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Scheduled Feedings . . . Is This "God's Order"?

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Abstract

A review of the tenets of the Ezzo method of infant feeding, together with a review of research literature that suggests an approach based on the documented developmental needs of infants, is presented. Included are common questions a perinatal educator might encounter and suggested responses.

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In the past 5 years, numerous health professionals have noted an alarming increase in the frequency with which mothers have sought help for their breastfeeding babies who were not growing well. These babies, presented many weeks after breastfeeding, should have been well established. Careful questioning of the mothers, observation of their reluctance in many cases to alter how often or how long they were breastfeeding, and review of the book *On Becoming Babywise* revealed why these babies were doing so poorly.

Often, the parents were following the instructions of parenting classes offered by Growing Families International (GFI), the organization from which the Instructional manuals, tapes, and other items can be purchased. Sometimes called the 'Ezzo' method, its primary message is that demand feeding and/or attachment parenting are anathema and contribute to numerous problems. An alternative method of parenting, including parent controlled feeding (PCF) or parent directed feeding (PDF), is offered.

PCF advocates emphasize several elements that are in direct opposition to accepted understandings of infant physiology and infant needs. Much of the attractiveness of the program derives from what appears to be a guarantee that parents can "control" their children if PDF and the recommendations for "growing kids God's way" are strictly followed. These recommendations include rules for playpen or blanket time, placing the baby in a room by himself for specific time periods, high chair rules, and so on. Because the program is frequently offered through churches, many couples are reluctant to conclude that the method may be inappropriate.

More recently, the church with which the originators of the program were affiliated has disallowed the classes and publicly disclaimed continued support of the method and the Ezzos. Why? Church elders could find "no biblical basis whatever" for the program directors' dogmatism against demand feeding of infants and other claims pertaining to the rearing of young children (Grace Community Church, 1997). The April 1998 issue of AAP News (Aney, 1998) includes an article in which a physician raises concerns about the program.

Childbirth educators need to be familiar with this method of parenting, for they may be asked questions by pregnant couples in their classes. Instructors need to be prepared to counter the more extreme elements of the program that may pose increased risk of feeding problems, failure to thrive, and death. (See Table 1.)

Table 1 Questions You May Be Asked and Suggested Answers You Might Give

1. **"Is it really necessary for a baby to be fed more often than every three hours?"**
   Some babies do not ask to be fed more often than every 3 hours; many, however, need to be fed more often. A newborn's stomach is very small—about the size of an unshelled walnut, or the baby's own fist tightly clenched. Your milk is rapidly and easily digested, and the baby's stomach empties. This is especially true when the baby is growing very quickly. If he is not fed when he needs to eat, he will not gain weight, and that is his primary job in the first several months of life. Babies ask to be fed because they are hungry, not because they are trying to make you do something that is not necessary.
2. **"I have heard that most babies should be taught to sleep through the night within a few weeks after birth."**
   That's an attractive idea, but it is unrelated to a baby's needs. Your baby wakes at night for feedings because he is growing very rapidly and he is hungry. He does not wake at night to make you upset. Most babies are unable to go long periods without feeding; this is true throughout the day and night. And ignoring his cries or giving him cereal (Skinner, et al., 1997), is not going to make the baby sleep. A lot of crying can give him painful gas and colic, which is very likely to keep you all awake because he is in pain. You can, however, encourage the baby to breastfeed more often during the day by feeding him very frequently during the day. Usually, within a week or so after birth, he will then be feeding fewer times at night. In this way, you will get more sleep than your neighbor, whose baby is crying from hunger pangs. And as the baby grows, he will gradually eliminate those night feedings.
3. **"I have read that babies get colic if they are allowed to feed whenever they want to."**
   Colic is not fun—for babies or their parents. But there is no scientific evidence that colic is caused by frequent feedings. Babies need to feed often. Colic is more likely to occur if the baby swallows a lot of air from crying, particularly if he is allowed to cry for long periods. Crying is a late signal that your baby needs your help. One way to avoid colic from crying is to go to your baby as soon as you hear him stir. He will feed more leisurely if he is still a bit sleepy, and you will find that he remains happier when he learns that he can trust that you are going to be there for him.

Table 1 Continued

4. **"Don't babies sleep better when they can cling to the mattress? What if she spits up? Isn't she more likely to choke if she is on her back?"**
Numerous research studies have found that SIDS is far less likely if the baby is placed on her back to sleep. If the baby spits up, what comes up will run out of either side of her mouth. Protect your baby from SIDS; place her on her back for sleep—whether in your bed or her own.
5. **"My neighbor gave me a book that says that babies who feed whenever they want to never sleep through the night. What do you think?"**
I would like to see the research that supports that statement. Babies sleep through the night when they are developmentally able to do so. This is unrelated to how they are fed, what they are fed, or how often they are fed. To encourage your baby to sleep through the night, feed him well and often and he is more likely to sleep longer than if he remains hungry from too few feedings or feedings that are stopped before he is done. Imagine how you would feel if you were enjoying a lovely meal and the waiter took your plate away after only 10 minutes.
6. **"I read that I will have plenty of milk if I put the baby on a schedule and feed no more than six to seven times a day. This is right, isn't it?"**
The way to have enough milk for your baby is to feed her very frequently. Mothers who feed less often make less milk because the baby's suckling is what causes the breast to make and eject milk. If you limit the number of times you feed your baby—particularly in the first several months, you will not make enough milk. Why not get off to a great start right from the beginning? It is easy to do. Just feed the baby as often as he needs to be fed!
7. **"But how will I know my baby is getting enough if I do not feed him on a schedule?"**
Feeding according to the clock might be helpful if your baby were a mechanical device, but he is not. Studies of the effect of clock watching have shown that this does not reflect the physiological or psychological needs of the human infant (Millard, 1990). Just as you sometimes eat small meals and sometimes larger ones, so does he. Just as you sometimes want to eat an hour after the last meal or you have a cup of coffee or tea in between sit-down meals, so also does your baby. And a baby who is not fed as often as he needs will not get as much milk as he might if fed according to need. Remember, your milk production is maintained when the baby feeds frequently according to need, not according to an arbitrarily, artificially-determined schedule. If you have one of those babies who is content to wait several hours between feedings, offering the breast frequently is the best prevention of failure to thrive. Babies who become weak tend to sleep rather than protest. Finally, the need to eat is not simply a matter of filling up his empty stomach; it is also feeding his social-emotional needs when he is cuddled and snuggled while breastfeeding. Most babies know best when they need to be fed. Trusting that your baby will tell you may seem harder to learn, but that is part of the process of learning to be a responsive and responsible parent.
8. **"But isn't it true that the baby will be confused about what to do if I do not schedule his feedings and other activities right from the start?"**
Your baby is a bundle of reflexes. He has to learn how to breastfeed, and he needs to feed frequently in order to grow. He cannot grow if he is fed less often than he needs. He will develop well if his needs are met. And he depends on you, his parents, to help him do that (Gomes-Pedro, et al., 1984). Imagine that you suddenly find yourself in a place where no one speaks your language and where you can't speak theirs. Your head is so heavy you can barely hold it up, and you can't even turn over on your own! Imagine how you would feel if you are hungry and those pangs hurt, but the giants who occasionally pick you up only let you feed for short periods. Then at other times, they ignore you when you try to let them know you need their help. Would you be happy? Would you go to sleep secure in your new surroundings? Or would you try—at least for awhile—to get their attention? Your baby has four basic survival needs: to be fed, to be kept warm, to be kept clean, and to be nurtured. Your baby needs you. She needs to learn to trust that you will be there for her. This is not manipulation or willfulness. This is how babies are.

A Sampling of the PDF/EZZO Recommendations

Many of the infant care recommendations espoused by the Ezzos have no basis in an understanding of newborn physiology. They are counter to numerous studies of infant feeding and normal sleep behavior. These elements include but are not limited to the following:

1. *The infant should be fed no more often than every 3 hours*. While some babies will remain contented and can grow on a limited number of feedings per day, many do not. This is particularly problematic during those periods known as "growth/appetite spurts" when young infants will often feed several times in a few hours and/or with a dramatic increase in the total number of feedings. in a given 24-hour period (DeCarvalho, et al., 1983; Klaus, 1987; Livingstone, 1990).
2. *Night feedings should be eliminated by 8 weeks of age*. This expectation does not take into account how infants grow in the first several months of life or how infants sleep (Butte, et al., 1992; Elias, et al., 1986; Grunwaldt, et al., 1960; Macknin, et al., 1989). Eliminating night feedings prior to 3 months often results in children who cry inconsolably before they learn that their parents will not meet their needs for food and nurturing (Anders, et al., 1992; Armstrong, et al., 1994; Brandt, et al., 1998).
3. *Colic is a result of "demand" feeding.* This belief infers that infants seek to manipulate their parents to their own will. Recognition of needs is ignored in favor of a view of children that emphasizes the parents' need to establish control of all aspects of infant behavior as soon as possible. No evidence supports the view that colic results from frequent feedings. Variables known to be related to infant colic such as ingestion of cow's milk by mother or baby (Jakobsson & Lindberg, 1978, 1983; Lothe, et al., 1982), maternal smoking (Matheson, 1989; Said, et al., 1984), and a simple therapy found to reduce colic-mother-infant contact through carrying (Barr, et al., 1991) are ignored.
4. *Babies should be placed prone in bed in order to encourage sleep.* This recommendation continues to be urged in spite of well-documented publicity pertaining to the dramatic reduction (35%) in the incidence of Sudden Infant Death Syndrome (SIDS) when babies are placed supine for sleep (McKenna & Mosko, 1993; McKenna, et al., 1994; Skadberg, Morild & Markestad, 1998; Taylor, et al., 1996). Rigidly following this recommendation could result

in the death of a young infant, particularly if that child is not breastfed and wrapped heavily or covered with a heavy quilt or duvet (Gilbert, et al., 1992).

5. *Demand-fed babies do not sleep through the night.* This statement infers that if a baby is fed according to PDF strictures, the baby will sleep through the night. (See Item 2 above.) However, no documentation supports their contention that demand-fed babies do not sleep well. And recent studies of the sleep behavior of infants who co-sleep reveal that neither the mothers nor the babies waken fully when they feed at night as needed (McKenna, et al., 1993, 1994).
6. *The frequency of breastfeeding is unrelated to milk production*. Parents following the Ezzo method are taught that mothers who feed five to six times daily can be assured of adequate milk production and that they will experience effective milk ejection, breastfeeding elements of which they claim mothers who demand feed will have problems. While it is possible that a given mother might make adequate amounts of milk with relatively infrequent feedings, this is by no means a guarantee. Much depends on how well and effectively her infant feeds (Daly & Hartmann, 1995a; Daly, et al., 1996). Furthermore, in contrast to the Ezzos' inability to provide documentation to support their claim, numerous studies have shown a clear relationship between feeding frequency and optimal milk production (Daly & Hartmann, 1995b; Daly, et al., 1993; DeCarvalho, et al., 1983; Dewey, et al., 1991; Egli, et al., 1961; Klaus, 1987; Lunn, 1992).
7. *Lack of regularity (as in scheduled feedings) will cause 'metabolic confusion' that negatively affects infant hunger, digestion, and sleep/wake cycles.* No evidence for this statement is offered or explained. Instead, the issue turns on the degree to which the parents must control the baby's innate behavior in order to avoid altering the parents' previously established social living patterns.

What Can the Childbirth Educator Do?

If you are asked questions that appear to seek approval for scheduled feedings, early sleeping through the night, supine sleep position, and avoidance of demand feeding and/or attachment parenting, be prepared to present evidence-based information that will support an alternative view. Appearing to attack a given religious orientation or a particular church is self-defeating. Questioning the Ezzo method may result in labeling what you say as "humanistic' or "secular humanism," which is considered incompatible with a "biblical mindset." Therefore, some class members claiming such an affiliation may simply conclude that you are "ungodly" or "sinful," and, they will not listen to what you have to say. Consider the questions and proposed answers in Table 1 in forming your replies.

The babies of the pregnant couples who look to you for guidance may be negatively affected if you take the "ostrich approach" to this difficult situation. Ignoring the recommendations to new parents for highly structured, restricted parenting will not make this orientation go away. Most troubling to me are the observed responses of babies who no longer make eye contact with their parents and who act fearful rather than trusting when in their presence. Such reactions remind me of the psychological failure to thrive that was documented when studies of infant neglect and abuse were first reported in the 1970s.

Virtually every generation has its own set of "how-to" books for raising children, growing roses, and the like. The Ezzo method not all that different from the Skinnerian approach that enjoyed popularity earlier in the 20th century; parents rearing children according to Skinner were encouraged, among other things, to handle babies only when they needed to be fed or cleaned. Most such methods, however, have not been couched in implied scriptural teachings, nor have such methods resulted in infants who stopped growing. Therein lies the reason for the publicity that this method has generated in various newspapers, including the *Wall Street Journal* (Carton, 1998), *Christianity Today* (Frame, 1998), and the Catholic newspaper *Our Sunday Visitor* (Aquilina, 1998), as well as in documents for health care professionals such as AAP News.

If you need additional ammunition, consider distributing all or part of the recent AAP statement on Breastfeeding and Human Milk (Work Group on Breastfeeding, 1997). (See Table 2.) This document includes several recommendations designed to assist parents to optimally breastfeed their babies, all of which derive from numerous peer-reviewed studies based on a clear understanding of infant physiology and patterns of normal growth and development.

Finally, if you see a baby who is not growing well and you suspect that the parents are strictly limiting feeding frequency or duration, call the baby's primary care provider. The baby will thank you. The parents may decide, as many have, that some of the suggestions from *Preparation for Parenting* Classes or *On Becoming*

Babywise work well in their households, while others do not. All parents need to be encouraged to select those recommendations with which they are most comfortable from a smorgasbord of those offered and enable their baby to grow and thrive in a loving home.

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Table 2 Key Recommendations from the American Academy of Pediatrics (1997 Statement)

- Newborns should be nursed whenever they show signs of hunger such as increased alertness or activity, mouthing, or rooting.
- Crying is a late indicator of hunger.
- Newborns should be nursed approximately 8 to 12 times every 24 hours until satiety, usually 10 to 15 minutes on each breast.
- In the early weeks, non-demanding babies should be aroused to feed if 4 hours have elapsed since the last nursing.

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