

## **BONDING WITH YOUR BABY BOOK; How to Find a Parenting Title That You Can Get Cozy With [FINAL Edition]**

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### THE BOOKS:

Baby and Child Care, By Benjamin Spock and Steven J. Parker (939 pages, \$7.99; Pocket Books, 1998).

Caring for Your Baby and Young Child, Birth to Age 5, By the American Academy of Pediatrics, edited by Steven P. Shelov (674 pages, \$17.95; Bantam Books, 1994).

Your Baby & Child, By Penelope Leach (559 pages, \$20; Knopf, 1998).

Touchpoints, By T. Berry Brazelton (469 pages, \$16; Perseus Books, 1992).

The Baby Book, By William and Martha Sears (689 pages, \$22; Little, Brown, 1993).

What to Expect the First Year, By Arlene Eisenberg, Heidi E. Murkoff and Sandee E. Hathaway (671 pages, \$13.95; Workman Publishing, 1996).

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A friend gave me a tip for getting my 4-month-old to sleep through the night. "Ferberize," she said.

I acted like I knew what she was talking about but silently wondered how a weed killer would help my son sleep. Later, I learned that the term comes from pediatrician Richard Ferber's "Solve Your Child's Sleep Problem." Thousands of parents chatting in day care hallways and clustering at play groups have turned his little book into a blockbuster and his name into a verb.

Turns out that as a parent who didn't read parenting books, I was missing out on a lot more than Ferber: Brazelton. Leach. Eisenberg. Sears. Reading parents know these authors and their stances on various issues like football fans know the Redskins' Super Bowl record.

To function as a thoroughly modern mom or dad these days, here's just a sliver of what you need to know:

- \* The pros and cons of circumcision.
- \* The difference between green and clear mucus.

- \* How to comfort a crying baby.
- \* How to talk to a toddler.
- \* The various shades of stool and what they portend for your baby and you.
- \* Throw-up vs spit-up.
- \* The merits of home-delivered cloth diapers vs. the convenience (but political incorrectness) of the store-bought plastic variety.

Since most of us can't -- and many of us wouldn't want to -- learn these skills the old-fashioned, extended-family, that's-the-way-we-do-it way, Americans are looking to books for answers. So the pressure is on for parents-to-be or new parents to hit the books. And seasoned parents who want to learn the current discourse (Pop Quiz: Quick, what is "co-sleeping"?) or to dig for clues about where they went wrong might also consider the scholarly approach. Trouble is, there are so many to choose from, each differing in tone and politics and advice. My local Borders carries roughly 2,100 titles about parenting, not including the pregnancy books. A nearby Super Crown stocks around 1,000 different parenting titles.

All of us parents need at least one book to consult when our instincts don't tell us how to proceed. But which one (or maybe two)? With only an hour to read each day (if you're lucky; less once that baby arrives), you don't want to waste your time on books that clash with your values and world-view.

When your mother offers advice, you at least know where it's coming from. (Well, sort of.) But who are all these parenting authors? What are all these books? Don't despair. We've put together a synopsis of the six top-selling parenting books of all time, with a chart that summarizes their answers to key questions, enabling you to do a quick comparison of this highly subjective, dangerously politicized, too often humorless field of study.

### **Hardly Revolutionary**

Written in 1945 and revised periodically, Spock's "Baby and Child Care" is the parenting book your mother--and/or grandmother-- probably read. If anything at all.

The first real parenting book of its kind, "Spock" was blamed for the '60s revolution and a generation of self-absorbed boomers, but a read today reveals it to be a fairly straightforward manual that covers the years from birth to adolescence; from the proper temperature of the baby's room to raising nonviolent children. As a bonus, it includes some interesting analysis for people pondering the highs and lows of parenting: ". . . the trouble with parents who feel guilty is that they are too ashamed of losing their temper . . . they let the child punish them instead." Famous quote: "Trust yourself. You know more than you think you do."

## **Just the Facts**

The only peer-reviewed baby book on the market, "Caring for Your Baby and Young Child, Birth to Age 5" was written by a bevy of doctors rather than the usual one or two experts. A quick, practical read: Where other books seem to devote entire chapters to the first day of life, the authors pretty much sum up each developmental stage in about 30 pages. This volume mostly steers clear of "parenting" issues, offering instead some clear idea of what to expect in a baby's physical, emotional and cognitive development. An extensive, well organized "medical advisor" details everything from swimmer's ear to herpes simplex.

## **Baby Comes First**

"Your Baby & Child" is a book for readers. Some long-winded passages and many pages devoted to parenting philosophies, coupled with melt-your-heart photos of babies. By far the highest quality book in terms of paper stock and photos. (Makes a great gift.)

First published in England in 1977, Leach's book reflects the "child-centered" approach popularized in the late 1970s and early 1980s. Where some experts believe that a happy parent makes a happy child, child-centered advocates believe the opposite. "The happier you can make your baby, the more you will enjoy being with her, and the more you enjoy her, the happier she will be," says Leach. She recommends "listening to your baby" rather than doing what the books- -including hers--say.

Not a lot of charts, but identical subsections for each age group (feeding and growing, sleeping, etc.) provide continuity. Covers birth to age 5.

## **Dr. Feel-Good Speaks**

"Touchpoints" and other books by Brazelton burst with endearing, contagious optimism and grandfatherly mellowness. Sort of the Dali Lama of child development, Brazelton has focused for over 40 years on what he calls a "map of behavioral and emotional development." Bored with measuring the circumference of the baby's head, Brazelton early in his career began to look inside, to study the mysterious, fascinating development of an infant into adulthood. His "touchpoints" are the "predictable times that occur just before a surge of rapid growth in any line of development--motor, cognitive or emotional--when, for a short time, the child's behavior falls apart."

## **Get a Little Closer**

He's a pediatrician, she's an RN, and together William and Martha Sears have created eight children and seven books, including this one, "The Baby Book." A cute, folksy approach, narrow margins and lots of illustrations make for a quick read of information covering birth to age 2. Often relies on question-answer format: First, Dr. Bill gives a medical answer, then Martha provides her personal experience in italics. The couple advocate "attachment parenting," which some call old-fashioned common sense and

others call shocking. The Searses believe that infants benefit significantly from a strong attachment with their parents. Holding the baby as often as possible, breast-feeding and sleeping with the baby help build this attachment. The authors insist that you cannot "spoil" a two-month-old by picking him up when he cries. Some vaguely edgy humor keeps the book lively: One sidebar is titled "Disappearing Penis?"

### **Don't Expect It to Be Easy**

In addition to "What to Expect the First Year," Eisenberg's popular series ("What to Expect When You're Expecting" and "What to Expect the Toddler Years") offers dry, straightforward tips and advice on everything from thrush to cradle cap. Based largely on her own experience of motherhood, Eisenberg credits several physicians as consultants; co-author Hathaway, Eisenberg's sister, has a degree in nursing.

Strictly formatted, each chapter includes similar categories ("What Your Baby May Be Doing," "What You Can Expect at the Hospital Checkup," "What You May Be Concerned About," and "What It's Important to Know"). Lots of charts, subsections and narrow columns make this a quick, easy-to-use read. Relaxed parents may be put off by the book's emphasis on "worry." But hands-on, prepared-for-disaster parents will relish the book's thorough information.

## **HOW BABY BOOKS STACK UP ON KEY PARENTING ISSUES**

### **CREDENTIALS:**

#### **WHY SHOULD I LISTEN TO THIS GUY/GAL?**

Spock: MD. Practiced pediatrics from 1933 until 1947, then became researcher. Author of 11 books; two sons, one stepdaughter; four grandchildren. Died in 1998 at age 94, shortly after editing the current version of the book, which has been translated into 39 languages and has sold 50 million copies.

American Academy of Pediatrics: Many MDs. Two doctors listed as editors, five doctors listed on the editorial board -- all with children of their own -- and more than 45 contributors and reviewers, all doctors.

Leach: Psychologist. A founding member of the UK branch of the World Association for Infant Mental Health. Author of five books, translated into 29 languages. Book has sold 2 million copies. Two children, four grandchildren.

Brazelton: MD. Forty years of pediatric practice; more than 25,000 patients. Research at Children's Hospital in Boston and other institutions. Author of more than 200 scholarly papers and 24 books. Books translated into 18 languages. Four children, six grandchildren.

William and Martha Sears: MD and RN. Parents of eight children. He is a professor of pediatrics at the University of Southern California School of Medicine. The couple has authored 10 books.

Eisenberg, Murkoff and Hathaway: No mention of formal training for Eisenberg (mother of two) or Murkoff. Hathaway (mother of two) is a nurse. Several MDs act as consultants.

CIRCUMCISION:

TO SNIP OR NOT TO SNIP

Spock: "There's no solid medical evidence to support routine circumcision." Notes that between 1980 and 1990, the number of male babies being circumcised in the United States decreased from 90 percent to about 60 percent.

Pediatrics: "The decision ... is one that should be made by parents in consultation with their pediatricians." "The option of using local anesthesia to minimize discomfort [the book does not use the word "pain"] ... should be carefully considered, since there are potential complications associated with its use. ... Recent studies have concluded that male infants who are not circumcised may be more likely to develop urinary tract infections than those who are."

Leach: "Circumcision is not just the quick snip many people assume but is described by one leading American pediatrician as 'among the most painful interventions performed in neonatal medicine.'"

Brazelton: "Certainly a painful procedure ... I think a father should make the choice for his son ... Most fathers want their boys to be like themselves ..."

Sears: The only book that offers a precise description of the procedure: "Baby is placed on a restraining board, and his hands and feet are secured by straps. ... Yes, it hurts.... The 'like father like son' complex is not a good reason to choose circumcision, as few fathers and sons compare foreskins."

Eisenberg: "There is believed to be some pain connected with circumcision, though it is probably of short duration." Cites a 1989 American Academy of Pediatrics task force, which said that "baby boys who are uncircumcised appear to have a 10 times greater risk of urinary tract infection." But the AAP has softened that stance, and does not use "10 times greater" in its book.

DISCIPLINE:

TIME OUT VERSUS TIME IN.

Spock: "Strictness is harmful when parents are overbearing, harsh, and chronically disapproving". On the other hand, "Parents can't feel right toward their children in the

long run unless they can make them behave reasonably, and children can't be happy unless they are behaving reasonably."

Pediatrics: Explains "timeouts" (placing child in a corner or bedroom for a set number of minutes) and "extinction technique" (systematically ignoring a 2-year-old whenever he breaks a certain rule). A sampling of golden rules: \*Always encourage and reward good behavior, as well as punish the bad. \*Map out rules that help your child learn to control his impulsiveness and behave well socially without impairing his drive for independence. \*Set the punishment to your child's developmental level.

Leach: An entire page on biting; two pages on tantrums; one page on timeouts. (Leach prefers a "time-in," where an unruly child is hugged, cuddled and contained by an adult.) "The toddler whose behavior has gone beyond the pale doesn't need pushing further out but bringing back in."

Brazelton: "... Children sense that they need discipline and will go to great lengths to compel their parents to set limits."

Sears: "A baby who is on the receiving end of attachment parenting feels right, and a person who feels right is more likely to act right."

Eisenberg: "Waiting to introduce discipline into a child's life much later than 10 months could make the task much more difficult."

#### POSTPARTUM DEPRESSION:

#### THIS AIN'T THE BABY BLUES.

Spock: Mostly discusses "the blues": "Go to a movie, or to the mall. Buy yourself a much-wanted dress." Also, recommends that the mother pay special attention to the husband during this time. Devotes two sentences to more serious kinds of depression, recommending that you get in touch with your doctor.

Pediatrics: No mention in the index. Briefly mentions the blues, buried in a section about the first month.

Leach: Thorough description of the differences between the blues and postpartum depression (PPD). Says that one in 10 mothers suffer from PPD and that partners, grandparents and friends should familiarize themselves with the illness's signals.

Brazelton: "These days, doctors and nurses have finally learned that parents need as much care, as much 'mothering,' as their baby." Believes doctors should also check the husband's mental/emotional state.

Sears: Four pages, including information on the father's response to the new baby. Clear descriptions of differences between the blues and PPD. Curiously, never recommends

seeing a mental health specialist. Rather, recommends trying to bond more with the baby, concentrating on developing your mothering "instincts."

Eisenberg: Mentions the blues and PPD, analyzing possible causes, recommending some solutions.

CO-SLEEPING:

THE FAMILY BED OR THE CRIB DOWN THE HALL?

Spock: Says that if the infant sleeps in parents' room, it's a good idea to move the baby out at two to three months. After six months of co-sleeping, Spock says, it becomes very difficult for a child to ever sleep on his own.

Pediatrics: No mention of "co-sleeping." Text seems to be written from the assumption that all babies sleep in their own rooms (weird, coming from an organization that recommends a full year of breast-feeding). At four months, advocates developing a consistent bedtime routine, with baby in a crib in his own room.

Leach: "Nobody can make this choice for you ... The worst option is an attempt to compromise, sometimes letting him sleep with you and sometimes trying to insist that he stay alone."

Brazelton: Strongly urges that parents agree in advance where they stand on co-sleeping. "It is not fair to push the baby out abruptly."

Sears: The authors believe that co-sleeping reduces SIDS (rather than increasing it, as many parents fear) and helps babies thrive. They also offer advice on how to handle criticism from friends and relatives who don't approve.

Eisenberg: Mentions that most people favor separate beds after three months. "In a society like ours, which stresses the development of independence and the importance of privacy, co-sleeping is associated with a wide range of problems," including sleep disorders, tooth decay (co-sleepers nurse more), developmental and peer problems (for the child) and marital problems (for the parents).

POTTY TRAINING:

MY CHILD IS 4 AND STILL IN DIAPERS. SHOULD I BE WORRIED?

Spock: "Some parents have misinterpreted 'don't push' and 'don't force' as 'don't train' ... To train without pushing is the ideal way."

Pediatrics: "... most of those who start around age 2 are completely trained before their third birthdays ... Punishing him or making him feel bad when he has an accident will only add an unnecessary element of stress, which is bound to hinder his progress."

Leach: "Research has shown that no matter when you begin to introduce a baby to a potty, she will, on average, become reliably clean and dry in the daytime by the middle of her third year."

Brazelton: Very early, forced toilet training creates unnecessary stress for the child and results in bladder control issues in boys later. "... only a child can decide when the time for toilet training has come. Any pressure parents may feel from grandparents, nursery schools, or helpful friends had better be disregarded. ..."

Sears: "The pressure is off for parents to toilet train early ... We now know that the nerves and muscles governing defecation and urination do not mature in most babies until 18 to 24 months."

Eisenberg: "... don't push your child at any age to perform on the potty. Encourage him, enlighten him, but wait until he's fully ready - - probably somewhere around his second birthday, but possibly not until he's closer to his third -- before beginning serious training."

CRYING IT OUT:

PICK UP THE BABY OR LET HER LEARN TO GET BACK TO SLEEP?

Spock: "I never had a let-them-cry philosophy."

Pediatrics: "Wait five minutes before going in to him ... Go in and comfort him, without picking him up ... each time wait a minute longer before going back in ... Crying that goes on more than 20 minutes may need to be checked."

Leach: "If she starts to cry, go straight back to her. ... If necessary, go back several times."

Brazelton: At first soothe her but leave her in bed. Eventually, "wait at least 15 minutes before you go in."

Sears: "Pick up your baby when he cries."

Eisenberg: "To a caring parent, programmed to respond to her baby's every need, 'crying it out' may indeed seem cruel and inhuman punishment ... But it is actually the best way, sleep experts tell us, to respond to a baby's need to learn how to fall asleep on his own."

SINGLE PARENTHOOD:

JUST YOU AND ME, BABE



Spock: Focuses on psychological issues, such as being sure to maintain clear parent/child roles (single parents are more likely to treat children as peers) and the benefit of a unique closeness between a single parent and a child.

Pediatrics: Offers 11 tips to help maintain emotional stability, including taking advantage of all outside resources, maintaining good humor and taking time to get away from the kids and relax.

Leach: No specifics on single parenting, but focuses on divorce and how to cope with that, dealing with a child's guilt about the separation, making sure that children continue to see both parents.

Brazelton: A few paragraphs on the trials of single parenting, but he does devote an eight-page chapter to divorce, joint custody and stepfamilies.

Sears: Limit their discussion to single mothers. Four tips, including reserving time for adult company and solving custody battles sensitively.

Eisenberg: No mention.

PACIFIERS:

TO SUCK OR NOT TO SUCK

Spock: "A baby who has periods of mild irritability can often be entirely quieted by having a pacifier to suck. ... When used correctly, [a pacifier] is an efficient way to prevent thumb-sucking," a habit that can stretch into early childhood and damage the teeth.

Pediatrics: "Pacifiers do not cause any medical or psychological problems. If your baby wants to suck beyond what nursing or bottle-feeding provides, a pacifier will satisfy that need."

Leach: "Pacifiers can certainly help babies who are often miserable and difficult to comfort ... Do guard against the habit of popping it into her mouth whenever she cries... The best source of extra comfort sucking for any baby is his own hands."

Brazelton: "Some babies absolutely need [a pacifier] to help them calm down. But I'd certainly prefer a thumb."

Sears: Authors say pacifiers are okay in "addition to, not as a substitute for, human nurturing." Prefers the thumb and warns against giving pacifiers in the early weeks of breast-feeding to avoid "nipple confusion."

Eisenberg: She agrees that the pacifier can cause confusion, and that the thumb is better. She also scolds mothers who use the pacifier to get baby to fall asleep, and to shush the

baby while mom is on the phone. "What starts out as the baby's crutch can easily become the mother's."

**[Illustration]**

CHART

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