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Finding Out What Matters

TODAY, MANY OF THE PROBLEMS PARENTS HAVE WITH THEIR BABIES are linked to new parenting and feeding techniques that have been implemented during the recent century. Colic, for instance, is far more common in the U.S. than in many other places around the world. I will show how two chief causes for its rise are the stress suffered by babies being regularly separated from their mothers and the common difficulties babies have tolerating the large cow's milk proteins in infant formulas and breastfeeding mothers' diets. Cow's milk is a foreign substance that has pervaded every corner of our diets — starting with artificial infant feeds, but finding its way into mother's breastmilk through the foods she eats as well. As it turns

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out, health problems such as diabetes, obesity, bowel disease, and cancer, on the rise in both children and adults, are strongly linked to infant feeding choices. This book discusses the most important problems that have flourished over the last century, and those that parents have the most power to change.

We begin with a story about a mother, who we'll call Jenny, whose newborn behaved wildly at the breast — wanting to nurse, but not wanting to nurse, flailing his head back and forth. After his first several days of life, he would do little more than scream and cry. Even though Jenny was a new mother, she was sure this was a cry of pain and frustration. Her baby's bowels did not move, except for a weekly watery explosion that no diaper on the planet could hold. He would awaken during naps and during the night with screams. He lost more than the usual amount of weight for a newborn, and then did not show much gain.

The doctors diagnosed Jenny's infant with colic and sent her back home, assuring her that he would "grow out of it" someday. They provided an "increased" feeding schedule, which was actually much less frequent than his attempts already. But making him wait to eat only found him in such a crying frenzy that he couldn't even try to nurse. Well-meaning visitors tried to force him to nurse, which made him protest more, force bottles of formula on him, which made him vomit, or force pacifiers and water bottles, which made him lose interest in feeding at all. The doctor also eventually recommended formula supplements, but these still were not tolerated. Jenny looked frantically through all her baby books to find out just what colic was, and what could be done. She found an answer: crying 2 hours per day is "normal"; crying 3 hours or more per day is "colic" — a condition of crying a lot.

This, she thought, was no diagnosis; it was simply an excuse. But why? Apparently hers was not the first child to ever behave this way. The first clue came from another mother. She suggested that the baby might be allergic to something in Jenny's milk. Jenny had never heard of this, but she thought back over her diet before the miserable night that had just passed. It contained three of the foods her friend mentioned as most common offenders. She

went home and found a couple vague references to these food reactions in her baby books, so she tried eliminating a few foods from her diet and saw immediate improvement, although her son was far from recovery.

Jenny thought she was well educated in diagnosis, health, and nutrition. Her training included basic pediatric concerns as well. Not only that, but she owned quite a stack of the standard baby care books, and her pediatrician was so popular that he was frequently seen on local TV. She felt rather embarrassed and concerned that her education did not include such basic dietary information. She wondered why it was not readily available.

Okay, so this mom's name wasn't Jenny. It's Linda, Linda Palmer — me, the author.

By this time, it was very clear that my son was in pain. He would arch his back and clench his fists. I began searching through medical textbooks and found little help. Finally I began to find information in some well-recognized research journals. Strangely, however, I noticed that most of the helpful research and information came from Europe, Australia, Israel, and many parts of the world, but almost nothing from the U.S.

The more answers I found, the more questions I had. It would take a book to tell you about even a small portion of the vast amount of, shall I say, “secret” research and information out there about colic and many other challenges that parents might face. Then I found some incredible reasons for why this sound, scientific, and important information is not available in most medical offices in this country: Basically, a few stray misconceptions and a century of exploitation for industry profit are behind the story. It would take a book to tell you even a little of what I learned...and you are reading that book.

Herein, I only discuss situations where choices can be made and where there are important potential differences in the mental and physical outcomes for children based on those choices. Of course, it is precisely these matters, those where there are choices, that are influenced by industry and advertising (propaganda). Some child-rearing ideas are woven so deeply into the fabric of our culture that



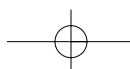
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even most of our well-meaning infant care scholars are victims of the scheme.

To understand the problems of modern child rearing, we must recognize the impact of industrialization, which brought rapid and frequent transport of families from their friends and extended families. Busy people in rapid transit, who were also busy watching their new radios and televisions at home, lost a great deal of community interaction, and therefore support. Industrialization has also shaped a society where both parents often work, reducing contact not only with the neighborhood, but even within the nuclear family. The “village” is now a thing of the past. The village not only more easily provided the significant attention and stimulation a child needs, but it also gathered and passed on a collection of parenting knowledge and discoveries.

Why did it take me so long to realize that my baby, although still suffering food sensitivity problems, did actually feed quite well first thing in the morning and during the night — after the hospital stay that is? Rather than relying on a stream of lactation nurses and relatives hovering around, trying to force my baby to feed, I finally found some mothers who explained that my sensitive and already uncomfortable young baby was hyperstimulated by all the noise and strangers. Having recently arrived from a peaceful womb, where he mainly heard only two voices, my son finally found one peace in his new existence, one break from his crying and frustration. Babies are not all alike, but finally, alone with me in a quiet, dimly lit room, my tiny son could nurse soundly and happily, in between his bouts of painful crying and snatches of sleep. In fact, he seemed to find relief from pain in the act of nursing itself. This, I found later, could be soundly explained by some of the secret science.

I should have known all about child rearing since playing house as a child; I should have learned this from being a part of a village. The truth is, however, that I had never even seen a baby nurse before. I am most frightened to realize that I may never have “gotten” it, that my son may never have begun to gain weight, that...who knows?



Since our villages are all but gone in this country, La Leche League, International, has taken it upon themselves to again gather up the wisdom from experienced mothers and share these experiences, the trials and the successes. This breastfeeding organization, founded in 1956, now acts as a valuable information source for new mothers. Hopefully, with efforts such as theirs and others, our new generation of babies will not have to be the guinea pigs of modern society. Hopefully, mothers can collect evidence and experience and pass this information on, for more consistently healthy, happy, and brighter results.

I came into parenting with little agenda beyond every parent's hope for a healthy child. Challenges came quickly however, and answers were limited and generally were not well supported with sound research. I embarked on a large amount of research and established contact with hundreds of families whose lives I purposefully probed, all aimed initially at solving my own parenting dilemmas. Over time, it became apparent that infant care choices could make huge differences, and that the research evidence pointed to certain choices rather definitely. It is stunning that this information is widely unknown in parenting circles, parenting books, and in pediatric offices. The information in this volume will empower parents by revealing a large amount of the latest scientific, medical, sociological, and psychological research about how babies are affected by parenting choices.

Somewhat insidiously over time, child care has drifted into a regimen that aims to make strong, independent "adults" out of our innocent children, starting from day one. Parents have been encouraged to ignore baby's cries and their own very strong instinctual urges to respond, to disconnect themselves from their infant very quickly, to create a detached, "independent" infant. I've certainly obtained this programming from social cues all my life: If you pick up the baby, cuddle him, "give-in" to baby's requests, you will "spoil" him — "Don't spoil the baby!" Yet, I have found that there is no sound research to support any long-term benefit from this advice. In fact, mountains of psychology studies suggest the opposite, and a look at cultures with differing practices bears this truth out.

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This reminds me of an incredible embarrassment. I am haunted by a sick feeling every time I recall the number of times I regurgitated my own cultural programming to my patients — that babies need to cry frequently and at length to develop their lungs.

This behavior is the independent behavior that was sought — now, unfortunately, independent of the wishes of parents or society. It is the consequence of successfully preventing close bonding from birth.

Quite contrary to the popular idea that babies are out to control their parents, I intend to demonstrate that babies are helpless immature beings with feelings and instinctual drives for survival and social imprinting. They thrive when they are tenderly cared for, nursed, and closely nurtured. Psychology and sociology researchers have found that, in reality, the significant result of today's coveted early independence is poorly bonded children who often become poorly functioning adults. The outcome of our ubiquitous detached parenting is most clearly seen during adolescence when poorly attached children often exhibit highly destructive behavior toward themselves or others — often gently referred to as “antisocial” behavior. This behavior is the independent behavior that was sought — now, unfortunately, inde-

pendent of the wishes of parents or society. It is the consequence of successfully preventing close bonding from birth.

Self-destructive and violent behavior has been a growing problem throughout the twentieth century. Nearly all who study it find it is strongly linked to the earliest treatment of children. In fact, it has been found that the level and quality of maternal care, especially during the earliest months, provides an incredibly consistent indicator of a child's future behavior and socialization. Well-bonded, securely attached children are more responsive to parental requests, a kind of “dependence” that is preferable. Of course, the results of this behavior carry on into adult life. Furthermore, many adult diseases, both mental and physical, including the now

common inability to form long-bonded marital or partner relationships, stem from this lack of strong early attachment.

Leaving babies crying alone in cribs and otherwise maintaining physical distance through plastic bottles, playpens, and plastic baby carriers contributes to poor attachment. Although the results are obvious, those who study the functioning of our nerves and hormones have now demonstrated that a hormonally conducted bonding occurs when two people consistently touch, protect, and care for each other, and that brain patterns are permanently altered by bonding patterns between parent and child.

Most would agree that children probably do not consciously remember the way they were treated during early infancy. Many recount this observation as support or comfort for their ideas about ignoring babies' cries for attention and providing minimal stimulation. Yet, it can be shown that while the specifics may be lost, unconscious memories are developed on the neurological and biochemical level from birth — a baby's brain develops according to its environment, from day one. Childhood, adolescence, and adulthood are all affected by this early programming. And as far as the coveted independence goes, it has been shown that those who receive the most affection early on display the highest levels of independence as adults.



At the same time that emotion and behavior are being influenced by detached parenting, health and survival are also taking a beating. Formula feeding is a facet of detached parenting. Not only

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does withholding breastmilk lead to more illness and death when this important part of an infant's immune protection is lost, but an untold number of babies, children, and adults suffer from physical and behavioral ailments linked to food intolerance reactions. These reactions are an immune system response, stemming especially from the early introduction of cow's milk and milk formulas.

We know that the intestinal irritation and bleeding commonly associated with infants consuming cow's milk proteins eventually allows heavy proteins to pass through the intestinal walls before they have been digested, causing further destructive immune reactions. Our increasing exposure to chemical contaminants in our environment and the enormous amount of drugs and chemicals fed to milk-producing cows may be partially responsible for the ever-increasing numbers of food allergies, asthma, and autoimmune illnesses. At the same time, medical recognition of these immune mechanisms has actually waned considerably, especially in the U.S. Therefore, treatable cases of colic and many other problems remain unrecognized, and children continue to suffer and parents continue to be frustrated. At the same time that milk formulas became popular infant feeds, huge numbers of children suddenly started suffering from a wide array of symptoms that were recognized as food sensitivities. Unfortunately, it appears that the response to this "coincidence" was to change the definition of food allergy. Today, most reactions to milk products are still considered to be somehow different from other validly recognized allergies, causing them to become entities unto themselves, such as "colic," or they are attributed to psychological behavior problems of the child or the parents.

Other connections between cow's milk and disease are also not widely advertised. Today, there is little doubt that early and frequent feeding of dairy products leads to a greatly increased incidence of childhood diabetes. It has been confirmed that high cow's milk consumption is a major cause of osteoporosis. Alas, this information has been stifled, apparently because the National Dairy Council governs the National Osteoporosis Foundation. With huge contributions to pediatric education, the dairy industry and formula

manufacturers have managed to keep their products in the high regard of baby doctors. Their other advertising efforts have caused these products to become widely accepted in the eyes of the public as well. Pediatricians and the public have been successfully convinced that formula is a quite reasonable substitute for mother's milk. In fact, however, formula-fed infants suffer twice as many illnesses as breastfed ones, and approximately twice as many bottle-fed infants die compared to breastfed babies (from all causes, as an average). Supplementing breastfed babies with formula not only slows early weight gain, but interferes greatly with the valuable immunity provided by breastmilk. In our nation, this information never quite makes it into *Parenting* magazine, whose chief advertisers are...you guessed it. Even after infancy, a significantly higher risk of childhood cancer exists for those who never received breastmilk compared to those who nursed exclusively and for extended periods.

Other parenting practices changed as a result of formula feeding. Today's babies are kept in a separate room so that breastfeeding is not encouraged. Since these babies don't nurse throughout the night while mom and dad sleep, they frequently wake up crying, wanting to eat. Babies often also suffer from chronic intestinal inflammation or indigestion due to irritating and difficult-to-digest foreign bovine proteins, which also makes them wake up crying many times during the night. Parents of these formula babies have to find ways to get a good night's sleep. Measures designed to alleviate this sleep dilemma, such as imposing deep sleep by having babies sleep unnaturally on their stomachs, or exhausting children by allowing long periods of crying, have greatly backfired. We are now discovering that this once-coveted deep sleep has led to countless sudden infant deaths. Formula-fed crib babies also miss the comforting nursing and warm breastmilk throughout the night, as well as the sleep-inducing hormones acquired from nursing closely between two warm parents. Nature designed everything for the most peaceful, restful night for the entire family.

Other potentially harmful practices may be motivated by other industries. Fever-reducing medications are strongly advertised and prescribed, yet for most infections, illness and death increase when

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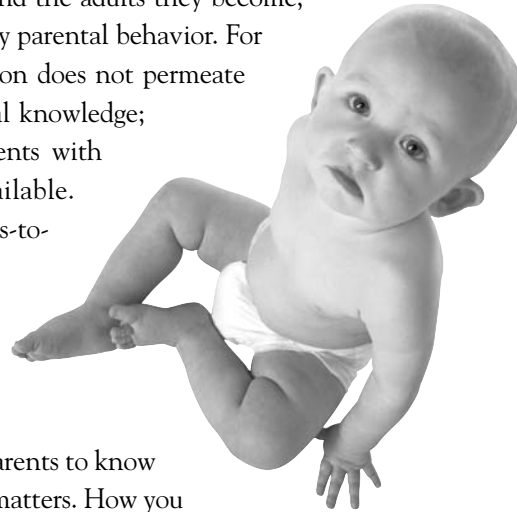
fevers are reduced. These are the statistics, the research findings, yet, what message do we receive? Antibiotics continue to be prescribed for ear infections even though there is little doubt that there is a higher rate of recurring ear infections in those who receive antibiotic therapy than in those who do not. In fact, the return of chronic middle ear fluid is 2 to 6 times higher in those treated with antibiotics. Serious sinus infections (mastoiditis) are currently on the rise as a direct result of strongly resistant bacteria developed through the common use of antibiotic therapy for ear infections. Ear infection is a topic well covered in this text because it is so pervasive, but its frequent occurrence doesn't make sense and is not universal. It is largely preventable.

Although some of these modern problems have been mostly ignored, the number of people who react to cow's milk is so significant that the problem can't be entirely swept under the rug. Instead, the discussion has become misguided. People and doctors have been led to believe that the chief cause of intestinal pain from dairy consumption is lactose intolerance, a condition that can be easily overcome even without excluding dairy products from the diet. Lactose intolerance is a real problem that increases with age (evidently, adults are not intended to drink milk, a baby food). It occurs sooner and more often in genetic populations who have consumed dairy for a much shorter history: actually most of the world except for those of Northern European descent. But lactose is a chief component of mother's milk, and, until quite recently, a baby who could not digest lactose would never have lived to pass on his genes. Intestinal intolerance to *cow's milk protein, not lactose*, is the major cause of undiagnosed colic in infants, and of other GI symptoms in the young and old alike.

I have come across many other startling matters. For example, did you know that vitamin K injections at birth are associated with childhood leukemia? Did you know that how you feed and treat your infant can strongly affect your child's IQ? There are also some important concerns surrounding common practices such as vaccination and circumcision that I feel parents have the right to know about.

FINDING OUT WHAT MATTERS • II

I have found overwhelming evidence for these assertions and others. I will explain how the health, behavior, intelligence, and success of our children, and the adults they become, can be positively influenced by parental behavior. For various reasons this information does not permeate our common medical or social knowledge; therefore, I wish to arm parents with the best information available. I hope that parents and parents-to-be will find this data provocative, so they will be aware that they have choices and will understand what some of the consequences of their choices may be. I wish parents to know that what you feed your baby matters. How you treat your baby matters. Our future will be significantly affected by the choices that parents make today.



I have high hopes for the children of the twenty-first century.