

Who says babies don't come with a manual?



your baby manual...

For optimal sleep, feeding and growth in babies and children



Dr Brian Symon

The
babysleep
D O C T O R

A healthy, sleeping baby is key to a flourishing family.

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Two Harbors Press
322 First Avenue N, 5th floor
Minneapolis, MN 55401
612.455.2293
www.TwoHarborsPress.com

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ISBN-13: 978-1-63413-820-8
LCCN: 2015916817

Distributed by Itasca Books

Cover Design by Colleen Rollins
Typeset by MK Ross

Printed in the United States of America

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Foreword

"I am delighted to read Dr Symon's book on infant well-being. As readers of my books will know, I have huge respect for his work and the advice which he gives parents. We share many philosophies of care and in particular see a deep connection between the success of the family unit and the happiness and contentedness of babies.

"In a world where parents are inundated with large volumes of conflicting advice, Dr Symon and I focus on practical advice presented in a common sense manner which, in our experience, will help the large majority of families achieve a full night's sleep early in life.

"Dr Symon has been able to bring his scientific training and a body of scientific evidence into his writings. I wish readers of this book every success in achieving confidence and joy in their parenting, healthy, sleeping babies and flourishing families."

Gina Ford, bestselling Author and former Maternity Nurse, United Kingdom

"When I first met Dr Symon with my second daughter, mentally I was in a very dark place. In my mind, I was failing at being her mother. We had an easy baby with our first, so I was shocked to find myself anxious and teary with a baby that wouldn't sleep and was breastfeeding hourly.

"Dr Symon taught my husband and me about normal behaviour for our baby, including sleep/wake cycles, feeding and weight gain. The first night we followed Dr Symon's plan, we got four straight hours of sleep. 'It's a miracle!' we cried. With commitment and further guidance, things improved from there, and I very quickly started to enjoy my beautiful little baby as I had expected.

"Dr Symon genuinely cares about helping families; his guidance is evidence based and just plain logical. He told me at our first meeting (through my sobbing) that 'there is no greater gift for your family than teaching your child to sleep'. I hope that other parents keep this in mind when they read this wonderful book. I know you have heard this many times, but you really will get there!"

Lauren Kleinig, Midwife, Mother of Eva and Rose

"I am a mother of three and a social worker. One consultation gave me back confidence and joy in parenting after a very difficult period. His knowledge should be given to every family. It will certainly change the care I give to my clients and my family."

Tabitha Dellar-Walmsley, Social Worker, Mother of three

"We went along to see Dr Symon on the recommendation of a friend because our little boy and sleep were two things that never went together. We followed Brian's advice, and with a bit of persistence, the results were remarkable. The technique worked for us and a bunch of our friends.

"Understanding that sleep is a skill, like many other things that kids need to learn and develop, put all the pieces together for us."

Mark Soderstrom, Media Personality, Father of Fletcher

"Before I met Dr Brian, I thought there was no way on earth that anyone, let alone a man, could get my son to sleep. . . . This book is a must read for anyone having a child!

"I spent a year with no more than a couple of hours sleep at a time. I was exhausted! Dr Brian taught me not only how to get my son to sleep, but he set me up to be a successful parent and to have a very happy, well-rested child. He simply outlined a detailed routine and gave me a few tips that he had learnt over the years. He explained that if I had set myself up with a struc-

tured routine, there would be no need for unnecessary crying. He was kind and caring. He genuinely wants to see happy, well-rested parents and babies. He taught me that a well-rested baby is a happy baby. My son is extremely happy and has learnt so much more in his day being well rested. People always make comment about how happy he is, even complete strangers.

"My biggest regret of being a first time mum is that I did not seek his advice sooner. It would have saved my family a lot of unnecessary tears and it would have made my job a lot easier!

"Thank you again, Dr Brian."

Sarah Solly, Insurance Consultant, Mother of Max

"On our first consultation with The Babysleep Doctor, my wife was asked to rate her frustration levels out of 10. She said nine out of 10 without batting an eyelid. Our little boy was sleeping okay through the night but just wouldn't go down throughout the day or into the evening. Nothing was getting done, I was busy with work, and my wife had no reprieve for the first three months of motherhood. It wasn't fun. We were tired, we were over it and we just wanted the best for our boy.

"Within three days of sticking to the routines and strategies outlined in this book, our little mate was sleeping two to three times a day and all through the night! WITHIN THREE DAYS! We asked ourselves, 'Why didn't we do this sooner?' One week after the first consultation, my wife was asked the same question. Her score? Zero out of 10.

"The Babysleep Doctor is a genius. Treasure this book and, more importantly, treasure parenthood."

Matt Arnold, Video Director, Father of Indy Lee

1



Introduction

1 Introduction

Families often visit me in distress with tired, irritable children. My task is to give them strategies to resolve these problems, and to help the parents enjoy being successful. When your baby or child sleeps all night and wakes up happy and excited by your arrival, well, it's just . . . magic.

Some of the things we do as parents only make sense to other parents. Watching your baby sleeping soundly? Totally absorbing. It's amazing how fulfilling it can be to simply watch your baby sleep. And when your baby wakes after a full night's sleep and sees you walk into their room, their obvious joy at your arrival is also something magical. These are moments when life is completely fulfilling and there is nothing—and I mean absolutely nothing—that you would rather do than care for and be with this child.

In recent years I rarely read other authors writing about infant and child sleep. Naturally I can always hide behind the excuse that I'm just so busy. But this is only partly true. I find many books on this topic so negative. They begin with warnings about how difficult parenting is, the sacrifices needed and the sleepless nights. The crying, the crying, the crying. The loss of your own intimacy and closeness as parents. It is likely that you, as a reader, have already read such books before you have come to me. Perhaps you know what I am talking about.

But let me make this clear from the beginning. Parenting is an experience that can be joyous, rewarding and deeply fulfilling. Caring for a newborn or toddler can also surpass any other experience in your life. It can be intense and raise powerful emotions that you will remember forever.

Having said this, parenting—especially the beginning of the journey—is complex. There are challenges and busy times ahead. In fact, in so many ways, mothers have the hardest job in our society. I have advised parents from every social strata and every job group in our culture. From senior members of Parliament, to consultant doctors, to the other end of the employment and social spectrum.

All women tell me exactly the same thing. They never realised how busy they were going to be as mothers. In many families, especially when there are multiple children or twins, women are hard at work from the moment they wake until they go to sleep at night. However, I think it's usually true to say that when things are going well (baby or children are feeding well, sleeping well, playing well and learning new skills), there is nothing the mother would rather be doing than raising her family.

So why don't I read other books? It's simple: I don't enjoy being told how difficult my new task will be, being told that I need to make multiple sacrifices. And you may feel the same way.

I really want you to start your parenting journey feeling optimistic and knowing that, with a little help, you will be a huge success.

My Own Journey

So how did this journey begin for me? How did I get to be working full-time with new mothers and their children, with fathers and with parents? As a man, how did I obtain the knowledge and learn these skills? (This last question is common in the consulting room.)

I trained as a GP, or what in some countries is called a 'family physician'. Quite early after graduating, I worked in a country town for a twelve-week training period. It lasted seventeen years. So it's fair to say that my core training is as a procedural rural GP. In the past I have given anaesthetics, run an emergency room, delivered babies and cared for farming traumas, as well as provided general family primary care. They were great years.

I met and married my wife Maryanne when we were young, and to our pleasant surprise, we were rapidly pregnant.

I've often thought about the strange anomaly in our culture. Drive a car? You need a licence. Work as a professional? You need training and certificates of graduation. Become a parent? Not a problem. Here's a brand new, completely vulnerable human being! 'Okay dear, time to go home now. Good luck!'

My point is that neither you nor I have or had training in being a parent. I came from a family of two and never had baby experience. As a medical graduate, there was no (and I mean no) training about the behavioural aspects of new babies. My son is a paediatrician and he informs me that, as a specialist paediatrician, there is very limited training on the behaviour of babies. Training is superb in the medicine of children, and as a father of a paediatrician, I am in awe at the depth of his training about disease recognition, diagnosis and treatment. These skills help to keep families and babies safe.

However, so many of the day-to-day issues of new parents are simply not taught to medical professionals. These may appear to be simple questions, such as, 'Why is my baby crying now and for the last hour?' And sometimes the answers to these questions may be complex or difficult to discover.

Back when my own children were young, I soon discovered that I'd made an extremely lucky choice in finding a woman who was a magician with children. From the start, our children slept like angels. As a young father, naturally I saw this as normal because it was all I knew. I made mistakes but was firmly and affectionately redirected.

At the time I ran my medical practice from my home. This was a very happy time for me both personally and professionally and it worked well for everyone—but I was rapidly told that I was not to lift the sleeping baby and take him to show patients.

This important early lesson was: don't wake a sleeping baby. I soon discovered that my happy experience was not always shared by my patients. Sleepless, tearful children often made life very challenging for the families in my care.

In a small town where people's business is often shared, it's

not uncommon to hear stories about families. This social connectedness meant that it was possible to compare behaviours that led to good sleep and, conversely, to poor sleep in children. Over time, I became more confident about the strategies that I taught. As I saw the benefits for children and families, my enthusiasm grew until it became a major part of my practice.

Upon returning to the city of Adelaide, I made a decision that my practice would focus on the sleep and well-being of children and babies. After joining the academic staff at the University of Adelaide, I was able to complete scientific studies that showed how effective these strategies are.

Through my Adelaide practice, I have now advised more than ten thousand families on sleep, feeding and behaviour in babies and children. It has become the focus of my work and, every single day, it is exciting and rewarding.

My Aims in This Book

I talked earlier about my principal focus—to help you achieve the joy of parenting.

I've learned that there are some things that you can safely assume about parents, and in particular, about mothers. A mother loves her child without hesitation. A mother will do anything rational to see her baby grow, thrive and be safe.

My experience has shown me time and time again that if a baby feeds well, sleeps well, grows appropriately and is loved, the baby will be happy. If the child is happy and thriving, then the mother will usually be content, confident and enjoy caring for her child or children.

But it's impossible to provide a baby with the best possible care unless the parents are achieving what I refer to as 'life balance'. Life balance is when a mother sees that her baby is happy and thriving. When the child or children are in bed at an appropriate time and achieve sleep well. When a parent has an evening for adult time 'off duty'. When a parent (and particularly the mother) gets a full night's unbroken sleep. When these aims are fulfilled, a parent's joy in parenting has a chance to blossom.

How the Book Is Structured

I don't expect you to devour every word in this book. You may choose to dip in and out, according to your needs and how your day (or night) is going, or according to the issues you need to resolve about your child's sleep or behaviour. You should find it easy to access the information you need, and keep in mind the index at the back that will allow you to search by topic or key word.

You may also notice some repetition, which is because I re-visit the basic teachings many times to make sure readers who like to dip in and out are not missing vital information.

In addition to this book, there are resources at my website and with my apps for both iPhone and Android. Both of these contain written and video support material. The website will allow you to print our key information sheets.

Who Should Read This Book

I know that some readers will be parents who are pregnant and are seeking guidance about the care of a future newborn. Others will have a newborn baby and will be working out how to navigate the large volume of contradictory advice they've received. Some will be struggling to manage an unhappy, tearful child. Others will have a child or toddler with an established sleep, feeding or behavioural problem and will be desperate for help. There will also be those providing care to patients or families.

To all of you, I have tried to write in a way that is easy to digest and to give information or advice about what interests you. I have also tried to impart enough detail, where necessary, so that you can see the fundamental science (or evidence) behind my advice.

Flexibility

Providing care to families with children is exciting and rewarding. Every family is unique and has its own special needs. Each day as a parent also has its own special events, its own rewards and its own challenges that place demands upon the primary carer.

In this book you will find guidelines and very clear, specific advice.

For example, a common theme will be the 12 hours of sleep at night that, by about 12 weeks of age, you should expect from your child. But is this always achieved? Clearly life varies between families and between children and experiences will differ. However, the themes and the general guidelines here are useful for the large majority of families.

There is a problem in writing for an unknown audience. There is a need to summarise what is most likely or most common for most families. Your family may be different. In an individual consultation it's easy for me to adapt my advice to the family. With a book, this flexibility is lost. So I want to add a key message about my writings. They are a guide. Please do not get locked into a rigid pattern, as this will not work for the variation that is your life experience. At the same time, the guidelines do work. But feel free to add a little flexibility. For example, if I am advising that your child should sleep from 7.00 p.m. to 7.00 a.m., when in reality the baby's father is not home until 7.00 p.m., then you may choose to adopt a pattern of 8.00 p.m. to 8.00 a.m. or something similar. Clearly, your own family's needs and actual realities have to be accepted and practical strategies adopted.

So, take my advice to the best of your ability, and if you change some details to meet your own needs, that's just fine.

Some Words about the Science

Like so many authors in the crowded field of advice for parents, I claim there is scientific validity in these guidelines. This is indeed true, but how do you, as a reader, juggle advice from two authors who both claim science supports their advice?

In my case, I am formally trained as a scientist and as a medical practitioner. I employ scientists to help with my work. We have published in Australian and international academic literature. But over the course of my career, I have learned that 'evidence' and 'science' need to be regarded with some caution.

By definition, a good scientist has a very specific focus in their studies. This allows the validity of their results and the ability to reproduce those results to be improved. It is totally correct and appropriate. Unfortunately, there are no such tight controls in reality. Life varies from family to family, day to day and baby to baby. Sometimes the very tight focus in the published science does not flow so well into the 'real world'.

My task is to read the science and identify the themes that may emerge.

One clear area where I see problems with the science is on the topic of breastfeeding.

This is a field where there are more than 9,500 papers in the literature. In fact, there are so many papers that you can prove anything if you quote in a selective way. Breast milk can be claimed to both increase and decrease asthma, increase and decrease eczema, increase IQ and have no impact. The list goes on and on.

This huge variation in scientific results is compounded by other problems. Many prominent authors on infant and child care are not involved in clinical care (actually seeing mothers and their children in their practice). All of you will be aware of advice that you have received from a health professional based upon great science, but when you attempt to adopt the advice, it crashes on the rocks of your reality.

I can promise you as an academic that I am aware of 'good science' that just simply does not convert into effective or practical advice for parents.

This is where I have a great advantage. I have come to this field and to this book through the experience of my life's work. I have worked with families and cared for their children since 1978. I've repeatedly found that my advice is practical and effective because it's been tested in so many families for so many years, and with so many individual variations.

An added problem in this field is that many individuals and even organisations come to the topic of parenting and caring for children with a body of beliefs and emotions. In our research and reading of the scientific papers, we have seen many exam-

ples where an organisation has completed a scientific literature review where the results support their policies or advice but, in fact, the literature has been selectively quoted and contradictory papers ignored.

Child and infant care is a field where emotion has an unusual or even unique role. There are no other areas of health care where debates are so emotive. Some terms have become so clouded with emotion that they have become unusable.

One example is the phrase 'controlled crying'. This is a term that is now impossible to discuss in any rational way because so many people have a belief or an emotional response as soon as they hear the words. Parents are deeply committed by love to their babies, but it's worth remembering that some authors and some authorities may be committed to a point of view and to models of advice that may not be entirely helpful to you as a parent.

So what am I saying?

I am a scientist. I believe totally in the fundamental importance of bringing high-quality science to bear in developing models of care. In child and infant care, this is a complex job. In my work, I look to identify themes and general truths rather than consider unique papers or one-off findings that may detract from the quality of care I can provide to your baby.

Comments about 'Controlled Crying'

I'd like to make a couple of points crystal clear right at the beginning. My philosophy of child and infant care does not recommend or approve of infant distress. However, it is important to note that my clinical experience and research have shown me repeatedly that the advice contained in this book will decrease the amount of crying that both your baby and you experience.

All babies cry. It's a fact of life. My role is to help you to interpret, understand, manage and minimise your baby's crying. Babies have, in fact, quite a repertoire of crying. There is a 'hungry cry', a 'tired cry', a 'room service now' cry. Some mothers tell me they can identify a 'full nappy cry'. I hope to help you interpret your baby's cries and then respond appropriately.

In particular, I want your baby to cry less than is 'normal' in our culture, and for those cries to be consistent with a baby communicating genuine messages—rather than just being exhausted and crying for extended periods because they are overtired or hungry or both.

For a minute, let's return to the phrase 'controlled crying'. It's been so poorly described and understood by many authors and health care advisors that its meaning has been poisoned. In the field of infant care, it now causes an emotive response—it is seen as dangerous, evil and damaging.

Conversely, there are others who advocate 'controlled crying' but under a number of terms. Controlled comforting, graduated extinction and so on. I do not use any of these terms in this book. As I mentioned earlier, I hope to arm you with information and advice so that you can make informed decisions about how to respond to your baby and ultimately avoid distressed crying.

In Closing

Caring for families and children is intensely rewarding. To see a mother move from the trauma of relentless broken nights and innumerable hours of listening to a crying baby to a point where her baby is clearly thriving and happy and she is loving motherhood is a reward that is hard to express.

Please take from this book those things which seem appropriate for you, your beliefs and your family.

I'd like to reiterate again that good sleep in your baby and young child are critical to your well-being and your child's well-being. My approach focuses on both problem avoidance and problem resolution—that is, preventing sleep problems and resolving poor sleep in your child.

I hope that I can assist in giving you confidence in your parenting. If you are enjoying being a parent, if you have balance in your life, if as a couple you are loving each other and the care of your child, your child will benefit.

Best wishes to you and your family and I hope that you find my book helpful.

Dr Brian Symon

The Babysleep Doctor

Takeaways

- I wish to achieve the best outcomes for both child and family.
- I support evidence-based practice.
- I support science modified by real-world experience.
- I aim to provide information and knowledge (from 35 years of experience and research) so that parents can make informed, practical decisions which work for the entire family.
- I aim to ensure the whole family flourishes.
- My clinical experience and research have shown me repeatedly that the advice contained in this book will decrease the amount of crying that both your baby and you experience.

Acknowledgement

Thank you to Dr Georgie Crichton for her assistance with the research and writing for Chapter 6: Nutrition.