



Broadcast Transcript

Broadcast: Parenting Basics: The First Years – Part 2

Guest(s): Dr. Marilyn Maxwell, Dr. Patti Francis, Dr. Paul Reisser

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Dr. Dobson: Well, hello, everyone. I'm James Dobson, and you're listening to Family Talk, a listener supported ministry. In fact, thank you so much for being part of that support for James Dobson Family Institute.

Roger Marsh: Welcome to Family Talk. I'm Roger Marsh, and Family Talk is the listener supported broadcast division of the Dr. James Dobson Family Institute. So glad you've joined us for today's program. You're about to hear the second half of Dr. Dobson's classic conversation with a panel of experienced physicians. It's a program we've titled Parenting Basics: The First Years. The three medical doctors who make up today's panel all have expertise in pediatrics and will once again be providing practical, important information on parenting infants and young children.

Now between them, these physicians represent nearly 100 years of experience practicing medicine. Think about that. Nearly one century practicing in the medical field. Let me introduce you to our guests right now. Dr. Marilyn Maxwell currently practices medicine in Missouri, specializing in internal medicine and pediatrics. Dr. Patricia Francis also specializes in pediatrics and practices medicine in California. And Dr. Paul C. Reisser was a family practitioner in California with over three decades of experience in primary care medicine. That was until his retirement earlier this year. Dr. Reisser has written several books and served as lead author of *The Complete Guide to Family Health, Nutrition, and Fitness*, as well as the best seller, *The Complete Guide to Baby and Childcare*.

All right, let's now go to today's important and enlightening conversation. It's news you can use for the family you love right here on Family Talk.

Patricia Francis: One of the hardest things for me, I think, over the 12 years I've been in pediatrics is to see families split up. And it has made me now ask almost on every visit, "how are you doing with each other? Are you getting out without the baby? Are you being a support for each other? Is your husband working too many hours? Are you going back to work?" It's really, I think, such a big issue that is often ignored and put on the shelf because the baby demands so much time.

Paul Reisser: I always remind the couple that they were a couple before this new baby showed up and that they're going to be a couple when that baby is gone 20 years from now or whenever it is, and they better have something to grab a hold of and to stay together. One of the two extremes that can occur, unfortunately, is if a mother becomes so totally engrossed in the baby care, 24 hours a day, attached to the baby seemingly all the time, that she's got no time for the husband. Another one is the husband thinking, "Hey, I don't need to report for duty until I have a little boy that needs to learn how to throw a ball." And the fact is that it's a very important thing for fathers to get there and to be holding and rocking and taking and changing diapers and doing all those things. And this is a little hot tip for dads, that enamors the wife when the father does that.

Dr. Dobson: I was a product of the former extreme that you described. My mother was a wonderful mother. And when I was born, apparently... Of course I don't remember it, but I'm told that she was absolutely absorbed with the responsibility of raising me. And my dad, who knew nothing about babies, felt left out, cut out, ignored, and they had an adjustment problem they had to go through at that point.

Paul Reisser: We talk to dads a lot. When you come home and that place is a wreck, and you think, "Man, I'm tired." Hey, roll up your sleeves and don't ask. Just get in there and help. Pitch in. That is so important for a mom who's been at home, if the mom is at home with that baby or young toddler or a house full of them, and can't figure out how to get another drop of energy out of herself, to have another adult come through the door is like an absolute breath of fresh air.

Marilyn Maxwell: And dads need to understand that if a mother is at home, it does not mean that the mother is not working. The mother is working extra hard, does not have a lunch break-

Dr. Dobson: [inaudible 00:04:13] take care of that baby.

Paul Reisser: I always say, "Hey dad, if you have any doubt, let your wife go away for a weekend. And boy, you will be so thankful when she shows up."

Dr. Dobson: Are there other relationship issues we should talk about as the years unfold?

Paul Reisser: I think grandparents can play such an important role. When you have a baby who's been up all night crying and maybe has colic and is driving the parents crazy, to have a grandma come in and look at that baby and coo and goo and "isn't she beautiful," can just turn that situation around or at least allow the parents a time out and a little perspective. In fact, we really recommend that both with new parents and single parents too, single moms, that other relatives or friends or seasoned parents who could come alongside them and say, "You look like you're a little tired. Can I just take care of little Johnny for you for a

couple of hours? Let you go out to the mall and take a time out." Take the initiative and really spot them.

Dr. Dobson: The emotions are really on edge at that time, aren't they?

Patricia Francis: And I think instead of just asking, "Can I help you," say, "What time can I come over?" Or "I'm going to bring you a dinner. What night would you like it?" Because so many people today are afraid to say, "I need help." And I think if you've been there, you know that you need help. And just to say, "I'll be over."

Dr. Dobson: I question also the cultural practice of going to see the new baby before the mother has gotten on her feet, where a steady stream of outsiders are coming in. She's already worn out. The baby's keeping her up half the night, and getting over the birth and everything else. I put a note on our front door that said, "Thank you so much for coming. How nice of you to care. Would you come back in about 10 days?"

Let me raise the issue of childcare and how you all feel about placing a newborn or at least a child shortly after birth in a childcare center and up to, I guess, kindergarten, as opposed to the mother staying home.

Marilyn Maxwell: Ideally from a health perspective, the healthiest place for a young child to be is in the home. Studies have shown conclusively that babies or young children that are in a daycare setting have more infections, have more colds, have more ear infections, more episodes of diarrhea, vomiting, and all such. But unfortunately in our society today, there are many moms that have to work-

Dr. Dobson: It has to be that way.

Marilyn Maxwell: And so it does have to be that way.

Paul Reisser: Sometimes there are other arrangements, though. Perhaps somebody coming into the home or perhaps a smaller home environment where there are not quite so many children may make a difference in that medical risk also.

Marilyn Maxwell: Yes.

Patricia Francis: And I've seen dads stay home. When the mom is making more money than the dad, there are some of my dads who are just more than happy to throw in part of their job and be home with the kid. And it's really a great relationship that they develop.

Roger Marsh: You're listening to Dr. James Dobson's Family Talk. I'm Roger Marsh and today's classic program is the second half of a panel discussion led by Dr. Dobson on the topic of practical parenting tips and practices. The members of this panel are three experienced physicians who are experts in pediatrics. Doctors Maxwell, Francis, and Reisser have been answering common and important questions

about parenting during the first few months and years of a child's life. Now, Dr. Dobson and his panel of physicians will field questions from the studio audience who were listening in to the recording that day.

- Woman 1: I just have a real quick question. I was told that if they spit up and they were sleeping on their back, that they could then drown in that. And I know my daughter was a spitter upper, so is that not... Was that an old wives tale or is that a possibility? Does it ever happen? I was just curious about that aspect of putting them on their backs when they sleep.
- Patricia Francis: I would say most babies when they spit up, don't spit up when they're sleeping, but that is one of the indications that you would not put the baby to sleep on their back if they are a major spitter upper. And that would be the decision of the family and the physician.
- Paul Reisser: But in general, the feeling is that risk has been greatly overstated compared to the risk of SIDS for a baby who's face down.
- Woman 1: Thanks.
- Dr. Dobson: Next question.
- Man 1: Hi. I'm from Montgomery, Alabama, and my wife [inaudible 00:08:43] and I have two children, Rachel, 18 months, and we're expecting another in November. But in regard to the topic of eating habits, if you really want to upset my wife, that's one thing to talk about. Our little girl, sometimes she just won't eat. It's not a matter of eating enough or finishing her plate. But if you really want to get my wife upset, have my little girl sit there and not eat a thing. Is there some type of advice you could give towards that?
- Paul Reisser: Sure. How old is she?
- Man 1: She is 18 months.
- Paul Reisser: 18 months.
- Dr. Dobson: Right on schedule, right?
- Paul Reisser: At 18 months, and actually beyond that as well, the thing to think about is you put the food on the plate that you think is good for them to eat, and then they're responsible for eating it. And if they don't eat it, then they can come back next time. The idea of trying to force a child to eat anything has been very, very discredited and should not be an issue anymore. The child will not starve to death if she decides she doesn't want to eat anything in a particular meal.
- Dr. Dobson: That big growth spurt between birth and 18 months of age levels off, and the child doesn't eat as much at two as he did before. Right?

Patricia Francis: Yeah. And if she eats one good meal a day, you're doing pretty well. And if her growth is appropriate, that she's following her curve. I have one that is now almost 18, who was exactly like that. And I pulled a lot of hairs over her, and they still do okay.

Paul Reisser: The only thing to do is to avoid getting blackmailed into the single food that she will eat, and then only serving that. Serve them a whole lot of things, let them pick out what they want. You'll do fine.

Dr. Dobson: Really, parents worry far too much about the amount of food that a child eats.

Paul Reisser: That's right.

Patricia Francis: And as long as she isn't filling up on a lot of milk or a lot of juice, if you are offering her a variety and she ends up getting variety within the week, you just let it go.

Dr. Dobson: Did you see the study recently that said babies that drink too much juice tend to be more obese?

Patricia Francis: Yes.

Paul Reisser: Yes. Right. That study indicated that 12 ounces or more of juice per day was a risk for obesity. And our recommendation is considerably less than that. Four ounces or less is a good number to shoot for.

Dr. Dobson: They used to think the more vitamin C you can get down them in orange juice, the better. But that's been changed. Next question.

Woman 2: I'm a pastor's wife, and I've heard some discussion concerning the age old idea that's new again today, and so I'm interested in the panel's opinions on the debate concerning demand versus scheduled feeding.

Dr. Dobson: Great question.

Paul Reisser: Well, right now in the Christian community, there's quite a debate going on as to whether a new baby should be fed when he's hungry versus a scheduled approach. And in the materials dealing with that, there are a lot of good ideas on both sides. It's not like one side has the absolute corner on wisdom that was handed down on Mount Sinai. In general, though, we take a more of a position of, especially in the very young baby, the newborn, we don't worry so much about the scheduling issue because of some concerns that have been raised about what is called failure to thrive. There have been some parents who have taken the scheduling concept so far that they've actually gotten into trouble with it. Many of the ideas, though, that are accompanying that are perfectly good, and you don't have to throw out the whole process. And a lot of babies do very well with that. A lot of babies, in fact, seem to thrive on that approach.

- Patricia Francis: I think a lot of it depends on the temperament of the baby and the mom and the dad. And if that's your style and it works and you're getting enough sleep and everybody's happy, great. If you're miserable, and the baby's crying because they're hungry before it's time to feed the baby, my feeling is the baby cries when they want something. And we need to respond to that when they're young.
- Dr. Dobson: Our baby was premature, five pounds, and he was hungry every two hours. And I mean, he was hungry. And it would've been a big mistake to have tried to force him into some rigid schedule. You got to go with the flow, don't you? To some degree.
- Marilyn Maxwell: You do. And premature babies may need to eat more often. And you may notice that on some days, your babies may want to eat every one to two hours. Another day, they may go four hours. They have many growth spurts, and you do need to respond to the baby.
- Paul Reisser: Now there's a whole philosophy too, and it's spoken of by equally committed Christian people that says that really you should literally attach yourself to the baby for the first several months. You sleep with the baby, you feed the baby, you're with that baby 24 hours a day. And they feel that that is what God intended as well. So beware of any philosophy that seems to be stated as God's only way of bringing up children. If anything, though, I think it's better to err on the side of meeting a baby's needs very, very intimately and very aggressively in the early months. And then as a child is much older, then you have to be a little more with some of the control issues that are appropriate for a child who is nine months, a year, a year and a half, in terms of starting to manage their behavior.
- Dr. Dobson: I think the essence of what you all are saying, and I strongly agree with it, is that you really find a middle ground in what's appropriate for an individual child. You don't follow any book or program, mine or yours or anybody else's, if it doesn't seem to fit an individual child, because they're all unique and they're all different. So you can't have an absolute formula. You have to flex a little bit and do what seems reasonable. Right?
- Paul Reisser: Absolutely.
- Marilyn Maxwell: I agree.
- Dr. Dobson: Well, let's talk about antibiotics being given too much. Do you worry about this being maybe the heyday in our ability to control microorganisms, and that we will gradually find those miracle drugs, so to speak, penicillin and others being ineffective?
- Marilyn Maxwell: It's already happened with certain diseases. For instance, gonorrhea. There are many strains that are resistant to penicillin that was used to treat it with, but one of the things we do address in the book that it's important for parents to

not press the physician for antibiotics for a simple cold. Many parents will feel if the child is sniffing, coughing, sneezing, if he just has an antibiotic, he will get better sooner. And that's not the case.

Dr. Dobson: Because antibiotics don't help against viruses.

Marilyn Maxwell: Viruses, that is correct.

Patricia Francis: And I think we're seeing so many antibiotics now out on the market that are expensive. And yet, because we're needing to use them because the simpler ones aren't working, we're running out of those. I don't think the drug companies can keep up with the need for antibiotics that can cover tough, resistant bacteria.

Dr. Dobson: Now, Patty, you say that rather calmly, but if what you're saying is really true, in 25 years or 50 years, you mean that we may not have any effective antibiotics for the bacterial infections?

Patricia Francis: I just had a one-year-old this week who is on his third antibiotic for an ear infection that we can't get rid of. And both the parents and I are looking at each other like, well, what do we do now? I guess we're going towards tubes.

Paul Reisser: And even some of the bacteria that have traditionally been very easy to treat, like a strep pneumonia, are now getting more and more resistant. So, that is a concern. But I think if you need an antibiotic, you need an antibiotic. I agree with Marilyn, don't press for it if it's a virus.

Dr. Dobson: Next question.

Woman 3: As a new mother of a 20-day-old, I can empathize with your sleep deprivation. Do you have anything that deals with sleeping patterns?

Paul Reisser: Yes, we do. And that's a very important topic for this age group. It's one that really gives parents a lot of concern from a number of perspectives. One is, where should the baby sleep?

Patricia Francis: I think that depends a lot on how everybody's sleeping. If the baby is a very noisy sleeper and keeping mom and dad awake, then I recommend for parents to move the baby out of the room, even if it's just in the hall in a bassinet. Mom needs good sleep. And if you're sleep deprived, the world does not look very rosy. And so, if the baby's a good sleeper and sleeps a three or four hour stretch in the night and mom can get good sleep, leave the baby in the room. But once that sleep is being jeopardized for the mom and the baby's asleep, then it's time for the baby to move out.

Paul Reisser: Now, some moms and babies do very, very well sharing sleep together. And there's, again, no commandment from God, especially for the newborn period.

One of the things we raise some concerns about is in older children who are now approaching nine months, 12 months, 18, two years of age, still sharing the bed with mom and dad. You begin to get into questions of the marital relationship, and is the couple really comfortable with this?

Dr. Dobson: And dependency, right? The child's dependency on the parents.

Paul Reisser: Yes. Can the child get to sleep without the parent there next to them? Another issue that we raise, and it's too detailed to get into here, is should you go through a whole routine with your newborn, especially, of rocking and doing all kinds of things to try to get the baby to sleep in your arms, or should you let the baby go to sleep on her own, in her own bed, space, whatever that may be. And again, either way, whatever you need to do works fine. But at about six months of age, the baby should be learning how to fall asleep on her own because later on, separation anxiety gets to be a problem, and the baby will not want to go to bed without you there. And that could be a real big problem.

Dr. Dobson: Do you feel it's possible to make a baby more fussy by running to pick that baby up every time they whimper?

Marilyn Maxwell: Not in a newborn baby.

Dr. Dobson: I'm thinking a little later, six months-

Marilyn Maxwell: But a little later, it is possible. Once a child gets that old, after six months, if you know that the child is not hungry and the child is waking up in the middle of the night, when you attend to the baby, it should be very short, businesslike. That shouldn't be a time that the baby should be encouraged to get up and play and have a good time.

Paul Reisser: Some parents get into a fight with toddlers and two-year-olds and three-year-olds because they don't want to go to bed. They crawl out of bed. They come downstairs. It's more interesting down there. And then nobody gets to bed until 10 or 11 o'clock, and there's no time to interact between the parents or with other children. And an early bedtime is really a good idea for those kids, especially toddlers.

Dr. Dobson: Mother's pretty well worn out by that time. And she needs to be able to-

Marilyn Maxwell: She needs that time.

Paul Reisser: She sure does.

Dr. Dobson: -get some time of her own. How do you deal with the colicky baby or the one who just cries until you are just ready to climb the wall? You all see those babies all the time, don't you?

- Patricia Francis: It's hard. You need to feel for the mom and the dad when you have a baby that's really fussy. And I just tell parents to look at that calendar because as time goes by, the baby will cry less. Crying babies peak around four to six weeks, and then they tend to turn the corner. Once in a while it can be a medical problem, and you should always bring it up to your physician that your baby cries a lot. And I think the hardest thing is for moms to not have that dream baby that they had hoped to have. It's so stressful to have a crier, that you need extra hands. My younger one was a crier. And boy, somebody would just come over and hold her for a while, just so I didn't have to hold her all the time.
- Marilyn Maxwell: And some moms feel so guilty. What have they done? Why can't I calm my baby down? And some moms, some parents get so frustrated. And we encourage parents if they feel that they're at that point that they're that frustrated that they feel that they could harm the baby or that they're at their wits ends, they should put the baby in a safe place, in the crib, make sure the baby's safe, and walk out of the room, just get by themselves a few minutes.
- Dr. Dobson: This is a subject we simply must address because parents sometimes are not totally mature and not totally in control of their emotions, and some of them bring baggage from childhood. And you got a baby who you do everything you can for, and he's continuing to howl and complain and yell, and it's on your nerves. I really worry about what happens when the frustration gets to a point of boiling over, and then child abuse can occur.
- Paul Reisser: One thing that I think helps to keep this in perspective is to remember, especially the newborn has no way to signal you that he's unhappy about anything, except crying. He's totally helpless. And that cry is really designed to irritate adults, especially parents, because if they don't move, if they don't take some action, the baby has no other way to get its needs met.
- Dr. Dobson: Talk about what shaking a baby can do.
- Paul Reisser: Shaking a baby is very dangerous because the head is so large and the brain is more fragile, that you can do some serious damage in a moment of anger. Picking up a baby, shaking them, saying, "Why don't you stop crying?" You can do some serious harm. Marilyn said it so well. Lay the baby down, walk away 10 or 15 minutes, then try again.
- Dr. Dobson: Let's spell it out. No discipline for a baby. No physical discipline of any type for a baby.
- Paul Reisser: That's correct. There is no... First of all, developmentally, they cannot understand what it is you're trying to do. They're not out to control you and run your life. They have needs that need to be met. In fact, their whole sense of their world and how it is set up depends on what kind of response they get when they're unhappy. When they cry, does somebody come and make them feel better? If not, if they just cry and cry and cry and nothing happens, pretty

soon they'll get the idea that this world is a very bad place and they may actually withdraw or be impaired in some other developmental issues.

Patricia Francis: I wanted to add one more thing. If you're in that situation, where you're so frustrated that you think you might hurt your baby, call a friend, call somebody just to help you get through it and help you know what to do.

Paul Reisser: Also remember that your job... If you know you have a colicky baby, the doctors check the baby, there's nothing wrong, they're gaining weight, they just are in this crying season. Your job isn't necessarily to stop the crying. It's just to be there for that baby and to do what you can to comfort the baby. You rock, you hold, you get soothing sounds. You may try all kinds of different things. What works tonight may not tomorrow, but it is going to end.

Marilyn Maxwell: Parents should remember: "This too shall pass."

Dr. Dobson: Very quickly, right? Thank you all for being our guests. Again, we could talk to you on and on, and some of our listeners out there think we 're going to! But, it's a pleasure having you here and I just trust, again, that the Lord would bless that book: The Complete Book of Baby and Child Care.

Paul Reisser: Thank you

Marilyn Maxwell: Thank you

Patricia Francis: Thank you

Roger Marsh: Wow. That was some extremely practical advice and information on today's edition of Dr. James Dobson's Family Talk. I'm Roger Marsh, and you just heard the second half of Dr. Dobson's classic conversation with a panel of three experienced physicians, all of whom are experts in pediatrics. These past two days of programming here on Family Talk have been dedicated to equipping new moms and dads with advice and encouragement for those first few months and years of child rearing.

I hope you found that this conversation was most helpful. And if you know some new parents who might benefit from hearing this two-part program, remember you can send them a link to drjamesdobson.org/familytalk. Once they click on that link, they'll be able to listen to the conversation in its entirety, either through streaming or downloading right there on our website. Once again, our web address is D-R jamesdobson dot O-R-G/familytalk. Or feel free to call us at 877-732-6825.

And parents: I also want to let you know that in just a couple of weeks, we'll be airing another two-part program, specifically for you, in that early child-rearing season. This time, Dr. Dobson will discuss, with a panel of experts, how to navigate the crucial, exciting, and often exhausting stage of your child's life

known as “toddlerhood.” So, make sure you tune in to hear that conversation, led by Dr. Dobson, and beginning Monday, July 11.

Well, we're almost out of time for today's edition of Family Talk, but before we go, let me remind you that right now is the perfect time to make a donation to the Dr. James Dobson Family Institute. The reason? Well, because of the generosity of some friends of our ministry, we currently have a matching grant in place of \$300,000 just for the month of June. Now, look at the calendar and realize there's only two days left in the month of June. So make your donation today, and to have that impact doubled visit drjamesdobson.org. That's D-R jamesdobson dot O-R-G, or give us a call at (877) 732-6825.

Well, thanks so much for joining us today, here on Family Talk. Thanks for joining us today and every day, as a matter of fact. And if you like what you hear, tell a friend. And be sure to listen again next time for another edition of Dr. James Dobson's Family Talk. I'm Roger Marsh. Thanks so much for listening. And may God continue to richly bless you and yours.

Announcer: This has been a presentation of the Dr. James Dobson Family Institute.