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Dear Dr. Suchyta,

I am writing in response to your request for information on the recently-released, revised and updated edition of *On Becoming BABYWISE* (BW).

As I mentioned to Betty Crase by phone, I am especially concerned about this new edition of BW and the parent-directed feeding (PDF) program it outlines. Not only does it still in many ways circumvent the AAP goals for breastfeeding babies, but now it also gives an appearance of conformity with AAP recommendations and even states that its feeding advice falls within them. In addition, parents are told that if they have breastfeeding problems while using PDF and are questioned by a Lactation Consultant, they are to cite the AAP's policy statement on breastfeeding!

I find this especially disconcerting, given the AAP's efforts to alert pediatricians to the potentially harmful aspects of scheduled infant feedings in general (AAP Media Alert) and to the BW controversy in particular (July 1998 AAP NEWS statement by Dr. Sanders).

BW Breastfeeding Advice Contrasted to that Recommended by the AAP

The new version of BW does tell parents, "With PDF, a mother feeds her baby when he is hungry" (p. 38), and repeats that advice later in the book (pp. 128 and 176). Unfortunately, though, it continues to outline a specific feeding schedule for infants that characterizes certain feeding intervals as "acceptable" and indicates "minimum" time that should elapse between feedings. It also warns that deviations to the schedule should not occur on a regular basis and specifically contrasts its schedule with the type of infant feeding recommended by the Academy.

The PDF feeding schedule outlined in the book is discussed in detail on pages 107-124 and is summarized on p. 122. My summary:

Weeks One to Four

According to the book, "acceptable" feeding intervals for babies one to four weeks of age are 2 ½ to 3 hours (p. 112). While parents are given approval to feed a two-week-old baby who wants to eat sooner than the schedule dictates (p. 175) they are also admonished, "Babies learn very quickly to become snackers if you let them. If your [two-week-old] baby increasingly becomes characterized by snacking, you *must* work on stretching the times between feedings to make the 2 ½ hour *minimum*" (pp. 175-176, emphases added). Similarly, a three-week-old baby who wants to eat sooner than the scheduled time is described as "uncooperative," and his parents are told to "investigate why he is not reaching the *minimum* mark and start working toward it" (p. 176, emphasis added).

Note that with this "minimum" time between feedings, newborns on this program will be fed at most ten scheduled times per day on a regular basis, in contrast to the eight to twelve times on cue recommended by the Academy (AAP Policy Statement).

Weeks Five to Eight

The book instructs that between weeks five through eight, it is “acceptable” to feed a baby every 2 ½ to 3 ½ hours (p. 113), averaging eight feedings a day (p. 113). The book also notes that after babies less than eight weeks old start sleeping through the night, “most PDF moms are comfortable alternating between a 2 ½ and 3 ½ hour routine, getting in six good nursing periods” (p. 114, emphasis added).

Unfortunately, even when a mother with a *three- to eight-week-old* baby experiences milk supply problems, she is only told to feed every 2 ½ hours and that often only for five to seven days (p. 184). If her milk production increases during that time, she is then instructed to “work your way back to the three-hour *minimum*,” supplementing with formula if necessary (p. 184, emphasis added).

Note how this advice differs with the AAP recommendation that “No supplements (water, glucose water, formula, and so forth) should be given to breastfeeding newborns unless a medical indication exists. With sound breastfeeding knowledge and practices, supplements rarely are needed. Supplements and pacifiers should be avoided whenever possible and, if used at all, only after breastfeeding is well established” (AAP Policy Statement).

Weeks Nine to Fifteen

The BW book recommends parents of babies from nine to fifteen weeks of age usually transition from seven or eight feedings down to five to seven feedings per 24-hour period (p. 122). It instructs that “by the end of the thirteenth week, your baby should average five to six feedings a day but never less than *four*” (p. 120, emphasis added), making four feedings a day an acceptable alternative at this age.

Weeks Sixteen to Twenty Four

While the BW book states that a mother’s pediatrician will direct her when to introduce solid foods to her baby (p. 120) it also assumes that parents following PDF will do so between the sixteenth and twenty-fourth weeks. In the feeding advice section titled “Weeks Sixteen through Twenty four” the book states:

Usually between the sixteenth and twenty-fourth week, you will introduce your baby to solid foods. Your pediatrician will direct you in that area. Along with solid foods, continue with four to six liquid feedings...By the twenty-fourth week your baby’s mealtimes should begin to line up with the rest of the family’s: breakfast, lunch, and dinner, with a fourth, fifth, and for some a sixth liquid feeding at bedtime (pp. 120-121).

The summary of feeding advice for babies weeks sixteen through twenty-four reiterates “Your baby will maintain four to six liquid feedings in a 24-hour period, three of which will be supplemented with baby food” (p. 122). Again, this advice stands in contrast to the AAP recommendations that “Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first 6 months after birth...Gradual introduction of iron-enriched solid foods in the *second half of the first year* should complement the breast milk diet” (AAP Policy Statement, emphasis mine).

Weeks Twenty-five through Fifty-two

The BW book states, “The process of moving a child to three meals a day should be nearly completed by the beginning of this phase. Remember that at each meal there needs to be a time of nursing, plus a fourth nursing period just before bed” (p. 122).

PDF Contrasted to AAP Recommendations

Needless to say, the PDF advice summarized above seems inconsistent with several of the AAP’s breastfeeding recommendations (specifically AAP Breastfeeding Policy Statement Recommendations 3, 4, 6, and 7). Much of this disparity seems to stem from an underlying

theme throughout the book that emphasizes the benefits of parental control and minimizes the benefits of “child-led” feeding.

The BW book makes this distinction clear for us in its section entitled “Is There Really a Difference?” (pp. 64-65). After several chapters listing a multitude of benefits with PDF’s parent-directed approach and pitfalls with child-led feeding, the book specifically contrasts PDF with “Demand-feeding’s more standard, moderate approach...[that] instructs parents to feed their babies every two to three hours based on the baby’s hunger signals.” It says “the physiological outcomes are drastically different because one method is child led and the other parent directed.” Note that the feeding advice to which they are contrasting PDF is exactly that which is outlined in the AAP Policy Statement on Breastfeeding: approximately 8-12 feedings a day on cue.

But Doesn’t the Book Promote Flexibility?

Many people dismiss the concerns mentioned above, saying that the BW book promotes flexibility and that parents will feed their babies whenever they need to be fed. These people may not be aware of how the BW book specifically defines flexibility and how it discounts a mother’s ability to read her baby’s cues for hunger.

Flexibility Defined the BW Way

BW acknowledges that “flexibility is basic to your success” (p. 109) but then goes on to make it clear that “PDF flexibility” does not involve feeding a baby more frequently than outlined on a regular basis. Rather, it is a “temporary alteration of what you normally do” (p. 110):

But what is flexibility? Many times we hear new moms say they want to be flexible. What does this look like? The word flexibility means the ability to bend or be pliable. When you think of a flexible item, you think of something with a particular shape that can bend and then return to its original shape. *Returning is perhaps the most crucial element of flexing.* During the critical first weeks of stabilization, you are giving your baby’s routine its shape. *Too much flexibility in these weeks is viewed by the baby as inconsistency.* Routine must first be established. After that, when necessary deviations are made, baby will bounce back to the original routine. Doing so, however, may require your firm guidance. The flexibility you desire will come, but give yourself time to develop your child’s routine. And remember, *true flexibility is not a lack of routine, but a temporary alteration of what you normally do* (pages 109-110, emphases added).

The book makes it clear that parents are not to “deviate so often that you establish a new norm” (p. 115). Indeed, parents are told that consistently feeding more frequently than scheduled “may wear a mother down. Extreme fatigue reduces her physical ability to produce a sufficient quantity and even quality of milk...[Nursing babies even less than two months of age] sooner than 2 ½ hours...should not be the norm” (p. 74, emphasis added).

In the section “Considering Context and Being Flexible,” three of the four examples of “PDF flexibility” cited are related to the convenience of the adult. None of them involve feeding apart from the schedule on a regular basis. In fact, the book specifically refers to these kinds of examples as “unusual circumstances” (p. 117) that occur “a few times each week.”

In other words, the “flexibility” that is endorsed by BW will not sanction newborns being fed as many as 11-12 times per day on a regular basis as included in the AAP recommendations.

Hungry Babies or Problem Parents?

Perhaps even more disconcerting than the advice not to feed off schedule on a regular basis is the way in which the book discounts a parent’s ability to read her baby’s cue for hunger, stating that these cues can be a harmful result of problem parenting!

“Just listen to your baby’s cues” is common breast-feeding advice and good advice if you know what to listen and look for. Babies provide parents two sets of response cues. Those that are *immediate need cues* (e.g. hunger, sleep, messy diaper cues), and those that represent a *parenting style*. Behavior patterns can be attributed to parenting styles as much as temperament. For example, the three-month-old baby who has a pattern of waking two, three, or four times in the middle of the night to nurse is responding to his mother’s parenting style. In this case, the need cue for food may be legitimate, but the greater question centers on the greater parenting style cue—why is the child of this age repeatedly hungry at night? Mothers will say, “But my baby is waking for comfort nursing not just food.” We would still ask the same question at this age. *A baby nursing for comfort so many times during the night is a cue that your parenting style during the day is causing too much discomfort* (pp. 65-66, emphasis added).

Indeed, a child not fed according to PDF is described throughout the book as having a variety of “discomforts.” These include facing “an endless string of frustrating circumstances shaping her life,” being “ill-prepared for the give-and-take necessary in any healthy, enduring relationship,” and having “great difficulty establishing stable and uninterrupted nighttime sleep” (pages 24 and 48).

Mothers are also told that the idea of a human mother-infant bond has not been substantiated, which might further reduce their confidence in interpreting their babies’ cues: “While maternal-infant bonding is an interesting psychological idea, research has not substantiated in human beings the cause-and-effect relationship this theory speaks of” (page 192).

Don’t Blame the Schedule

There is another reason why parents may be hesitant to change their infant’s PDF feeding schedule even when experiencing problems. While the BW book specifically discusses low milk supply (pages 183-184) and failure to thrive (pages 95-98) it does not offer up the possibility that the program may need to be permanently dropped for some children but instead discusses ways in which the mother or child may be to blame. It does bring up the possibility that feeding too infrequently is a problem but attributes this problem to either a hyperscheduling mother who “insists on a strict schedule, often nursing her baby no more often than every four hours” or a demand feeding mother of a baby who demands too little food (p. 97), not a mother using the PDF schedule. In fact, the book lists “Feeding too frequently” as a possible contributor to FTT and promotes PDF as a solution to this problem (pages 96-97).

Claim to Being “well within recommendations of the American Academy of Pediatrics”

Amazing though it might seem, given the above information, the new BW actually states that its feeding advice is within American Academy of Pediatrics (AAP) recommendations. In addition, parents are told that if they have breastfeeding problems while using PDF and are questioned by a Lactation Consultant, they are to cite the AAP’s policy statement on breastfeeding as support for their practices.

Frequency of Feedings

The book first states in chapter four that “you can average between eight to ten feedings a day in the early weeks. These times fall well within recommendations of the American Academy of Pediatrics” (p. 74). It then cites in the footnote the December 1997 AAP Policy Statement on Breastfeeding, along with other breastfeeding publications as “supporting these [*sic*] recommended number of feeding times” (page 215). Later, the book discusses what parents should do if “nursing just doesn’t go well”:

You may need help from a lactation consultant.... Unfortunately, as a result of their training many within the lactation industry are heavily biased in favor of the attachment parenting theories and thus against any type of routine feeding. *PDF is a new and major paradigm shift for the industry and not all consultants have a working understanding of routine breast-*

feeding dynamics. While many consultants are open and sensitive to you as consumer and want to work with you as a mother and help facilitate your goals, others unfortunately are less receptive to your efforts. *As a result, do not be surprised if the concept of putting a nursing infant on a “flexible routine” is questioned*. Openly share actual feeding times and precisely what you are doing. *Cite all the sources for feeding time recommendations found in chapter four [this includes the AAP Policy Statement on Breastfeeding]... if you are told to feed your baby every hour and a half...consider looking elsewhere for a solution* (pages 99-100, emphases added).

In other words, a mother who is experiencing problems while using PDF and is challenged by a lactation consultant is told to cite the AAP Policy statement as support. She is further advised that she may need to consider looking elsewhere other than the lactation consultant for advice.

At least two other breastfeeding authorities—Jan Riordan and Kathleen Auerbach, authors of “Breastfeeding and Human Lactation”—are also misrepresented in this section as being supportive of PDF. Ironically, both of these authors have included a specific warning about the failure to thrive infants associated with BW in their newest book. They also signed my original letter of concern to the Academy regarding BW.

Duration of Breastfeeding

In perhaps an even more blatant misrepresentation of AAP breastfeeding advice, the book states that “We know the nutritional and health benefit disparity between breast milk and formula over the first twelve weeks of baby’s life is substantial. By six months of age, this disparity remains. However, it is to a lesser degree than in the first twelve weeks. According to the American Academy of Pediatrics, this six month term is the minimum recommended duration” (page 79). This does not seem to line up with the AAP’s advice that “It is recommended that breastfeeding continue for at least 12 months, and thereafter for as long as mutually desired” (AAP Policy Statement).

Additional Controversial Breastfeeding Statements

Use of Pacifiers

The book’s advice regarding the use of pacifiers is also disturbing. Despite the AAP recommendation that “pacifiers should be avoided whenever possible and, if used at all, only after breastfeeding is well established,” the book goes so far as to say, “Some infants have a need to suck a little longer after feeding time. An actual pacifier is very useful for them. That is especially true of infants who nurse so efficiently that feeding times lasts a total of only five to ten minutes. Pacifiers can also be used to extend the time between feedings when a baby is fussy but not hungry (pages 200-201, emphasis added).

The new edition of BW, like its predecessor, also makes a variety of other controversial statements, including:

- “For a mother to nurse twins successfully, the PDF plan is a must” (page 200).
- “A mother who takes her baby to her breast twelve, fifteen, or twenty times a day will not necessarily produce any more milk than the mom who takes her baby to breast eight or nine times a day” (p. 67).
- “Mothers following PDF have little or no problem with the let-down reflex...routine plays an important part in proper let-down” (page 69).
- “When it comes to nourishing baby, mother’s milk is clearly superior to formula. Now for the stickier issue of nurturing. Is breast superior to bottle? In times past, experts said yes....In truth, studies over the last sixty years which attempted to correlate method of infant feeding with later emotional development failed to support any of these conclusions. A mother’s

overall attitude toward her child far outweighs any single factor, including manner of feeding” (page 80).

- “Formulas today have properties closely matched to those of breast milk, including the proper balance and quantity of proteins, fats, and carbohydrates” (page 82).

Unprecedented Public Criticism of PDF

Since I wrote to you over a year and a half ago with concerns about the PDF program outlined in BW, there has been an outpouring of public criticism about the program, including the following:

- Drs. Barry and Pamela Zuckerman, writing in the August 1998 issue of *Child* magazine, alerted parents that the BW book “could be dangerous” and that “the Ezzos’ advice on feeding schedules is misleading.”
- The August 6, 1998 issue of *Salon* magazine carried a cover story on *Babywise* that quoted a number of infant feeding experts (Dr. T. Berry Brazelton, Dr. William Sears, Kathleen Auerbach, Kathleen Huggins, and Katherine Dettwyler, Ph.D.), as well as Dr. Richard Ferber, expressing concerns with PDF. The article also said that apparently at least two of the people *BABYWISE* claims were part of a “medical advisory board” gave no input to the book.
- The February 17, 1998 *Wall Street Journal* ran a cover story that outlined problems with BW. Dr. Lawrence Gartner of the AAP and a variety of other healthcare professionals were quoted expressing problems with the program.
- The Santa Clara Valley Breastfeeding Task Force (affiliated with the Santa Clara County Public Health Department in California) issued a January 23, 1998 letter of concern after becoming aware of several infants on the program who were experiencing problems associated with poor weight gain.
- The Christian Research Institute, a national authority on cults, published a cover story in its *Christian Research Journal* in July of this year. I wrote this story, along with the magazine’s editor-in-chief. The article described the “cult-like” aspects of Growing Families International, the company that developed the PDF program. It specifically discussed concerns with the physical and emotional endangerment of some of the children parented with PDF.
- *Christianity Today* carried a February 1998 article also listing concerns with PDF.
- Grace Community Church, where the PDF program was first established, issued a public statement on October 16, 1997 disavowing all association with the program.
- Focus on the Family has repeatedly and publicly expressed concern about the program, stating that it has received “numerous letters...regarding cases of failure-to-thrive in infants subjected” to the PDF program.

I am including copies of each of these articles or statements for your reference.

How does this impact the AAP?

My concern is that parents reading the new *BABYWISE* may very well come away believing the AAP endorses the feeding program it outlines. This is especially tragic in cases where the parents experience problems, as they may blame the AAP in some way for their problems.

This is no small matter when you consider that the PDF program is reportedly being used on over a million babies and the BW book itself has been listed on the Ingram Book Distributor’s “A” list for over two years as one of the most sought after books in the world on infant and child care.

Parents are understandably attracted to the promise of uninterrupted nights and lives that only “slow down for a few weeks” after the birth of a baby (covers and p. 26).

While the AAP has issued a media alert regarding scheduled feedings in general and has reiterated its support for cue feeding of infants, I believe that nothing less than a public statement specifically and clearly stating the AAP’s opinion of BW will make it obvious to parents where the AAP stands.

Indeed, just such a statement is what was requested of the AAP by the over 100 health care professionals who signed my original letter of concern, as well as by the pediatricians from eight states who endorsed resolution #53, “Investigating the Ezzo program and the FTT Infants Associated with it,” which will be submitted at the annual AAP meeting this week.

For further information, please feel free to contact me, any of the Fellows who signed my original letter of concern regarding BW, or the pediatricians from District IV who endorsed the resolution.

Sincerely,

Kathleen Turner, M.B.A.

Note: I am also enclosing a copy of the BW book itself so that the Academy can verify first-hand the accuracy of the quotes I am listing as well as the context in which they appear.

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