

Fatherhood

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

For me, it began in the delivery room. My wife screamed while the walls started to shake. My son squeezed his newly-misshapen head towards the light. I sat there, her hand in mine, understanding only one thing: I have absolutely no idea what I'm doing.

My immediate reaction was to revert back to old habits. Like any other unfamiliar situation, I consulted the literature. My plan was simple: we would nail [parenting](#), because ours would be an evidence-based baby. As it happens, this was a tremendous error.

Fatherhood mistake #1 - the LEAP trial

One representative mistake was to pay attention to 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 useful to prevent allergies. But here's the catch: you have to give a lot, and you have to give them often.

The [Australian Breastfeeding Association](#) recommends exclusive breastmilk until six months (2). But I'm a registrar, and I've read a trial, so with the gravitas and misplaced assertion of a used car salesman, I convinced my wife this was a good idea.

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

A breastfed baby's stools are virtually edible. They are odourless, liquefied and the colour of a mild English mustard. The stools of a baby on solids are a new level of angry. My son can build up for days before evacuating a behemoth of various undigested foodstuffs mixed in a violently rank medium.

We use cloth nappies - another error - so the inevitable scraping of his creations into the toilet bowl can leave me wondering why I ever thought some researchers would have a clue about parenting. If we'd followed the ABA's advice, we could have put that off for at least two more months.

It can be hard as a junior doctor to accept you are not in control. With food we could at least try to make a difference, but with his sleep we had to accept defeat from the start.

Using PubMed for solutions to a fussy baby was a fail

Babies are illogical. They become fussy because they are tired. Then because they are fussy they cannot sleep. But sleep would make them less tired.

When you consider that the circle of fatigue and fussiness is ostensibly 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 protagonist can only communicate by screaming.

Once again, I went back to PubMed. Once again, it got us absolutely nowhere.

A major systematic review investigated this in 2006 (3). It turns out that there is good evidence for two strategies: controlled crying, where you let the baby cry for a while, and extinction, where you let the baby cry all night.

On paper, that may seem like a good idea. But in reality the idea of letting your child scream incessantly goes against every instinct as a parent. Most people I know only resort to controlled crying for pragmatic reasons: a chronically sleep-deprived parent is potentially even worse.

The consequences of fatherhood methods

The fact that a method has a high rate of success means nothing when you are left to deal with the consequences. When you look at it like that the evidence doesn't seem so helpful; I had grossly overestimated its generalisability.

Instead, he cries, and we respond. Nightly. Relentlessly. Because the alternative seems too brutal, even if it does come with a Category 1 recommendation.

Nonetheless, the sun always rises. The screaming abates. He will eventually sleep. During those brief moments of respite I can reflect on just how ill-equipped we were.

As a doctor-in-training you can sometimes feel that all problems have a solution. You can convince yourself that there is a single truth, a scientific basis to every conundrum. I tried to carry that theory over into parenting, and learnt quickly it could never work.

A baby is not a patient, and infancy is not a disease. For all my training, nothing could prepare me for the absurdly unpredictable rollercoaster of fatherhood.

But we did it, and there's no going back. Moreover, I'd do it all again. As I hold my son, melting imperceptibly at his smallest of smiles, I now know the truth: that's all the evidence I need.

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Adrian currently blogs about fatherhood for the Huffington Post Australia
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References

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