand sleeping versus a schedule. The recommendation given in [Baby 411](#), a book written by 2 pediatricians, was to do whatever you have to in order to get the baby to sleep (holding, rocking, etc.) in the first two months and especially the first two weeks. At two months, you can start to transition the baby to a schedule. The transition should be complete by four months.

The argument is that a less-than-two-month-old is not self-aware and is not neurologically ready to soothe himself in order to go to sleep. The *Baby 411* book was very clear on their position that letting a zero to two month old infant "cry it out" was cruel.

To get better answers and a full picture to sleep questions, I read the book *Healthy Sleep Habits, Happy Child*. This is a must read for all new parents. Its main message is to look for sleepy signs and put the child to sleep drowsy but awake. We nailed healthy sleep habits for both of our children, and it was because we followed the advice in this book. My second child starting sleeping through the night at 3 months, 1 week. She slept through the night, with a few exceptions, from then on. Jealous?

Healthy Sleep gives an outline of what to expect when sleep-wise. I found it somewhat difficult to follow the book's recommended timelines for sleep advice. It was very difficult to pin down exact times. To try to get a full picture, I highlighted every single instance where it mentioned a time-sensitive sleep milestone then tried to put them together to form a consistent picture. Here is the highest level, simplest overall timeline that I could come up with of sleep milestones that are repeated frequently throughout the book. Also note that these times are calculated from the *due date* not the birth date:

Time	Expectations
0-6 weeks	No regular sleep. Baby is only awake 1-2 hours at a time. Longest stretch of sleep is 4 hours.
6-12 weeks	Baby starts to sleep longer at night, about 5 hours at first getting longer and longer. Baby's fussiness peaks at 6 weeks then starts to die down.
12-16 weeks	Daytime sleep becomes more organized. Morning nap around 9:00 am appears. Afternoon nap appears second, a few weeks later. If baby was colicky, should end at 12 weeks.
16 weeks	Baby can be on a regular sleep schedule ("by the clock") and can definitely learn to self soothe.
15 months	Between 12-21 months, morning nap disappears.
3-4 years	At 3 years, afternoon nap starts to disappear.

To summarize, in the first few weeks, the baby's sleep schedule is pretty much chaos. The baby will sleep for 2 - 4 hours at a time and be up for 1 - 2 hours. Fussiness will gradually increase, especially at night. Week six is a turning point. Fussiness is at its peak but will start to die down. The baby will start to sleep longer at night, 5 hours straight at first, gradually increasing such that the bedtime is earlier and earlier. At 12 weeks, the daytime sleep organizes with the morning nap appearing at 9:00 am first, followed a few weeks later with the afternoon nap at 1:00 pm. At about 15 months, the morning nap should disappear. At 3 years or later, the afternoon nap disappears.

This is a more expanded outline with similar information and how to respond as a caretaker.

Week 0 – 6

Behavior: Baby sleeps only up to 4 hours at a time and is not awake for longer than 1-2 hours at a time. At week 1 or 2, becomes increasingly fussy until 6 weeks, especially at night.

Caregiving: Don't let baby be awake more than 1-2 hours to avoid over tired state.

Look for drowsy signs and put baby to sleep drowsy but awake if possible.

Soothe baby to go to sleep (such as by letting them feed) before anticipated sleepy time.

Week 6 - 12

Behavior: Night sleep becomes longer, 5 hours at 6 weeks. Night sleep should get progressively longer. Fussiness peaks at 6 weeks then starts to die down. Daytime sleep still disorganized; baby cannot be awake longer than 1-2 hours. If on an aggressive sleep training schedule, self-soothing may start to work at 6 weeks, but do not let baby cry for more than a few minutes at 6 weeks.

Caregiving: Night time sleep organizes. Don't let baby be awake more than 1-2 hours to avoid over tired state during day. Still soothe baby to sleep at night, although may wait a few minutes before responding to cry. Bedtimes should get earlier and earlier. Bedtime not by clock yet rather watch for drowsy signs.

Week 12 – 16

Behavior: Day time sleep organizes. Morning nap around 9:00 am develops first then a few weeks later an afternoon nap around 1:00 pm. If colicky, should end at 12 weeks. If it doesn't, it something other than colic!

Caregiving: Record sleep times in order to notice naturally developing sleep schedule.

Naps should be one hour or longer. If baby had colic, re-strategize sleep philosophy once colic goes away; baby does not need constant attention anymore.

Month 4

Behavior: Baby should sleep 9 hours a night. Naps should be 1 hour or longer.

Can ignore protest crying.

Caregiving: Baby should have regular sleep schedule. Bedtime should be around 6:00 - 8:00 pm. Wake baby only to preserve baby's ability to fall asleep for next sleep time. Baby should only be allowed to cry for one hour for naps. At bedtime, no time limit on crying otherwise baby learns to "outlast" you.

Month 15

Behavior: Around 15 months, morning nap disappears

Caregiving: If baby seems to need a ½ nap in addition to afternoon nap, make bedtime earlier.

Three Years

Behavior: Afternoon nap disappears

Caregiving: Continue to put child to bed at good bed time. Recommendation is 6:00 pm - 8:00 pm, although most children's bedtime is between 7:00 pm - 9:00 pm.

If you are like I am and panicked a little when you saw that sleeping would be chaotic in the first few weeks, you can rest assured that the author promises that responding properly in the first few weeks by avoiding the over-tired state and soothing to sleep will *prevent* sleep problems in the future; something that was music to my ears. The over-tired state is when the baby has gone past drowsy to over-tired and, just like adults, stimulating hormones kick in at this stage. It makes it very difficult to fall asleep.

Probably the most difficult question to answer in this was "when can the baby self soothe?" This means letting the baby fall asleep on his own, without soothing techniques such as holding, rocking, and sucking. The earliest that *Healthy Sleep Habits* recommends this is at 6 weeks old. But at 6 weeks, the book says only to let the baby go a few minutes while crying and evaluate after that. The author says in another place that he wants to be "very clear" that self-soothing does not occur until four months. By this, I think the author means the full-fledged cry-it-out method where the baby is left to cry for an undetermined amount of time at night.

To offer some insight, with my second child, I tried to let her self soothe starting at 6 weeks. I had a rule to only let her cry for about 3 or 4 minutes before rescuing her. I found this sometimes worked, but had a low success rate, about 30%, where giving her a chance to fall asleep resulted in her falling asleep. If you start doing this at 6 weeks or not is dependent on your tolerance for risk.

I do think it is necessary at some point to put a crying child down, and give them a few minutes to try to sleep. If, around 3 months, you've tried everything you can to calm the baby down, but the baby won't calm down, try to see if the baby simply actually wants to lay down and not be held. I am the last person who wants to see an unhappy baby, but I do think sometimes the baby just wants to sleep and needs the chance to try. I never let the baby cry for longer than 5 minutes when trying to initially fall asleep, and not longer than 10 minutes if they wake up in the middle of a nap.

Advice that was key and is integral to being an observant parent, which was in both *Baby 411* and *Healthy Sleep Habits*, was to watch for drowsy signs in your child and put the child to bed while drowsy but awake. The child then gets used to falling asleep in his own bed. This is advice that can be practiced from Day Zero. In *Healthy Sleep Habits*, it says to go ahead and do this "if possible" in weeks 0 - 3. It also says that in young children, older children, and teenagers, this is really the ideal time to go to sleep. Basically, this advice always applies, probably even for adults. But after a certain age, going to bed "by the clock" becomes an acceptable estimate, and watching for drowsy signs from the very start is one of the most important parts of sleep training.

In *Healthy Sleep Habits*, it promises that "perfect timing" in as far as watching for drowsy signs will produce "no crying" at night. The perfect time is when the baby or child first starts to get tired, which can be observed by a *slight* decrease in activity or a *slight* fading of the eyes among some other signs. Crying is the *last* symptom that a child is sleepy.

Sleep Environment

I am in favor of putting the child in a crib, after the usual 2 or 3 months of sleeping in a bassinet or rocker. I personally was opposed to letting the baby sleep in bed with mom and dad, i.e., co-sleeping. You could have told me the baby would grow up to be the next great scientist and Olympic athlete if the baby would sleep with mom and dad, but I still wouldn't do it. I was

worried about smothering the child, but more—that is our marital bed and it just wasn't happening.

Many pediatricians recommend against co-sleeping, because, when parents finally tire of it, the child gets “evicted,” and this is traumatic. I am sure there are cases that will prove me wrong, but the parents I know who co-slept tended to have children who didn't sleep through the night. And, after putting in enormous effort and not getting results, they tend to be very defensive. The issue can become quite political and I will just leave it at that.

A bit of advice that made sense to me, from *Baby 411*, was that the crib should have nothing except a mattress and a tight fitted sheet in it. No blankets, toys, or anything extra. To keep the baby warm, a sleep sack can be worn (get several in different, fun colors!), or a sleeper, and also some people advocate swaddling. We also bought darkening curtains to give the baby the best environment for sleep possible. I am very strong in my belief that the nursery should be boring—void of stimulating things such as mobiles—in order to give the best chance for sleep. (A small floor gym with hanging mobiles may be nice if you have the room in your house, but if the mobile is in their crib, they will quickly bore of it. Keep such interesting things rare so they genuinely spark a baby's interest.) When the baby first awakens, to reinforce sleep patterns, open the curtains to let sunlight in and do stimulating activities. When it is time for bed, do the opposite by calming the baby and darkening the room. Going outside does wonders to reinforce circadian rhythms, for children of any age and adults.

Putting a pacifier in the baby's mouth before bed is not advised (*Baby 411*) because it could fall out, and the baby can't put it back in. Both of my children sucked on their sleep sacks for comfort, to the point that the sleep sacks become unusable and we had to replace them.

As far as swaddling, I was often told that it makes the baby "feel like they are in the womb" and thus comforts them. I don't really buy the argument. It sounds decent in theory but is it grounded in fact? Parents, including ones who swear by swaddling, tell me their baby wiggled their way out of the swaddle. I did not find swaddling to work for us. My son would break out of it before I could finish it. Granted, I didn't have the heart to do it very well. When the baby is gassy, he kicks and moves to get gas bubbles out. I think it is important the baby have freedom to do this. If you do swaddle, bear in mind it will likely only be useful in the first 3 months.

Bumper Pads

Bumper pads are pads that go around the crib. They are meant to provide a soft environment for the child.

I read two books that were both written by medical professionals that had different advice. One was *The Mayo Clinic's Guide to a Healthy Pregnancy*. The other was *Baby 411*, which is written by two pediatricians. *The Mayo Clinic* book said to have the bumper pads. *Baby 411* said to get rid of them.

At first, I was very, very frustrated by this. But then I started to ask why each had different advice. *The Mayo Clinic* book said a child could kick and punch and the bumper pads would provide a soft environment to protect against bumps and bruises. The *Baby 411* book said the extra padding in the crib can increase the risk of SIDS.

By asking the "why" for each argument, I was able to come up with a clearer picture about bumper pads. If the worry is the child will kick and punch, infants really don't start moving around until they are older, rolling over at about 5 months. Our son first rolled over at 4 months and routinely started rolling over at 5 months. The risk for SIDS, however, is highest when the child is 0 - 6 months. When more information is found out about both positions, a clearer answer

comes into view: Don't use bumper pads for the first ~6 months when the risk of SIDS is higher, but when they are older and rolling and kicking, consider using bumper pads. Some bumper pads are made of [mesh](#), which may reduce the risk of SIDS. There may be some overlap between the time when the risk of SIDS is still present and they are kicking and punching. Parents will have to decide which risk they would rather take. My limited understanding of SIDS is it tended to happen in homes where adults smoked, and putting the child on their back, instead of stomach, dramatically decreased incidents.

Bedtime Routines

Many people and professionals insist on bedtime routines at very early ages. I found an elaborate bedtime routine was unnecessary. There is nothing wrong with a bedtime routine, but I found it was not necessary and may lead to yet more parental exhaustion. We watched for drowsy signs and put our kids to bed. That is all we did and our children went to bed quickly—to the total amazement of some people who visited us (of course, only when the child was older than 3 months). While the routine is fun in many ways, it can also exhaust mom and dad night after night. We started a bedtime routine at 18 months, and, even then, I would recommend keeping it very short. Make reading books a part of your *daytime* routine and perhaps read at most one book at night. I see it as a time to talk about the day, thus giving each child individualized attention, and of course do nightly hygiene.

Good Sleep is The Best Gift You can Give Your Child

Ultimately, a well-rested baby is a happy baby. It is not normal for a child to get irritable at the end of the day. This is a sign of a child not getting enough sleep or is over-tired. I have seen parents yell at their child when the child is very ill-behaved late at night, "*Do you need to go to bed!?*" The answer is *yes* and as a caregiver you have failed your child by letting him stay up so late. *Healthy Sleep Habits* also argues that the effects of lack of sleep get progressively worse, so the same bad habits will create an increasingly irritable child. The book argues that most children are kept up too late or skip naps for the selfish pleasure or convenience of parents. Really, don't worry about all of these details I've laid out too much. After 4 months, when a schedule and self-soothing is possible, a wise, principled approach, free of typical parental politics, with your child's best sleep habits in mind will produce good results. If sleep training has occurred up until 4 months, crying will probably be minimal. If no sleep training occurred until 4 months, you may have to deal with a wailing baby for 45 minutes or more.

On Attachment Parenting

There seems to be but two major parenting philosophies right now: Either training your child to fit into adult schedules or the attachment parenting philosophy, where a child is with a parent at all time, either by baby wearing or co-sleeping. I think there is a third alternative. As outlined in this chapter, I am 100% for tending to your newborn's every need—yes, *every single one*. But being attentive does not mean you need to be literally attached to your child at all times.

An argument has been made that a child attached to their parent doesn't cry as much. I find that is true—sometimes. Sometimes they get upset and want down. Children also don't cry very often in the car seat while a car is driving. Would it make sense to keep a child in a car seat in a car all day so they don't cry? I worry that carrying a child is a form of pacification that prevents a parent from knowing what it is their child really needs. The goal isn't to get the child to stop crying. The goal is to tend to their needs.

For the first 3 months, you *can* probably be expect to be “attached” to your child, whether you want to be or not: They will need fed and held seeming all of the time. After this, I believe they need freedom. Attachment parenting tends to interfere with this.

Co-sleeping can also be to the detriment of the child. The child becomes dependent on the presence of a parent to fall asleep. At some point, the parent will want the child out of their bed. The child gets "evicted" when they are fully aware of what is going on and at a time that is convenient for the parent. That said, I can understand co-sleeping in the first 3 months for ease of breastfeeding. I did not do it for fear of smothering, but I think it is a parent's right to do it if they want.

Baby swings and bouncers

One of the things I did when I started to look for baby products was to go on Amazon. First, they have their "jumpstart" items where they recommend 15 baby items that every new parent just *has* to have. Amazon also has customer reviews of products. It was at first very persuasive to me to take the recommendations of users.

One of the jumpstart items on Amazon is a baby swing. Also, the reviews of many of the baby swings are glowing. It was really easy to think I just had to have one.

However, most baby books advised against baby swings (even, ironically, ones that happily advocate *Happiest Baby on the Block*, which advocates swinging as one of the 5 "S"s). The conflicting advice, this time between regular parents and medical professionals, frustrated me. I found if I asked "why" I could get a better picture.

What I found is that baby swings may make things easier on the parent but they are not necessarily best for the baby. The parenting books often describe the swings as like putting the child in front of the TV. If the baby is fussy, a parent may put him in the swing. The swing rocks him and puts him in a zombie-like state, completely distracting the baby over what was upsetting him. Swings also provide entertainment for your child. One of the bouncers on Amazon is literally named "*Babysitter Balance*" (emphasis mine).

This kind of advice is constant from other parents. There are many products that they rave about from swings to jumperoos. But look at why they like it—usually they say, "it lets me do the dishes!" or "the baby is entertained for hours!"

To get certain accreditation, daycares are only allowed to put a child on a swinger for 20 minutes per day. Sure, if used in a limited fashion, a swinger or bouncer may come in handy. But these swings tend to be quite large. For 20 minutes a day, is it even worth buying one?

Personally, if the baby is crying or fussy, I want to find out *why* and address the actual issue, not put him in a swing. Also, I want to actively engage my child, not fix him up with some device that is going to provide entertainment for him. While at first it may be more effort to tend to a child's needs, I believe if the child learns to entertain himself, the dividends will pay off in the long run.

I have read that for extreme cases, such as an extremely colicky baby—where there is unexplained crying for 3 hours or more per day at least 3 days a week—a swing can be useful. I am sympathetic to the parents of a colicky baby and do not judge them for doing what they have to in order to calm their baby. *Baby 411* recommends probiotics for colic, boasting a 95% reduction in crying. I cannot personally attest to if this works or not.

As such, in general, I suggest taking Amazon reviews with a grain of salt. Once you know *what* product you want, by all means check out reviews, but don't let the reviews *drive* what product you buy.

I do, however, recommend getting several very comfortable bouncers like this [one](#) or a sleep rocker like this [one](#). Put them in whatever room the baby might be in, such as the living room, bedroom, and bathroom. They provide cozy little beds that you can put the baby in. When the baby can roll and move, he can be on the floor, allowed to be free. Until then, you will probably use some kind of baby holder.

As far as any worry about putting the baby in an uncomfortable position that might disfigure the child, the worst offender is the car seat. Car seats are designed for safety and that is all; they are not designed for comfort or ventilation.

Walkers

I read the book *Welcome to Your Child's Brain*. I didn't really like the book ... but I digress. In this book, the authors argued that if the baby's feet are stimulated more, the child will walk sooner. They gave the example of people in different cultures who do aggressive stretches and exercises with the baby's feet and the babies walk sooner.

I accepted the advice at first. I thought about a way I could stimulate my baby's feet and I thought of a walker. However, walkers are strongly advised against now. The American Pediatrics Association advises against them. They are, first, a safety risk as the child can get into more or fall down the stairs. Also, they are known to cause developmental problems as the child tries to learn how to actually walk.

Really, as far as trying to stimulate my baby's legs and feet, I was just being lazy. Even if I wanted to do this, there are better ways to do it than using a walker. I personally know a child that fell down the stairs after running around in a walker. I am not planning on getting a walker. (Have you noticed my baby registry was really cheap!)

This cuts at the core of a major parenting issue, which is letting the child grow naturally or stimulating him. In this issue, using the walker, the baby is able to "walk" at an earlier stage but with the aid of a prop. I have come to the conclusion that, even if my child's accomplishments aren't as impressive as, say "walking" at 8 months of age, I want his accomplishments to be real. Instead of, for instance, aiding him up the stairs at a young age, let him crawl *on his own*. I think this will help instill self-confidence and genuine independence.

Instead of buying a walker, why not buy a walker wagon? The walker wagon gives the child an aid to support his weight, but the child himself must push the wagon. It gives an assist to the child without having parental involvement by trying to hold the baby's hands and walk—and parents typically walk too fast for the little one. Our son used his wagon to stand up at 5 months, which he loves, and to walk, supported, at 8 months.

Pacifiers

Pacifiers are not favored by most books on raising an infant. *Baby 411* advises if you use them at all to wean the child off of it by 6 months.

Magda Gerber in *Your Self-Confident Baby* recommends against them altogether. She argues that if a child wants to suck on something, they can suck on their thumb. Their thumb is always available, giving them total control of when they use it. A pacifier can fall out and the child is not capable of putting it back in their mouth. It was described in *Baby 411* as falling asleep with a pillow but then waking up in the middle of the night with it gone. It frustrates the child just like it would frustrate you.

I found the argument of "let the child suck his thumb" to be persuasive. However, the other piece of advice was to let the child suck on *your* fingers if nothing else is soothing him. I didn't really want to do that, at least not all of the time. As such, I got a pacifier.

We used pacifiers with my first child, who, as it turned out, had major feeding problems. We didn't use them at all with our second. She didn't like them.

The advice about pacifiers should be to use them but don't abuse them. I mentioned that I would use the bathroom fan, white noise, to calm the baby so I could take a shower. I use this trick in a limited way for a specific reason. The same should be applied to pacifiers. A pacifier is a great assist in numerous situations. For instance, there may be times when you, as a mom, are home alone, and you need to do something before you can tend to your child, say prepare a bottle. The child will wail and wail. A pacifier can help greatly to calm him down while you can't get to him. Or, while changing his diaper, he may cry. A pacifier comes in handy.

Baby carriers

Before I got pregnant, I thought a baby carrier would be unnecessary as, if I had to do chores, I thought I could just put the baby down for some alone time. I didn't understand why others wouldn't do this. I found out why: the baby won't let you! He is fussy (probably gassy or going through a "leap") and wants to be held—or, at least, being held calms him down. Before I had the carrier, if he was fussy like this, I would have to walk him around and around ... and around. I bought a baby carrier and during fussy times where he is not hungry or sleepy but just wants held, I strapped him on me and walked around and did chores. At least I was able to get something done while he was fussy. It is admittedly harder to do certain chores with a baby strapped to you. The need to calm the baby down like this probably only applies to a very young baby, for the first 6-8 weeks. At this time, the baby is unexplainably fussy sometimes.

I also use the baby carrier when shopping. Shopping carts simply don't hold a car seat well. I also use the baby carrier on vacation, especially at amusement or theme parks. On most attractions, you are not allowed to take a stroller through the line. Without a baby carrier, you would otherwise have to hold the baby the whole time.

Bathing

Before the baby's umbilical cord is healed, they cannot be submerged in water, so they need a "sponge bath." I don't quite know why they still call it a "sponge" bath and not a "washcloth bath." I know few people who bathe their children with a sponge anymore. Regardless, you wrap the baby in a towel and reveal certain body parts to clean, then wrap them back up when done, and move on to another body part.

It is not recommended to wash a newborn more than twice per week, because it interferes with the oils on their skin.

A small, portable bathtub is nice for the first 6-12 months, when the baby cannot sit up on their own and putting them in the normal bathtub would be dangerous.

Be sure to wrap the child in a towel immediately after the bath so they are not cold.

Mom Tip: Sometimes regular baby soap cannot be found in the baby section at the supermarket. Only expensive, specialized soaps are in the baby section. Check in the soap section for adults for regular baby soap.

Nail and Skin Care

Since I've seen so many people complain about drawing blood when cutting their infant's nails and also not understand why you might need a nail file for a baby, I am including a section on nail care. I have read more than once that a newborn's nails nail and skin may be fused. Thus, if you use nail clippers, it may draw blood. This is why a nail file is suggested for the first few weeks. I found [this](#) electronic nail filer. I found this filer worked well enough for the very first

nail trim. It was under powered though, and it took forever. I only had to use it once. After the baby was about 2 months old, I used nail clippers exclusively and successfully.

For bathing, a bath is usually only recommended 2-3 times per week. More than this interferes with the baby's natural oils, but do wash the baby's hair at least twice a week, otherwise the baby may get cradle cap.

Here are some videos that I found useful for newborn care:

- [Sponge bath](#)
- [Umbilical Cord Care](#)
- [Circumcision Care](#)
- [Diapering](#)

Personally, I think that competently handling all of the everyday stuff with your child is one of the most important things you can do. All of the other stuff about independence versus attachment parenting or stimulating the child or not is much less important than if the child is in competent hands. I think it would very much affect the child if, in the course of your care for him, you are drawing blood or otherwise hurting the child. As such, I want to make a suggestion of how to become competent at everyday care: Buy a lifelike newborn doll and practice on it.

I have read online moms wanting to do this and other moms mocking the woman for wanting to do it. "A doll can't mimic a fussy baby!" No, it doesn't, and that's why it is perfect. I worked in the field of modeling and simulation, specifically using modeling and simulation to train people, and let me make my pitch for why practicing on a still doll is better than practicing on a fussy baby. When practicing on a model, it removes all clutter and distractions and allows the person practicing to focus on the essentials of what they are doing. If practicing on a fussy baby, instead of focusing on how to do it right, you are distracted by the fussing and crying and you probably just want to get it over with. By using the still doll, you take your time, think of questions, and set up good habits to do it right. If you practice several times over, it will become habit. You will do it effortlessly and without thought. *Then* add the extra complication of a moving baby.

I found going through the videos and practicing on a doll was useful. It highlighted exactly what materials we were missing and had to go shopping for. It made us think about where we would do some of these activities and it allowed me to get dad involved and confident early on. I think it increased our confidence at least by 30% and reduced any possible frustrations, such as not having materials, by probably 200%.

Mom Tip: When putting lotion on a child, warm it up before putting it on their skin by rubbing it gently between your hands.

Diapering

Promptly cleaning dirty diapers and giving the child baths are the best things you can do to keep your baby clean. Using petroleum jelly after changing diapers, not baby powder or oil, is recommended now. During periods of the stomach flu, I used Triple Paste very frequently to stave off diaper rash.

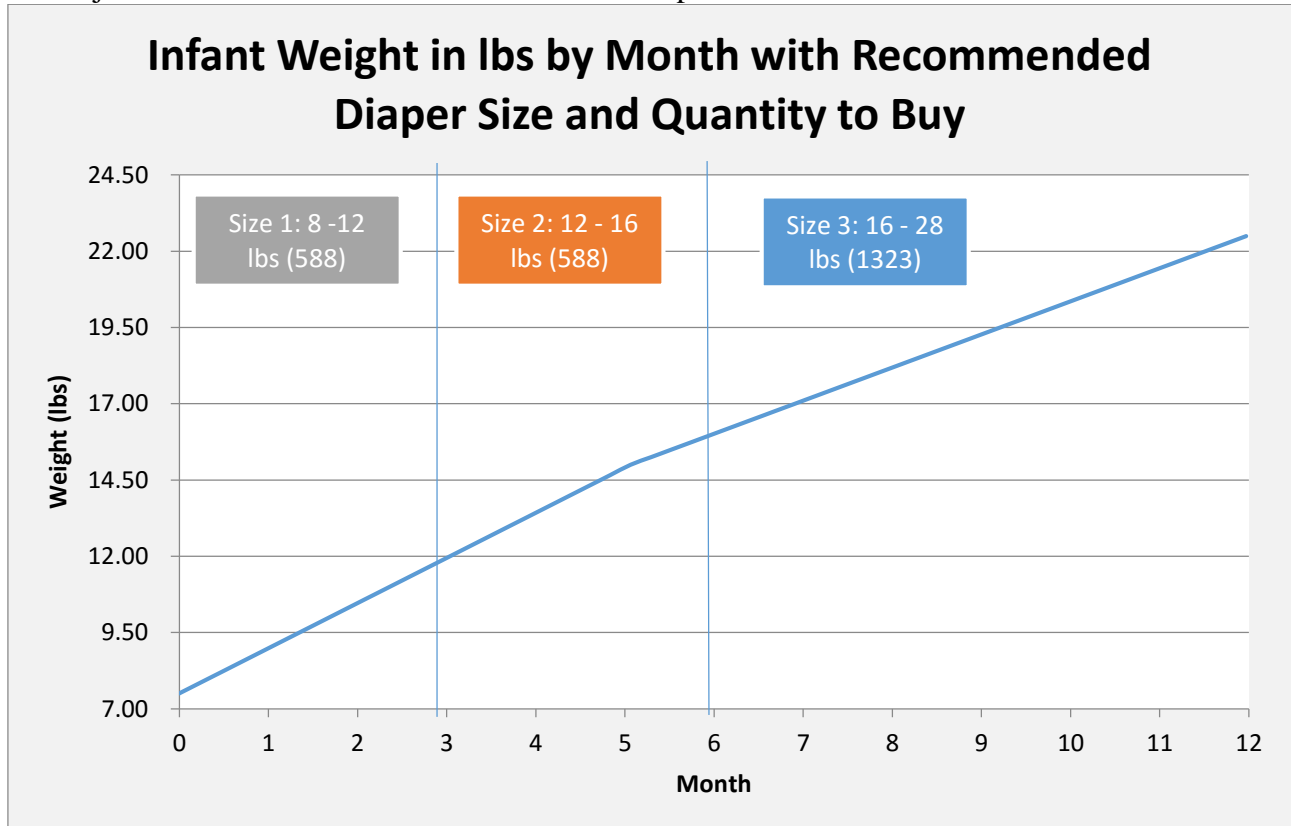
Keep all diaper supplies within hands reach of the place where you change your child. You don't want to be in a position where you have to abandon your baby to go get supplies.

I wasn't sure how many of each size diaper to buy before delivering. I am not sure why I did not just do the math! Newborn diapers are recommended up to 10 pounds; Size 1 from 8 - 14 pounds; Size 2 from 12 - 18 pounds; Size 3 from 16 - 28 pounds. I would recommend defaulting to the bigger size when the sizes overlap, e.g., go to Size 1 at 8 pounds. The average newborn

weighs 7.5 pounds. They will double their weight (to 15 pounds) at 5 months and triple their weight (to 22.5 pounds) by one year old. A child goes through about 7 diapers a day. Knowing everything I just wrote allows one to predict the number of diapers needed. I estimate, for the first year, about:

- 100 Newborn
- 588 Size 1
- 588 Size 2
- 1323 Size 3

There are, of course, a lot of variables. These are just estimates. Here is a chart showing what I just described. I could not fit the newborn diapers on the chart.



When we first diapered our newborn, we would diaper first then feed. This was to try to wake him up to feed as he was falling asleep on my breast. But he would cry and cry when being diapered. We switched it to feed then diaper. He happily had his diaper changed and even smiled at us. Diapering, as crazy as it sounds, was a very fun time!

Diaper pails

I had read an online article that said diaper pails were glorified trash cans. But, as a mom-to-be that didn't want a smelly nursery, I considered them. They all put some type of chemical on the diapers to reduce the smell and try to lock in the diapers to keep out the smell.

When shopping, I simply wasn't able to find a diaper pail with a design I like. The "Diaper Pail" that uses baking soda didn't have a foot pedal to open it. The reviews of the Diaper Genie said it breaks often, which is also what other moms I know personally have told me. Also,

I couldn't help but notice that they all depend on refills, which can get expensive. So I just plain didn't get one. We used a normal trash can, emptied twice a week, and did not have much of a problem.

I have my own suggestion for this: Use a normal trash can and attach a febreze to the lid.

Clothing

Absolutely every bit of professional advice about clothing is that babies are typically kept too warm and this is a source of heat rash. The advice from both books and classes I have taken is that the baby's ability to regulate heat is similar to an adult's and thus what you wear, the baby wears.

The book *Wonder Weeks* recommends letting the baby be without clothes as much as possible (diaper or naked)—if at your house and if warm of course. It helps the baby have more precise control over his body.

Mom Tip: To put hats and headbands on an infant, put it on, then distract the child until they forget that it is on.

Getting sick

I wanted to be prepared if my child were to get sick. I am a hyper note taker and documenter but I stopped myself from writing down all of the advice in all of the books I was reading. Instead, I got a handy reference. I recommend this book: *My Child is Sick: Expert Advice for Managing Common Illnesses and Injuries*.

For stomach problems, pediatricians commonly recommend probiotics now. They are available over the counter. Popular brands are Culturelle and Florastor.

When your child is 15 months, which is when they can probably walk and follow simple instructions, I strongly recommend teaching them how to wash their own hands, using a two-step step stool. When my son started going to a Montessori school at 18 months, they emphasized hand washing and he never got sick once. A strong commitment to hand washing can go a really long way towards preventing illness.

Delivery

One of the very first books I ever read about babies (well before becoming pregnant) was Montessori books. In particular, *The Absorbent Mind* is a good one to read because Montessori describes in scientific detail all of the wonders and maturation of a child, from conception.

One of the things argued in this book is that any amount of mishandling the child at delivery can cause problems for the child into adulthood. The first hours of life are the most sensitive. Montessori argues that the first minutes/hour of a child's life should be handled with intimacy and care and to forget measuring the child right away, shuffling him or her around from one set of busy hands to another. That advice was with me for a long time; it was long something I wanted to do.

I was worried that hospitals wouldn't respect this. For a period of time, they probably wouldn't have. But I have good news: things are changing! When I asked about it in February of 2012, my doctor said she had done it for just the past 5 deliveries! The hospital I was with for my first child was transitioning to make "Skin to Skin" standard procedure. I am giving you the term so hopefully it can help you discuss what you want with your doctor, or, preferably, before even picking out a hospital or birthing center. The baby, once born, is immediately put on mom's chest, skin to skin. All medical tests are done while the baby is on mom's chest. The baby stays

there until the first feeding, and it is the *baby* that indicates he is hungry by rooting for the breast. When that happens, you can feed the baby.

We did skin-to-skin contact when my son was born and I am so glad we did. When my son was born, of course he was crying. They put him on my chest. I kept talking and talking to him trying to calm down. Then there was a moment when, I swear, he looked me in the eyes, seemed to recognize me, and calmed down. It was obvious that while on my chest, he was looking at stuff, with each of his senses being activated.

I delivered at two different hospitals for my two different children. Though the second hospital was designed only for women and babies and boasted that they did skin-to-skin, the nurses did not let me do skin to skin with my second child. I was told, “It’s just easier to do the tests first,” which is *not* skin-to-skin.

To remedy this, perhaps consider a birthing center. Every woman I know who has given birth at a birthing center raves about it. I dismissed birthing centers out of hand, for worry of major complication during pregnancy. I encourage you to not dismiss them out of hand, to research the issue, and talk to other local mothers about their birthing experiences. I write in the next chapter of this book some problems with hospital practices, which will likely leave you exhausted, panicked, or, at the very least, in a defensive position to get you and your baby the best care. Some birthing centers are located right near hospitals. Don’t forget to price each out. This is one of the biggest, most important, and potentially most traumatic thing you will ever go through. The time spent researching it should prove useful.

I have not read the following books but they were recommended to me through a lady I know by a mid wife.

- Ina May's Guide to Childbirth
- The Thinking Woman's Guide to a Better Birth
- <http://evidencebasedbirth.com/>

Preparing

My husband took notice of how well prepared I was for delivery. I had some things that are not typically recommended that I think helped a lot:

- **Indoor slip on shoes:** Something to walk around the hospital in. If you have a pair of indoor shoes for your house or a favorite pair of comfortable sandals, those are perfect.
- **Organized electronic chargers:** In our house, we organized all phone, iPad, and Kindle chargers in one place so we always know where they are. My husband liked that he knew to just grab them and take them.
- **Protection for bleeding:** After you deliver, you may be gushing blood. Your preferred protection against heavy bleeding will likely be better than what the hospital will give you.
- **Ear plugs:** There is a lot of medical equipment in the delivery room. If you are trying to sleep, ear plugs may help.
- **Nipple shield:** This may help breastfeeding. One mom I know called these "training wheels" for breastfeeding.
- **Baby Wipes:** Hospital wipes aren't that good. We brought and used our own.
- **Squeezable Vaseline:** The hospital will provide this but I just wanted to mention that in order to put Vaseline on a circumcision or a baby's bum, the squeezable

kind is better. If you buy some and have it in your bag or house, get the squeezable stuff.

- **Pillows:** A nice pillow from home will beat any hospital pillow.
- **Formula:** If you have any issue with breastfeeding at all, you may want formula ready and handy. Hospitals are reluctant to hand out formula. Ready to feed 2 oz formulas, which do not need water added, are ideal in this situation. The baby should not take the whole bottle.
- **Baby outfit that buttons or zips in the front:** Our son had an IV in his arm when he went home so we could not fit a onesie on him. Thankfully, one of the outfits I brought buttoned down the front so we could fit his arm in the sleeve.
- **An assembled car seat in the car:** Be sure to have at least the car seat installed by week 36. Make sure to know how to use the stroller. Really, this is much more important than decorating the nursery!
- **Don't bring:** You will be in a hospital gown most of the time so don't bring a lot of clothes. Your baby will be in a diaper and blanket most of the time so he does not need a lot of clothes. Dad will need a lot of clothes.

Also, if you don't want phone calls, I recommend putting your phone on silent. I was able to sleep during some parts of labor and a phone ringing was not welcome. People thought it was okay to call my husband's phone but not my phone. Do they not think he is in the exact same room as me? If a couple is in labor and they haven't called you yet, don't call all the time for an update. But since you cannot control your friends and family, you can, if desired, turn your *and your spouse's* phone off or on silent. Text messages are okay and even welcome, but I hated to hear that damn phone ring.

Pushing

When it came time to push, with my first, the nurse kept trying to tell me how to breathe then yelling at me that I wasn't doing it right. She was insisting I breathe very quickly, before I was ready to breathe, then complaining my breaths were too short and forced. With my second, I breathed in a way that felt good to me. I listened to my body. The nurses were amazed at how much progress I made with each push. I pushed my second child out in two contractions.

I personally wouldn't push unless the doctor is in the room. If the nurse isn't ready to call the doctor yet, she or he doesn't *really* believe you are ready to push. The potential tears are not worth it.

Arranging for Help After Delivery

Before delivering, I was very conflicted on if I would need help after delivery. The answer is *yes*. First I want to stress that delivery is a major medical event. It is similar to having major surgery. If you've ever had major surgery, you can compare it to that. You probably won't be able to get around very well; every muscle in your body hurts; you will get very bad cramping; and a host of other potential problems. You will likely be unable to do even light household chores. After being in a hospital, you may even catch an infection. I caught two with my first: First a sinus infection and then a stomach infection. They kicked my butt and while I was violently throwing up every 20 minutes, I wanted to yell *uncle*.

Now add on top of this a completely chaotic schedule. You may think you are going to get up and eat breakfast ... until a doctor calls who needs something, and the baby starts wailing or needs a diaper changed, not to mention the number of friends and family who want to call

you. Someone to cook for you, do your dishes, drive you around, deal with phone calls, and let you get an occasional nap will probably be welcome. Plan for at least partial help for the first 3 weeks at least, preferably the first 6 weeks. An ideal plan, I think, is for someone to be with you full time for the first week after delivery (assuming vaginal delivery), given you will be recovering. Then, someone to be with you half days for the second week, so you can get much needed naps. Then someone to be with you for one to three half days for the third and even fourth and fifth week, when you are mostly recovered, but in need of assured, occasional relief. This makes the most use of vacation time, extending what is effectively 3 weeks' worth of vacation over a 5-6 week period. I applaud companies that give robust maternity and paternity leave.

In my opinion, mothers should be babied immediately after delivery. Surrounding people should do everything for her including house chores and non-breastfeeding baby duties like diapering (the latter preferably done by dad—to keep baby chores with the parents), leaving mom to focus on nothing except breastfeeding. Breastfeeding is exhausting. It is physically demanding on mom and she has to do it about every 3 hours, for weeks on end. Really, this is the source of postpartum problems, very real problems that are not fully recognized or understood. Now is not the time to play super hero. You created life; you already are a super hero. Set yourself up for success and get the help you need.

Even though taking care of the child is hard, keep all duties pertaining to the child with mom and dad, not relatives. It is really important that parents and baby get good one-on-one time in those first weeks so mom and dad can observe their baby and correctly interpret the baby's signals. If relatives take over, it drives a wedge between parent and baby. I recommend reading the book *Between Parent and Child* by the great Dr. Ginott. The book is about speaking to the child's emotions, but I just want to marvel at the title: *Between Parent and Child*. This is a sacred relationship that parents are entitled to—mistakes, successes, everything.

The best scenario is to have someone you already know, trust, and get along with come help you, who you have fully talked with about what their role should be. To Everyone, Read this loud and clear: *Don't dare interfere* with that sacred relationship between parent and child.

I will warn that inviting relatives into your home can result in a fight over how to raise the baby. I have heard of this happening over and over again. Dear relatives: Just *help* the new parents by *doing* things; don't lecture on what to do or not to do, no matter how misguided you think the parents are. Parents have a sacred, non-negotiable right to manage their baby—mistakes, successes, everything. Let mom and dad tend to most baby chores while letting relatives do everything else. If you are a relative and you want to help the parents observe their child, *don't interpret the signals* but simply state what signals you see: the child is licking her lips or her eyes are droopy or her face is red. Let the parents do the interpreting. Parents will love when you take interest in and notice things about their child! If you want influence over how the parents parent, share your experiences and recommend books before the baby gets here. Do so with an attitude of “These were our problems and these were our solutions,” not with the attitude of “You have to do this.” For all you know, really, better solutions may have been developed since you had children 20 or 30 years ago.

Parents, maybe you could recommend books to your relatives. Perhaps you could recommend this one, which is designed to be a short overview of the most recent information related to caring for an infant. If you have a relationship that you can recommend books to the person who might help you, that is fantastic. That is a person who will really help you. If you are a person reading this who is going to be someone's support person: Thank you! Thank you for

reading this book and thank you for taking the time to care. Your friend or loved one is truly blessed to have you.

If you are worried that a particular relative will be too pushy and who would stay in your house, I would recommend asking they delay their visit until the child is 4 months old or older. The first 3 months can be very problematic. Some babies just like to scream. It would be nice to have someone else cuddle the baby for a while, but if the relatives are judgmental or unsupportive they will drop hints everywhere that you are doing a poor job and perhaps want to implement their own solution, such as administer unneeded medicine to your child. If you wait until 4 months, you will have a mostly settled baby that you can safely hand off to relatives. You can get a date night or whatever it is you want. They can get their cute baby fill and enjoy being around a completely happy baby. If you can't trust the relative and your baby is still in that potential screams-a-lot phase in the first 2-3 months of life, your time will be spent fighting with them, making sure your child isn't being harmed.

I recommend arranging for a massage (or your preferred method of relaxation) within one week after delivery and a dentist appointment within 4 weeks (though insurance policies tend to prevent this). Here is the reality: after delivery, every muscle in your body will hurt. Staying in a hospital bed can be taxing. From holding and looking at the baby, you may develop a kink somewhere, perhaps in your neck. You can't take care of a baby while in this pain. Seriously, **do it**.

Also, while pregnant, your teeth will take a beating. Your overall hygiene in the hospital and when you get home will probably take a hit and the hormones during pregnancy can batter your teeth's health. It is a good idea to get a teeth cleaning as soon as possible. Electric toothbrushes are better and well worth the investment, especially at this time in your life.

Finally, if I could do it over again, I would spend more time focusing on making freeze-ahead meals for myself for the weeks that followed delivery. It was on my list of things to do, but I delivered 3 weeks early. Really, I should have made this a top priority. It would have come in much handier than a clean house or a pristine nursery.

Cord Blood banking

If you are pregnant, you will be barraged with advertisements to store your child's cord blood. The cord blood is the blood in the placenta/umbilical cord and is rich in stem cells. It can be used to grow organ tissue for transplants. It is reportedly better than using bone marrow. It can save lives for children who suffer certain illnesses, such as leukemia.

I chose to publically donate my first child's cord blood. The risk of leukemia happening to my child is so small and the expense of private collecting so high, I did not think it was worth it to privately save it. Unfortunately, I have read that using the cord blood from a stranger, even attempting to find a good match, has only about a 30% success rate. But I'd rather have a 30% chance of saving another child's life than keep it for the 0.005% chance my child would need it. Though, if everyone stored their own cord blood, this is the best possible solution to finding a good match, as your own or a relative's cord blood is the most ideal to use.

Some hospitals do cord blood banking right at the hospital. Unfortunately, most don't. I found an organization that will come pick up the cord blood for you: Lifeforce Cryobanks. Their enrollment page is [here](#). You have to get your doctor's consent as they, or their staff, have to collect it. You have to fill out the form and send it by 34 weeks.

I was, however, very disappointed in Lifeforce. We went out of our way to get the cord blood; something that had many bumps on the way. We called them to arrange pickup and they

did not come. We called them to ask and they said the driver had reported he had picked it up! We sent him back to come get it.

I was impressed the nurses grabbed the kit right from my hand and started to work on it without me even having to explain it. They were used to ViaCord though, not Lifeforce. Although I asked them to fill out the blue sheet that should be filled out at delivery, I went through 3 shifts of nurses and the final delivery nurse did not fill it out. Although I was really prepared and had a 1-page sheet with just a few things of what had to happen on the day of delivery, I was too exhausted to get the sheet out and make sure everything on it happened. I am a long supporter of blood donation and I really wanted to do this, which I ... think ... I did successfully, but I recommend saving yourself the hassle. I would only recommend publicly donating cord blood if it can be done right at the hospital. For my second child, the hospital did, but we delivered at 3 am and they were closed. My experience tells me that the demand for cord blood is not nearly as high as the marketing campaigns make it seem.

Childcare

The overwhelming advice from baby books is to stay at home with your child. I do agree that staying home is best, for the sole reason that you can make sure your hungry baby is fed and has a place to sleep when tired. But, for many, this is not a financial reality. I was not able to stay at home when my first was born, but I was when my second was born, and the sleep issue alone was worth it: After 3 months, 1 week of age, my second always slept through the night. My first, not getting the proper sleep he needed at daycare, did not sleep through the night for the entire first year of his life.

The main alternative options are a nanny, an au pair, daycare, or a relative. A nanny is the most expensive. If you have a place in your house where the au pair can stay and you don't mind someone living with you, an au pair is the least expensive option. If you have a relative that you can trust, it may work. This may be problematic if you and your relative have different ideas on raising children. Most people will choose daycare.

I chose the child care I did because they did not use any swings or walkers with the babies. I had thought all daycares would use them since they make things easier on the daycare workers. The children were allowed to roam free most of the day, to the great benefit of their physical development.

Some general things to look for in a daycare are the staff and the room setup. A staff that is experienced and has been with one daycare for a long time is desirable. Ask to interview with the daycare *staff* to ensure you like them and feel you can work with them. Another desirable attribute is for the (infant) room to have a separate sleep area. Otherwise, an infant is in a brightly lit, noisy room that is not ideal for sleep. When the children are older, daycares put the children on a set schedule and turn the lights off during nap time.

I was very displeased with my experience at daycare. It seems no one wants to talk about why daycare has a bad reputation so let me outline some of the problems I had.

I asked once that they put my son in a sleep sack, because he used the material to suck on and help self soothe him. I was met with a woman biting her lips, nominally agreeing with me, trying not to roll her eyes, and weeks later I found the sleep sack in perfectly pristine (unused) condition in my son's basket.

My daycare hired a woman who was about 20 years old once. I walked in on her cussing a young infant out because somehow liquid had spilled. I did not confront her or even

management, because I was afraid she would take it out on my son. Within about a month, she was fired. I deeply regret not threatening to remove my son if she was not fired instantly.

It didn't happen to my son, but one time I overheard an older boy crying in the daycare playground. I went over to find they had went inside without him. When I told an administrator, they yelled at the boy, as if it was his fault!

I am sure some snobs will think I didn't find a good enough daycare. I researched this a lot and money was not an issue in picking our daycare. Other daycares had terrible environmental atmospheres or a staff whose accents I could not understand. When my son was 18 months, we got him in a Montessori school, which was much better. Young children seem to simply not get the care, sleep, and attention they need in a daycare.

For the first 2-3 years of a child's life, children seem to simply need a little extra attention and love. Because of their high need for naps throughout the day and because they tend to not play well with other children until about 3 years old, I would recommend to any parent to stay at home with their child, or get a nanny (which I have no experience with), until the child is at least 2 ½ - 3 years old if possible. At 3, when they are also likely to be potty trained, I would recommend a high quality preschool, such as Montessori, which can actually be greatly beneficial to both your child's development and your sanity.

Some stay at home mothers have told me they would do things like purposely leave lights on when their children napped or they purposely didn't guard against diseases so their children wouldn't get too "spoiled" and would be better exposed to the "elements." Meanwhile, mothers of children in daycare would love it if they could give their children better sleep than they get at a noisy, brightly lit daycare and if they could guard them from the many illnesses that their children catch while there. Really, if you are a stay at home mother, recognize that you have the ability to provide the very best care for your child. Take advantage of it! Why purposely irritate your child? There will be plenty of challenges that your child will face later that will develop their character—ones that don't compromise their health and that they can actually conquer and overcome, not just get purposely blown over by disease and poor environmental conditions.

Toys

The best advice I have found about toys is that passive toys encourage an active child; active toys encourage a passive child.

A passive toy is, for instance, blocks. The child must actively pick them up and manipulate them when playing with them. An active toy is for instance the TV. The TV is very active while the child sits passively being entertained.

A popular toy is a little handheld toy that plays Mozart. I think the idea that playing Mozart will improve your child's intelligence is truly a mark of laziness. I just don't think stuffing Mozart in a baby's face will make them smart. Children are active learners, not passive ones. Playing Mozart may get them to like Mozart and that is about it. The handheld toy, however, may be convenient when out running errands with your child.

I have read conflicting advice on getting toys that stimulate your child versus letting the natural world around him stimulate him. A mobile is a basic example. It is a brightly colored toy that hangs over the baby and he can look at it. At first, I very much wanted to provide my child with many sensory experiences. But the Magda Gerber book advises against it, preferring instead for the natural world to stimulate the child. What to do!

For the issue of the mobile, I think the crib should be for sleeping only. Gerber describes the mobile as something the baby *cannot* look away from. She describes how the baby can instead look at light coming in the window for real learning about the real world.

Post baby, I am very glad we did not use a mobile with our son. Instead of looking at the same exact thing 6 inches in front of his face while he lied down most of the day, he moved his head around, absorbing everything in the room. People have commented to me about how very curious and alert our son is. I am very proud of this and I partially credit the fact that we did not use a mobile.

Most baby books do advocate some toys, such as a cloth scarf, soft blocks, keys, and fill and dump toys. But *Baby 411* points out that simple kitchen items can be a big hit, such as measuring cups. Who doesn't have a picture of themselves getting into the pots and pans when they were young? The more real a toy can be, in my opinion, the better.

This is also something I read in Montessori books. Montessori discourages fantasy play. For instance, a fake kitchen for a child is an example of fantasy play. The child doesn't actually cook anything. I don't ever remember being enamored with such fake toys as a child. In a Montessori school, the children *actually* participate in cooking and cleaning.

In general, I think that again everything is time sensitive and should be put in context. I am persuaded by Magda Gerber's argument to let the natural world stimulate your child. However, while I agree with a lot of what Gerber says about infants, I did not like what she said about young children very much at all. She argues that it doesn't matter if a child learned to read at 4 or 5 or 6—that natural play is better than structured learning at this age. The ages of 3-7 are an age when children *want* to learn. I have known 4-year-olds that tell their moms, "Mom, I would like to learn how to read." You would have a hard time convincing me that I shouldn't be teaching my child stuff at this age. It goes against every instinct in my body about parenting. I think if you don't take advantage of this time, you are really missing a golden opportunity.

If you read a lot of philosophies that advocate natural play, I encourage you to also read books that advocate stimulation to get a balanced viewpoint. One book that I would recommend is *The Montessori Method* by Maria Montessori. Another book by Dr. Montessori is *Dr. Montessori's Own Handbook*.

I also really recommend reading *Wonder Weeks* for recommendations of what kind of stimulation to provide at what age. *Wonder Weeks* even advocates that the first 3 months should be mostly bonding between parent and baby. Stimulation doesn't play a big role until after this, getting more and more intense as the child gets older.

I don't remember the time frame (around 9 weeks), but at some point it became obvious my son loved to hear adults talking. I was home with him alone during the day so I started reading to him. I read long books so he could hear me talking continuously. He totally lit up when I talk or read to him. How proud I was when I read to him for the first time and he let out a loud, sharp, "AHHH!" It was as if he was trying to talk to me! I enjoy reading the "Classic Starts" which whittle down classics like *Robinson Crusoe* into kid friendly sizes. Fun for mom, fun for baby. However, ironically, at some point you should transition to traditional infant books. The goal is to make speech attractive with nursery rhymes, noise books, etc.

I can agree that "stimulation" in the form of walkers, swings, TV, video games, and on and on are artificial and not helpful to the child. I can also agree that if my child is actively interested in something "real," I will let him be interested in it and not try to sway him with a toy. However, I believe that stimulation such as books, quality toys, and yes, *structured learning*, are very good for the child, provided it is age appropriate. I have seen both the following: 1) Parents

trying to engage their child but the child is so obviously entranced by something real taking place, such as steam coming from the kitchen or an umbrella swaying in the wind, that they ignore the parents' stimulation. But I've also seen 2) children being ignored and obviously bored out of their mind. The children who are entranced by the natural environment tend to be younger. The children who are bored tend to be older. So, I think the Gerber advice is good for younger children but breaks down for older children. There is certainly no need to provide stimulation to a 0 - 6 week old; *everything* is new to them. But the older the child, the more stimulation is needed.

As I am indeed in the business of training people, I have some more insight. Up until the early 2000s, the thought was that the only way to train people was to make training as real as possible. However, the new thought is that, while virtual training should primarily mimic real operations, virtual training can actually do *more* than this to great benefit. For example, if training a firefighter, it is helpful to train a novice without a blazing hot fire in their face at first, then slowly crank up this stress in training. Or, a virtual environment can train unusual or emergency situations better. Of course, virtual training allows for training with minimal actual injury. These same principles can be applied to teaching children. Indeed, there should be a strong element in realism in all that a child encounters. But applying intelligence behind the kind of toys and games provided to the child can be a great benefit, sometimes even being an improvement over real world stimulation.

High-level good advice

Finally, this is some of the high-level advice I've gotten that makes a lot of sense to me and I plan on following:

From Magda Gerber's book, it is recommended that before you do anything with your baby, tell them what you are about to do. She asks the reader to imagine they lived in a world of giants who pick them up and do things do them without having any idea what is about to happen. It is true that at first the infant won't understand you, but one day they will. It will also teach him to have a bigger vocabulary and make a connection between words and reality.

Treat crying as a form of communication. This advice is from Gerber's book and [Parent Effectiveness Training](#). The goal is not to pacify the crying, but to decode it. There is so much that can go wrong in how crying is treated. If treated as something that needs pacified, it sets the ground work for the child learning that crying is a way to manipulate mom and dad. If not decoded properly, the child's genuine wants and needs are not getting satisfied. He may learn that attempts at communication are futile. I really believe the way a parent treats a child's crying will set the groundwork for how the child communicates in older years.

My favorite bit of advice is to *let children solve their own problems*. I could go on and on about this, so I'll limit this to one story. I was playing a game with children that had small pieces. One of the pieces fell behind the bed. I asked one little girl if she could go get it. An adult in the room gasped and thought I was being just so mean. The girl looked under the bed, saw it was dark and promptly went to get a flashlight! She squirmed under the bed to get the piece. Not only did she find the piece, she found another similar piece that had been missing for months. The rest of the children were jealous and wanted to be the one to rescue the pieces.

I have found by backing off and giving only slight encouragement to children to solve their own problems, they will amaze you with their creativity and ingenuity. It may be hard but recognize that this is *their* journey. The work that has to be done to change from a dependent small child to independent adult has to be done by *them*.

The overarching high level advice is to treat the child as what he is—a budding *reasoning* child. No, he can't reason fully yet, but he will make small, directed efforts towards becoming capable of doing so. It will happen faster than most realize. Children are much smarter than given credit for!

Happy parenting!

Chapter Highlights

- Feed hungry babies; Let sleepy babies sleep; Cuddle babies in need of love
- Know the cues of sleepy babies. Put them to bed when sleepy.
- Read the book Wonder Weeks and get the app
- For development let babies play independently without aids to their movement (walkers, swings) or hindrances (excessive clothing)