

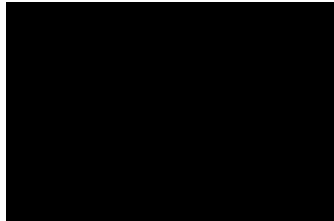
Fatherhood

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Doctors-in-training routinely feel the depth. But nothing can prepare for the complete annihilation of a newborn that comes with a baby.

For me, it began in the delivery room. My wife screamed while the walls started to shake. My son squinted his newly-misshapen head towards the light. I sat there, her hand in mine, understanding nothing: I have absolutely no idea what I'm doing.

My immediate reaction was to revert back to old habits. Like another unfamiliar situation, I consulted the literature. My plan was simple: emulate old-fashioned parenting, because surely it would be an evidence-based baby. As it happens, this was a tremendous error.

One representative mistake was to participate in the LEAP trial, published last year in the *New England Journal of Medicine*¹. That study suggested that introducing allergens in solids at four months might be sufficient to prevent allergies. But here's the catch: have to give all of them, and have to give them often.

The Australian Breastfeeding Association recommends exclusive breastfeeding until six months². But I'm a registrar, and I've read a trial, so with the gratitude and misplaced assertion of a seductive salesman, I indulged myself in this as a good idea.

What the LEAP trial failed to mention was that solid food means solid faeces.

A breastfed baby's stools are virtually all edible. They are odorless, liquefied and the colour of a mild English mustard. The stools of a baby on solids are a neon yellow-fangr. My son's newborn poop was before eating a behemoth of a first indigestion fasted in a silent rank medium.

We see that nappies and other errors of the inevitable soiling of his reactions into the toilet bowl, and leave me wondering how he or she might see researchers would have a whole lot of parenting. If I'd followed the ABA's advice, I would have expected that for at least the first few months.

It can be hard as a junior doctor to accept a parent in a hospital. With food, I'd at least try to make a difference, but with his sleep he had to accept defeat from the start.

Babies are ill globally. The best medicine is to be aware that they are tired. Then be aware that they are
fatigued so they can't sleep. But sleep would make them less tired.

When you consider that the level of fatigue and fussiness is consistently straightforward,
you can feel like you are in a perpetual Kafka novel. Except this one is always set at
three in the morning and the pragmatist can't immediately be screaming.

One again, I went back to PubMed. One again, it gets so absurd I tell you here.
A major systematic review investigated this in 2016. It turns out that there is good
evidence that the most effective intervention is to let the baby cry for a while,
and eventually, here, let the baby cry all night.

In a paper, that may seem like a good idea. But in reality the idea of letting a child
cry is a **US APPROVED** response against every instinct as a parent.

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3. Mindell JA, Kohn B, Leiben DS, Meltzer LJ, Sadeh A. Behavioral Treatment of Bedtime Problems and Night Wakings in Infants and Young Children. *Sleep* 2006;29:1263-76

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