

Report on *Preparation for Parenting and On Becoming BABYWISE* issued by a hospital in North Carolina who warned its pediatric department as well as a local church teaching the program of its dangers:

Issues felt to be inadequately supported by conventional medical practice:

1. Hunger patterns are discussed on page 78 and the terms "hunger metabolism" and "digestive metabolism" are not defined or scientifically supported. Where is the concern for low blood glucose levels in the newborn?
2. By six months of age, babies should be on 3 meals per day. No mention of between meal fluids or snacks.
3. Guidelines are not always age specific. Specific needs of neonate (0-2 weeks old) not addressed. Rigid scheduling of feedings prior to maternal milk letdown can lead to low success rate of breastfeeding.
4. We recommend observation of both voiding and stooling frequency as a means of monitoring infant intake. Only frequency of voiding is mentioned by the authors.
5. Regarding SIDS: the information concerning sleep position for infants is erroneous. Infants should always be placed on their backs to sleep. This practice has led to a significant decrease in SIDS.
6. The authors state that co-sleeping is always inappropriate. Medical evidence suggests that this is good for the breastfeeding mother and newborn.
7. Controlled feedings in the first weeks of life can lead to dehydration and should not be encouraged.
8. The authors fail to give any scientific evidence to support their claims. What are their qualifications? They mention a La Leche League consultant, but not her qualifications.
9. The authors state that the quality of breastmilk is inadequate in 5% of women. There is no scientific evidence to support this and, in fact, there is no way to really know what this figure might be.
10. The authors state that slings may cause developmental damage. There is no scientific evidence to support this.
11. The committee supports community efforts to encourage loving and caring parents. It is felt that by giving consistent, sound information regarding breastfeeding and child development, we can improve the health and security of our children. Furthermore, by working together and sharing current valid clinical knowledge in this area, these efforts will be more successful. We cannot recommend the *Preparation for Parenting* course in its current version. If it is used, the educator should be quite careful in clarifying the

inconsistencies noted above.