
Dunstan Baby Language

New Parent's Companion Book



Welcome!

Dear Parents,

Welcome to the New Parents Course.

Since 2006, the Baby Language has grown and spread all around the world, helping millions of parents learn to put these simple, but life changing, techniques into practice with their newborn babies.

We now have professional training communities in 23 countries, each learning the system in their native languages, and professionals such as lactation consultants, midwives, hypnobirthing practitioners, pediatricians and so on incorporating the Dunstan Baby System into their practices.

I'm so excited to have you onboard with us to learn a system that has helped so many of us parents as we struggle to come to grips with the challenges of bringing home a new baby.

To each new parent, our message is always the same: yes, these first months are be enormously difficult, but there is a way forward.

A calm, secure and well-rested baby develops better physically, mentally and emotionally.

But don't downplay how important it is for you. Your sleep is important. Your peace of mind is important. Sleep deprived parents are more likely to be depressed and more likely to have relationship problems.

Let's do what we can to avoid that happening.



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My Parenting Philosophy



Your baby will tell you what he needs. The Dunstan Baby Language is absolutely, unashamedly, based on the notion that babies should be given whatever they want on demand. Demand feeding, demand burping, demand sleeping and demand comforting.

This does not mean there should be no routine. What it means is that a routine should reflect daily fluctuations in your baby's needs, and differences between babies. Some babies simply do not need as much sleep as others. Some babies need more food than other babies. Some babies need less burping than others. Some babies need more attention than others.

This is not a revolutionary idea. It is the modern understanding of infant rearing. If you are following a timetable laid out by another parent, or in a book or by a doctor, embracing rules that may have nothing to do with your baby's needs, you may not be satisfying your baby's needs.

Notions of timetabling, and strict rules about how often to feed, how much time should be spent on each breast, when to burp, where, when and how to put your baby to sleep and even which cries to ignore are now considered to be unhealthy physically, mentally and emotionally for both the baby and the parent. This kind of parenting leaves little room for interaction between the baby and the parent – interaction which is the basis of communication between parent and child forever more.

If you base your decisions on your child's rhythms instead, taking notice of when your baby wants to feed, sleep, play, be held, burp and whine, you will discover a routine.

It may be something that is quite different from the books and that is fine. A routine that develops from your baby's needs has the flexibility to change as your baby's needs change, and you can be assured that your baby will follow it. If you find that your baby

has no particular times he tends to feed or sleep, there is little you can do. Enforcing a routine that has nothing to do with your baby's own rhythm is nearly always going to be a struggle.

Nursing is one of the most problematic issues when it comes to notions of routine and timetabling. Nursing mothers are often given advice about when to feed and how often to feed based on information that is outdated and detrimental to the baby's health. The U.S. Surgeon General now recommends that newborns nurse often, at least every two hours. It is also recommended that babies should not be put on a strict schedule because frequent feeding stimulates the mother's breasts to produce plenty of milk. It has also been acknowledged that breast milk is digested more easily than formula so babies who are nursed need to be fed more frequently than babies who are bottle-fed.

A routine should reflect daily fluctuations in your baby's needs, and differences between babies.

Putting restrictions on the amount of time a baby can feed on each breast, and how long the baby should wait between feeds can have seriously damaging effects, such as reducing the mother's milk supply, not providing the baby with the right amount of nutrition for his stage of development and harming the baby's long-term sense of security.



Another problematic issue is where and when babies should sleep. Most native cultures sleep with their infants, and there is a lot of evidence to suggest that this is the way to go, with benefits to both parents and infant. When Tomas was a newborn though, I was never comfortable having him in the bed with me. I was too scared to roll over on him. But I did like having him in the cot next to me. I found it easier to sleep knowing that I could hear him.

If he woke saying 'Owh' and 'Neh', I would know straight away to try the dummy or my breast. If he woke saying 'Owh' and 'Eh', I was able to reach over and pat his back or to help him burp. If he had been in another room, by the time I heard him, he would have been crying, and it would have been much more difficult to detect exactly what he was saying.



I get many comments from parents that they thought they would "spoil" their baby if they have him in the same room, or that they believe having the baby in the room would keep them awake, or that it makes much more sense to have the baby in another room so that one partner can go and feed, or change diapers or do whatever else is

required and the other can sleep, rather than having both lose sleep.

Once they start to work with the Dunstan Baby Language classification system, most parents change their minds.

Early detection of their baby's need makes satisfying their baby so much easier, and the only way to detect the baby's need early is to be there when the baby first starts to make reflex sounds. If the baby is in another room, as I found, you usually wake to the sound of crying, and by then it is a more complex task to decipher what your baby needs.

I am a big believer in having as much physical contact with your baby as possible, holding them, sleeping with them and playing with them. They are only young for such a short time, make the most of it. You have an inbuilt information system and once you learn how to listen for it, will give you the answers your looking for.

Basically, nobody knows your baby like you do. Nobody can tell you how many hours to wait between feeds, or how long your baby should sleep for. The Dunstan Baby Language teaches you to pick up the cues so that you will know your baby even better and can tune in more easily to his routine.

Once you have the knowledge of the words, and you have had experiences that have proven to you how efficiently the Dunstan Baby Language system works in interpreting your baby's needs, you can go your own way in caring for your baby with confidence.



What Crying Means



We rely on a baby's cry to tell us that our baby has a need. It's what nature intended - the cries of all babies are a key survival and protection mechanism. In the animal kingdom though, a cry can also be dangerous because it can alert predators to the presence of a mother and a helpless baby. So for animals, it is important that the need be met, and the cry be stopped, as quickly as possible. The only way this is possible is for the cry to be specific, for it to change according to the baby's need, so that the mother can identify what she has to do to satisfy the baby and stop it crying.

For human babies the cry is especially important because they are so incredibly helpless for such a long time. It is months before they can digest anything but milk, transport themselves from one place to another and learn a language. Their cries are primal, unconscious, and their only way of letting their carer know what they need.

The cry of a human baby is also specifically important in western culture because adult humans rely on hearing enormously – more than any other sense – when it comes to looking after babies. Partly this is a practicality brought about by the way we live. We live busy lives and, compared to native cultures and the animal kingdom, we do not spend very much of our day having direct eye contact with our babies or smelling them or even touching them.

We don't have the kind of intense physical closeness with our babies that means we can know, and be in sync with, rhythms such as breathing and body temperature which give a lot of information about their physical and emotional state. Often the only way we can know for sure they need something is if we hear them crying. So the baby's cry is a means of communication between the baby and us, the baby's carers.

The baby does not decide to communicate – his needs drive him unconsciously to cry – but for the us, there are many forces at work. At first, our response to a baby's cry is also unconscious. On that instinctive level, when we hear the sounds of crying, we know that

they are different to other sounds, and we know that they signal distress.

Adults and even small children automatically want to do something to quiet a crying baby. This is why well-meaning friends and relatives give us endless advice! It is a sympathetic response that is a reaction of the body on a primal level. Every human cries and every human reacts to crying, regardless of race or culture.

A cry is an evolutionary protection mechanism

The sympathetic response is also specific to an individual, so that parents will respond specifically to their own baby's cry. Infants make sounds that their own parents will recognize; it is a sound connection with the mother that starts in the womb.

The baby begins to hear in utero three months before birth, and what he is listening to is mostly his parents. The womb is like an enhanced sound chamber, with the fluid carrying the sound directly to babies' eardrums. Babies hear the tone and the patterns of the sounds their mother's voice makes, and they learn instinctively to match their cries to the range of sounds they have heard. This enables parents to recognize the cry of their infant.



In the animal kingdom, and in cultures where babies are raised communally, this is important because it means the parent can know exactly which baby is theirs.

This specific communication between a baby and its parents makes it more upsetting for the parents to hear their baby cry than it is for anyone else to hear their baby cry. Their desire to respond, to quiet the baby, is more intense. We are not just talking about an emotional response here; the response a parent has to a baby's cry is very physical, especially with a newborn's cry.

One of the greatest examples of this is the letdown reflex. When mothers hear a certain cry from a baby, their breasts begin to let down the milk in preparation for feeding. It is completely hormonal, utterly biological and absolutely driven by the sound of the baby's cry.

Overriding our sympathetic response shuts down the communication process. Our first reaction, our sense that we have to 'fix' the crying, occurs without conscious thought.

The more agitated the baby becomes, the more agitated the parents become. But then conscious thought comes into play. Once we start to think (and over think) what we should do about the cry, we lose our primal impulse and create a different kind of communication between the baby and the parent. We can consciously override that sympathetic response to a baby's cry with conscious thought if we try, or if we have been taught to.

I have seen it happen over and over again. For example, a baby will cry and the mother will tell me she only fed the child an hour ago so the cry cannot mean hunger. She decides the baby is tired. She tries to put the baby to bed and the baby continues to cry.

I'll say, "What is your body doing right now?" and she will tell me that her breasts are leaking but that she stands firm in her belief that the baby is tired, not hungry, and she is going to leave the baby to cry itself to sleep. I watch the mother while her baby is crying, and she is clearly in pain. It upsets her to hear her baby, but her conscious thought processes have overridden her sympathetic response and she is doing what she believes to be right because of what she has been taught: The baby could not be hungry because he had only just been fed.

The problem with this kind of reaction is that it can leave a hungry baby undernourished or dehydrated and make them more demanding the next day so that they operate even less according to the feeding schedule. The whole thing becomes a vicious cycle.

The big problem is that we are used to a more efficient communication process, and a more definitive outcome. If someone said to us, "I'm hungry! I'm hungry! I'm hungry! I'M REALLY HUNGRY!!!!" we would feed them. A baby says, 'Neh, Neh, Neh, NEH, NEH, NEH!!!' and we think to ourselves, "When was he last fed? Has he been burped? Have we checked the diaper? When was his last sleep?"

We are processing the communication from the baby in terms of our own language capabilities and our learned understanding of how to quiet a crying child. We know he wants something, but we don't know exactly what so we go through our checklist. When we have run out of things to check, and the baby is still crying, we become frustrated.

Our sympathetic responses are operating, we want to do something to help, but we have run out of options because we simply cannot understand what it is the baby wants.



When Tom was a newborn, I felt this way most of the time. Because we do not understand what the baby is saying, and we feel out of control, we try to find control. We go to books, doctors, friends and family who we hope will help us find a way to stop our baby from crying.

We hear a lot of solutions and we try them out. Sometimes they work – we've hit on the right method for our baby – and sometimes they don't, leaving us bewildered, insecure and sleep-deprived.

We do not really cater for the concept that our baby may be, in fact, hungry half an hour after his last feed because his body is growing so quickly, or that he might still have wind, even though we burped him an hour before. Babies' bodies dictate their needs, and as much as we would like those needs to be neatly contained within parcels of time – feed every three hours, sleep for three to four hours, burp straight after a feed – their bodies rarely work that way.

We humans are creatures of routine, but we know ourselves that our need for food, for sleep, for toileting, change according to all sorts of factors – our hormones, how busy our day has been, the weather and so on. Babies' needs fluctuate too, so our checklists are rarely going to be able to help us completely satisfy their needs all the time. If we learn to listen and to understand what their cries mean, we can get the information straight from the source.

A cry can be understood as the language of physical reflex. The Dunstan Baby Language system translates babies' cries into a language we can understand. It starts with the idea that there are different types of sounds for different types of needs.

The thinking behind it is very simple.

It is based on the notion that a baby's body acts on reflexes and when you add sound to different reflexes, you get different sounds.

When you watch sports, for example, you hear many sounds that are the same regardless of what language the athlete speaks. All weightlifters make the same long grunt as they use their abdominal muscles in a lift, footballers the same "uuhh" as the wind rushes out during a heavy tackle, tennis players the same sharp grunt on the backhand. These sounds are involuntary, and often occur when the entire body is involved in an action.

There are also reflex sound patterns, a series of sounds made as a result of the body's movement. The sound pattern of a hiccup, for example, is made by repeated spasms of the diaphragm. This is in response to us having eaten too much, or eaten too quickly.

The spasms close the muscles in the back of the throat when we exhale so that we can't eat anything more. Air forced through the vocal cords while we are having the spasms creates the typical hiccup sound – which is the same in infants as it in adults as it in animals.

Laughing, crying, the sounds we make to express sympathy, and the sounds we express making love are also all sounds that accompany reflexes. Reflexes are controlled by the spinal cord and brainstem – complex brain activity in response to something we've experienced triggers the action of particular muscles. As air is forced over the vocal cords, sounds are shaped by our throats, mouths and faces.

So it is with a baby's cry. If the baby is hungry, for example, the cry you hear will be the result of a hunger reflex. Once the baby's sugar levels start to drop, he starts sucking.



If he is not fed, his sucking intensifies and because he is distressed, he starts to cry.

The combination of the sucking and the cry results in the word 'neh'. The hungrier he is, the more distressed he becomes, and the louder and faster he will repeat the word 'Neh'. That 'Neh' cry is the hunger cry.

Similarly, if the baby has wind, the cry you hear will be the result of a reflex to remove the air he has air trapped in his stomach and esophagus. His body's reflex is to contract the muscles in those areas in order to squeeze the air out. 'Eh' is the sound that results. The 'E' sound is the contraction and the 'h' is the air flowing over the palate.

If the baby's body cannot remove the air through reflex action – perhaps because he is being held in a physical position that makes it difficult for the air to be removed, or is being fed because his carer has misunderstood his cry – the greater his pain from the wind and the more distressed he will become. The more distressed he

becomes, and the louder and faster he will repeat the word 'Eh'.

We don't automatically recognize these sounds as a body reflex – as we do a burp or a cry of pain from another adult – for two reasons: Firstly, we no longer produce many of those particular kinds of cries. As adults we no longer suck in response to being hungry, we go to sleep when we are tired, and we are capable of removing our own waste from our bodies. (We may cry over the need for company and because of exhaustion, but it is not the same unmitigated, unconscious reflex response that babies have, and so it is a different kind of cry). Secondly, and most importantly, we are not used to trying to glean knowledge from the sounds our bodies make.

We are so used to overriding our own bodily responses with conscious thought – for example, not feeding ourselves when our stomachs rumble because we are on a diet – that it is hard to untrain ourselves from thinking in terms of routine: "It can't be hunger, I just fed her."



Learning to Listen



Learning to listen

The main premise of the Dunstan Baby Language system is that it is worth listening to your baby. Once you know to listen, and you know what you are listening for, you will be able to identify your baby's needs in more and more detail.

Easier said than done. Careful listening is not a simple matter when life is so busy. It is literally second nature to us to schedule a baby's needs into our lifestyle. Working mothers especially are having to accommodate a baby's needs, a partner's needs, possibly another child's needs, and their own.

The problem is that if parents push themselves past the sympathetic response often enough, they will begin to automatically override it. It will become easier for them to accept that the baby is crying, and they will become less sensitive to what the particular cry is telling them. In the long term, the less a baby's cries are responded to in the right way, the more the baby will learn to give up on having its needs met, or find another way of getting its needs met. This is where emotional and mental difficulties begin.

Our society generally does not accept the randomness of babies and children — their spontaneity, their noisiness, and their impulsive curiosity. We have places that are acceptable to bring children and places that are not. It's unacceptable in many restaurants, theatres and other adults' homes to have children playing. If we bring a child into those situations, we praise the children who are quiet and who amuse themselves.

We call that child a good child. Plus we have small, self-contained families, who are often isolated far from our own parents, siblings

and grandparents, so that we need to hire people we do not know very well to mind our children when we go out. What we have to acknowledge about this way of life is that it isolates us from our babies and children to some degree, and when it comes to raising them, we are surprised by their erratic, instinctive behavior.

You can't just say to a mother, "Feel in your own body what your baby wants," because we are used to operating much more on a basis of information and on timetables. It is not helpful to ask someone to throw all that away, and to operate on instinct. What is helpful is to provide mothers — parents — with information that shows them how to listen and what to listen for.

When you first start to listen, it can be difficult to hear the reflex sound because there is other 'noise'. If it is hunger the baby is feeling, for example, the baby will be saying, 'Neh' and he may also be making a whining sound, so what you hear may go like this: 'Ahm, Ahm, Ahm, Neh'. If his needs are not met, and he starts to cry, the 'Neh' sound will intensify, but there may also be other sounds added, such as the sound made as the baby drags in greater amounts of air with which to cry. The key to matching the sound with the need is understanding what the body is doing when it produces the sound.

It is also important to understand that each reflex turns on and off at different ages. For



example, the rooting reflex – if you stroke the corner of your baby's mouth his head will move towards your hand, and he will start sucking – is under the baby's voluntary control from the time she is about three months old.

As he develops, he will communicate that he is hungry not as a result of reflex but as a result of conscious, learned behavior. This means that the sound a hungry baby makes when he is newborn may be different to the sound he makes when she is four months old. As the baby's carer, you need to evolve your listening skills in alignment with your baby's development.

Cries are not only meaningful and compelling because they are primal sounds born of reflexes, but because they communicate the intensity of the baby's unmet need. Spectrographic studies that turn sound into images show just how varied and complex a cry is and how it increases with degrees of suffering. Changes in pitch and in the pattern of sounds reflect the degree of urgency a baby's body is feeling. Pain causes the baby's breathing rate to increase and the sound that is released occurs in high-pitched, staccato cries. You can tell a lot from the particular kind of cry and the tone and pitch of the cry.

There is nothing 'new age' about the concept of the Dunstan Baby Language.

Each Dunstan Baby 'word' is a reflex with sound added. Once you know the language, it will become first nature to listen to the particular sound your baby is making, to look for the reflex that is forming the sound, and to then link the reflex to a need.

The Dunstan Baby Language has five 'words'. With just five words, the lines of communication between you and your baby are open.



The Five Words of the Baby Language



Lower Wind

When your baby is making the "Eairh" sound you should try placing baby on his stomach and rubbing his back, or gently massaging his tummy to help get the wind out and ease his pain.

Upper Gas

The "Eh" cry is important for avoiding long periods of crying. Burping on "Eh" will help avoid air being pushed down into the lower abdomen and causing pain.

Tired

By responding promptly to your baby's "Owh" sound and putting her down to sleep (before she becomes overtired and frustrated), you can enjoy more restful nights.



Hungry

By listening to your baby and feeding on the "Neh" sound, whether by breast or bottle, you can be confident that your baby is getting the right amount of nourishment for healthy weight gain.

Uncomfortable

Whenever your baby is uncomfortable they will say "Heh". This can be related to temperature, noise, brightness, movement or skin issues such as a wet nappy or a rash.



Neh

The sound your baby makes when he is hungry is 'Neh'. The reflex that creates the word 'Neh' is the sucking reflex. 'Neh' means that your baby is experiencing chemical changes within his body that tell him his energy levels are dropping or that he is dehydrated. Automatically he has brought the tip of his tongue forward to stimulate the breast and the rest of his tongue has gone back quite far so that his mouth can accept the breast. Basically, he has started to suck. 'Neh' is the sound that results.

Try the action yourself and then add sound.

Structural differences between adults and babies make it impossible to duplicate the sound of a baby sucking – adults have teeth and their palettes are more formed - but you will hear something like 'Neh'. The 'N' sound is the sucking and the 'h' is the air flowing over the palate.

Notice that the mouth is half open and the tongue moves forward in a sucking motion. You may also notice that your infant will root around trying to find something to suck on. The 'N' is the significant part of the sound to listen for because 'N' is the indicator of the sucking reflex. The 'N' sound differentiates the sound from other reflex sounds such as 'Eh'. It is also important to listen for the 'N' because 'Neh' can become 'Nuh' or 'Noh' or 'Nah' depending on the position your baby is in. Lying on his back, front or side will affect the way the sound comes out, as will being held or being rocked.

Basically, when you are trying to soothe a crying or unsettled baby, if you are hearing 'N' you know to explore solutions that respond to the need for something to feed or suck on.

Don't be misled by the fact that you have just fed a short while ago. We tend to overthink

the whole issue of feeding and become afraid of feeding too often or too little. Listening for your baby to say "neh" should be your guiding force.

A baby might say 'Neh' because he is dehydrated. Dehydration can strike any time between feeds. Obviously, if it is a hot day, or your baby is overheated because he is unwell or overdressed, your baby will be thirsty. But the conditions for dehydration are not always so obvious. Your baby loses fluid all the time from urination, from sweating, from his lungs as a normal part of the breathing process, and through his stools. Babies under one year become dehydrated very quickly, and the only obvious symptoms at first are thirst and agitation. If you don't respond to those because you are waiting for the next scheduled feed, your baby's body can literally begin to dry up.

A baby might also say 'Neh' because he is hungry, even if you have just fed him. Your baby's nutritional requirements also fluctuate greatly, from day to day; a period of three to four hours between feeds may not be enough to supply him what he needs one day, or may be too much for him another day. Since breast milk also supplies the baby with elements needed to reinforce their immune system, a baby who is fighting infection will try to drink more often.



And some babies simply like to suck for comfort. Not all babies have this need, but we know that many babies suck their thumbs while they are in the womb; it is completely natural for those babies to want to continue sucking for pleasure outside the womb. If your baby is saying “neh” and you feed him but find that he is not taking any milk, he try a pacifier. The American Academy of Pediatricians say that pacifiers don’t cause medical or psychological problems as long as they are used only between feedings.

So ‘Neh’ is your clue to your baby’s unique and changing needs and rhythm. Your baby will make the sound and will repeat it until its need is resolved. If you are nearby and you hear that first ‘Neh’ it will be quite clear.

The later you arrive on the scene after your baby has begun to have the sucking reflex, the more often the baby may be repeating the sound and the more muddled the sound may be becoming. At first you will hear, ‘Neh’. Then you will be hearing, ‘Neh, Neh’ and then ‘Neh, Neh, Neh, Neh’ and so on.

After a while, ‘Neh’ will be mixed in with crying which is a sort of ‘aah’ sound, so it will be harder to distinguish, but will still be there. Basically your baby won’t stop making the sound— his sucking reflex won’t stop operating—until his need has been satisfied.

If your child is still saying ‘Neh’ after you have fed him, and you have run out of ideas on how to soothe his constant need to suck, you may want to explore whether the food you are giving him — be it breast milk or a formula — is actually providing enough nutrition. Perhaps your baby is feeding for a long time but not actually taking in all he needs. Perhaps, as can happen in the case of allergy, or celiac conditions, the nutritional sources you are providing are not being processed properly by your baby’s

body. Perhaps he is ready for his feed to be augmented with solids or even to be weaned. You should talk to your pediatrician about other nutritional solutions.

Once you know the sound ‘Neh’, you can feel confident that your baby will tell you if he is hungry.

You may have to be very determined in your efforts to sort this out because many people, including doctors, will tell you that your baby is just trying to get attention, or that you are mistaken in your interpretation of its needs.

You know your baby. Now you know the sound your baby makes when it is sucking. You know it is a reflex and not some conscious attempt to take the limelight.

Armed with all you know, you can find a solution to your baby’s distress.

Feeding is a routine, not a schedule

So many mothers, and babies, struggle with nursing and I think it often has to do with the amount of timetabling we impose on nursing mothers.

Feed for 10 minutes, take them off, sit them up, burp them, feed them on the other breast, wrap them, put them into bed... As I mentioned earlier, it is a routine but it is not a schedule.

Babies have their own timetable which will change as they develop and mature.

Listening for ‘Neh’, you will find that your baby decides when he needs to have a long feed, a short one and when he needs a quick top up. Your baby will form his own little pattern, his own rhythm.

Sure, a routine may come around the rhythm, but rhythms change so your routine



will change. We look for routine so we can get other things happening in our life – go to the market, have coffee with friends, get the washing up done, fold the laundry and so on.

But the reality is that few babies happily adhere to an imposed routine. We have to be flexible.

Using 'Neh' to switch breasts

Opinions vary as to which breast should be offered first, and when you should allow the baby to switch from one breast to another. I have found that it is best to be guided by your baby. If she has run out of milk on one side, she will say 'Neh', at which point you will switch her over to the fuller one.

Learning when your baby wants to suck, not feed As you will learn when you master the combination words, some babies have a preference for going to sleep sucking on a pacifier, finger or thumb but generally only once they are well-fed. You know this when 'Owh' (tired) is the primary word and 'Neh' (hunger) is the secondary one.

However, using a pacifier to postpone a breastfeed is not recommended as it can lead to a decrease in milk supply.

When nursing is not working

Some of the mothers who came to see me really struggled with nursing. Often they had too much milk, causing their children to choke on the fast flow. With others the flow was too slow. Babies would become agitated and be unable to feed properly. They would remain hungry and tire themselves from crying.

Then when they tried to feed again, they would gulp air, causing wind problems. Seeking professional help as well as learning to hear your baby's need may help you



to untangle the problem. Ultimately, the solution may involve deciding whether to continue nursing. And in my work with mothers, I observed there is often a lot of angst about this question.

In an ideal world, every child would be nursed for the first six months. But nursing does not suit all mothers and not all mothers feel comfortable doing it. I think it is more important to bond. It is very hard to bond to a child if you hate nursing, or it hurts you, or the baby isn't latching on properly and the baby gets upset by the whole process.

Bottle-feeding can be just as close physically if you do it in the same way that you are nursing. You are still holding your baby, you are still cuddling him, he still gets to smell your skin, and he still gets to touch you.

Neh and letdown

If your breastfeeding you may notice that when your baby says the word Neh, you get a letdown of milk.

You may also notice that this doesn't happen when your infant is saying the other words. This brings us to a very important issue. A lot of the mothers that I have seen, who were having problems breastfeeding found that the problem was simply that the infant wasn't hungry.

If for example your baby needs to burp, and



you are trying to make her drink, you will find that she won't latch on properly, not only that but because the sympathetic response in the mothers body is not on for feeding, it will take more stimulation to have the breast letdown.

By feeding when both you and your baby are ready, you eliminate a lot of the possible attachment and flow problems which occur.

When to burp

Some people have a practice of burping halfway through a feed. From watching many mothers, my opinion is that unless a child pulls off the breast and says the word 'Eh' (for wind), just let them keep feeding. Often I see mothers pulling the baby off the breast and trying to burp them when the baby is saying 'Neh' for hunger.

The baby then gets agitated because the mother is trying to burp her when there is no need. Always act on the word spoken most often. If in doubt, burp them. Otherwise you may be feeding on a tummy that is half full of air and your baby is not going to get a proper feed.

Jackie's Story

Jackie grew up in a family of four children and had enough aunts, uncles and cousins to fill a football oval. But strangely enough, when Jackie became pregnant, she realized that she knew very little about the actual care of babies.

She had moved counties so she no longer had her mother or sisters nearby. She relied, instead, on reputable books to give her the knowledge she needed. The problem, however, was that her son, Connor, did not conform at all to the guidelines in the books.

His routine seemed completely erratic and he cried a lot.

Jackie learned the Belore system when Connor was about six weeks old and soon began to appreciate her son's unique pattern.

By knowing the word 'Neh', she realized that he liked to have a feed in the morning, another reasonably large feed two hours later then a gap of about five hours, before two feeds close together later in the day. Connor had been crying because he had been missing that second feed in the morning, as well as later in the day.

Once she figured out Connor's schedule, she could plan to do other things in that five-hour period.

Susan's Story

Susan's baby, Tilly, seemed to cry a lot after a feed. Susan strongly suspected that Tilly was not getting enough from nursing.

That was only confirmed after she learned the word 'Neh'. Susan could hear the word before a feed, during and after. To test the what she suspected – that Tilly needed more than she was getting from nursing – Susan gave Tilly a bottle of formula after one feed. Tilly drank the lot.

This made Susan's decision clear. It was time to wean. "In a way, it was good hearing it from Tilly herself," Susan says. "I didn't feel quite so guilty."



Nursing holds



For most women, **sitting upright** is the most practical way to feed their baby and it can be done anywhere. Sit upright in a comfortable chair that has plenty of back support, or prop yourself up in bed with plenty of pillows. Place a pillow on your lap to take the weight of your baby's body. Cup your breast by resting your fingers on the chest wall underneath your breast. You can use your thumb to press the top of the breast slightly. This can improve the breast shape, making it easier for your baby to attach well. Without leaning forward, bring your baby up close to your breast so his chin is against it and his tongue is underneath your nipple. If he is a newborn, support his bottom as well as his head and neck. Touch your baby's lips with your nipple so that he opens his mouth. Wait until his mouth is open wide, then gently guide your breast towards his mouth. You know that your baby has latched on well if you can see that his jaws are wide open and he has a mouthful of breast. He is "milking" the breast properly if you observe his jaw muscles working well and his temples moving.



Lying down to feed can work well, particularly if you are recovering from a caesarean or do not want to get up in the middle of a cold night to sit in an armchair. Find a comfortable position and place your baby alongside you with his head facing your breast. Avoid propping yourself up on one elbow as this can make it difficult for your baby to latch on. Support your breast as you would if sitting up. Use your thumb to slightly press your breast into a better shape, if you feel this helps your baby. Hold your baby close to you and touch your nipple to your baby's lips to encourage him to open up. Wait until his mouth is open wide then guide your breast towards his mouth.



This position is one I learned with Tomas and later discovered that it is recommended by the World Health Organization. It is recommended for women with twins, blocked ducts or those having difficulties attaching their baby. Sit comfortably in a chair, and place a pillow on your lap to support your baby. Cradle your baby with the arm closest to the breast you are about to feed on. If it is your left breast, for example, use your left arm to support your baby's head and body. Tickle your baby's lips with your nipples and wait until he responds by opening his mouth wide. Guide his mouth towards your breast.

Owh

The sound your baby makes when he is tired is 'Owh'. The reflex that creates the word 'Owh' is a yawn. Researchers are not yet completely clear on why humans – or animals for that matter – yawn, though they do know that yawning is a sign of tiredness, and probably also a general sign of changing states of alertness. We yawn when we wake up, and when we are bored. The widening of the jaw, the movement of the tongue, and the expansion and contraction of the diaphragm as the baby yawns, create the sound 'Owh'.

Because yawning is one of the reflexes that doesn't turn off, you can hear the sound for yourself as you yawn. You will probably even yawn once or twice just reading this – so listen for the sound you make (taking into consideration the differences between a baby's mouth and an adult's).

When your baby becomes jerky, he is actually over tired, you will find that if you put your infant to sleep when you hear the word 'Owh', which is usually before the jerky stage, you won't have to wrestle trying to settle an overtired infant, because just like us – it's harder to get to sleep once you have passed your tired stage.

Babies yawn much more than adults. Their yawns are not necessarily as obvious as an adult's yawn, and so "owh" can be a really soft sound, easily missed in a noisy household. A baby may well start off saying 'Owh' very quietly. If he is not heard, he will start to whine, and the sounds of the whine will become mixed in and around the 'Owh' sound. If his need is still not met he will start to cry, and as with the other sounds, the "owh" sound will become harder to hear once your infant is screaming.

As with the other reflex sounds, it is important to try to catch the sound before it becomes part of a cry.

Early on in my trials with the Dunstan Baby Language classification system, a woman called Fatima said that knowing the word 'Owh' had changed her life. She said she was never clear on when he was tired, and she often felt he was overtired by the time she worked out that he needed to sleep. She would have to rock him or pat him for up to an hour, and then he would often wake just as she was tiptoeing out of the room. She said that she found it horribly frustrating, and getting her baby to sleep became a chore that she feared.

Once she discovered that the word 'Owh' meant her baby was tired, she was able just to wrap him up, put him in his cot, and he was asleep within two minutes.

I have heard so many stories similar to Fatima's over the years. Most of us have been in the same situation she was – guessing at whether our babies are tired, then rocking and patting endlessly only to have the baby wake as we creep out of the room. We often lose confidence in our ability to know what our child needs, and to give him what he needs.

Knowing to listen for the sound "owh" makes such a difference in parents' lives. There is an incredible flow-on effect from getting a baby to sleep before he gets overtired and the



parents become overwrought. The baby sleeps more soundly, and because he is refreshed, he feeds better, is happier generally, and the parents are more calm. The whole thing is a cycle that improves simply with early detection that the baby is tired.

For many parents the issue is not just how to get their baby to sleep, but how to keep him asleep. My answer to that is to have the baby in the room with you, at least in the first months. A sound machine is also a sound investment to help create a 'womb-like' environment in the room. Many parents have been taught not to have the baby in the same room – that it will 'spoil' the baby. The truth is that hearing his parents talking and the rhythms of their breathing makes the environment more womb-like for the baby and this helps to keep the baby settled.

At night, having your baby in the same room means you can hear the words he is saying before they become part of a distressed cry. If his diaper needs changing, or he needs burping, or he needs a little top-up feed or something to suck on, you will hear him say this while he is still sleepy. You can get him what he needs, and he will go back to sleep easily.

If your baby has had to scream to get his needs heard, he is less able to go back to sleep.

Parents also tell me about additional benefits for them having a baby in the same room. The parent who is attending to the baby does not have to wake up so completely as they do when they have to get out of bed and go to another room (it cannot be helped, of course, if the baby is being bottle-fed), and parents also comment that they find it less lonely feeding in bed next to their partner, and they have more of a sense of 'family'.

The beauty of knowing the word 'Owh', and using it to drive your decisions about when to put your baby to bed, is that you know you are giving your baby exactly what he, as an individual, needs in terms of adequate sleep.

I always urge parents to understand that they need sleep as much as their baby does.

Most parents use the time when their baby is asleep to complete chores. It is much more important that they catch up on sleep at that time. Adults can con themselves that they are not sleep deprived, and yet the fact is they don't function as well as they could, and, as mentioned earlier, they are much more likely to become depressed because the brain manages sleep and mood out of the same area. When your baby goes to sleep, you should go to sleep too.

Hearing 'Owh' can take the struggle out of the whole sleeping issue, make it a more gentle, more natural process rather than this big battle that it tends to be in most households. I have observed and trialled many parents who have found it can make a difference in how they raise their baby – and in the amount of joy they get from their baby.

Getting your baby to sleep does not have to be an exercise in frustration and despair. You do not have to leave our baby to cry himself to sleep. And you do not have to impose a routine on your life that limits you and runs your life. All you have to do is listen.

Rocking, patting and sucking

Of course, 'Owh' is not a magic word.

There are many babies who will fight sleep no matter how quickly you recognize that they are tired. Rocking, patting, giving them something to suck on are still going



to be the best techniques for these babies; however, the parents will find that if they have responded early enough, it won't take as long to get the baby to sleep.

Elevated sleeping

As you will read in the section covering the word 'Eh', infants who tend to be windy, or infants who have a blocked nose through a cold, may need to fall asleep upright or semi-upright. To create a completely vertical sleeping position for your baby, you will need to carry him upright with his head on your chest, or put him in a sling, until he is asleep.

The other option is to use a mattress in the cot that can tilt upwards. Some cots provide this option. Otherwise you can place a pillow or books under one end of the mattress, but be sure there are no gaps between the end of the mattress and the end of the cot; even a newborn can work his way into a gap like that and suffocate.

If you are using formula, make sure it contains taurine.

Taurine is an amino acid which babies, especially newborns need, and which is manufactured in a mother's breast milk. Taurine is essential to the development of a number of areas of infant functioning, including in the development of a baby's central nervous system development. It acts to calm the baby.

Deal with cumulative sleep deficiency

Sleep deprivation is a very real problem for babies. If you have had trouble getting your baby to sleep over a long period of time, one good sleep is not going to fix everything up.

The deprivation is cumulative and the effects take a while to resolve. It is good to get into

a pattern of listening for those first 'Owh' sounds and acting on them immediately.

The more you listen, the easier it will be to hear the sound, and the more often you will be able to get your baby to sleep before he is overtired and sleep deprived. This is very important. The brain processes sleep in the same area that it processes mood. Depression and cumulative sleep deprivation go hand-in-hand, and babies do get depressed.

Even minor depression in babies can result in poor feeding, delayed development, impaired bonding with parents and siblings and a host of health issues.

Let your baby go back to sleep

If your baby does not sleep for long before waking because he is hungry or because he has colic, don't assume the sleep is over.

Many parents don't give their babies the option of going back to sleep, and yet their baby may well be tired still. Listening for the 'Owh' sound will indicate whether your baby needs to go back to sleep after being burped, changed or fed.

Remember Priscilla's 5 P's.

- Pause
- Pay Attention
- Pick out
- Position
- Practice

Even in the middle of the night, give your baby some time to get back to sleep. If you think gently rocking them by placing your hand on their chest will help, do it.



Wrapping does not suit every baby

The conventional wisdom is that babies, especially newborns, need to be wrapped tightly, as though they were in the womb, in order to go to sleep.

That is mostly true. But, as for everything to do with newborns, there are exceptions.

Babies with wind or gas may be able to work the air bubbles out of their bodies by small movements that they don't have the freedom to do if they are tightly wrapped.

This, however, is an exception. In the majority of cases we do recommend a swaddle. Pay close attention to your baby, and if you think it's worth trying sleeping without a swaddle, or with the arms free, it might be worth the experiment.

If your baby is distressed

Stop to listen to the cry. Listen for a combination of words. Your baby might have other needs that have to be met before he can go to sleep.

He may well just be exhausted, but he may also be windy, or hungry, as well. If "owh" is the first word, or the dominant word you are hearing, your baby is primarily tired. However the secondary words are just as important a part of the communication.

Judy's Story

Judy is one of the best examples I have seen of a mother who has her ear attuned and her timing absolutely spot on. I had come to teach Judy the second half of the classification system, having already taught her the words 'Neh', 'Eh' and 'Owh'.

She had told me in a few phone conversations how hearing the word 'Owh' had successfully solved her son's sleep problems. The crying fits and manic jerking of over-tiredness simply had disappeared. But even I was taken aback when I watched this sensitive mother respond to her child.

As soon as Judy hears the word 'Owh' she wraps her baby, gives him a dummy and pops him into bed. He goes instantly to sleep. Not a cry, not a scream. Out like a light. Josh doesn't even have to cry the word. He utters it in a normal tone of voice and his mother is attuned enough to catch him right on the crest of his sleep wave.

The timing is perfect. Any later and he might become overtired. Because he simply says word 'Owh' and doesn't indicate any preference for the way he wants to go to sleep, Judy simply has to put him to bed when he asks for it.

They have now slipped into such a great routine that Judy is able to plan shopping expeditions and walks without worrying about Josh losing it in public. I saw her again when Josh was six months old and he was still "chatting" in the Dunstan Baby Language, and still a happy, smiling little boy with a fabulous bond with his mother.



Cara's Story

One day I was having coffee with our office assistant, Cara. She had brought along her sister, Ellie, and her three-week-old son, Emanuel. As a first-time mother, Ellie was keen to find out more about the Dunstan Baby Language system, having heard so much about it from Cara.

Emanuel had just finished breast-feeding and was saying 'Owh, Owh'. I told Ellie what this meant and encouraged her to hold him close. He went off to sleep with the most blissful look on his little face. Ellie asked what I had done, as if I had cast some spell and sent him into some hypnotic trance!

I assured her nothing magical had taken place. I just told her that he was tired and he responded the way usually babies do – they go to sleep. Because he had only finished feeding, though, Ellie assumed that he would be more awake. She had a habit of talking to him and showing him things. I asked how Emanuel reacted to this. She thought about it. "Well, actually, now that I think about it, he cries a lot," she said. "It's kind of disappointing. Maybe he doesn't like being carried around?"

No, he likes being carried around, but he also needs to be able to sleep. It's a common mistake to think that infants should be awake a lot more than they are. Newborns may stay awake for only 1/2 an hour, just enough time for a feed and a cuddle. When they're older, you'll be able to do all those things and more. But right now, newborns just like to be held by those who love them.

After she learnt the Dunstan Baby Language, she developed the magic touch, and knew exactly when Emanuel needed to sleep.



Eh

The sound your baby makes when he has wind is "eh". The reflex that creates the word 'Eh' is the burping reflex. 'Eh' means that your baby has air trapped in his stomach and esophagus – in his upper digestive system - and the muscles in those areas are automatically contracting in order to squeeze the air out. 'Eh' is the resulting sound.

As an adult, trying to reproduce the 'Eh' sound is difficult because we are generally able to burp and release the air we have trapped. The sound that we make as we burp is different to the sound your baby makes as he tries to burp.

The closest feeling we can have to what a baby is experiencing with upper wind, is the sensation just before a burp, when your body is struggling to expel the air. Your chest may be tight and you may experience a sensation almost like indigestion.

The significant part of the 'Eh' sound is the short, restricted 'E' at the beginning of the sound. This differentiates 'Eh' which comes from wind in the upper digestive system, from 'Eairh', which comes from gas in the lower part of the digestive system. 'Eairh' is a longer sound – more a pushing sound than a squeezing sound – and I deal with it in another chapter because there are different solutions for 'Eh' than for 'Eairh'.

I really believe that if you can get your baby's wind situation right, everything else will follow. Most of our focus on infant care has to do with feeding – should we nurse or should we bottle feed, is the baby latching on, how regular should feeds be and so on.

Of course this is our basic duty of care – to give our babies adequate nutrition – so it is natural that we become concerned if the feeding process is not going well. In all the

time I have spent listening to parents and babies though, I have come to the conclusion that it is wind, not feeding, that is the major source of problems for babies, to the extent that it interferes with the feeding process and every other infant function.

Babies often cannot burp for themselves if they are placed in a lying down position while the air is still trapped. Many people burp their babies straight after feeding them and tick that off the checklist. They put the baby to bed, or place him on a rug so he is lying down and the air cannot come up.

Residual air bubbles, or air bubbles formed as part of the ongoing digestive process, cause the baby discomfort and the baby becomes agitated. Because the baby has already been burped, parents don't think to try burping again. They check the diaper, or try to pat the baby back to sleep, or try to give the baby a top-up feed which only intensifies the problem and may force the wind further down the baby's system. By the time the parent thinks to try burping the baby again, the air bubble may have moved lower and become gas which is a different pain, creating a different reflex and driving a different word.

We have been programmed to think of wind as a secondary issue. It is not.

Babies need to be burped often, at any time of the day. If a baby has wind, it becomes



difficult for him to feed and to sleep, and he may be unsettled all the time. Often that's what that 5 o'clock grizzly period is about – there are too many air bubbles in a baby's system, gathered through the day. If you can relieve a baby of his wind periodically, you will have a happier baby who feeds and sleeps well.

It can help to understand what is going on in your baby's body. Air in the digestive tract (the esophagus, stomach, small intestine, and large intestine) has either been swallowed by your baby as he sucks or cries, or created as part of the digestive process.

You may be able to relieve your baby of some of the air that he has taken in by burping straight after a feed, but since more air bubbles are being created, your baby will need more burping over the period of time it takes for the milk to be digested. Air that stays in the baby's system moves into the small intestine where some of it is absorbed. What is left moves into the large intestine where it will need to be released as gas.

Gas can be harder to release than wind, and it can be a great deal more uncomfortable. The digestive system is a tunnel of nerves, and it is highly susceptible to stress. The more uncomfortable your baby is, and the more agitated he becomes, the more constricted the digestive tract becomes and the harder it is for your baby to release either wind or gas.

So when you hear your baby saying 'Eh', act on it. I have had so many parents tell me that once they got the wind situation under control, their babies fed better, slept better and were generally more relaxed; often the whole relationship between the baby and its parents changes. I cannot say it strongly enough – burping should be a major focus in caring for your baby.

Jenny's Story

Feeding a baby when he actually needs to burp is one of the most common mistakes made by new mothers. I would estimate this occurred with 70 percent of participants in the Belore trials, and I certainly made the same mistake with Tomas.

With Jenny, for example, breastfeeding had become a bodily battlefield.

She would hear her daughter Lucy, cry and assume that she was hungry. Lucy would try to latch on. She couldn't manage so she would pull off and cry again.

This would go every single time. On and off. On and off. Jenny's nipples were cracked and sore. She found the whole feeding experience painful and had to confess that she wasn't really enjoying her baby. When she learned the Dunstan Baby Language, Jenny discovered that Lucy was saying 'Eh' not 'Neh'. She needed a burp.

Many letters have arrived from mothers like Jenny to say the 5pm Period is nowhere near as bad now that they are burping and feeding their babies at the appropriate time. There is not so much build up of wind in the baby's body and they are generally happier.



Kelly's Story

Once you hear the word 'Eh', the solution can be amazingly simple. Babies generally just need a burp. Where a new problem may have arisen by not understanding this, now you can respond and get back to what you were doing.

Kelly discovered this with her boy, Jeremy. Usually if he woke from his sleep crying she would pick him up, change his diaper, go through all the common settling routines. Often that would be the end of his nap and he would become increasingly grumpy as the day wore on.

Now, if she hears the 'Eh' word she knows that he only needs a burp and is happy to go back to sleep. "I can't believe how easy it is," says Kelly. "One little burp and he just goes right off again. He's getting so much more sleep and I've got time to do things around the house."

Romy's Story

If you already have children, you will know what I mean when talk about 'the grizzly period'. Some women call it the 'witching hour'. Another friend calls it 'arsenic hour'.

It's the time of the day, often around 5 p.m., when babies are tired and irritable - and so are most mothers.

As a new mother, Romy considered this normal. She had heard enough about it from female friends who already had children. In fact, Romy used to drop by to help bathe her friends' babies to calm them down while their mothers took time out to restore a little sanity to their day. When she had her own baby, Romy went through the grizzly period - until she learned the Dunstan Baby Language system.

She started to listen to her baby through the day, feed her when she said 'Neh' and burp her when she said 'Eh', and Romy found that the grizzly period slowly disappeared from their lives.

She told me she had realized that the reason the grizzly period was at that time of day was because it was a build-up of wind; before the Dunstan Baby Language system she had not burped her baby efficiently throughout the day, and had overfed her because she thought her baby was hungry every time she cried.

Once she could hear what her baby wanted, there was none of that build up of wind that created a very uncomfortable late afternoon.

Burping positions



One of the most common positions is to sit your baby on your lap and gently rub his back. However, I've discovered many successful variations on that theme from talking with mothers about their favorite positions. It's a matter of trying a few different positions to see which suits you and your baby best. It makes sense that the more gentle methods are better if you are burping your baby directly after a feed. Here are some methods that involve sitting your baby on your knee. With your hand gently supporting your baby's chin and chest, lean her slightly forward and pat her back. Be careful not to lean her too far forward as this stops the air bubbles from rising.



Sit your baby on your lap, leaning her forwards slightly. Support her chin by cupping it in your palm. Ever so gently, move her body anticlockwise. Do that slowly for about a minute and then rotate her clockwise. This action can help to expel air that is trapped. Hold your baby's tummy while sitting her upright and supporting her back. Always be gentle or the feed is likely to come up again.



Burping over the shoulder Let your baby's head nestle against your shoulder, and cradle her bottom with your forearm. Gently pat her back. Some milk may come up – this is called *positing* – so it's wise to protect your clothes with a cloth or towel. Walking around while burping your baby can be soothing for both of you and an effective way to shift wind.

Eairh

The sound your baby makes when he has gas is 'Eairh'. The reflex that creates the word 'Eairh' is the expulsion of gas. It means that air that has become trapped in his digestive system and has moved down into the large intestine. In an effort to expel this gas, the muscles of the large intestine are contracting, causing your baby to make the sound 'Eairh'. Gas can cause a tremendous amount of pain so usually by the time your baby makes this sound, he is already upset. Unlike other sounds, which may be said quietly at first, 'Eairh' is nearly always said as part of a cry, or at least in an anxious tone.

To hear the difference between 'Eh' and 'Eairh', pretend to burp and feel the pressure on your upper torso. Now pretend you are trying to push gas out of your lower torso. Both sounds have a grunt-like quality; 'Eh' is a short grunt and 'Eairh' is a longer grunt.

One early Dunstan Baby Language trial that I ran involved seeing all the participants in the space of one weekend. Forty mothers and 40 crying babies, all day long, for both days of the weekend. It was quite a challenge! The lasting impression of that weekend, however, was not the noise level or the range of problems mothers were experiencing. It was the similarity between them all. Most babies were having trouble with wind and gas and very few mothers could detect it. Until their baby was screaming and demonstrating signs of being in abdominal pain – drawing his legs up and clenching his fists – most mothers would not think of gas as being an issue for their baby. Once they had dealt with the problem, they did not consider the issue of gas again.

If you are waiting til the baby is curled up and screaming, you have waited too long.

Everything we are taught as new mothers advises us to do exactly the opposite to what is required when a baby is suffering from gas. We burp them only after the feed, not before,

which means we feed them when their tummies are filled with air bubbles. The trapped air moves from the upper digestive system to the lower part of the system, and then we are trying to get our babies to sleep when they have tummies full of gas.

If you take a different view of burping your baby, and help him to clear the wind from his upper digestive system regularly, you will not hear 'Eairh' much at all. If you are hearing 'Eairh' often, you have a particularly windy baby; it is a good idea to burp him and massage his lower digestive region often – even when he is not saying 'Eairh'. Remember, by the time you are hearing it, your baby is in pain.

As I mentioned in an earlier chapter, colic is not necessarily about a digestion problem. It is simply a term to describe a baby who has a bout of prolonged crying each day.

If your baby is saying 'Eairh' and is crying with the pain of the gas, you will probably be told that he has colic. Gas and colic are often used to mean the same thing. This is not necessarily true. It is possible that gas is the cause of your baby's colic, so listen for the word 'Eairh'.

If that is what you are hearing, you can use one of the massage techniques listed



on following pages to help calm your baby down. If you are not hearing 'Eh' or 'Eairh' in your baby's cry, his bout of colic may not be linked to any digestive issues. I have met so many parents who make the assumption that gas and colic are the same thing, and they spend long, frustrating periods of time trying to expel the gas from their baby's system, which does nothing to calm their babies, and can make the baby very frustrated.

'Eairh' is one of the most difficult words for parents to deal with because it is time consuming to help a baby expel gas.

A baby who is hungry and saying 'Neh' can be fed. A baby who is tired and saying 'Owh' can be put to bed. A baby who is has wind and is saying 'Eh' can be burped. But a baby who is saying 'Eairh' needs to be calmed down and massaged until the gas is worked out of the system, and this can take a long time.

Your baby will not necessarily stop crying quickly, so it can be very frustrating and upsetting for you, especially if it is the middle of the night and you are sleep-deprived.

As long as you are hearing the 'Eairh' sound though, you can be sure you are doing the right thing.



Annie's Story

When you don't pick up a cue accurately, it is usually because you are busy or distracted – an occupational hazard when you are a parent. Annie knows the system well but she confesses to tripping herself up just through being so busy. She is a magazine editor with two young children, one is eight months old now and the other is nearly seven.

By the time she finishes work, collects her baby from childcare and her eldest son from after-school activities it is getting late. There is dinner to be made, homework to be supervised, bathing to be done. She and her partner share the chores but she still finds those early evening hours incredibly stressful. Annie has stayed in touch since doing the course as she has strong professional interest in the system and the women learning it.

She rang one day recently to say that little Caleb had been crying his lungs out one dinner time. She thought she heard him saying 'Owh' and decided to abandon meal preparations so she could get him to sleep. Nothing seemed to work. He cried for about half an hour solid. By this time everyone in the household was upset and yelling. When she cleared her head and really listened to him, she realised he was saying 'Eairh' not 'Owh'. She picked him up and put him over her shoulder.

After a while, he passed wind and quietened down completely. "It's not even like the words sound the same," Annie told me, "I can't believe I mixed them up." I told her not to worry about it. She no doubt accurately responds to her baby 99.9 per cent of the time. You can't blame yourself for being a busy mother.

Mother's diet

When you are nursing, what you eat affects your baby. My son was only a few weeks old when I discovered that he suffered from allergies, as well as colic and reflux. There were a couple of days when I ran out of milk and couldn't get into town. I noticed a subtle shift in Tomas.

The 'Eairh' word was not so prevalent and it occurred to me that he could have a dairy allergy. For the next few weeks I experimented with dropping certain foods and drinks from my diet. Without fail, every time I drank milk, Tomas suffered.

If your baby is frequently saying the 'Eairh' word, consider your diet. Allergies are not the only issue - there are certain foods, such as garlic, coffee and chocolate that will create more air as they are digested than other foods. This is why doctors often advocate a simple diet with as few processed foods as possible for nursing mothers. A pediatrician can give you a list of 'suspect' foods. If you are going to have any of these foods, be aware of the reaction your baby might have, and be prepared to spend time managing the problem.

Alison's Story

When Alison had baby Tam she threw away her alarm clock. She never needed one with Tam. The shrieks at 5am, every single day, were more than enough to stir her from her tenuous sleep. As a single mother, Alison felt at times that life couldn't be worse. She had sought all kinds of help but still had no idea why Tam went off like clockwork with a sound louder than her alarm bell.

That was until she heard the word 'Eairh'. She understood for the first time that Tam was in pain and could not be expected to go back to sleep under the circumstances.

Until then, Alison was understandably angry, confused and desperate. She would hold Tam horizontally in her arms, rocking him sideways, hoping that for once he would go back to sleep and let her get some rest. Her feelings of frustration were no doubt conveyed to Tam, who only screamed louder. It was an escalating situation for Alison, a person I was keen to help when she responded to one of my advertisements seeking participants in a trial.

Now she knows about his condition, she realizes that holding him upright, rather than flat, helps move the wind, and he won't go to sleep until it has moved from his system.

Alison either puts him over her shoulder and walks the perimeter of their tiny, peaceful garden. Or she uses the knee method, placing him tummy down over her crossed legs and rocking him gently while she sips on an early morning cup of tea.

Life is still not easy but Alison is more tolerant and Tam is settling much sooner.

Techniques to remove wind



The knee massage. I discovered this when Tom was a baby because he had all these extended crying periods with an accumulation of gas. It involves crossing your legs and placing your baby face-down so that his stomach curls over the higher leg. Then you rub his lower back and gently roll him in small movements back and forth over your leg. You can also move your legs to one side and then the other to create a slow, rocking motion. The rhythm is very soothing for both the baby and the parent. You can watch television (make sure it is not something violent or loud) or read whilst doing this to give yourself a different focus. If your baby is very distressed, you might want to curl over him and hold him in your arms. It is very comforting for him to feel your warmth and to be so close to the ebb and flow of your breathing.



The over-the-shoulder massage. Another option is to put your baby high over your shoulder so that his lower body is over your shoulder blade. You need to be standing so that you can bounce him gently and pat his lower back. I have found that women's arms become tired very easily with this one, and women feel less confident than with the knee massage because they are concerned that the baby will fall, so the shoulder massage method tends to suit men more.



The pedal push massage. This is basically a pumping action. Lay your baby on his and back then slowly push his legs up towards his tummy. Hold for a few seconds, then bring his legs back down and repeat the action. Do this for as long as your baby is happy to stay in this position, or until he stops saying 'Eairh'.



Warm bath. If your baby is too upset to massage, and is not upset by being placed in water (which some babies are), a warm bath is an ideal way to soothe a baby who is saying 'Eairh' and to distract him. Cradle your baby in one arm and use the other hand to massage his tummy so that you are providing a strong sense of security whilst working on the area of pain.

Heh

The sound your baby makes when he is uncomfortable is 'Heh'. The reflex that creates the word 'Heh' is the irritation reflex. It means that your baby is experiencing hypersensitivity, particularly with skin discomfort. This can involve a higher-than-usual temperature, an annoying fabric or wet nappy, or constricting clothing or bedding. The jerky movements your baby makes in a reflex to remove the irritation result in short expirations of air, which come out as 'Heh'.

The best way to reproduce the sound is to think about how older children and adults whinge. This sound is not about pain. It is about being annoyed.

The word 'Heh' changes with the different types of discomfort that your baby is experiencing, from a soft expiration of air to a more distinct vocalisation of 'Heh'. What you are listening for essentially is the 'H' at the front of the sound.

Probably the most difficult sounds to distinguish are 'Heh' and 'Eh'. Remember that the 'H' is the defining element so whereas 'Eh' has a tight, constricted, glottal quality, 'Heh' is a longer sound. 'Heh' in adult terms is basically a whinge, whereas 'Eh' carries more of a sense of frustration. 'Heh' is a difficult word because its meaning is not as specific as the other words. It can refer to a range of possible situations that are making your baby uncomfortable, and the only way to really know what is going on is by process of elimination. Could your baby be in need of a diaper change? Does he have a rash? Is the fabric he is wearing scratching him? Is his environment too bright or loud? Is he too cold or hot or could he be too tightly wrapped?

I recall a woman called Vion. She had been given the Belore words to learn for a couple of weeks and she felt that she was really

getting the hang of it. Then one day she came in looking exhausted. She told me that she had been up half the night. Her baby Jake generally loved being bundled in a calico wrap to go to sleep and he slept very well. But the night before he would not go to sleep and he was saying 'Heh' repeatedly.

Vion decided on a process of elimination to figure out what was going on. She felt under the wrap for the diaper. It was dry. She felt his forehead. His temperature was normal. She put the pacifier back in his mouth, but he did not particularly seem to want it. She tried feeding him, burping him and rocking him but nothing was calming Jake down. He was getting more and more upset and saying 'Heh' with greater insistence. Finally, frustrated, she woke her partner, Jo. He took Jake from Vion and said, "The wrap is too tight." Vion argued that it was the same way she wrapped it every night. Jo said, "That might be true, but I'm telling you, the wrap is too tight."

They loosened the wrap and Jake immediately calmed down. Jo was right – much to Vion's annoyance.

The source of your baby's irritation may not always be physical. Babies are very sensitive to the pace of life. We have become used to doing everything at highspeed. Especially with our first children, we tend to slow down



and give ourselves time to adjust to our new way of life. But once we go back to work, or have other children, babies have to fit in with our timetable whether they like it or not. They may have to wait to be fed, wait to have their diaper changed, put up with being moved from car to house to market to day care to playground, and cope with constant changes in noise level and temperature. The sheer pace at which everything happens in their lives can make them – and us agitated. Their ‘Heh, Heh, Heh’ may be a sign that they need some time out.

If there is emotional issue at home, your baby is going to pick up on it. There does not have to be yelling and door-slamming for a baby to know that his carers are unhappy.

We trick ourselves into believing that if we make things seem okay on the outside, no-one – especially a baby who is receiving ongoing care and attention – will notice what is really going on. This is rarely true, and it is particularly rarely true for babies. They usually have more physical contact with us than anyone else in our lives and they can literally feel the tension in our bodies when we are under stress. Looking after your own emotional health is a critical part of how you care for your baby. If your baby is saying ‘Heh’ often, and there seems to be no particular reason for their discomfort, take a look at what is going on in your own life and in the family relationships.

Above all, do not ignore ‘Heh’. Remember that it is not being said consciously – it is a reflex action in response to something that is upsetting your baby. If you can’t find the answer, at least do what you can to soothe your baby.

Dermatitis

If your baby is saying “heh” often, and you can find no obvious reason why he would

be uncomfortable, it is worth considering whether he could have a long-term skin condition, such as eczema or psoriasis, brought on by allergy or stress.

The inflammation of the skin involved in many skin conditions often first occurs under the skin, so it is felt, rather than seen. Your baby may be feeling it, but you are not seeing it.

Think about anything in your environment that could be the cause of dermatitis – plants or grasses your baby might come in contact with, detergents, soaps, lanolin, jewelry, rubber, wool, synthetic materials, certain foods, medications, exhaustion, and a highly-charged emotional atmosphere have all been associated with skin conditions.

Talk to your pediatrician if you are hearing your baby say ‘Heh’ repeatedly over a long period of time, and you suspect your baby has an ongoing skin condition.

Reflux

Babies who suffer from reflux often say ‘Heh’. There is a ‘door’ between the esophagus and the stomach which opens to let food in and then slams shut to stop the digestive acids in the stomach getting out into the highly sensitive esophagus. With reflux, the ‘door’ doesn’t close properly and the acid gets out.

It is uncomfortable because the acid can actually burn the lining of the esophagus. Newborns experience this problem often because their ‘door’ is not particularly efficient yet. If your baby is gaining weight and seems healthy, reflux is not a problem.

However it can make your baby irritable.

Not all babies with reflux actually spit up. For some, the acidic milk comes up the esophagus only part of the way and then



goes back down. You may not be aware that your baby is experiencing reflux, but he certainly is.

Temperature Control

Gauge what your baby should be wearing by what you are wearing. Put them in one more layer than what you are wearing. If your baby is saying 'Heh', check your baby's forehead, or the back of his neck with the back of your hand.

Babies in particular are not good at tolerating heat, so they will become irritable with just a small amount of overheating. If you suspect your baby is too hot, check the level of his clothing and make sure there is fresh air circulating in the room.

Be aware that some colic medicines make babies hypersensitive to heat and remember that in summer especially, skin contact during nursing can make your baby hot. Keep a cool, wet towel handy.

Sickness

If your baby is carrying a virus, he may be irritable just before the full symptoms show.

He may have a headache, or feel nauseous, or have a small build up of phlegm that you are unaware of. If your baby is saying 'Heh' and you can find no obvious reason for him to be uncomfortable or irritable, carry him around with you. At the very least, you will be comforting him and letting him know he is not alone in whatever he is feeling.

Remember though if your infant has a temperature above 37.5c, or seems more than just a little irritable consult your doctor just to make sure.

I have also found that infants when they have a temperature tend to heat up all over –

you may notice that your cuddling them and you suddenly feel hot – it's like they are a hot water bottle. Sometimes they maybe hot from mild illness but not test for a high ear or forehead temperature.

Diapers

Babies skin is very sensitive and can be affected by urine, ie diaper rash. Your baby will say heh if the diaper or what's in it makes him uncomfortable.

You may also find that their nappy may have leaked, very common with little boys, and may be making them cold, or simply the diaper could be too tight or just plain uncomfortable.

A good thing to try and do is give their little bottoms time to breathe, place a towel underneath them and leave off their diaper.

Rosalie's Story

Rosalie woke around 3am to whimpers coming from baby James's cot. Because Rosalie had learned the Dunstan Baby Language system, she decided this night to listen carefully to those whimpers. Ever so faintly, she heard a 'Heh' sound. She decided to quietly reach over and feel James. His temperature checked out fine.

Checking his diaper though, she found it to be saturated, along with the bedclothes, the mattress and all his clothing. The poor baby was cold too. A diaper had been done up too loosely and this was the result. Had Rosalie ignored those sounds, James would have woken fully before long.

By dealing with the situation then, she was able to make James comfortable, letting him drift back into sound sleep.



Phil's Story

One of the few men to come alone to the Dunstan Baby Language sessions was Phil, a stay-at-home Dad. He had reached a point of saturation with his school teaching career.

He was ready for a change and therefore quite happy to care for his son, Deon, and let his wife go back to work. He jokingly said that he sometimes questioned that decision – though you could see that like most new parents there was a grain of truth in that statement. It's very hard caring for a baby when they are crying all the time and you don't know why. Deon had been going through one of those stages. Phil had just learned the Dunstan Baby Language System, so he knew he saying 'Heh'. Deon had diaper rash but that had been the case for days.

Why was he crying so much? He checked the rash again. It did seem red and raw. Phil treated it and was about to put the diaper back on when he stopped for a minute. He remembered that he had just started using a cheaper brand of diaper and figured this must be irritating the rash. He went and bought the usual, more expensive brand. But the crying persisted at odd intervals throughout the day.

Because he was checking the diaper often, Phil noted that Deon said the word when he had just gone to the toilet. The urine must have been stinging the rash.

Phil got a jar of Vaseline and wiped on a sheer, protective layer. Problem solved.

Sally's Story

Sally's son, Callum, was born in June, in the middle of winter. She kept the place toasty warm, and Callum tucked snugly into a bassinette alongside her bed. Having learned the Dunstan Baby Language, Sally noticed that Callum had woken saying word 'Heh'.

She checked the diaper. That was a little wet so she changed it. She tucked him back in. He said it again a while later. She felt his body for a temperature and he was hot but not running a fever. She had left the heater on in the room because the temperature is often around zero at night. Plus, he was cocooned in his thick winter blankets. Sally removed one of the blankets and turned the heater down to lowest setting. He settled back down to sleep.

Paula's Story

Paula's second child, Keara, suffers from eczema. She keeps it pretty well under control, though every now and then it flares up.

One morning, after one of Paula's favourite Thai meals at a local restaurant, Keara was noticeably uncomfortable. 'Heh, Heh' she was saying. It hadn't occurred to her before but Paula wondered whether the discomfort might be due to the spicy food she was eating and passing on through her breast milk.

She called up her baby health clinic and asked if certain foods could exacerbate eczema. Indeed they can, she was told.

She cut out all spicy food for a couple of weeks and the eczema did calm down.

Jackie's Story

Babies are very sensitive to extremes of temperature. Even on a sweltering day it does not take much for a baby's core temperature to drop if they are cooled down too much.

Jackie had her daughter, Emily, in the back of the car one hot summer's day. She had the air conditioning on, without realising that it was blowing straight onto the baby. Emily had started crying but Jackie couldn't hear any other word but 'Heh'. She pulled over and checked her out. Her little legs were freezing. She wrapped the baby up in a rug and tucked her back into the baby capsule.

Once she warmed up, she was fine.

Jasmine's Story

Going anywhere outside the house with a new baby can be a major feat. By the time you feed them, burp them, change them twice because they've been sick on the first outfit, pack the day bag then quickly dress yourself, you can be utterly exhausted. Jasmine had been hurrying to get to a mother's coffee morning when she strapped Gracie into the car.

They had barely driven a mile before Gracie started crying. Jasmine could hear the word 'Heh'. She pulled over and saw the problem immediately. She had done up the seat belt straps on the baby capsule the wrong way and they were digging into Gracie.

Usually with this word it is a simple problem that needs fixing.

Sally's Story

Debbie noticed her son, Brooklyn, would get grumpy about the same time every day. It always happened on the afternoon stroll. Debbie lives near Sydney's famous Bondi Beach so she takes Brooklyn for a promenade in his pram before returning home for the bath-and-bed routine.

Debbie put the crying down to the late-afternoon grizzles. It didn't particularly concern her. She would jiggle the pram and try to amuse the baby with all the sights and sounds - rollerbladers whizzing past; dogs chasing each other's tails; other mothers and babies out for their afternoon amusement.

Brooklyn seemed to enjoy the passing sideshow for a while. Then he'd get grizzly.

When Debbie learned the Dunstan Baby Language, she realised why. Brooklyn was saying 'Heh'. Since he always said it when he was in the pram, Debbie knew it had to be the cause. But it was not until she leaned right inside to find his lost dummy that she realised how hot it was under the canopy. Although the sun did not have as much sting as earlier in the day, it was powerful nonetheless. Poor little Brooklyn was cooking in there, particularly as she had him covered from head to foot to protect him from sun damage.

Debbie made a simple adjustment. She dressed him in a loose cotton jumpsuit and bought a UV sunshade for strollers which blocks the harmful rays but allows plenty of air to flow through the pram.

Want more?

If you practice the skills you learn in this course and integrate them into your family life, you will be able to anticipate your baby's needs.

However, as for everything in life, things will change.

The New Parents Course provides the information you need to navigate the first three months of your baby's life.

However, there are some upcoming challenges. The four-month sleep regression and the introduction of solid foods, for example.

Your baby's physiology will change, and their way of interacting with the world (and their use of the Baby Language) will become more sophisticated.

I've created an e-book that will help you navigate this tricky phase of your baby's life.

If you already purchased it as part of the Parenting bundle, great! I would advise that you make sure you have mastered the content in this course first before moving on.

If you hadn't purchased the bundle, it is available to purchase on our website.

Best of luck on your parenting journey!!!

