

CHAPTER 4

UNDERSTANDING YOUR NEWBORN

Satter, Ellyn. *Child of Mine: Feeding with Love and Good Sense*. Boulder, CO, Bull Publishing, 2000. .

CONSIDER THIS BRIEF CHAPTER an essential part of your reading whether you are breastfeeding or formula-feeding. Infant sleeping and eating behavior, developmental tasks, and temperament are all closely tied up with eating. The more you understand about your child the more you will be able to help and the more rewarding parenting your newborn will be for you.

FEED TO HELP YOUR NEWBORN WITH DEVELOPMENTAL TASKS

Feeding is so much a part of your child's early years that feeding and development are inseparable. At each age and stage, your child matures in certain ways and accomplishes certain behaviors so she can move smoothly on to the next maturational level and set of accomplishments. The first stage of development is *homeostasis*. Homeostasis is maintaining a relatively stable state of equilibrium—being calm in spite of outside stimulation and not too rattled to attend to the task at hand. A baby who has achieved homeostasis is organized: she can wake up, stay quiet and alert when she is awake, remain comfortably asleep when she is asleep, and make the shift from one state to

the other with little commotion. A baby who has achieved homeostasis is easy to be around. She is not easily upset, and when she *is* upset she is relatively easy to read and calm down. You can figure out what the problem is and successfully apply the solution. Although she sleeps well, the baby who has achieved homeostasis doesn't sleep *too* much. She is able to wake herself up periodically and ask to be fed and stay awake long enough to eat as much as she needs. Hand in hand with a child's achieving a state of equilibrium is her ability to take an interest in what goes on around her. Each helps the other. An infant is calmed and relaxed by taking an interest in the world; her being calm and relaxed helps her to take an interest.

Achieving homeostasis takes time. At first your baby may be calm and alert only infrequently and for short periods. But as she matures, those periods increase in length and resilience. She will increasingly be able to deal with stress and unsettling experiences without getting flustered, calm herself down, and deal with the situation at hand or tune it out and avoid it. Keep in mind that those unsettling experiences can be both positive and negative. The excitement of talking with you can be just as unsettling as the aggravation of wet pants. You will see your baby engaging and then disengaging with you. She will look and seem interested for a time, and then turn her eyes away. She looks away to calm herself down and keep from being overwhelmed. If you wait and neither lose interest nor try to get her attention back, she will turn her attention back to you again, and the two of you can go back to looking or talking.

Once your baby is fairly good at maintaining her equilibrium, she will be ready to start working on attachment. That's the falling-in-love stage that begins at around two months of age, where your baby starts to smile and show delight in your presence. Attachment builds on homeostasis. For your baby to take pleasure in the outside world, some of the commotion within has to have subsided. An attached baby smiles and you smile back; she reaches out and you reach back. It's natural to respond, and essential as well. If attachment goes well, the infant emerges with such a sense of trust and confidence in herself and you that she can move into the next stage of development: the separation and individuation of the toddler phase. Your toddler develops a sense of her own autonomy by struggling to do things for herself, by exploring, roaming out, and even defying you. To take chances

with you, she has to feel firmly attached. She has to love you and trust that you love her in return. On the other hand, the firmly attached toddler is less oppositional and more obedient than one who has been parented in a less supportive and responsive way. Child development studies show that toddlers are more likely to be compliant with direction and limits if parents have sensitively responded to them when they were infants.¹

The stages and developmental tasks blend into each other, and a child doesn't stop working on one task when she picks up another. For instance, infants in general and the disorganized baby in particular continue to work on homeostasis—on being steady and calm—throughout the first year and even longer. For another example, babies start to work on autonomy as newborns through your respecting and responding to their cues in guiding the feeding process. However, autonomy doesn't become the *main* issue until toward the end of the first year. We'll look more at the beginnings of autonomy in chapter 7, "Feeding Your Older Baby," and we'll examine the continuation of the separation and individuation process in the chapter 8, "Feeding Your Toddler."

You certainly don't have to be the perfect parent, but you do need to do well enough during the first 6 months to allow your baby to make a good start toward achieving homeostasis and attachment. Your child's characteristics as well as your own can complicate the process. If, for instance, your newborn is particularly disorganized and irritable or sleepy, you may need help understanding and being successful with her before you can move to the attachment stage. Your life circumstances, attitudes, and feelings come into play as well. If you are preoccupied, overstressed, depressed, or afraid of spoiling your baby, you might not be as responsive as she needs you to be. If parents are unable or unwilling to respond, babies give up and stop being so engaging. To deal with negative patterns of parenting, you may need to seek outside help or examine your priorities. Keep in mind that early help is generally short term and can help you reap major rewards in your relationship with your baby. When parents change, infants change rapidly. Needing help is not a problem; needing help and not seeking it is.

Homeostasis and Feeding. A child is born unfinished. Her nervous system and gastrointestinal tract are still maturing and

her brain is rapidly growing. All continue to mature over the first several months and throughout her second year. In fact, the period of rapid brain growth extends over the first two years of your baby's life. After they are born, some babies have more mellowing to do than others. One child will be born with such a touchy nervous system that she is erratic, hard to read, and difficult to settle; another will be steady and predictable.

Tuning In to Your Baby's Rhythms. Your baby's ability—or inability—to keep herself calm and alert will have an impact on feeding. Many newborns have trouble staying awake long enough to eat without getting jittery and fussy. Then it may be hard for them to make any sort of dignified shift from being awake to being asleep; they may fuss and scream and have a dreadful time settling down. Waking up again, they may be upset right off the bat, or they may have trouble waking up enough to eat. Having your baby get to the point that she can be quiet and alert when she's awake, reasonably composed about going to sleep, sleep for longer periods, and wake up again and be reasonably serene is part of the maturation process that takes place over the early weeks and months. Your baby may be born organized and able to comfortably manage her sleeping and waking cycles, or she may require considerable help over an extended time.

Feeding will go best when your baby is quiet and alert. Familiarize yourself with her sleep cycles, and do your best to wait to pick her up until she is *truly* waking up. During sleep, she will at times sleep deeply and quietly; at other times she will sleep lightly and move around, make noises, and even sound like she is waking up. Wait. She could just be going through a light sleep phase, and if you leave her alone, she could go back to sleep again. Most babies go through more than one sleep cycle before they are ready to wake up. Once your baby appears to be truly waking up, pick her up, change her diapers, talk with her, and wait until she gives you signs that she is fully awake and ready to eat before you try to feed her. If she wakes up fussing and crying, help her to calm down before you try to feed her. When she is ready to eat, she will look at you bright-eyed, curl up, and mouth and root for the nipple. When she is finished eating, she will uncurl and relax her arms and legs; she may come off the nipple, and she might even push

away with her hand. She will get to the point that she will be awake for a while after she eats. Read her cues and put her down when she is drowsy but still awake, before she gets fussy and overstimulated. She may frown, yawn, squirm, hiccup, look away, or lose her bright-eyed look. Figure 4.2, “What Is Your Baby Telling You?” on page 122, lists baby cues and their possible meaning.

Giving your baby something to look at and be interested in helps her stay calm as well. Feeding her, talking with her, hanging a mobile over her crib, or carrying her around and letting her sit in her infant seat while you go about the house doing your tasks will all help with homeostasis. Notice that when you talk with your baby, she looks and talks for a while, and then she looks away. Looking away is her way of settling herself down from the all the excitement of the conversation, and the more excited she gets, the longer she takes to quiet down. Wait. Don't try to get her attention back, and don't wander off. She will return her attention to you. If you neither chase her nor wander off, her interruptions will get shorter.

Share Control with Your Baby. Your baby will calm herself down best and eat best when she feels you'll do what she wants. She is a fully social being, even at birth. She was born with a hunger to be understood and, like all the rest of us, will be most captivated and engaged—and therefore calm and organized—when she feels others are on the same wavelength with her. She will feel understood when you sort out her cues and properly decipher her messages about what she wants and needs. In Figure 4.1, “Control of Feeding,” I have differentiated between approaches in which you and your baby share control and approaches in which you put yourself in control. The control-sharing approaches support homeostasis and the attachment that follows. The taking-control approaches undermine both. You share control in feeding when you keep your baby an active part of the feeding process. From birth, babies know how much they need to eat. You help your baby to be calm and organized *and* help her to eat and grow best when you depend on her feeding cues to dictate amounts. You support homeostasis when you work to calm and organize your baby, feed in a smooth and continuous fashion, and pay attention to what she tells you to guide the feeding process.

FIGURE 4.1 CONTROL OF FEEDING

You and your baby need to share control of feeding. You help her wake up and stay calm. Then you pay attention to what she indicates about how she wants to be fed and how much she wants to eat. Babies eat best when they feel you'll do what they want. Check yourself. Do you and your baby share control of feeding?

Parent and Baby Share Control

- Pay attention to what your baby tells you
- Let your baby eat as much or as little as she wants
- Feed on demand
- Sit still when you breastfeed or hold the bottle still
- Touch your baby's lips to let her "open up" for the nipple
- Feed smoothly; don't interrupt
- Try to solve problems
- Let your baby slow down or stop sucking
- Let your baby go back to eating after she pauses
- Help your baby settle down if she gets fussy, and then offer more
- Take "no" for an answer

Parent Doesn't Share Control

- Go by how you want to feed your baby
- Make your baby eat a certain amount
- Stop feeding before she is full
- Make your baby go by a schedule
- Move around during feeding
- Jiggle the bottle
- Push the nipple into your baby's mouth
- Stop the feeding to check how much your baby eats
- Jump to conclusions about why your baby does what she does
- Keep on feeding when your baby turns away or shuts her mouth
- Stop feeding when she slows down or stops sucking
- Stop feeding when she fusses

To understand more clearly why the behaviors that share control *support* homeostasis, consider how the behaviors that *don't* share control *undermine* homeostasis. When you impose a feeding schedule, your baby will likely have to cry for a while before you feed her, or you may attempt to feed her before she is alert and hungry. Forcing her to eat when she doesn't want to will upset her and make it hard for her to settle down and eat well. Waiting to eat will also upset her, and she may get so tired from crying that she goes to sleep before she eats enough. If you feed her past the point that she indicates she has had enough in order to get her to sleep longer or to satisfy some outside prescription or agenda about feeding amounts, she will fight and resist, and feeding will end on a sour note. Afterward she will be

upset, and that will affect her sleep. If feeding is unpleasant enough, often enough, she will develop lasting negative feelings and attitudes about feeding. She will carry her anxiety and upset *into* the feeding. She will learn that when she gets hungry, something bad is about to happen to her. Rather than relaxing and enjoying feeding, she will tense up and be upset before, during, and after feeding. If such early negativity persists, it can have a profound impact on her eating attitudes and behaviors, as well as on the way she feels about herself. On the other hand, newborns are flexible, and if you change your attitude and behavior, their feelings and behaviors change rapidly in response.

Be alert to your agendas in feeding, and set them aside. Your agenda in feeding may come from the way you treat yourself, your own dreams and hopes for your child, or from somebody's overreacting to your child's particular characteristics. Read the section "Vulnerable Children" (pages 212-215) in chapter 6. Keep in mind that if you become controlling with feeding, you are likely to create the opposite of what you intend. Parents often use taking-control methods to get a child on a feeding schedule, but such tactics actually make children less regular and predictable by undermining feeding. Control-sharing tactics help children to be the most organized, fully awake, and comfortable and allow them to eat best and last longest between feedings. Sometimes parents use taking-control methods to get their child to eat less or more. They don't work for that either. Children who are made to stop eating before they are satisfied become preoccupied with food and prone to overeat when they get the chance. Children who are made to eat more than they want become revolted by food, upset about feeding, and prone to undereat when they get the chance. The best indicator of whether you have an agenda that causes you to take control is whether or not you're having fun when you feed your baby. If you're not having fun, then chances are good that your agenda is getting in the way, and it's likely that your baby isn't having any fun either.

HELP YOUR BABY DO A GOOD JOB WITH EATING

In order for your baby to do as good a job as possible with her eating, it is important to time the feeding for when she's

hungry, calm, and awake, but not overstimulated or exhausted from crying. Then work with her to help her stay calm and awake, feeding in a smooth and continuous fashion until she indicates that she has had enough to eat. Interrupt the feeding only to change breasts or to burp her if she seems like she is full of air. If she stops and seems comfortable, let her rest and look at you or talk a bit. Chances are that she is just taking a breather or wants to socialize. In fact, the pauses in feeding are generally social times for babies. If you hold off and don't get too active, the pause can give you a sweet little moment for you to enjoy each other before she goes back to the business of eating.

We can't think ourselves into your baby's skin, but let's try to understand what it might be like for her to have trouble waking up and staying awake to eat. Imagine yourself in a lecture right after lunch, fighting to stay awake. How tuned in and effective are you going to be? To get a feeling for what it must be like for your baby to be overstimulated, imagine yourself having had too much caffeine or feeling so overstressed that your nerves jangle. Like your baby, it will be hard for you to get organized and stay organized so you can do a good job with the task at hand. Now imagine yourself in that wonderful state of *flow*, where you are calm, awake, tuned in, and able to attend to the task at hand. Feeling that way is wonderful for you, and it is wonderful for your baby as well. She feels best, is the most sociable, and is able to do the best job with eating when she is calm and awake.

Help Your Baby Be Calm. Experiment with what allows your baby to stay calm and awake during the feeding. She may be able to manage it all by herself, or she may need particular help from you. Hold her about a foot from your face while you feed, and look at her. She will periodically look back but seem to be looking at your ear or over your shoulder. Initially babies' peripheral vision is most developed—they see best out of the corners of their eyes or to the sides. Babies are most interested in your face and eyes and will gaze longest toward faces or patterns of light and dark that resemble faces. Talk with her—she knows and recognizes *your* voice and will be interested. Experiment with your tone and tempo of speaking to see what your baby responds to best. You might find a sweet, soft voice

works well, or a high-pitched talking-with-baby voice. Also experiment with making conversation. You might find that your regular talking voice is most interesting to your baby. At the same time as you experiment with what perks up and interests your baby, also be alert to what overstimulates her. That high-pitched baby voice may make her feel like she wants to get away.

Experiment with movement as well. Is her sucking more sustained and regular when you rock or when you stop rocking? Experiment with how snugly or loosely you hold her, how upright or flat. Do be sure to hold her firmly enough so she doesn't feel like she will fall, but loosely enough so she has a little room to maneuver. She will be most relaxed and organized if her feeding position is good—line up her ear, shoulder, and hip; have her head straight or her chin tipped up slightly. Be mindful of how you touch her, and do it slowly, smoothly, and gently but firmly. Does she become more calm and alert when you stroke her arms, hand, legs, back, or tummy, or when you hold your hand still? Touch her in a way that *you* enjoy being touched. Generations of parents have been taught to tickle their babies to wake them up—under the arms, under the chin, or on the bottoms of the feet. Think about it. How do *you* like to be tickled? Your baby might not mind or she might even *like* it, but if she seems irritated and shows signs of tuning out, the way you are touching her may be upsetting for her. Your baby will let you know she is overstimulated by looking away, breathing fast, yawning, frowning, or losing her bright-eyed look. Keep in mind that it isn't *you* she is reacting against but only what you are doing. You are tremendously important to your baby, and your being positive with her will allow her to enjoy being with you even more.

Avoid using irregular, jerky movements, because they irritate and disorganize babies and make it hard for them to do a good job with eating. Studies have shown that a baby will eat and grow less well when the feeder jiggles her, jiggles the bottle, pulls the nipple out of her mouth and puts it back in again, burps her frequently, repeatedly checks the level of milk in the bottle, frequently rearranges the blankets, and tickles the bottoms of the baby's feet.² These methods for waking babies up and getting them to eat are such a part of the tradition of parenting that you may even be taught them. Tradition is wrong on

this one—the methods *absolutely* do not work. Babies enjoy eating and interacting *less* when they are tormented, and the sensitive, tuned-in feeder certainly does not enjoy tormenting an infant.

YOUR BABY'S SLEEP AND AWAKE STATES

The understanding of infant sleep states is primarily the result of the observations of pediatrician and author T. Berry Brazelton.³ His work was applied and demonstrated in further detail by University of Washington nursing professor Kathryn Barnard.⁴ Their work forms the basis of this discussion. Like adults and older children, babies cycle in their sleep and awake states as follows:

- Quiet sleep (no rapid eye movements, or REM)
- Active sleep (REM)
- Drowsy
- Quiet alert
- Active alert
- Crying

During sleep, babies cycle from quiet to active sleep and perhaps back again. A drowsy infant will first go into a period of active sleep, then quiet sleep, then active again. She might begin to wake up at that point and enter an even more alert, drowsy state, or she might cycle back through active sleep into another quiet sleep stage before she returns to active sleep and wakes up further to the point that she is drowsy. At that point, she will benefit from your waking her up further to the quiet alert state in which she will do her best job with eating. Observational research in newborns shows the sleep cycle to last about 60 minutes with a range of 60 to 90 minutes. Quiet sleep occurs for 15 to 20 minutes of the 60 minutes, and active sleep takes from 35 to 60 minutes during that time.⁵ At the end of the sleep cycle, the baby comes out of active sleep and moves into a drowsy state before beginning to wake up more fully and progressing to the quiet alert state.

Your task is to time your care and socializing for when your baby is finished sleeping and is ready to become quiet and alert.

Let her be when she is sleeping quietly. The quiet sleep state is relatively easy to identify because she will lie quietly, not move, breathe regularly, and be generally unresponsive. It won't work to try to wake her up when she is sleeping quietly, and it is possible that any amount of commotion can go on around her and it won't disturb her sleep. However, until you know your baby well, it's harder to distinguish between the active sleep state, in which she will cycle back to sleeping quietly again, and the drowsy state, in which she is preparing to wake up. Only trial and error will allow you to make the distinction. The more you are able to tell, the better feeding will go. A not-ready-to-wake-up baby won't wake up thoroughly and won't be as alert and organized as she needs to be to do well with feeding.

In both the drowsy and active sleep states, your baby may move around more; she may flail about with her arms and legs, make noises, and breathe irregularly. The actively sleeping baby may move her face and even smile, and her eyes may move under her closed eyelids. The drowsy baby will open and close her eyes and have the kind of glazed, heavy-eyed look that you and I get when we stumble out of bed in the morning. If you're not sure what you're seeing, leave your baby alone. She may go back to sleep, or she may wake herself up.

The trick is adjusting and timing your caretaking so your baby doesn't get flustered and fussy. If she gets overstimulated or too hungry, she will move out of the quiet alert state, become more agitated, and move into an *active* alert state, in which she will move her body more, lose her bright-eyed look, develop a dull-looking face, and start to fuss. If she gets more agitated and upset still, the next step, of course is crying. Crying is a late hunger cue and an unnecessary one. It is best to catch your baby in the quiet alert state and feed her then. See Figure 4.2, "What Is Your Baby Telling You?" for more description and explanation of infant cues.

Beyond the basics, the variations are endless. One baby will bring herself all the way up to a quiet alert state without any help, and another baby will start to fuss the minute she starts to wake up. Still another may sleep so long that she needs you to intercept her drowsy periods to help her wake up to eat. For that baby, catching her during either active sleep or her drowsy time will allow you to help her to wake up fully.

FIGURE 4.2 WHAT IS YOUR BABY TELLING YOU?

Here are some clues to the sign language your baby might use to let you know how she is feeling and what she needs. Keep in mind that to really understand your baby, you need to know what is going on around her—what has happened before, when she has eaten, when she has slept. Also keep in mind that you will see a variety of cues—the idea is to look for the predominant ones. Finally, keep in mind that these cues are just places to start in understanding what your baby is telling you. It won't be long until you know her best of all; then you will be able to understand far more clearly than anyone else what message her behavior carries.

I'm hungry or I want to talk	Arms and legs extended
Looking at your face	Fingers extended
Moving her hands and arms toward you	I'm really full
Turning her head toward you	Pushing away
Smiling	Crying or fussing
Smooth movements of her arms and legs	I need a break
Raising her head	Looking away
Eyes wide and bright	Breathing fast
Face bright	Yawning
I'm really hungry	Forehead wrinkled
Making loud feeding sounds	Dull-looking face and eyes
Fussing	Frowning
I'm full	I really need a break
Stops nursing	Back arching
Relaxes	Pushing hand toward you
	Crying, fussing
	Falling asleep

Getting Ready to Eat. Like our early-morning selves, your drowsy baby needs help waking up more fully before you feed her. You quite naturally do this by picking her up, talking with her, and turning on the light so you can see to change her diapers. Even newborns perk up when they have something to look at or listen to that interests them, like something shiny or colorful hanging over the changing area. Soon your baby moves into the quiet alert state in which she will realize she is hungry and announce that fact to you. Her announcement may take many forms: she may look at your face, move her head, arms, and legs and even her whole body toward you, and her move-

ments will be smooth. Her eyes may be wide and bright, and in fact her face will look bright. She won't show you all of these signs, and she may show you some I haven't mentioned. You soon will know she is ready to eat by her own distinctive messages, and you will also note that she won't eat well until she is ready.

As is apparent from our discussion, newborns not only have trouble waking up enough to eat and socialize but also are vulnerable to becoming overstimulated. Keep in mind that your infant comes from the dark, unvarying, relatively quiet place of the womb into a light, noisy place full of sights, varying light and dark, smells, and sounds. For her, it must be like it would be for you or me to move onto the midway of the county fair! Most babies are born prepared for the excitement, and they have ways of internally screening too much stimulation. Their ability to sleep deeply and remain in that state despite considerable efforts to wake them up is an example of the ability to screen out stimulation. In addition, when they are in other states of alertness they can soothe themselves by closing their eyes or sucking on their hands or a pacifier. You soothe your baby by wrapping and holding her gently but firmly and moving in a slow, repetitive, rhythmic way. Some babies have a very low tolerance for stimulation, are easily set off into upset screaming, and quiet down only with difficulty. Others are steady and appear to be relatively impervious to stimulation coming from the outside, or they can help themselves to settle down by sucking or by going to sleep to get away from commotion. For babies who have immature digestive systems, the stimulation appears to come from the inside as well, in the form of stomachaches or gas pains. Such babies not only can't screen out the commotion of the midway, they must feel like they have eaten too much cotton candy!

Be Consistent with Your Unsettled Baby. Prematurely born babies or the temperamentally irritable babies we'll talk about later in this chapter are harder to read and harder to tune in on. It's a real trick getting on the same wavelength with them. They have difficulty waking up, and when you try to help them wake up to the quiet alert state so they can eat, they can easily get flustered and start fussing and crying. Then it is hard to settle them down so they can do a good job with eating. The under-

standable error that parents of such unsettled babies often make is casting about, trying first one solution and then another, like changing formulas, changing nipples, and changing soothing methods. All of that changing just stimulates the baby all the more. Only time fixes it, and in the meantime you have to maintain within yourself your conviction that you truly are a good parent. Do look for outside encouragement, support, and problem-solving help, and do avoid so-called helpers who are critical and blame you for your baby's problems.

If you have such a baby, keep trying and doing what you know to be the right thing, even though your baby can't consistently respond to it. Your baby's maturation and your tuned-in caretaking will pay off eventually. Such babies are especially hard because, *even if you are doing the right things*, for the first few months little helps. As a consequence, there is no way to learn what is effective or ineffective and refine your methods. Such babies don't give you much help with parenting because they can't help *themselves*. Most often, with newborns, we learn our methods of comforting, soothing, and organizing from our babies: If it works, we keep on doing it. If it doesn't work, we discard it. Many times, our trial and error sorting isn't even a conscious process. Parents who start out jiggling bottles, for instance, stop doing it within a couple of weeks because they unconsciously note that their baby starts sucking again only when they stop jiggling.

Sleep Cycles Become More Defined. Right after she is born, your baby may sleep for long stretches and her sleep cycles may be somewhat mushy and ill-defined. After the first few days she may sleep for only short periods and then be awake for short periods. She will eat often and irregularly and is likely to show patterns of cluster feeding, in which she wakes up and wants to eat every hour or so for 2 or 3 times in a row, then sleeps longer before asking to be fed again. As your baby gets older, she will sleep longer, show more clearly defined sleep cycles, and stay awake longer. Most babies know the difference between night and day and will sleep longer at night. Keeping the night feedings dimly lighted, calm, uneventful, and as brief as possible helps to make the distinction. During the first few weeks your baby may stay awake a couple of hours at a stretch, and by three months she may increase her awake time to 3 hours.

Put your baby back down to sleep when she is drowsy but still awake. She will tell you she is getting tired by looking away, breathing fast, yawning, wrinkling her forehead, frowning, and acquiring a dull look. If you can catch those early “I need a break” messages, she will be able to settle herself down to go to sleep more easily. She might fuss a bit, but it will be a singing-to-sleep kind of fussing. If you miss the early messages that she needs a nap, she will get more upset and stimulated and give you the message “I *really* need a break.” Then she will arch her back, push her hand toward you, fuss, and cry. At that point, she may find it harder to settle herself down to go to sleep, and she may need some help from you. Sing to her or talk with her in a slow, steady, soft voice; swaddle her, rock her, or walk the floor a bit and let her suck on her hands or a pacifier. You will find additional suggestions on page 131. Whatever method you choose, do it slowly and over and over again to give it time to work. Once she is calm and drowsy, put her to bed. Even if she fusses a bit to go to sleep, you will have helped her to settle down so she is no longer so upset she *can't* go to sleep.

That all adds up to quite a tall order. You need to read your baby's sleep states and catch her when she's awake but not *too* awake. Then your task is to help her stay awake while she eats without having her get upset. Enjoy her while she wants to be enjoyed, and then put her down when she has had enough—when she is drowsy but not overstimulated. It isn't easy, and it is a process of trial and error that you will continue during her early months. Celebrate the moments when you and your baby are on the same wavelength, and chalk the other moments up to experience. Your baby helps by getting more predictable and more settled. Eventually, despite all this complexity, you will become an expert at reading your baby and doing what she needs.

UNDERSTAND YOUR BABY'S TEMPERAMENT

Your baby was born with certain personality characteristics, including activity level and regularity. As she grows, these characteristics will both persist *and* be modified by life experience. The most famous and far-reaching study of temperament was

FIGURE 4.3 PERSONALITY CHARACTERISTICS OF INFANTS AND YOUNG CHILDREN

The most famous and extensive study of temperament is called the New York Longitudinal Study and was done by psychiatrists Alexander Thomas, Stella Chess, and Herbert Birch. According to their findings, babies in their first days and months of life differ in the nine personality traits listed here. The descriptions and examples in each category are mine. I am sure as you read through this list you will be aware that both negative and positive qualities have their appeal. A baby who moans and wiggles with delight when she is fed may also be the one who is mightily offended if you happen to do something not to her liking. You can't have the one without the other.

Activity level. An active baby might kick a lot in the uterus and move around a great deal in the bassinet and ever after. She will squirm when she is fed and changed and probably won't be very cuddly. A less active baby will sit quietly in your arms or lie quietly in her bed.

Rhythmicity. One baby might be absolutely predictable and sleep, eat, and even have her bowel movements at predictable times. Another baby will rarely show the same pattern twice and then only by chance.

Approach-withdrawal. One baby will delight in anything new, whereas another will be more wary and shut down or get upset. The first bath will make one baby laugh and another cry. One baby will enthusiastically devour the first spoonful of cereal, and another be outraged by the offer.

Adaptability. Most babies don't accept change immediately, but the more accommodating one gets used to new circumstances far more quickly. A flexible baby will easily fall asleep in a new bed after a night or two; a less adaptable baby may take

(continued next page)

conducted by psychiatrists Alexander Thomas, Stella Chess, and Herbert Birch. According to their findings, babies in the first days and months of their lives differ in the nine personality characteristics outlined in Figure 4.3, "Personality Characteristics of Infants and Young Children." In terms of combinations of personality traits, these researchers pointed out that most young infants can be described as one of three types. They described about 40 percent of infants as *easy*, 15 percent as *slow-to-warm-up*, and 10

FIGURE 4.3 PERSONALITY CHARACTERISTICS OF INFANTS AND YOUNG CHILDREN (CONTINUED)

<p>weeks to become fully comfortable with the new environment.</p> <p>Intensity of reaction. One baby will moan and wiggle with delight when she is fed and act mightily offended if she gets done eating and you fail to immediately stop feeding. Another will be more neutral. She will be tuned in and give feeding cues, but her expressions won't be so emphatic or revealing.</p> <p>Degree of responsiveness. One baby will seem to sense every sight, sound, and touch, another will tune out the loudest noises and the brightest lights. One baby may eat well only in an environment with few distractions; the other will not be deterred from eating even by the greatest amount of commotion.</p> <p>Quality of mood. One baby will show mostly a positive, joyful, and friendly attitude; another</p>	<p>will be less friendly, perhaps more sober, sad, or more easily offended. Most babies are somewhere in between the extremes.</p> <p>Distractibility. All babies show hunger cues when they want to eat, but some will stop asking for a few minutes if you give a pacifier or sing a song. Others are absolutely single-minded and will not be deterred from being fed.</p> <p>Persistence and attention span. These two attributes are in the same category and are generally related. A persistent child will continue to pursue an activity in the face of obstacles, and the child with a long attention span will pursue an activity for an extended time. One baby will struggle to get her fingers to work so she can pick up food from a high chair tray. Another baby will give it a few tries and then wait to be fed.</p>
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Thomas A, Chess S, Birch H. *Behavioral Individuality in Early Childhood*. New York: New York University Press, 1963.

percent as *difficult*. Notice that 35 percent of normal infants don't fit into any of these categories. Despite my considerable respect for the insights this work has given us, I must tell you that I am not comfortable with the terms *easy* and *difficult*. They tell more about agendas for children than they do about the children themselves. In *Child of Mine*, rather than using those value-laden terms, I will use more descriptive terms and may call "easy" children relaxed, calm, or organized and "difficult"

children tense, disorganized, irritable, or unsettled.

And that is, indeed, what the terms mean as they are used by these experts on temperament. Thomas, Chess, and Birch describe the “easy” baby as having regular sleeping and eating patterns, a positive approach to new situations, easy adaptability to change, and an overall mild or moderate mood. It is easier to be successful with such babies. Their regular patterns and moderate responses make them easy to read, understand, and satisfy. Fortunately, 40 percent of babies fit into this category, and in the best of all possible worlds all first babies would be relaxed babies! The babies researchers described as “difficult,” through no fault of their own or anybody else’s, are uptight, negative, erratic, unpredictable, and difficult to read. When these pessimistic and disorganized babies get upset, parents tend to feel somewhat anxious because the babies are difficult to console. The babies sleep and eat irregularly and are likely to react negatively—and emphatically—and withdraw when they are presented with new situations or new people. It takes irritable, disorganized babies a long time to get used to anything new, including new food. I feel moved to observe as I have elsewhere, however, that bewitched parents of even the most challenging child tend to remain unswayed in their conviction that they have the *perfect* child.

Like the negative child, the slow-to-warm-up child is wary of new situations and new people, but she is more *skeptical* than downright rejecting. She adapts slowly, and her patterns of sleeping and eating are somewhere between the two extremes: not as organized as some, but not as disorganized as others. This child tends to be wary of new food experiences rather than offended by them. The babies that don’t fit in these three categories show other combinations of attributes. To read more about infant and child temperament, see the book *Know Your Child: An Authoritative Guide for Today’s Parents* by Chess and Thomas.⁶

To help yourself with negative extremes in your baby’s temperament, keep a few points in mind. First, you didn’t cause it. For whatever reason, your baby *came* that way. Second, you absolutely have to stow your agenda. The unsettled, aggressive baby is full of surprises, and you might as well relax and enjoy them rather than trying to change her. Third, while your task early on is to help your baby be as calm and organized as she

can be, in the long run she will need to learn to manage *herself*. Eventually, the strongly reacting child can learn to calm herself down and deal with her own extreme reactions rather than simply imposing them on other people.

Much of that learning comes from the way you interact with her. The irritable and negative child can become more moderate in her responses. You can help, for instance, by reading her cues and stopping feeding when she says she wants to stop rather than making her *insist* that you stop. The cautious child can learn to manage her own anxiety and move ahead *at her own speed* into the situation that makes her anxious. Being careful not to overwhelm her will help. If you brush her lips with the nipple and wait for her to open up before you try to feed her, she will get early experience with getting *herself* to do what needs to be done. These interactions repeat themselves over and over as your child gets older. Both the reactive child and the cautious child will push along to learn and grow *as long as we don't force them or rescue them*. If we do force or rescue them, their negative tendencies will only be exacerbated.

HELP YOUR BABY TO QUIET HERSELF

After your baby gets through the first few weeks of the newborn period, it will be helpful to begin gradually teaching her to settle herself down. You will, of course, continue to help your baby settle down, and certainly it is always okay to pick her up and provide help, comfort, and support. Babies who are held lots don't get spoiled. They actually cry less than babies who aren't held as much, and as I pointed out earlier, they are more compliant as toddlers.¹ However, it doesn't have to be one or the other, and both you and your baby will benefit from her learning to settle *herself* down. A baby who can't calm herself down can keep you too busy and worn out trying to do it for her and can lead you to expect less of her later on—and she of herself. You won't always be able to take care of stresses for her and make her way smooth, so eventually she has to learn to remain calm in the face of upset or to tune out stimulation that is too much for her. Furthermore, there is the matter of sleeping through the night. While she will be too young to do that during her early months, her learning to calm herself now will hasten her being

able to sleep the night through. Let me tell you why.

Based on parent surveys, Michigan psychologist and infant sleep researcher C. Merie Johnson observed that parents will try just about anything to get their children to sleep at night.⁷ They nursed them to sleep, eliminated naps, let them sleep in the same bed as parents, and actually placed puppies in the crib. In my own observation, many times feeding problems start in the name of sleeping. Parents may prematurely start solid foods or put cereal in the bottle in the erroneous belief that solid foods will get their child to sleep through the night. Some parents force food on their children in the evening in hopes that eating more will make children sleep all night. None of these tactics work, because they don't deal with the heart of the problem.

As Johnson reported, sleeping through the night isn't actually sleeping without stopping all night long. Adults as well as children wake up at night. For adults as well as for infants, the trick is to be able to stay relaxed and go back to sleep. Older infants and toddlers who don't regularly sleep through the night haven't learned to soothe themselves to sleep and have instead come to rely on "signaling" their parents to help them back to sleep. Conversely, a child who is able to settle herself down will be able to soothe herself back to sleep when she wakes up at night. That way, when she gets to the point that she is no longer hungry at night, she will simply put herself back to sleep. Formula-fed babies get over their night hunger sooner than breastfed infants. In fact, many breastfed infants continued asking to be fed at night until they were weaned. Infants who slept in the same bed with their parents were two to three times more likely to wake at night than those who slept alone. In the month preceding the survey 70 percent of children with sleep problems had slept in the parents' bed all or part of some night, compared with 23 percent of the group without sleep problems.⁷ Sleeping with parents can also be dangerous for babies, as indicated by recent reports of infants who smothered or were injured falling out of bed when they were sleeping with their parents.

Johnson's research makes the sleeping—and parenting—issue pretty clear. Your baby will do what you have taught her to do. Although it is fun and rewarding to feed or rock a newborn to sleep and easier at first to keep a baby in bed with you, that fun and reward won't go on forever. Keep in mind that by

the time your child is 7 or 8 months old, you will get tired of getting up at night to feed or rock her back to sleep. At that point, remember that she isn't being a bad and uncooperative child. She is actually being very cooperative and indeed doing exactly what you have led her to believe you want! Rather than waiting for yourself to get fed up with the night routine, begin preparing her during her early months for sleeping through the night by helping her learn to calm herself when she wakes up. During the day, if she wakes up fussing and crying after naps, go through the little calming-down routine that follows. You don't have to use all the methods, but do go through a progression of less to more, using one approach after another until your baby settles down. Give each approach about 20 seconds, and then if she is still crying, add another.

- Leave her alone to see if she can quiet herself.
- Show her your face. Lean over and look at her so your face is about 10 inches from her face and remain quietly in that position.
- Still looking, talk with her in a normal voice or whatever voice she prefers.
- Still leaning over and talking, put your hand gently on her tummy and hold it there.
- Still leaning over and talking, restrain one or both of her hands gently against her chest.
- Wrap her snugly in a blanket, still looking and talking.
- Pick her up and hold her snugly against your chest, still looking and talking.
- Add on rocking back and forth, still looking and talking.
- Put your finger or a pacifier in her mouth, still rocking, looking, and talking.

This is a method that was described by Kathryn Barnard based on her observational work with newborns.⁴ As your baby matures, you will need to go through fewer and fewer of these steps, until she is able to be quiet and entertain herself for a few minutes after she wakes up. Of course, as she becomes more aware of what goes on around her and more physically capable, much of her quieting will come from her being able to look around and entertain herself by cuddling her blanket, feeling her toys, or looking at something suspended over her crib.

Knowing that your baby would put herself back to sleep if she could will help you later on. When she gets to be 8 months old and you want her to sleep through the night, you won't have to lie in bed listening to her cry and guessing whether or not she is hungry. If she calls out for you, it is likely to mean that she really *needs* you. Breastfed babies take longer to get over getting hungry at night than formula-fed babies. As I pointed out earlier, most breastfed babies don't sleep through the night until they are weaned. Be as matter-of-fact as you can about the night feedings, and don't assume you are doing something wrong. Getting up at night with a baby isn't nearly as tiring or upsetting if you don't start questioning either yourself or your baby.

It should be obvious from this discussion that I am *not* in favor of making young infants cry it out as a way of getting them to sleep through the night. In fact, I am strongly opposed to letting newborns cry it out to get them to sleep through the night. The vast proportion of newborns are in no way nutritionally, emotionally, or developmentally ready to make it through the night without care and feeding.

HELP YOUR BABY WITH ATTACHMENT

If all has gone well with homeostasis, at about age 2 to 3 months your baby will begin to work on the falling-in-love of attachment. As I said earlier, to effectively move on to the next stage in development—from homeostasis to attachment—she has to have more-or-less achieved the one at hand. To be able to take an interest in you, to tune in, reach out, talk back and forth, smile and laugh, she has to have gotten her nervous system pretty much under control. Think of your jittery and overstimulated self. How sociable are you? Think of your tired and sleepy self. How much do you want to hang out and have a good time with other people? I rest my case.

Around the age of 2 to 3 months, your baby begins learning to love you and learning that you love her in return. The same control-sharing approaches that you used to help her with homeostasis now become important in helping her with attachment. She will feel loved—and loving—when she feels understood. By feeding your baby the way she wants to be fed,

you're sending her a powerful message: You see her and hear her, you care about her, and want to give her what she needs.

During this stage, your baby will learn to delight in socializing with you. When she smiles and babbles to you, reaches out to you, listens to you, and watches you, she's trying herself—and you—out. Your taking an interest, responding a lot of the time, and initiating the smiling, laughing, reaching out, and affection some of the time will make her feel secure and loved. You give and receive love in the whole give-and-take that goes on in feeding as well. She shows signs that she is ready to eat, and you show your love and respect by feeding promptly. She lets you know whether she wants to eat fast or slowly and whether she wants to eat continuously or take breaks to socialize. Your willingness to go along with her makes her feel warm and loving toward you and good about herself. She is able to think, on whatever level babies think, "I must be pretty special to be treated this way." Whether your baby eats well or poorly depends on her feeling connected with you. She wants to eat, but just as important, she is interested in *you*. She watches, smiles, babbles, and reaches out to you to get your attention and keep you close. When you follow her lead in feeding and watch, smile, babble and reach back, you help her feel connected with you, which in turn helps her feel calm and tuned in to her own feelings of hunger and fullness. Take time to talk and smile gently, but don't be overstimulating or entertaining. Since babies and young children are easy to overwhelm, respond quietly with less energy than she put into it. Let her keep the lead. By this time, she will be better at giving you clear signs, and you will be better at knowing what her signs mean. You will be more able to feed her promptly, when she is calm, alert, ready to eat, and neither too sleepy nor overstimulated.

Play Games with Your Baby. Outside of feeding time, to help you get on the same wavelength with your baby, try this: Put her in an infant seat and sit directly in front of her. Have a pleasant expression on your face, but don't smile or laugh. Sit quietly and look at your baby, and let your baby look at you. When she makes a sound or a gesture, imitate her. Do your imitating gently so you don't overwhelm her. Let her be in charge of the interaction. When she looks away, sit quietly and wait. When she looks back, be prepared to imitate her again. You'll

notice that your baby brightens up and takes an increased interest in you. She is getting the message that you see her and hear her, but that you're not going to try to take over. It makes her feel good that you take an interest in her.

Not only are you connecting with your baby, but she is getting her first taste of taking turns, which becomes more apparent as she gets on toward 6 months. Of course, you have been taking turns all along in your feeding interactions. Now it becomes a more conscious process for your baby, and one that she delights in. Taking turns is the first step in learning the social art of conversation and arriving at an intellectual understanding of cause and effect. Your baby at this stage will love having you do everyday tasks in repetitive ways. If you brightly say "up you come" before you pick her up, eventually you will see her moving her arms and legs toward you as she anticipates being picked up. Give her time to respond before you pick her up. Just as we do in our conversations with other people, she will prefer "telling" you and having you respond rather than having you run the conversation. Singing a little song, "here we go to get some food" will let her have the pleasant anticipation of being fed, and she will eventually wait more patiently if feeding is a bit delayed. The good spoon feeding that we talk about in chapter 7 is another example of taking turns. You offer the spoon and wait for your baby's response. She opens her mouth and leans forward to take the food in her mouth and close her lips. You take the spoon out, fill it, and offer it again. Both you and your baby are honored by such turn-taking. Your baby gets the reward of your respectful attention as well as enjoying eating and satisfying her hunger. You get the reward of observing and responding to your baby's initiative as well as interacting smoothly with her.

Babies love repetitive games that go with predictable gestures and words, and eating is the best repetitive game of all. They love being able to anticipate what happens next and participate in the action. Patty-cake and peek-a-boo can be played as short repetitive games. But the games that are most fun are the ones that you will happen upon and make up as you go along. "Up you come" can be a repetitive game, as you say the words and lift your baby from a lying down to a sitting position, over and over again. You will find your baby tensing up and lifting off a bit to participate in going up. "Kiss your ear"

can be a perfectly inspiring game. After a few times of your tipping her back to say “kiss your ear,” then forward to kiss her, she’ll start to take an active part. She will be slow on the uptake, so be sure to give her time to play her part. She will tip her head forward and lean toward you, then back again as you hold her away. It’s all just too captivating for words, and the fact that you are doing it makes it simply the best. However, keep in mind that such thrilling play can also overwhelm your baby, so periodically she will have to stop, look away, relax, and give herself time to settle down. If you wait, she will return her attention to you and be ready to play more. Don’t chase when she gives herself one of these little time-outs, and don’t wander off. The more able you are to wait her out, the more ready she will be to return to the game.

Baby games and the early relationship you establish with your child form the basis for everything that comes after. One stage flows into the other. The infant becomes the toddler and then grows into the child. It’s so good to be a part of all of this!