Busy Mom's GUIDE

to Parenting Young Children

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What can I do to help
MY CHILD SLEEP?

How do I calm **MY CRYING BABY?**

What if my child
IS A PICKY EATER?

What do I need to know
ABOUT POTTY TRAINING?

THE OFFICIAL BOOK OF

THE FOCUS ON THE FAMILY PHYSICIANS RESOURCE COUNCIL, U.S.A.

PAUL C. REISSER, M.D.

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The information contained in this book provides a general overview of many health-related topics. It is not intended to substitute for advice that you might receive from your child's physician, whether by telephone or during a direct medical evaluation. Furthermore, health-care practices are continually updated as a result of medical research and advances in technology. You should therefore check with your child's doctor if there is any question about current recommendations for a specific problem. No book can substitute for a direct assessment of your child by a qualified health-care professional.

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Busy Mom's Guide to Parenting Young Children

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FOREWORD

Fifty years ago popular visions of the "world of tomorrow" included not only flying cars and routine trips to outer space, but also twenty- to thirty-hour workweeks and a bounty of leisure time for everyone by the end of the twentieth century.

Instead, more than a decade into the twenty-first century, we are dealing with exponential increases in the complexity our lives. We're working harder than ever to earn a living while juggling family responsibilities and a multitude of other commitments. Even when we're supposedly "off duty," there are always dozens of e-mails to wade through, cell phones sounding off at all hours, and social networking sites beckoning night and day. Furthermore, if we need information about anything, Google will be happy to summon more websites than we can possibly visit. Yet this overabundance of information sources doesn't always satisfy our need for wisdom and insight, especially when dealing with issues concerning some of the most important people in our lives: our children.

For more than three decades Focus on the Family has been a trusted resource for mothers and fathers as they have navigated the entire journey of parenting, from the first baby's cry in the delivery room to the release of their last young adult to (hopefully)

responsible independence. Several years ago Focus on the Family's Physicians Resource Council prepared the *Complete Guide to Baby and Child Care,* and in 2007 a revised and expanded edition of this book was released. I had the privilege of serving as the primary author for both editions and can say without hesitation that the book was definitely *complete*, weighing in on virtually every topic related to parenting and the health of infants, children, and teens. At nine hundred pages, this was not a book to tuck into a handbag for a casual read over lunch.

Young children never fail to give parents plenty to think about (or lose sleep over), and busy schedules aren't always compatible with the task of sifting through the good and bad parenting advice on the Internet, or wading through the contents of a large book. We thus thought it would be helpful to distill the *Complete Guide*'s core concepts about parenting infants and young children into a smaller volume.

We have framed key ideas in the form of questions and answers, and have included a lot of practical advice, while trying to avoid a cookbook approach to parenting. Children are not built like cars or computers; they do not arrive with instruction manuals that guarantee that *B* will happen if you do *A*. Furthermore, what may work like a charm for your firstborn may prove to be an utter failure with child number two. Nevertheless, parenting is too important a task to approach without spending some time studying a basic road map and reviewing some trustworthy traveler's advisories.

This book is one in a series of Busy Mom's Guides, all of which are intended to provide help and hope for important concerns of family life. By the way, we would be very pleased if these guides would prove useful to some busy dads as well.

Paul C. Reisser, M.D.
November 2011

CHAPTER 1

PREPARING YOURSELF AND YOUR FAMILY

So you're getting ready to add a new member to your family. Congratulations! If this is your first child, you will probably have some apprehensions about the coming weeks—or, for that matter, about your baby's first days (and nights) at home. Will he get enough nourishment? How often should he be fed? Where should he sleep? Will *you* get any sleep? What if he starts crying—and won't stop? If there are other children at home, how will they respond to the new arrival?

Many of these questions may have already been addressed in a childbirth or parenting-preparation class. And if you have older children at home, you have already dealt with most of these concerns before and may not feel the need for any further "basic training." But just in case you didn't get all the bases covered, the second chapter will cover the ABCs of new baby care.

We begin, however, with a few important reminders about

taking care of yourself, your newborn, and the other important people in your life before and after the baby's birth.

How can my spouse and I make our marriage a priority after the baby arrives?

With all the excitement and changes that come with the role of parenting, whether for the first time or with a new addition, *it is extremely important that mother and father continuously reaffirm the importance of their own relationship.*

Mom, make sure your husband knows that he hasn't been relegated to the back burner of your affection and interest. Beware of total and absolute preoccupation with your new baby, as normal as that desire might seem to you. If you nurse, carry, rock, caress, and sleep with your baby twenty-four hours a day without offering some attention to your mate, before long your marriage may be a shadow of its former self.

Whenever possible, try to give some attention to your own needs and appearance, even if you're feeling exhausted. It's important that you establish a pattern of taking care of yourself even in these early days of motherhood, because from now on it will be tempting to neglect yourself when there are so many needs and tasks surrounding you. Taking care of yourself, even in small ways, can help you avoid baby-care burnout—not only now but also in the days and seasons to come.

Your husband and others will appreciate seeing you take steps to maintain your health and appearance as well.

Encourage your husband to pay lots of attention to your newborn. Remind him that he can cuddle, rock, and change the baby, and encourage him to roll up his sleeves and pitch in around the house. Don't forget to express appreciation for any help he offers.

Patterns you establish now in your marriage may well continue as your new baby and other children at home grow to maturity. Ultimately their sense of security will rise or fall with the visible

evidence of stability, mutual respect, and ongoing love of their mother and father for one another. Overt demonstrations of affection not only fulfill deep and abiding needs between husband and wife, but they also provide a strong, daily reassurance for children that their world will remain intact.

The same can be said of time set aside by parents for quiet conversation with one another before (and after) the children have gone to bed. Make it a point to start or maintain the habit of asking each other a few key "checking in" questions, on a regular basis (at least weekly), and then listening carefully to the answers. These attentive conversations are an important safeguard against losing track of your spouse's thoughts and emotions, and they can help prevent an alarming realization months or years later: *I don't know my spouse anymore.*

Equally significant is a regular date night for Mom and Dad, which should be instituted as soon as possible and maintained even after the kids are grown and gone. These time-outs need not be expensive, but they may require some ongoing creativity, planning, and dedication. Dedication is necessary because child-care needs, pangs of guilt, and complicated calendars will conspire to prevent those dates from happening. But the romance, renewal, and vitality they generate are well worth the effort.

How can I prepare myself for life as a single parent?

Taking care of a new baby is a major project for a couple in a stable marriage. For a single parent—who usually, but not always, is the mother—the twenty-four-hour care of a newborn may seem overwhelming from the first day. But even without a committed partner, you *can* take care of your baby and do it well. The job will be less difficult if you have some help.

Hopefully, before the baby was born, you found a few people who would be willing members of your support team. These might be your parents, other relatives, friends, members of your church,

or volunteers from a pregnancy resource center. By all means, don't hesitate to seek their help, especially during the early weeks when you are getting acquainted with your new baby. If your parents offer room, board, and child-care assistance, and you are on good terms with them, you would be wise to accept. Or if a helpful and mature family member or friend offers to stay with you for a while after the birth, give the idea careful consideration. (Obviously, you should avoid situations in which there is likely to be more conflict than help.)

Even after you have a few weeks or months of parenting under your belt, at some point you may need a brief time-out to walk around the block or advice on how to calm a colicky baby. But no one will know unless you ask. Many churches and pregnancy resource centers offer ongoing single-parent groups in which you can relax for a few hours on a regular basis, swap ideas, and talk with others who know firsthand the challenges you face. You might also make a short list of the names and numbers of trusted friends or relatives who have offered to be "SOS" resources—people you can call at any hour if you feel you've reached the end of your rope. Keep this list in a handy spot where you can find it at a moment's notice.

How can I prepare my other children for the arrival of the new baby?

Parents often worry about how the arrival of a new baby will affect other children in the family. Children's responses are as different as the children themselves. Some siblings will struggle with jealousy for a while; others will welcome the new baby excitedly, eager to be "big sister" or "big brother." But most children, especially if they are younger than age six or seven, will experience a range of emotions: happiness, jealousy, possessiveness toward the baby, protectiveness, fear of being forgotten by the parents, fear that there won't be enough love in the family to go around.

While parents can't prevent the onset of these emotions, they can do much to prepare children for an additional person in the family.

- Talk about the baby's coming well in advance.
- Include your other children in discussions about the baby.
- Be careful about how much the arrangements for the baby will impinge on other children's space in the house and schedule.
- Make plans for other relatives to pay attention to the other children.
- Pay attention to signs of jealousy or other forms of upset.
- Direct visitors' attention to the other children.

How should I choose a health-care provider for my baby?

Your options for the baby's health-care provider may include a pediatrician, who has a medical degree and at least three years of residency training in the care of infants, children, and adolescents. Pediatricians are considered primary-care physicians—that is, they serve as the point of entry into the health-care system. They provide routine checkups and manage the vast majority of illnesses and other children's health problems. A neonatologist specializes in the care of premature infants and sick newborns, usually in an intensive-care unit.

Family practitioners (whether holding M.D. or D.O. degrees) care for all age-groups, including infants and children. Family practitioners may request consultation from pediatricians or subspecialists when dealing with more difficult cases.

Pediatricians and family physicians may also employ nurse practitioners and physician assistants, who are trained to provide basic services in an office setting. They are often more readily

accessible, particularly for same-day appointments, and may be able to spend more time answering questions and working through common problems.

Your insurance company, local hospital, or—even better—your family doctor, family members, or friends may be good sources of physician recommendations. Once you've narrowed your list, you might consider setting a brief meet-the-doctor session with a few health-care providers at the top of the list. That will give you an opportunity to judge the friendliness and helpfulness of the office staff, meet the physician, and check payment policies.

What basic clothing and equipment should I invest in before bringing my baby home?

Clothing. Your baby's wardrobe, commonly referred to as a layette, should include several lightweight receiving blankets, sleeper sets, light tops, undershirts, socks, sweaters, hats or bonnets, and one or two sets of baby washcloths and towels.

Consider safety issues when buying clothes—snaps are safer than buttons that could be pulled off and swallowed; material should be flame-retardant.

Diapers. Whether you choose disposable for their convenience or cloth for their lower cost over time, be sure to stock up before baby's arrival.

Furniture. A cradle or bassinet offers convenience for the newborn's parents; a crib will serve your baby for the first two or three years. Be sure the slats in a crib are no wider than two and three-eighths inches (six centimeters) apart. A changing table provides a convenient place for diaper duties. Look for one with a two-inch guardrail around its edge and a safety strap to help you secure the baby. (These, however, should never be considered a substitute

to a caregiver's undivided attention when your infant is on the changing table.)

Car seat. *Every* infant, toddler, and young child must be properly secured into an appropriate car seat every time she rides in a car. In fact, hospitals will not even allow parents to leave their facility with their newborns if they don't have one. The car seat for a newborn should be either an infant-only or convertible model manufactured within the last ten years. An infant-only carrier will double as a carrier; a convertible seat can be reconfigured to face forward when the baby reaches her first birthday *and* weighs twenty pounds (just over nine kilograms).

Because the newborn has no head control, she must face backward in the car to prevent dangerous, rapid forward movement of the head during sudden stops. To help reduce the chance of injury further:

- Don't use a seat that is the wrong size for the infant or child.
- Don't use an outdated car seat.
- Be sure to secure the seat properly in the vehicle and the child correctly in the seat. (Local law-enforcement agencies, fire stations, and health departments will often conduct free safety checks.)
- Learn how to adjust the shoulder harnesses correctly.
- Do not put a rear-facing car seat in front of an air bag.

Why should I consider breastfeeding?

Human milk is uniquely suited to human babies. It is not only nutritionally complete and properly balanced, but it is also constantly changing to meet the needs of a growing infant. The fat

content of breast milk increases as a feeding progresses, creating a sense of satisfied fullness that tends to prevent overeating. Indeed, a number of studies indicate that being breastfed as an infant may offer modest protection against becoming overweight and developing diabetes later in life.

Furthermore, the fat and cholesterol content of breast milk is higher in the early months, when these compounds are most needed in a baby's rapidly growing brain and nervous system. The primary proteins in all forms of milk are whey and casein, but in human milk, whey, which is easier to absorb, predominates. Compared to cow's milk, the carbohydrate component of breast milk contains a higher percentage of lactose, which appears to play an important role in both brain development and calcium absorption.

Vitamins and minerals are adequately supplied in mother's milk. Vitamins and minerals (including trace elements such as copper and zinc) are present in the right amounts, and iron is present in breast milk in a form that is easier for the baby to absorb than that found in any other type of milk. As a result, no supplements are needed for the normal breastfed infant—with one exception.

Breast milk alone does not contain enough vitamin D to ensure proper bone development. This vitamin is manufactured in the skin in response to exposure to sunlight. But since direct exposure to sunlight can pose potential hazards to the sensitive skin of a young infant (see page 76), professional organizations such as the American Academy of Pediatrics (AAP) recommend routine use of sunscreen.

In order to provide adequate vitamin D without risking sun damage to an infant's skin, the AAP recommends that an infant who is fed only breast milk also receive 400 international units (IU) of vitamin D every day by dropper, beginning in the first few

days after birth. This amount of vitamin D should also be given to formula-fed infants who are taking less than 34 ounces (about 1000 cc, a little more than a quart) per day. Infant formula contains vitamin D, but a baby needs to consume 34 ounces or more per day to receive an adequate amount of this vitamin.[1]

Breast milk is absorbed extremely efficiently, with little undigested material passing into stool. Experienced diaper changers are well aware that formula-fed infants tend to have smellier stools, a by-product of the nutritional odds and ends (especially certain fats and proteins) that are not thoroughly absorbed on their trip through the bowel.

From day one, breast milk contains antibodies that help protect babies from infections. The first product of the breast after birth, known as colostrum, is particularly rich in antibodies known as immunoglobulin A, which help protect the lining of the intestine from microscopic invaders. As the mother comes in contact with new viruses and bacteria, her immune system generates the appropriate microbe-fighting antibodies and passes them on to her baby, thus reducing—but by no means eliminating—the newborn's risk of becoming infected. This is particularly important in the first several months, when the newborn's immune system is less effective at mounting a defense against microscopic invaders.

While formula manufacturers have labored mightily to duplicate the nutritional mixture of breast milk, they cannot hope to supply any of these complex immune factors. Current research has provided strong evidence that feeding infants with human milk decreases the incidence (number of cases) and severity of a wide range of infectious diseases, including otitis media (middle ear infections), diarrhea, respiratory infections, bacterial meningitis, and urinary tract (bladder and kidney) infections.[2]

Breastfeeding may reduce the risk of a variety of serious health problems. Some research indicates a reduced risk of sudden infant death syndrome (SIDS) among breastfed infants. Older children and adults who were breastfed as infants may be less likely to develop diabetes, obesity, elevated cholesterol levels, asthma, and certain types of cancer (specifically leukemia, lymphoma, and Hodgkin's disease).[3]

Breast milk is free. It is clean, fresh, warm, and ready to feed, anytime and virtually anyplace. It does not need to be purchased, stored (although it can be expressed into bottles and frozen for later use), mixed, or heated.

Breastfeeding offers several health benefits for Mom. Stimulation of a mother's nipples by a nursing infant releases a hormone called oxytocin, which helps her uterus to contract toward what will become its nonpregnant size. The hormonal response to nursing also postpones the onset of ovulation and the menstrual cycle, providing a natural—although not foolproof—spacing of children. Nursing mothers also tend to reach their prepregnancy weight more quickly. In addition, some research indicates that breastfeeding may reduce a woman's chance of developing breast and ovarian cancer, osteoporosis, and hip fractures later in life.

Breastfeeding lends itself to a sense of closeness, intimacy, and mutual satisfaction. The skin-to-skin contact, the increased sensory input for the baby, and the mother's satisfaction in being able to provide her child's most basic needs can help establish strong bonds between them.

Are there any reasons *not* to breastfeed?

There are a few medical situations in which breastfeeding poses a risk for the baby. HIV, the virus responsible for AIDS, can

be transmitted from an infected mother to a noninfected infant through nursing, and thus a woman infected with HIV should not breastfeed her infant. A mother with active, untreated tuberculosis should not nurse her baby. Hepatitis C is not transmitted through breast milk, but it is spread through infected blood. A nursing mother with hepatitis C should temporarily stop nursing if her nipples or the area surrounding them become cracked or bleed.

Obviously, breastfeeding may be extremely difficult or even unsafe for both mother and child if the mother has a serious illness. Furthermore, virtually all medications show up to some degree in breast milk, and some are potentially harmful for infants. If a new mother needs to take one or more drugs that are necessary to preserve her life and health but are unsafe for a baby (for example, cancer chemotherapy), formula feeding should be used. Careful consultation with both mother's and baby's physicians is in order when making this decision.

Previous breast surgery may affect a mother's ability to nurse. A biopsy or local lump removal in the past normally will not cause difficulty. Even after a mastectomy, it is possible to feed a baby adequately using the remaining breast. Breast-reduction surgery, however, may result in an inadequate milk supply if the majority of milk-producing tissue has been removed. Previous breast-enhancement/implant surgery should not cause a problem for nursing unless the ducts that carry milk to the nipple were cut during the procedure.

Infants born with phenylketonuria (PKU) or galactosemia, rare metabolic disorders that are detected by routine screening tests after birth, must be fed special formulas to prevent a variety of serious consequences.

Congenital problems such as a cleft lip or palate, heart disease, and Down syndrome can create special challenges for nursing. However, the benefits of mother's milk for these infants are

usually well worth the extra effort needed to provide it for them, even if they cannot obtain milk directly from the breast. A team effort (involving parents, physicians, and a lactation consultant) will be necessary in these situations.

A number of nonmedical concerns might cause a woman to be reluctant to breastfeed or to consider abandoning it too quickly. These are worth some review and reflection.

A previous bad experience. Perhaps you have an older child who wouldn't, couldn't, or didn't want to nurse. After days of frustration, tears, and sore nipples, you may have finally given her a bottle.

If you had difficulty nursing a baby in the past, remember that each newborn is different. There is no rule that says history must repeat itself, and there are, in fact, very few women who simply are unable to supply enough milk to sustain their offspring.

Physical problems. You may wonder if your breasts are too small or too big to nurse, or if flat, dimpled, or inverted nipples will prevent you from doing so.

Actually, your milk is supplied by mammary (milk-producing) glands, whose function is not related to breast size. In response to large amounts of hormones circulating during pregnancy—especially prolactin (literally, "for milk"), estrogen, progesterone, and human placental lactogen (which, as its name indicates, is secreted by the placenta)—the mammary glands enlarge, mature, and become capable of producing milk. However, the actual process of creating milk is held in check during pregnancy by these same elevated hormone levels. When your baby is born and the placenta delivered, the abrupt loss of placental hormones allows milk production to begin in earnest—whether you plan to nurse or not. This interplay between multiple hormones and structures within the body is intricately designed, and you can assume that it will function as intended.

Nipples may vary in shape, and some may be easier for infants to grasp and suck than others. Those that clearly protrude may look like better nursing candidates than those that are flat, dimpled, or inverted. What matters most, however, is what happens when the infant attempts to latch on and suck. To get a preview, gently squeeze *behind* the nipple using thumb and index finger.

If your nipple clearly extends outward in response to this squeeze, your baby should have little difficulty. If your nipple flattens or inverts further, however, you may have tiny adhesions under the skin that are preventing it from extending outward. Normally, changes in the breast related to pregnancy will help correct this problem. However, if the squeeze test is still yielding a flat or inverted nipple by the last trimester of pregnancy, a breast shield may help. This is a simple plastic device, worn inside the bra, that exerts constant gentle pressure on the areola and gradually helps the nipple protrude. If help is needed after birth, a shield can be worn between feedings.

Don't try to toughen up your nipples by pulling or rubbing them before or during pregnancy. Not only will this fail to prevent any soreness during nursing, but it might stimulate the release of hormones that can cause the uterus to contract or even begin labor prematurely. (Nursing an older child may also cause premature contractions. If this happens, the child must be weaned immediately.)

Lifestyle issues. Perhaps you're thinking, *I don't want to be the only one who can feed the baby. I've seen women whose babies are like appendages stuck permanently on their chests. They have no life—they can't go anywhere or do anything without their baby.*

Breastfeeding does take more of Mom's time, but it need not be a ball-and-chain experience. After nursing has become a well-established routine, milk can be expressed into a bottle and stored for Dad, grandparents, or babysitters to use at a later date. And if

you need to get away for a long evening or even overnight, it won't harm your baby to have a formula feeding or two if you don't have enough of your own milk in the freezer. Don't forget that nursing means being free from the expense and hassle of buying formula; preparing it; and dealing with nipples, bottles, bottle liners, and other items.

Returning to work. "I need to return to my job in two months, and I don't see how I can spend eight or ten hours in the office at the same time I'm trying to nurse."

In 2010, Congress passed legislation that requires employers to provide reasonable break time and private spaces for women to express milk for their nursing children for up to one year after their babies' birth. Even one or two months of nursing are worth doing, and believe it or not, with some planning, creativity, and assistance on the home front, it is possible for a breastfeeding mother to return to work. The adjustments will vary considerably with the age of the baby, the location of the job, and the hours involved.

Notes

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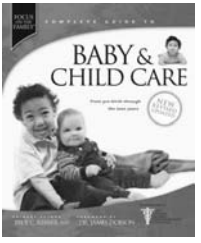
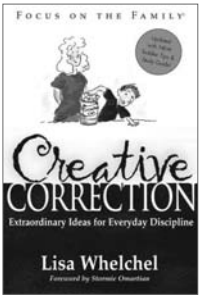
About the Author

Dr. Paul Reisser is a family physician in Southern California. He has been a member of Focus on the Family's Physicians Resource Council since 1991, and he served as the primary author of Focus on the Family's *Complete Guide to Baby and Child Care*. He married Teri, a marriage and family therapist, in 1975 and is still very happy about that decision. They have two grown children, three wonderful grandchildren, and one lovable but spoiled dog.

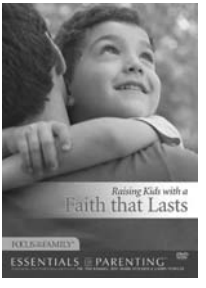
Look for these additional parenting resources wherever fine books are sold:

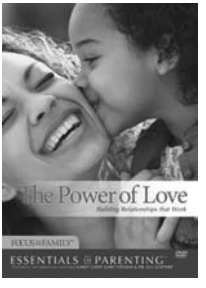


Complete Guide to Baby & Child Care is a comprehensive guidebook to parenting from before birth through the end of the teen years. It takes a balanced, commonsense approach to raising children to be healthy emotionally, physically, mentally, and spiritually. This indispensable guide delivers practical and critical information parents need to know, including 25 Special Concerns sections that cover topics such as fever in small children, effective discipline, ADHD, cyberspace safety, and much more!



Creative Correction
Drawing from her own family's experiences and from interaction with other parents, Lisa Whelchel offers creative solutions for parents who are out of ideas and desperate for new, proven approaches to discipline. In addition to advice on topics such as sibling conflict and lying, Whelchel offers a biblical perspective and down-to-earth encouragement for parents who are feeling overwhelmed.





Essentials of Parenting
Becoming a parent is one of God's greatest gifts in life. Children don't, however, come with an instruction manual, so where can parents turn to get the answers they need? Essentials of Parenting™ DVD series brings top childrearing experts into your home or church—with practical wisdom, honest confessions, and decades of experience.

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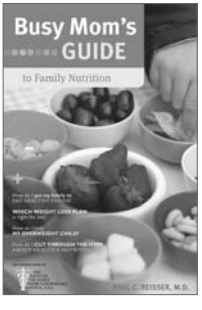
Look for these additional parenting resources wherever fine books are sold:

Busy Mom's Guide to Parenting Young Children
Using a question-and-answer format, *Busy Mom's Guide to Parenting Young Children* takes you from birth through age 4 with tips on sleep patterns, potty training, developmental milestones, and more. Tired already? Get energized and equipped for the journey with this quick reference guide, and look forward to the joy of growing with your child.
(Some content previously published in the *Complete Guide to Baby & Child Care*.)

Busy Mom's Guide to Parenting Teens
Using a question-and-answer format, *Busy Mom's Guide to Parenting Teens* gives you tips and solid advice as your child heads into the teen years and develops independence. Driving, cell phones, social networking, physical and emotional changes—your teen is being bombarded with new experiences! Don't just survive your child's leap into adolescence, take the journey together and learn to thrive. Your road map is inside this book—enjoy the ride!
(Some content previously published in the *Complete Guide to Baby & Child Care*.)



Busy Mom's Guide to Family Nutrition
Using a question-and-answer format, *Busy Mom's Guide to Family Nutrition* provides bite-size pieces of information, including nutritional basics, the skinny on fats, interpreting food labels, exploring popular diet plans, and much more. Improve your family's health quotient with this quick reference guide, and enjoy your healthy family!
(Some content previously published in the *Complete Guide to Family Health, Nutrition & Fitness*.)

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