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opening extract from

Secrets of the Baby Whisperer

written by

Tracy Hogg

published by

Ebury Press

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The anecdotes included in this book are not necessarily based upon the experiences of individuals. A few of the portraits are composites, and in all cases, names and identifying characteristics have been changed to protect the privacy of individuals.

The information and advice presented in this book have been reviewed by medical doctors. They should not, however, substitute for the advice of your personal physician or other trained health care professionals. You are advised to consult with health care professionals with regard to all matters that may require medical attention or diagnosis and to check with a physician before administering or undertaking any course of treatment.

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Foreword

One of the most common questions asked of me by prospective parents is, "What books do you recommend we obtain for guidance?" My dilemma has never been with the choice of a medically-based text, but rather with a solid volume presenting practical, simple, and yet individualised advice about early infant behaviour and development. Now my dilemma is solved.

In *Secrets of the Baby Whisperer,* Tracy Hogg has given new (and even experienced) parents a great gift—the ability to develop early insight into their child's temperament, a framework for interpreting a baby's early communication and behaviour, and as a result, a set of very practical and workable solutions for remedying typical infant problems such as excessive crying, frequent feedings, and sleepless nights. One can't help but appreciate Tracy's sensible "English" banter—the book is comfy, often chatty, humorous but practical and intelligent. It is an easy read—not overbearing but full of useful content applicable to even the most difficult of baby temperaments.

For many new parents, information overload from well-meaning family members, friends, books and the electronic media creates confusion and anxiety, even before a baby is born. Current publications dealing with typical newborn problems are often too dogmatic or, worse yet, too loose in philosophy. Barraged with these extremes, new parents often develop a style of "accidental parenting", well-intentioned, but likely to produce even more problems with Baby. In this book, Tracy emphasises the importance of a structured routine to help parents fall into a predictable rhythm.

She suggests an "E.A.S.Y." cycle of eating, activity, and then sleep in order to detach the expectation of eating from sleeping, and thus time is created for the parent—You. As a result, babies learn to self-soothe and settle without a breast or bottle association.

Cries or behaviour observed after a baby is well fed are then able to be interpreted more realistically by new parents.

In a new parent's zeal to multi-task and integrate parenting into a "pre-baby" world, Tracy encourages you to "S.L.O.W." down. She gives very useful suggestions for surviving the postpartum adjustment all family members must make, how to anticipate problems and simplify this most tiring of periods, and therefore how to capture the most subtle, yet most important of cues—the new baby's desire to communicate. Tracy teaches carers to observe Baby's body language and responses to the real world, and to use this knowledge to help interpret an infant's basic needs.

For parents who pick up this book late into their baby's infancy, helpful suggestions are brought forth to untangle and resolve ongoing difficulties—take heed, old habits can still be corrected. Tracy walks you patiently through the process and will instill in you confidence that parenting (and sleep, and fussiness) can get back on a livable track. For all parents, *Secrets of the Baby Whisperer* will become the dog-eared, well-loved reference we have all been waiting for. Enjoy!

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CHAPTER ONE

Loving the Baby You Gave Birth To

I just can't get over how much babies cry. I really had no idea what I was getting into. To tell you the truth, I thought it would be more like getting a cat.

—Anne Lamott in
Operating Instructions

Oh My God, We Have a *Baby*!

No event in an adult's life equals both the joy *and* the terror of becoming a parent for the first time. Fortunately, it's the joy that carries on. But in the beginning, insecurity and fear often take over. Alan, for example, a thirty-three-year-old graphic designer, vividly remembers the day he picked up his wife, Susan, from the hospital. Coincidentally, it was their fourth anniversary. Susan, a writer, age twenty-seven, had had a fairly easy labour and birth, and their beautiful blue-eyed baby, Aaron, nursed easily and rarely cried. By day two, Mum and Dad were eager to leave the hubbub of the hospital to start life as a family.

"I whistled as I walked down the hall towards her room", Alan recalls. "Everything seemed perfect. Aaron had nursed right before I got there, and now he was sleeping in Susan's arms. It was just as I imagined it would be. We went down in the lift, and the nurse let me wheel Susan out into the sunlight. When I ran for the car door, I realized I'd forgotten to set up the infant seat. I swear it took me half an hour to get it in right. Finally, I gently slid Aaron in. He was such an angel. I helped Susan into the car, thanked the nurse for her patience, and then climbed into the driver's seat.

"Suddenly, Aaron started making little noises from the backseat—not really crying, but sounds I didn't recall hearing in the hospital or maybe hadn't noticed. Susan looked at me, and I looked at her. 'Oh, Jesus!' I exclaimed. 'What do we do *now*?' "

Every parent I know has a what-now moment like Alan's. For some it comes in the hospital; for others it arrives on the trip home, or even on the second or third day. There's so much going on—the physical recovery, the emotional impact, the reality of caring for a helpless infant. Few are prepared for the shock. Some new mothers admit, "I read all the books, but nothing prepared me." Others recall, "There was so much to think about. I cried a lot."

The first three to five days are often the most difficult because everything is new and daunting. Typically, I'm bombarded by queries from anxious parents: "How long should a feeding take?" "Why does she pull her legs up like that?" "Is this the right way to

change him?" "Why is her poo that colour?" And, of course, the most persistent question of all time: "Why is he crying?" Parents, particularly mums, often feel guilty because they think they're *supposed* to know everything. The mother of a one-month-old said to me, "I was so afraid I'd do something wrong, but at the same time, I didn't want anyone to help me or tell me what to do."

The first thing I tell parents—and keep telling them—is to slooooooow down. It takes time to get to know your baby. It takes patience and a calm environment. It takes strength and stamina. It takes respect and kindness. It takes responsibility and discipline. It takes attention and keen observation. It takes time and practice—a lot of doing it wrong before you get it right. And it takes listening to your own intuition.

Notice how often I repeat "it takes". In the beginning, there's a lot of "take" and very little "give" on your baby's part. The rewards and joys of parenting will be endless, I promise. But they won't happen in a day, darlings; rather, you'll see them over months and years. What's more, everyone's experience is different. As a mother in one of my groups, looking back on her first few days home, observed, "I didn't know if I was doing things right—and, besides, everyone defines 'right' differently."

Also, every *baby* is different, which is why I tell my mums that their first job is to understand the baby they have, not the one they dreamed about during the past nine months. In this chapter, I'll help you figure out what you can expect from *your* baby. But first, a quick primer on your first few days at home.

Coming Home

Because I see myself as an advocate for *the whole family,* not just the new baby, part of my job is to help parents gain perspective. I tell mums and dads right from the start: This won't last forever. You *will* calm down. You *will* become more confident. You *will* be the best parent you can be. And at some point, believe it or not, your baby *will* sleep through the night. For now, though, you must

lower your expectations. You'll have good days and not-so-good days; be prepared for both. Don't strive for perfection.

Homecoming Checklist

One of the reasons my babies do well is that everything is ready for them a month *before* the due date. The more prepared you are and the quieter it is in the beginning, the more time you'll have to observe your baby and to get to know him as the individual he is.

- ✓ Put sheets on the crib or bassinet.
- ✓ Set up the changing table. Have everything you need—wipes, nappies, cotton swabs, surgical spirit—in easy reach.
- ✓ Have baby's first wardrobe ready. Take everything out of the packages, remove any tags, and wash in a mild detergent that has no bleach.
- ✓ Stock your refrigerator and freezer. A week or two before you're due, make a lasagna, a shepherd's pie, soups, and other dishes that freeze well. Make sure you have all the staples on hand—milk, butter, eggs, cereal, pet food. You'll eat better and cheaper and avoid frantic trips to the shops.
- ✓ Don't take too much to the hospital. Remember, you'll have several extra bags—*and* the baby—to bring home.

TIP: *The more organised you are before you come home, the happier everyone will be afterwards. And if you loosen the tops of bottles and tubes, open boxes, and take all new items out of their packages, you won't have to fiddle with such things with your new baby in hand! (See "Homecoming Checklist" at left.)*

I usually need to remind mothers, "It's your first day home—the first you're away from the security of the hospital, where you get help, answers, and relief at the push of a button. Now you're on your own." Of course, a mother is often happy to leave the hospital. The nurses may have been brusque or given her conflicting advice. And the frequent interruptions from hospital personnel and visitors probably made it impossible for her to rest. In any case, by the time most mums come home, they are usually either scared, confused, exhausted, or in pain—or maybe all of the above.

Therefore I advise a slow reentry. When you walk through the

door, take a deep, centering breath. Keep it simple. (You'll be hearing that a lot from me.) Think of this as the beginning of a new adventure, and you and your partner as explorers. And by all means, be realistic: The postpartum period *is* difficult—a rocky terrain. All but a rare few stumble along the way. (More about Mum recuperating during the postpartum period in Chapter 7.)

Believe me, I know that the moment you get home, you'll probably feel overwhelmed. But if you follow my simple homecoming ritual, you're less likely to feel frantic. (Remember, though, this is just a quick orientation. Later on, as indicated, I go into greater detail.)

Start the dialogue by giving your baby a tour of the house. That's right, a tour, as if you're the curator of a museum and she's a distinguished visitor. Remember what I told you about respect: You need to treat your little darling like a human being, as someone who can understand and feel. Granted, she speaks a language you may not yet understand, but it's nevertheless important to call her by name and to make every interaction *a dialogue*, not a lecture.

So walk around with her in your arms and show her where she's going to live. Talk *with* her. In a soft, gentle voice, explain each room: "Here's the kitchen. It's where Dad and I cook. This is the bathroom, where we take showers." And so on. You might feel silly. Many new parents are shy when they first start to have a dialogue with their baby. That's okay. Practise, and you'll be amazed at how easy it becomes. Just try to remember that this is a little *human being* in your arms, a person whose senses are alive, a tiny being who already knows your voice and even what you smell like.

While you're walking around, have Dad or Grandma make chamomile tea or another calming beverage. Tea, naturally, is *my* favourite. Where I come from, the moment a mum gets home, Nelly from next door nips over and puts on the kettle. It's a very English, very civilised tradition, which I've introduced to all my families here. After a nice cuppa, as we call it, you'll want to really explore this glorious creature you've given birth to.

Limit Visitors

Convince all but a few very close relatives and friends to stay away for the first few days. If parents are in from out of town, the greatest thing they can do for you is cook, clean, and run errands. Let them know in a kind way that you'll ask for their help with the baby *if* you need it, but that you'd like to use this time to get to know your little one on your own.

Give your baby a sponge bath and a feed. (Information and advice about feeding is in Chapter 4, sponge bathing on pages 156–157.) Keep in mind that you're not the only one in shock. Your baby has had quite a journey himself. Imagine, if you will, a tiny human being coming into the bright light of a delivery room. Suddenly, with great speed and force, that little body is rubbed, poked, and pricked by strangers whose voices are unfamiliar. After a few days in a nursery, surrounded by other tiny beings, he then has to travel from the hospital to home. If you adopted him, the trip was probably even longer.

> *TIP: Hospital nurseries are kept quite warm, almost womblike, so make sure the temperature in the baby's new "woom" is around 22°C (72°F).*

This is a perfect opportunity for you to pore over your miracle of nature. It may be the first time you see your baby naked. Get acquainted with his bits and pieces. Explore each tiny finger and toe. Keep talking with him. Bond with him. Nurse him or give him a bottle. Watch him as he gets sleepy. Start him off right, and allow him to fall asleep in his own crib or bassinet. (I have lots of sleeping tips in Chapter 6.)

"But her eyes are open", protested Gail, a hairdresser whose two-day-old daughter seemed to be staring contentedly at a photo of a baby propped up on the crib bumpers. I had suggested that Gail leave the room and get some rest herself, but Gail said, "She's not asleep yet." I've heard the same protest from many new mums.

But I'm going to tell you straightaway that your baby doesn't have to be asleep for you to put her down and walk away from the crib. "Look," I said to her, "Lily's hanging out with her boyfriend. Now *you* go lie down."

Take Small Bites

You've got a lot on your plate; don't heap on any additional pressures. Rather than being angry at yourself because you haven't gotten the announcements addressed or sent thank-you notes, give yourself a manageable daily goal—say, five instead of forty a day. Prioritise your tasks by creating piles marked "urgent", "do later", and "can wait till I feel better". If you're calm and honest when you assess each chore, you'll be surprised at how much goes in that last pile.

Take a nap. Don't unpack the bags, don't make phone calls, and don't look around the house and think of all the things you've got to get done. You're exhausted. When the baby sleeps, luv, take advantage of it. In fact, you've got one of the great miracles of nature on your side. Babies take a few days to recuperate from the shock of birth. It's not unusual for a one- or two-day-old newborn to sleep for six hours at a stretch, which gives you a little time to recuperate from your own trauma. Beware, though: If your baby seems good as gold, this may be the calm before the storm! He may have absorbed drugs from your system or at the very least is probably tired from squeezing his way through the birth canal, even if you had natural childbirth. He's not quite himself yet, but, as you will read in the pages that follow, his real temperament will soon emerge.

A Word About Pets

Animals can get jealous of new babies—after all, it's like bringing another child home.

DOGS: You can't actually talk to your dog to prepare it, but you can bring home a blanket or nappy from the hospital to get it used to the baby's smell. When you come home from the hospital, have Rover meet the new arrival *outside* the house, *before* you go in. Dogs are very territorial and likely not to welcome a stranger. It helps if they've gotten used to the baby's smell. All the same, I advise parents *never* to leave a baby alone with any pet.

CATS: It's an old wives' tale that cats like to lie on babies' faces, but cats *are* attracted to that little lump of warmth. Keeping it out of the nursery is the best way to prevent your cat from jumping into the crib and curling up with your baby. Your baby's lungs are very tender. Cat hair as well as fine dog hair, such as that on a Jack Russell, can cause an allergic reaction, and even bring on asthma.

Who Is *Your* Baby?

"He was such an angel in the hospital", Lisa protested on Robbie's third day. "Why does he cry so much now?" If I had a quid for every new mum or dad who uttered those words, I'd be a rich woman. This is the moment when I have to remind Mum that the baby she thought she knew rarely acts like the same baby once he's home.

The truth is, all babies—just like all people—differ in the way they eat, sleep, and respond to stimulation, and in the ways that they can be soothed. Call it temperament, personality, disposition, nature—it starts to emerge somewhere around day three to day five, and it indicates the type of person your baby is and will be.

I know this from firsthand experience, because I stay in touch with many of "my" babies. As I watch them grow into children and teenagers, I invariably see kernels of their infant selves in the way they greet people, how they handle new situations, even the way they interact with their parents and peers.

Davy, a scrawny, red-faced infant who surprised his mum and dad by arriving two weeks early, needed shelter from noise and light and quite a bit of extra cuddling to feel safe. Now a toddler, he is still a bit shy.

Anna, a bright-faced little girl who slept through the night at eleven days, was such an easy baby that her mum, a single mother who had conceived her through donor insemination, told me she didn't need me after the first week. At age twelve, Anna still welcomes the world with open arms.

Then there are the twins, two boys who couldn't have been more different from each other—Sean easily took his mother's breast and smiled on cue, while Kevin had trouble breastfeeding for the first month and seemed to be perpetually angry at the world. I lost touch with that family when Dad, an oil executive, was transferred overseas, but I'd wager that Sean still has a sunnier disposition than Kevin.

My clinical observations aside, many psychologists have documented the consistency of temperament and have come up with ways to describe various types. Jerome Kagan of Harvard (see sidebar above) and other psychological researchers have documented that, in fact, some infants *are* more sensitive than others, some more difficult, some grumpier, some sweeter, some more predictable. Such aspects of temperament affect how a baby perceives and manipulates her environment and, perhaps most important for new parents to

Nature or Nurture

Harvard researcher Jerome Kagan, who studies temperament in babies and young children, notes that, like most twentieth-century scientists, he was trained to believe that social environment could override biology. However, his research over the last two decades tells a different story:

"I confess to an occasional sadness," he writes in *Galen's Prophecy* (after the second-century physician who first categorized temperament), "over the recognition that some healthy, attractive infants born to affectionate, economically secure families begin life with a physiology that will make it a bit difficult for them to be as relaxed, spontaneous, and capable of hearty laughter as they would like. Some of these children will have to fight a natural urge to be dour and to worry about tomorrow's tasks."

understand, what comforts her. The trick is to see your baby clearly and to get to know and accept her for who she is.

Let me assure you, temperament is an *influence*, not a life sentence. No one is saying your handful of a baby will still be spitting milk at you when he grows up, or that your seemingly fragile little one will be a wallflower at her first dance. We dare not nullify nature—brain chemistry and anatomy do matter—but *nurture* still plays a vital role in development. Still, to fully support and nourish your baby, you need to understand the package he has brought with him into the world.

In my experience, I've found that infants generally fit into one of five broad temperamental types, which I call *Angel*, *Textbook*, *Touchy*, *Spirited*, and *Grumpy*. I describe each below. To help you look at your baby, I've made up a twenty-item multiple-choice test that applies to healthy babies from five days old to eight months. Bear in mind that during the first two weeks, there may be apparent changes in temperament that are actually quite temporary. For example, circumcision (often done on the eighth day) or any type of birth abnormality such as jaundice, which makes babies sleepy, may obscure a baby's true nature.

I suggest that both you *and* your partner answer the questions . . . separately. If you're a single mum or dad, enlist the cooperation of your own parent, a sibling or other relative, a good friend, a child-care worker—in short, anyone who has spent time around your baby.

Why have *two* people fill it out? First of all, especially if it's you and your spouse, I guarantee that each of you has a different view. After all, no two people see *anything* exactly the same way.

Second, babies do act differently with different people. That's simply a fact of life.

Third, we tend to project ourselves onto our babies, and we sometimes identify quite strongly with their temperament—and see only what we want to see. Without realising it, you may be overly focused on, or blind to, certain traits in your baby. For example, if you were shy and maybe even teased as a child, you might make too much of the fact that your baby cries in the presence of strangers. It is a bit painful to imagine that your child will

have to endure the same social anxiety and taunts you did, isn't it? Yes, ducky, we do project *that* far in advance when it comes to our babies. And we identify. The first time a wee lad picks up his head by himself, Dad's likely to say, "Look at my little football player." And if the boy is easily quieted by music, Mum, who's been playing the piano since she was five, is bound to say, "I can already see that he has my good ear!"

Please, please don't argue about your answers if they're different. This isn't a contest to see who's smarter or who knows the baby better. It's meant as a way for you to understand this little human being who has come into your lives. After you score your answers according to the directions below, you'll see which description best fits your baby. Naturally, some babies display a bit of this and a bit of that. The idea here is not to typecast your baby—that's just so bloody impersonal—but rather to help you cue in to some of the things I look for in a baby, such as crying patterns, reactions, sleep patterns, and disposition, all of which ultimately help me determine what that baby needs.

The Know-Your-Baby Quiz

For each of the following questions, pick the *best* answer—in other words, the statement that describes your child *most of the time.*

1. My baby
   - A. rarely cries
   - B. cries only when she's hungry, tired, or overstimulated
   - C. cries for no apparent reason
   - D. cries very loudly, and if I don't attend to it, she quickly gets into a rage cry
   - E. cries a lot of the time

2. When it's time for him to go to sleep, my baby
   - A. lies peacefully in his crib and drifts off to sleep
   - B. generally falls asleep easily within twenty minutes
   - C. fusses a bit and seems to be drifting off, but then he keeps waking up
   - D. is very restless and often needs to be swaddled or held
   - E. cries a lot and seems to resent being put down

3. When she wakes up in the morning, my baby
   A. rarely cries—she plays in her crib until I come in
   B. coos and looks around
   C. needs immediate attention or she starts crying
   D. screams
   E. whimpers

4. My baby smiles
   A. at everything and everybody
   B. when prompted
   C. when prompted but sometimes starts to cry within minutes of smiling
   D. a lot and is also very vocal, tending to make very loud baby noises
   E. only under the right circumstances

5. When I take my baby on any kind of outing, he
   A. is extremely portable
   B. is okay as long as where I take him isn't too busy or unfamiliar
   C. fusses a great deal
   D. is very demanding of my attention
   E. doesn't like to be handled a lot

6. When confronted by a friendly stranger cooing at her, my baby
   A. immediately smiles
   B. takes a moment and then usually smiles fairly quickly
   C. is likely to cry at first, unless the stranger can win her over
   D. gets very excited
   E. hardly ever smiles

7. When there's a loud noise, like a dog barking or a slamming door, my baby
   A. is never rattled
   B. notices it but isn't bothered
   C. flinches visibly and often starts to cry
   D. gets loud himself
   E. starts to cry

8. When I first gave my baby a bath
   A. she took to the water like a duck
   B. she was a little surprised at the sensation, but liked it almost immediately
   C. she was very sensitive—she shook a little and seemed afraid
   D. she was wild—flailing about and splashing
   E. she hated it and cried

9. My baby's body language is typically
   A. relaxed and alert almost always
   B. relaxed most of the time
   C. tense and very reactive to external stimuli
   D. jerky—his arms and legs are often flailing all over the place
   E. rigid—arms and legs are often fairly stiff

10. My baby makes loud, aggressive noises
   A. once in a while
   B. only when she's playing and is highly stimulated
   C. hardly ever
   D. often
   E. when she's angry

11. When I change my baby's nappy, bathe him, or dress him
   A. he always takes it in stride
   B. he is okay if I do it slowly and let him know what I'm doing
   C. is often cranky, as if he can't stand being naked
   D. wriggles a lot and tries to pull everything off the changing table
   E. he hates it—dressing is always a battle

12. If I suddenly bring my baby into bright light, like sunlight or fluorescent light, she
   A. takes it in stride
   B. can sometimes act startled
   C. blinks excessively or tries to turn her head away from the light
   D. becomes overstimulated
   E. acts annoyed

13a. *If you bottle-feed:* When I feed my baby, she
   A. always sucks properly, pays attention, and usually eats within twenty minutes
   B. is a little erratic during growth spurts but generally a good eater
   C. is very squirmy and takes a long time to finish the bottle
   D. grabs at the bottle aggressively and tends to overeat
   E. is often cranky and feedings take a long time

13b. *If you breastfeed:* When I feed my baby, he
   A. latches on immediately—it was a snap right from day one
   B. took a day or two to latch on properly, but now we do fine
   C. always wants to suckle but goes on and off the breast, as if he's forgotten how to nurse
   D. eats well as long as I hold him the way he wants me to
   E. gets very annoyed and restless, as if I don't have enough milk for him

14. The comment that best describes the communication between my baby and me is
    A. she always lets me know exactly what she needs
    B. most of the time her cues are easy to read
    C. she confuses me; sometimes she even cries at me
    D. she asserts her likes and dislikes very clearly and often loudly
    E. she usually gets my attention with loud, angry crying

15. When we go to a family gathering and lots of people want to hold him, my baby
    A. is very adaptable
    B. is somewhat selective about whom he'll go to
    C. cries easily if too many people hold him
    D. might cry or even try to lurch out of someone's arms if he doesn't feel comfortable
    E. refuses anyone's arms except Mummy's or Daddy's

16. When we come home from any kind of outing, my baby
    A. settles in easily and immediately
    B. takes a few minutes to get acclimatised
    C. tends to be very fussy
    D. is often overstimulated and hard to calm down
    E. acts angry and miserable

17. My baby
    A. can amuse herself for long periods by staring at anything, even the slats in the crib
    B. can play on her own for around fifteen minutes
    C. finds it hard to be amused in unfamiliar surroundings
    D. needs a lot of stimulation to be amused
    E. is not easily amused by anything

18. The most noticeable thing about my baby is how
    A. incredibly well-behaved and easy he is
    B. much he is developing precisely on schedule—just like the books said he would
    C. sensitive he is to everything
    D. aggressive he is
    E. grouchy he can be

19. My baby seems to
    A. feel utterly safe in her own bed (crib)
    B. prefer her bed most of the time

C. feel insecure in her bed
D. act feisty, like her bed is a prison
E. resent being put down into her bed

20. A comment that best describes my baby is that
A. you hardly know there's a baby in the house—he's good as gold
B. he's easy to handle, easy to predict
C. he's a very delicate little thing
D. I fear when he begins crawling, he's going to get into everything
E. he's an "old soul"—he acts like he's been here before

To score the self-test above, write A, B, C, D, and E on a piece of paper and next to each one, count how many times you've used each letter, which denotes a corresponding type.

A's = Angel baby
B's = Textbook baby
C's = Touchy baby
D's = Spirited baby
E's = Grumpy baby

Zeroing in on Your Baby's Type

When you tally up your letters, chances are that you'll have picked predominantly one or two. As you read the descriptions below, remember that we're talking about a way of being in the world here, not an occasional mood or a type of behaviour associated with a difficulty, such as colic, or a particular developmental milestone, like teething. You'll probably recognise your baby in the following thumbnail sketches, or perhaps she's a bit like this, a bit like that. Read all five descriptions. I've exemplified each profile with a baby I've met who fits it almost exactly.

The Angel baby. As you might expect, this is the kind of baby every first-time-pregnant woman imagines herself to have: good as gold. Pauline is such a baby—mellow, eternally smiling, and consistently undemanding. Her cues are easy to read. She's not bothered by

new surroundings, and she is extremely portable—in fact, you can take her anywhere. She feeds, plays, and sleeps easily, and usually doesn't cry when she wakes up. You'll find Pauline babbling in her crib most mornings, talking to a stuffed animal or just amusing herself by staring at a stripe on the wall. An Angel baby often can calm herself down, but if she gets a little overtired, perhaps because her cues were misread, all you have to do is snuggle her and tell her, "I can see that you're overtired." Then, turn on a lullaby, make the room nice and dim and quiet, and she will put herself to sleep.

The Textbook baby. This is our predictable baby, and as such, he's fairly easy to handle. Oliver does everything on cue, so there are few surprises with him. He reaches all the milestones right on schedule—sleeps through the night by three months, rolls over by five, sits up by six. He'll have growth spurts like clockwork—periods during which his appetite will suddenly increase because he's putting on extra body weight or making a developmental leap. Even as young as a week, he can play on his own for short periods—fifteen minutes or so—and he'll coo a lot and look around. And he smiles when someone smiles at him. Though Oliver has normal cranky periods, just like the books describe, he's easy to calm. It's not hard to get him to sleep, either.

The Touchy baby. For an ultrasensitive baby like Michael, the world is an endless array of sensory challenges. He flinches at the sound of a motorcycle revving outside his window, the TV blaring, a dog barking in the house next door. He blinks or turns his head away from bright light. He sometimes cries for no apparent reason, even at his mother. At those moments, he's shouting (in his baby language), "I've had enough—I need some peace and quiet." He often gets fussy after a number of people have held him, or after outings. He'll play on his own for a few minutes, but he needs the reassurance that someone he knows well—Mum, Dad, a nanny—is close by. Because this type of baby likes to suck a lot, Mum may misread his cues and think he's hungry when he'd do just as well on a

dummy. He also nurses erratically, sometimes acting as though he's forgotten how. At nap time and at night, Michael often has difficulty falling asleep. Touchy babies like him easily get off schedule, because their systems are so fragile. An extra-long nap, a skipped meal, an unexpected visitor, a trip, a change in formula—any of these things can throw Michael for a loop. To calm the Touchy baby, you have to re-create the womb. Swaddle him tightly, snuggle him into your shoulder, whisper a rhythmic *sh . . . sh . . . sh* sound (like the splashing of fluid in the womb) close to his ear, and pat his back gently, mimicking a heartbeat. (This, by the way, will calm most babies, but it works especially well with a Touchy baby.) When you have a Touchy baby, the quicker you learn his cues and his cries, the simpler life is. These babies love structure and predictability—no hidden surprises, thank you.

The Spirited baby. This is a baby who seems to emerge from the womb knowing what she likes and doesn't like, and she won't hesitate to let you know it. Babies like Karen are very vocal and even seem aggressive at times. She often screams for Mum or Dad when she gets up in the morning. She hates lying in her own pee or poo, and she says "Change me" by boisterously vocalising her discomfort. Indeed, she babbles a lot and loudly. Her body language tends to be a bit jerky. Karen often needs swaddling to get to sleep, because her flailing arms and legs keep her up and overstimulated. If she starts crying and the cycle is not interrupted, it's like a point of no return, and her crying leads to more crying until she's reached a fever pitch of rage. A spirited baby is likely to grab for her bottle at an early age. She'll also notice other babies before they notice her, and as soon as she's old enough to develop a good, firm grasp, she'll grab their toys as well.

The Grumpy baby. I have a theory that babies like Gavin have been here before—they're old souls, as we call them—and they're not all that happy to be back. I may be wrong, of course, but whatever the reason, I assure you this type of baby is downright mardy, as we say in Yorkshire—he's mad at the world and lets you know it. (My

coauthor informs me that the Yiddish equivalent is *farbissiner.*) Gavin whimpers every morning, doesn't smile much during the day, and fusses his way to sleep every night. His mum has a lot of trouble keeping baby-sitters, because they tend to take this little guy's bad humour personally. He hated baths at first, and every time anyone tried to change or dress him, he was fidgety and irritable. His mother had tried to breastfeed him, but she had a slow letdown (the pace of milk working its way down and through the nipple), and Gavin was impatient. Even though she switched him to formula, feeding is still difficult because of his cranky disposition. To calm a Grumpy baby, it usually takes a patient mum or dad, because these babies get very angry and their cries are particularly loud and long. The *sh . . . sh . . . sh* has to be louder than the cry. They hate to be swaddled, and they certainly let you know it. If a Grumpy baby has reached a major meltdown, instead of shushing say, "It's okay, it's okay, it's okay," in a rhythm while gently swaying front to back.

> ***TIP:*** *When you rock* any *type of baby, sway back and forward, not side to side or up and down. Before your baby was born, she sloshed around front to back inside you as you walked, so she's used to, and comforted by, that kind of movement.*

Fantasy Versus Reality

I'm sure that you recognised your baby in the above descriptions. Maybe he's a cross between two types. In either case, this information is meant to guide and enlighten you, not to alarm you. Also, it's less important to figure out a label per se than to know what to expect and how to deal with your baby's particular temperament.

But wait a minute . . . you say this wasn't the baby you dreamed about? He's harder to soothe? Squirms more? Seems more irritable? Doesn't like to be held? You're confused, even a bit angry. You might even have regrets. You're not alone. During nine months of pregnancy, virtually all parents come to have an image of the baby they're expecting—what she looks like, what kind of child she'll

grow into, what kind of person she'll eventually be. This is especially true of older mums and dads who have had trouble conceiving or who have waited until their thirties or forties to start a family. Sarah, thirty-six, who had a Textbook baby, admitted to me when Lizzie was five weeks old, "In the beginning, I only enjoyed around twenty-five per cent of my time with her. I really thought I didn't love her as much as I should." Nancy, a lawyer in her late forties who used a surrogate mother to conceive Julian—an Angel baby at that—was nevertheless "stunned to see how difficult it was and how instantly I felt, 'I can't do this'. " She recalls looking down at her four-day-old son, pleading, "Sweetie, please don't kill us!"

The period of adjustment may last the first few days or weeks, or maybe even longer, depending on what life was like before Baby arrived. However long it takes, all parents (I hope) will get to the point where they accept the baby they have—and the life that goes with it. (Very neat parents may have trouble reconciling the mess, and very organised folks may flounder in the chaos; more about that in the next chapter.)

Love at First Sight?

Eyes meet across the room and you're instantly in love—or at least that's how it happens in Hollywood. But it's not like this for many real couples. It's the same way with mothers and their babies. Some mums are instantly in love, but for many it takes a while. You're exhausted, shocked, and frightened, and perhaps most difficult of all, you *want* it to be perfect. It rarely is. So don't get down on yourself. Loving your baby takes time. Just as it happens with adults, true love comes as you get to know the person.

TIP: *Mum, it helps to talk to anyone who can remind you that the ups and downs are normal—good friends who've been through it, sisters, and your own mother* if *you have a good relationship with her. Dad, talking to your men friends might not be as helpful. Men in my "Daddy-and-me" groups tell me that new fathers tend to compete with one another, especially over lack of sleep and sex.*

Interestingly, it almost doesn't matter what type of baby is involved. There's so much riding on parents' expectations that no

child, not even an Angel baby, could possibly fit the bill. For instance, Kim and Jonathan were working parents, both with a lot of responsibility. When little Claire came along, I couldn't imagine a better baby. She fed well, played independently, and slept soundly, and her cries were easily recognisable. I figured I'd be out of a job in quick order. Believe it or not, though, Jonathan was worried. "Isn't she a little too passive?" he asked. "Should she be sleeping so much? If she's so placid, she's certainly not going to take after my side of the family!" I suspect, too, that Jonathan was a bit disappointed that he couldn't compete against his buddies in the All-American Sleep Deprivation Marathon. I assured him, though, that he ought to count his blessings. Angel babies like Claire are utterly enjoyable. Who wouldn't want one?

Of course, more often the shock comes when parents hoped for and envisioned a quiet, gentle baby but have quite a different experience. During the first few days, while their newborn is still sleeping it off, they actually believe that their dream came true. Then, all of a sudden, everything changes and they have a vigorous, impulsive baby on their hands. "What did we do?" is the first response. "What *can* we do?" comes next. The first step is to acknowledge their disappointment—and then adjust their expectations accordingly.

> ***TIP:*** *Think of your baby as the bearer of a wonderful life challenge. After all, each of us has a host of lessons to learn in life, and we never know who or what is going to be the teacher. In this case, it's your baby.*

Sometimes, parents aren't conscious of the letdown. Or if they are, they may feel too ashamed to verbalise their disappointment. They don't want to admit that their baby isn't as adorable or well behaved as they'd envisioned or that this isn't the love-at-first-sight experience they'd imagined. I can't count the number of couples I've seen go through this. But it might make you feel better to hear some of *their* stories.

Mary and Tim. Mary is a pleasant, mild-mannered woman who moves with grace and has a wonderful disposition. Her husband is also a very calm, even-tempered, and grounded person. When their daughter Mable was born, she seemed like an Angel baby for the first three days. The first night she slept for six hours, the second night almost as long. When they came home, however, Mable's true personality began to emerge. She slept more sporadically, was difficult to quiet, and often had a very hard time dropping off. But that wasn't all. She jumped at the slightest noise and cried. She squirmed and whined when visitors tried to hold her. Often, in fact, she seemed to cry for no apparent reason.

Mary and Tim couldn't believe they had produced a highly-strung baby. They kept talking about friends' babies who took naps easily, could amuse themselves for long periods, and could be taken about in cars. This was definitely not Mable. I helped them to see Mable for who she really was—a Touchy baby. Mabel liked predictability because her central nervous system was not fully developed; she therefore needed her parents to take their time and to be exceptionally calm around her. In order for her to adjust to her environment, Mary and Tim needed to be gentle and patient. Their little girl was a delicate person who had her own unique manner. Her sensitivity was not a problem, but rather her way of teaching them about her. And, given her mum's and dad's temperaments, I suspected that the apple hadn't fallen that far from the tree. Like Mary, Mable needed a slower pace. Like her dad, she craved serenity.

Those insights and a bit of encouragement helped Mary and Tim accommodate the real child they were living with rather than continue to wish that Mable would act more like their friends' children. They slowed the tempo around her, restricted the number of people who held her, and started to observe her more closely.

Mary and Tim discovered, among other things, that Mable gave them very clear cues. When she started to feel overwhelmed, she would turn her face away—from whomever was looking at her or even from a mobile. In her baby way, Mabel was telling her parents,

"Enough stimulation!" Mum noticed that if she quickly acted on those cues, it would be easier to get Mable to take a nap. But if she missed that window, Mable would start to wail, and it would invariably take a long time to calm her. One day when I happened to drop by for a visit, Mary, in her eagerness to share her news about Mable, inadvertently ignored the cues, and Mable started to cry. Fortunately, her mum respectfully told her, "I'm sorry, honey. I wasn't paying attention to you."

Jane and Arthur. This lovely couple, one of my favourites, had waited seven years to have a child. James, too, seemed like an Angel baby in the hospital. When they got home, though, he cried when he was changed, cried when he was bathed, cried, cried, and cried some more, seemingly at the drop of a hat. Now, Jane and Arthur are fun-loving people with great senses of humour, but they couldn't even muster a crooked smile for James. He seemed so miserable all the time. "He cries so much," Jane said, "and he's impatient at my breast. I have to admit we look forward to his nap time."

Even saying those words aloud worried them both. It's hard to acknowledge that your baby seems to have a dark cloud over him. Like many parents, Jane and Arthur believed it had something to do with them. "Let's step back and look at James as an individual", I suggested. "What I see is a little boy who is trying to say, 'Hey, Mum, get a move on when you're changing me' and 'Oh, no, not feeding time again' and 'What? Another bath?' " Once I gave their Grumpy baby a voice, Jane and Arthur's sense of humour kicked in. I told them my "old souls" theory about Grumpy babies. They laughed knowingly. "You know," said Arthur, "my dad is like that—and we love him for it. We just think of him as a character." Suddenly little James no longer seemed like a little monster who had come along to willfully disrupt their lives. He was James, a person with a temperament and needs, just like everyone else—a human being who deserved their respect.

Now when it came to giving him a bath, rather than dreading it, Jane and Arthur slowed themselves down, gave James more time

to get used to the water, and talked him through the experience: "I know you don't find this fun," they'd say, "but someday soon you'll cry when we take you *out* of the bath." They also stopped swaddling him. They learned to anticipate his needs and knew that if they could avoid a meltdown, everyone would be better off. James at six months still has a tendency to sulk, but at least his parents accept this as his nature and know how to head off his more severe moods. Little James is lucky to be understood at such a tender age.

Stories like these illustrate two of the most critical aspects of baby whispering: respect and common sense. Just as you can't apply blanket prescriptions to all people, the same is true with babies. You can't conclude that because your sister's son liked to be held a certain way when she nursed him or liked to be swaddled when she put him down, your little boy will, too. You can't assume that because your friend's daughter has a sunny disposition and easily takes to strangers, your baby girl will. Forget about wishful thinking. You must deal with the reality of who your child is—and know what's best for *your* child. And I promise that if you watch and listen carefully, your baby will tell you precisely what he needs and how to help him through difficult situations.

Ultimately, that kind of empathy and understanding will make your child's life a bit easier, because you'll help him build on his strengths and compensate for his weaknesses. And here's the good news: No matter what kind of baby you have, all infants do better when life is calm and predictable. In the next chapter, I'll help you get started straightaway with a routine that will help your whole family thrive.