



## Broadcast Transcript

**Broadcast:** Parenting Basics: The First Years – Part 1

**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:** Hello, and welcome to Family Talk. I'm Roger Marsh, and Family Talk is the broadcast division of the Dr. James Dobson Family Institute.

Welcoming a little one into the world and into your family is one of the most exciting, fulfilling, and often intimidating events in life. This assignment that you've been given by God is a special and sacred task, but it doesn't have to be daunting. If you are a brand new parent, you are just beginning the adventure of a lifetime and I'm sure you have lots of questions, concerns, and even fears about how you are going to care for your precious new baby in the first few months and years of their lives. Well, on today's classic edition of Family Talk, we're going to arm new moms and dads with some fundamentally important information and practices for parenting in the first few years.

In this classic conversation you're about to hear, one filled with sage advice and timeless truths, Dr. Dobson is joined by three tenured physicians, all with expertise in pediatrics. Between them, in fact, these three doctors have nearly one century of medical experience. That's right. 100 years in practice. 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. For over three decades he served in primary care medicine 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 bestselling book called *Complete Guide to Baby and Childcare*.

Now, today in this first part of the two part conversation, these experienced physicians will be answering some common health and safety questions that all new parents have. Here now is Dr. James Dobson to begin the conversation on today's classic edition of Family Talk.

**Dr. Dobson:** We'll start at where it ought to begin with the arrival of a new baby. It really is a kind of a scary time to raise children, isn't it?

Paul Reisser: It always is. And I think especially that first time up, you are so afraid of making a mistake or what if the baby won't feed right or what if she doesn't want to sleep tonight? Who's going to get any sleep around here? What are we going to do? These are things that just frighten the death out of new parents sometimes, and also adjusting to the idea for the very first time that you have a new human being that is totally dependent on you 24 hours a day, seven days a week. That is a transition that is very, very difficult to make the first time.

Dr. Dobson: Patty, let's suppose that you have been the physician for a newborn and you've seen them in the hospital and now the mother is taking that child home. What advice do you give?

Patricia Francis: I usually see them within two or three days after having gone home because, and I usually tell them, "You will have lots of questions as soon as you leave here and we expect that and so I want to see you soon so I know you're okay, and I know the baby will be okay, but I want to make sure you're okay."

Dr. Dobson: What do they ask you?

Patricia Francis: When they come in? Well, "is the baby getting enough to eat?" "Oh, the baby lost weight." Babies usually lose weight in the first, you know, week up to a week of life until the breastmilk's established, unless they're bottle feeding then they lose weight for a shorter period of time, and they just don't know if everything's okay. They make all these snorts and grunts and sound moaning almost and ...

Dr. Dobson: Don't sleep through the night.

Patricia Francis: Yeah. They just ... They're just nervous because they don't know what's normal and that's-

Dr. Dobson: Do you recommend breastfeeding?

Patricia Francis: I think it's the best choice, if at all possible. It supplies the baby with the perfect nutrition and formula can substitute if need be but if there's a choice, that would be the choice I would recommend.

Paul Reisser: There are other reasons, too, in terms of not only the biochemical composition, but the antibody composition. The likelihood of seeing that new baby back for some infectious problem is going to go way down and it's certainly been that way in my office and I think a lot of us kind of push breastfeeding a little bit harder than-

Dr. Dobson: Maybe that's why God planned it that way.

Paul Reisser: Well, maybe it's because God designed it for human beings and you know, I really encourage new moms to assume that will be the way they'll do it. I don't

lay a guilt drip on them, of course, if they can't or they won't or whatever, but we really encourage new moms to take a very, very careful look at that decision if they're not thinking about doing it.

- Dr. Dobson: Marilyn, what are the danger signals in the first three months that you would tell a parent to watch for?
- Marilyn Maxwell: There are very subtle danger signals, sometimes, because a three month old, a baby, can't tell you what's wrong. They can't tell you if you just stuck him with the pin or if his stomach hurts but if a baby is not feeding well, feeding normally, if the baby just isn't acting right, a mother's intuition is a very powerful thing.
- Dr. Dobson: So you believe that?
- Marilyn Maxwell: Oh, definitely.
- Dr. Dobson: When a mother calls and says, "Something's not right."
- Marilyn Maxwell: If a mother calls and says, "I don't know what is wrong, but my baby just doesn't look right--"
- Roger Marsh: Come on down.
- Marilyn Maxwell: I see that baby immediately. Also, if there's a fever. Any fever in a baby under three months of age, a temperature of 100.4 or greater rectally, would be a concern that we would need to deal with.
- Dr. Dobson: How about croup? Every parent deals with that at some time or another? What do you tell them about croup? They call and they say, you know, "My child's having trouble breathing." What do you say?
- Patricia Francis: Usually it's in the middle of the night. You have to wake yourself up.
- Paul Reisser: After 11:00 PM.
- Patricia Francis: What seems to help a lot, first of all, is for the parents to stay calm because the child or the infant gets anxious when they have this funny bark and they just can't seem to get air comfortably and once the parent calms down and does some things, then the child frequently will calm down, too. Going into the bathroom and shutting the door, turning the hot shower on and steaming the child up usually works.
- Dr. Dobson: You would not subscribe to the notion of telling parents to take two aspirin and call me in the morning. You do recommend that they get in touch with their physician when there's something that's worrying them, right?

Marilyn Maxwell: We really do, and one of the things that we want to do is to educate parents about when those appropriate times are to call. Parents should never hesitate to call their physicians-

Dr. Dobson: Even in the middle of the night.

Marilyn Maxwell: Even in the middle of the night, if it is an emergency and we want parents to know what those emergencies are.

Dr. Dobson: Name them for us, Marilyn.

Marilyn Maxwell: So certainly, since we're talking about babies, a fever in a baby that is less than three months old is always an emergency and needs a call. A baby that is not a newborn baby, two to three months of age, that's not feeding right or not acting right, having excessive vomiting and diarrhea, not wetting diapers. Those are things that they should call about.

Dr. Dobson: Hmm. All right. Let's move up the age range a little bit. Let's go to the six month old child. What are the symptoms that parents of that age need to be cognizant of?

Patricia Francis: I think anytime there's breathing difficulty, wheezing, croup, rapid breathing. Anytime that the child's not comfortable, that's an immediate phone call.

Dr. Dobson: Does appendicitis occur in a child that young?

Paul Reisser: It's uncommon. Unfortunately when it does, it is often missed because the child can't tell you what's the matter, but it's not a real common event in young children or babies this age.

Dr. Dobson: Let's talk about child's safety issues. I know that some of you care strongly about that. What advice do you give a parent about just taking basic safety precautions?

Patricia Francis: I think at six months, I go over with parents, before the infant is crawling, have you started looking at your house? What about the plants that your infant can crawl up and play in the dirt? Plugs that needed to be plugged up? Wires? Anything that could cause an accident, you need to take care of that now, but if your infant, or young toddler is more common, get into something that they shouldn't have gotten into and they always put it in their mouth, that's a normal thing, that's an immediate phone call to find out, "What do I do," if you've discovered that.

Marilyn Maxwell: And all parents should have the number of their local poison control posted.

Dr. Dobson: And it's possible for parents to call a poison control center directly now. When I was at USC School of Medicine, only the physician could call. Now the parent

can call and you obviously take their advice, whatever they tell you in that moment, you do.

Paul Reisser: You do it. Another big safety issue that we didn't mention is the car seat and that really goes back to the trip home from the hospital. We're very concerned that every child every trip is in a car seat, in the proper location.

Dr. Dobson: Even for a newborn.

Paul Reisser: Especially for a newborn. A newborn needs to be placed in the back seat. In fact, all children really should be riding in the back seat of an automobile, especially if there is an airbag on the passenger side. There's been a real concern over the increased number of serious injuries, or even deaths to children, especially smaller children, from airbags in the passenger seat. And so one of the challenges of taking care of this new baby is that it takes sometimes more time to get them buckled into that seat than it does to do your trip and you're sometimes tempted if you're going to go down to the dry cleaner to, "Oh, we'll just kind of lay him here on the seat and let's not worry about all that car seat stuff," but most serious accidents take place within that few miles of home. Every time should be taken care of.

Marilyn Maxwell: Other safety issues to consider. Water safety issues. A child should never be left alone, even for a moment to answer the phone, to run to the door for any reason, in a bathtub, even if it's only an inch or two of water. Also parents should check the temperature of their hot water heater. There have been many cases of babies being scalded and burned from the water being too hot. There are practical things. Every home should have a smoke detector. That's a preventive measure. Parents and patients sometimes look kind of strange when I mention things like that and I tried to explain to them, "This is prevention."

Roger Marsh: You're listening to Dr. James Dobson's Family Talk. I'm Roger Marsh and on today's classic program, we're hearing the first half of an interview that Dr. Dobson conducted with a panel of three experienced physicians, all with expertise in pediatric medicine. The doctors are Dr. Marilyn Maxwell, Dr. Patricia Francis and Dr. Paul C Reisser. Let's now rejoin their conversation as they discuss the serious topic of sudden infant death syndrome.

Patricia Francis: We have some good news because there's research now showing that not letting babies sleep on their stomach and even now on their side has dropped the incident of SIDS so we recommend all babies be put down on their backs to sleep, and that's dropped the incidents, which is encouraging.

Dr. Dobson: I read a report the other day that probably links into that, that said that at least one of the causes may be that carbon dioxide is trapped in the covers with the baby's head, perhaps, buried in the covers, and he begins to rebreath that, and it suppresses the breathing mechanism. Is that the position you all take?

Paul Reisser: I think that's been fairly well established and in fact has led to recommendations as to the kind of bedding you'd put a small child on. You don't put a little baby on a real poofy kind of a comforter. You don't want all kinds of paraphernalia in the crib. You want a bed mattress that's just real firm and can't possibly lead to that rebreathing episode. The other thing is cigarette smoke exposure has been clearly identified as a risk factor both before and after birth. There should be absolutely no cigarettes lit in the home of a new baby or a child, period.

Dr. Dobson: Just today, I saw a report that indicated the mother, the pregnant woman, who is smoking delivers a baby with the same nicotine level in the baby's blood that she has in hers.

Paul Reisser: That's right.

Patricia Francis: And the baby needs to go through withdrawal in the first several days of life.

Dr. Dobson: What a thing to put a baby through. Marilyn, you have strong feelings about that.

Marilyn Maxwell: I have very strong feelings, not only with nicotine and cigarettes, but with alcohol, with drugs. These are things that babies will have to withdraw from, and they can damage a baby.

Dr. Dobson: You have dealt with inner city medicine in a hospital where you've treated a lot of 14, 15 year old mothers who came in.

Marilyn Maxwell: Children having children. Yeah, it's heartbreaking. These are young children, not sure where they are in life, but yet having children, and at that point, having the responsibility of taking care of another life when they're not ready to take care of their own and not understanding the importance of some of these issues, safety issues, and other aspects of child rearing. In many of the cases with young single mothers, sometimes they will have the support of their mother or other family members, and thank goodness for some of the crisis pregnancy centers and other places where young teenage moms can get support.

In addition, one of the issues that we address over and over again is we try to be very cognizant of single mothers. There are a lot of single mothers in some communities, particularly in inner cities, so we encourage them that they need to have sources of support to get through this difficult time.

Dr. Dobson: You know, we buzzed pretty quickly past fetal alcohol syndrome. I hope that people listening to us will understand that is a devastating thing for babies, that mental retardation and developmental problems and everything can come out of a fairly small amount of alcohol, apparently, in the first trimester.

Paul Reisser: Well, all the way through it's a problem and in fact, it doesn't take a constant drinking problem throughout the pregnancy to generate it. It can be related to

some bingeing episodes as well. One of the things we really stress in this is that the parenting process, certainly for the mother and to some degree for a father too, starts before the birthday, that the way that a mother takes care of herself physically with the abstinence from these various substances, but also good nutrition and exercise, and also her own personal spiritual preparations and psychological preparations make a difference in the way she may approach this baby that's going to be a new responsibility for her.

Dr. Dobson: You know, in the book of Judges, Judges 13:7, when Samson's mother was being told that she's carrying a very special child and that he had been anointed by God for a very important role, his mother was told not to drink wine or any other alcoholic beverage and it's clear as you read that passage, that the Lord understood the dangers of alcohol to an unborn child and He was instructing Samson's mother by giving her some medical information that was not yet understood. I think that's a very interesting passage there.

Paul Reisser: In fact, a woman who is thinking about becoming pregnant, who might get pregnant, who maybe is working on that, should really think seriously about abstaining from all alcohol during that timeframe, even when she's not pregnant.

Dr. Dobson: Marilyn, what does it do to you to see a crack baby who is screaming in pain and torment for what his mother has ingested?

Marilyn Maxwell: It's very troublesome. It's very concerning to see a baby have to suffer, to have to go through that, to try and fight through that because of what's been done to them ahead of time, and some mothers don't understand, or they are so addicted that it doesn't matter to them that they are harming their baby, but it's very disturbing to see that.

Dr. Dobson: Patty, continuing to talk about safety issues, what about high chairs? Do you worry about children sitting in high chairs that they can crawl out and over and down?

Patricia Francis: Well, it happens all the time. I think a lot of it is the responsibility of the parent who's there to ensure that the high chair's a proper fit, that there's usually a safety strap in every high chair and needs to be used and that when the infant is done and really getting squirmy, time to take them down and saying, "We're done with this meal, because you're throwing it on the floor."

Dr. Dobson: You know, just in general with safety issues, you simply have to think ahead, don't you? Is there anything in this environment, is my child moving in any direction that could hurt him or her? Is there anything in the cabinet that that child could drink? Could they fall off of something? You've got to stay ahead of 'em, certainly for the first three years, don't you?

Marilyn Maxwell: More than that and there's some things that parents don't think of because they're just common, everyday items. Mouthwash. Babies can get terribly sick and have problems ingesting mouthwash because of the alcohol content in it.

Dr. Dobson: Aspirin bottle.

Marilyn Maxwell: Aspirin, a terrible poisoning. Vitamins. Children's vitamins with iron in them. That's one of the most frequent types of poisonings that we see in young children.

Paul Reisser: One of the hardest processes for a family to go through is to figure out how to make the environment safe at home without turning the whole place into a padded cell, because you need to have an opportunity for a crawling baby or a baby who's starting to get mobile, who wants to explore and feel and touch and handle everything. They want to have that opportunity and they need it. You can't just deal with your safety problem by taking a child and putting them in a play pen and patting them on the head and going away for a couple of hours. That baby needs the stimulation also, and there's a real tension between baby proofing versus trying to make your child stay away from certain things at certain ages where they're really not capable of understanding what you want them to do.

Dr. Dobson: One of the things that has concerned me for many years is that small children tend to get spanked or disciplined one way or another for doing nothing more than exploring their world, touching something the parent values. I mean, how does a child know that China cup is something that he or she shouldn't touch?

Paul Reisser: They don't know Wedgwood from Wendy. Especially starting at around eight or nine months, there is this insatiable curiosity that needs to be satisfied and going through those last few months of the first year and into the one year old age group, that child really isn't defying you when he goes up to that interesting thing for the seventh time. He's just too interested and his memory's too short and you have to use a little bit of common sense to decide when it's time to take some disciplinary action, which is really more designed to protect him and to avoid the constant torrent of No's and, "Don't touch that," and, "Get away from this," and, "Don't pick that up," that can really become a real problem.

Dr. Dobson: What would you recommend in terms of a schedule of when the physician should see the child? Beginning at birth, how often, and then how does it trail off from there?

Patricia Francis: Well, the Academy of Pediatrics has a recommended schedule, which we use plus or minus depending on problems. I usually see families early on, as I mentioned, in the first several days and then at two weeks, one month of age, two months of age, and then every two months through up till six months, then usually a nine month visit and a one year visit. So pretty frequently.



Dr. Dobson: Okay. In the second year, Marilyn.

Marilyn Maxwell: In the second year, they're seen at a year of age, at 15 months, 18 months, and then parents finally get a break. They get a six month break for the first time.

Dr. Dobson: Assuming there's no problem.

Marilyn Maxwell: Assuming there's no problems, they're seen at 24 months.

Dr. Dobson: We were talking about the dangers of water earlier. I want to just come back to that for one moment. You should not leave a child in a tub without your being there.

Marilyn Maxwell: That's correct.

Dr. Dobson: A child can drown in one inch of water.

Paul Reisser: That's right.

Dr. Dobson: So you should not turn your back even in a tub when they're playing with little duckies and things, right?

Paul Reisser: That's right.

Marilyn Maxwell: Never.

Paul Reisser: Ever. And another thing to look out for just like a little bucket of suds that you're cleaning up with, or even just the open toilet, a toddler can actually topple into an open toilet and these are all things that you wouldn't think of as hazards around the house, but that have to be looked out for.

Marilyn Maxwell: And one of the reasons for that, the head size of a toddler is larger than the rest of his body in proportion so they are more top heavy and they're more likely to topple over and lose their balance.

Patricia Francis: You know, we see a lot of young toddlers who get burns, whether it be from mom's hot cup of coffee or a charcoal that flew out of the barbecue, a curling iron, an iron falling down. There's a lot of hazards that can cause burns. That it's amazing how frequently that comes up.

Dr. Dobson: Speaking of trips to emergency hospitals, parents are skittish today for fear that they'll be accused of child abuse when they bring in a child with a bruise or a burn. Talk about that. I mean, there's a legitimate concern on both sides of that issue.

Marilyn Maxwell: There is a legitimate concern, but healthcare workers, doctors, nurses that routinely work with children understand a particular pattern that we tend to

see, nothing is foolproof, but that we tend to see with child abuse. They're very characteristic types of injuries and then there are very characteristic types of injuries that happened with normal falls or we would be concerned if the story was not consistent with the injuries that we would see on the child.

Paul Reisser: I think if a parent, too, has had something happen that happened and they are ... It would be better for them even to take the risk of getting a little bit of investigation if they know nothing has been done wrong so that the care is given properly.

Dr. Dobson: So they raised the issue themselves and explained this was a legitimate injury. Would you recommend they bring that out in the open.

Paul Reisser: I think that the most important thing is to be very forthright about what happened. One of the signs that you look for in child abuse is an evasive, funny story that doesn't make any sense and if you tell a story and even if you made a mistake and turned your back one second too long and an accident happened better to say it, "Yeah, I just turned around too long and this happened," than to make up some crazy story that will sound like an abusive parent.

Dr. Dobson: Patty, you see child abuse.

Patricia Francis: I see the issue raised a lot and I was just thinking so many children now are in daycare that a lot of the times when parents will bring in their child wondering, "What is this mark," or, "I didn't know about this bruise," and they don't know what happened in the childcare nobody told them that there was a fall and so the issue comes up a lot, and most of the time, fortunately, it turns out there was a fall and the childcare just forgot to tell them but the question gets asked in this day and age frequently,

Roger Marsh: Well we're going to stop right here to conclude part one of "Parenting Basics: The First Years," here on Dr. James Dobson's Family Talk. I'm Roger Marsh and I hope that you gleaned some practical advice from today's program. Our physician panel included Dr. Marilyn Maxwell, Dr. Patricia Francis and Dr. Paul C Reisser. These three doctors, all of whom have expertise in pediatrics, represent nearly 100 years of practicing medicine between them. That's right, nearly a century of experience. They really are incredible resources when it comes to the health and wellbeing of infants and young children.

Now, if you missed any part of today's program, or if you'd like to listen again in its entirety, please visit our broadcast page at [drjamesdobson.org/familytalk](http://drjamesdobson.org/familytalk). That's [drjamesdobson.org/familytalk](http://drjamesdobson.org/familytalk), or give us a call at 877-732-6825. That's 877-732-6825.

Well, that's just about all the time we have for today, but before we go, though, I want to remind you that right now is the perfect time to give to the Dr. James Dobson Family Institute. Thanks to the generosity of some friends of our

ministry, we now have a matching grant in place of \$300,000 for the remainder of the month of June. That means that your gift of any amount to the Dobson Family Institute or to Family Talk this month will be doubled. This matching grant only lasts until midnight, June 30th, this Thursday. To give today and to have your impact doubled, visit us online at [drjamesdobson.org](http://drjamesdobson.org). Or give us a call at 877-732-6825.

Well, please join us again tomorrow to hear the second half of Dr. Dobson's conversation with that expert panel of physicians on the topic of Parenting Basics : The First Years. That's coming up next time on Dr. James Dobson's Family Talk. I'm Roger Marsh. Thanks for listening.

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