
Dunstan Baby Language

Navigating Months Four Onwards



Welcome!

Dear Parents,

Congratulations and well done getting through the first three months! Believe me, you'll look back at this moment in time as one of the most wonderful and rewarding times of your life.

The most consistent theme in parenting is that consistency lasts a very short time. As your baby grows, their needs will change, and the way they communicate these needs will change too. You might have read about issues such as the four month 'sleep regression' and other difficulties that can raise their head at this stage.

These things do happen. But be assured they will pass in time. And with the help of this guide, we can work to minimise the stress it places on your family.

You see, the way babies communicate to their needs to you become more sophisticated as well.

- If you took the New Parents Class but aren't sure what comes next for your baby, this guide is for you.
- If you had a great sleeper during the newborn phase but all of a sudden sleep is falling apart, this guide is for you too.

This is a road map to help prepare you for the weeks and months ahead. Your little one is facing some of the biggest changes in brain development that will occur in the first 2 years of life.

The goals of this guide are to:

- Help you support your baby through this beautiful, but challenging, stage of development.
- Continue improving night sleep.
- Set you up for success in the months ahead.

Wherever your journey may take you, thank you for trusting me to help you "Navigate Months Four and Onwards."



Table of Contents

4	Quick Revision of the 5 words
6	Developmental Changes
9	Transitions we'll need to manage
11	From the swaddle to the sleep sack
13	From the bedroom to the nursery
15	Introducing Solids
18	Learning to roll
20	Combined Sounds
25	Neh combinations
32	Owh combinations
41	Eh combinations
49	Eairh combinations
54	Heh combinations
62	Appendix (from previous e-book)
63	Neh in detail
68	Owh in detail
73	Eh in detail
77	Eairh in detail
81	Heh in detail



Revising the Five Words



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.



Developmental Changes

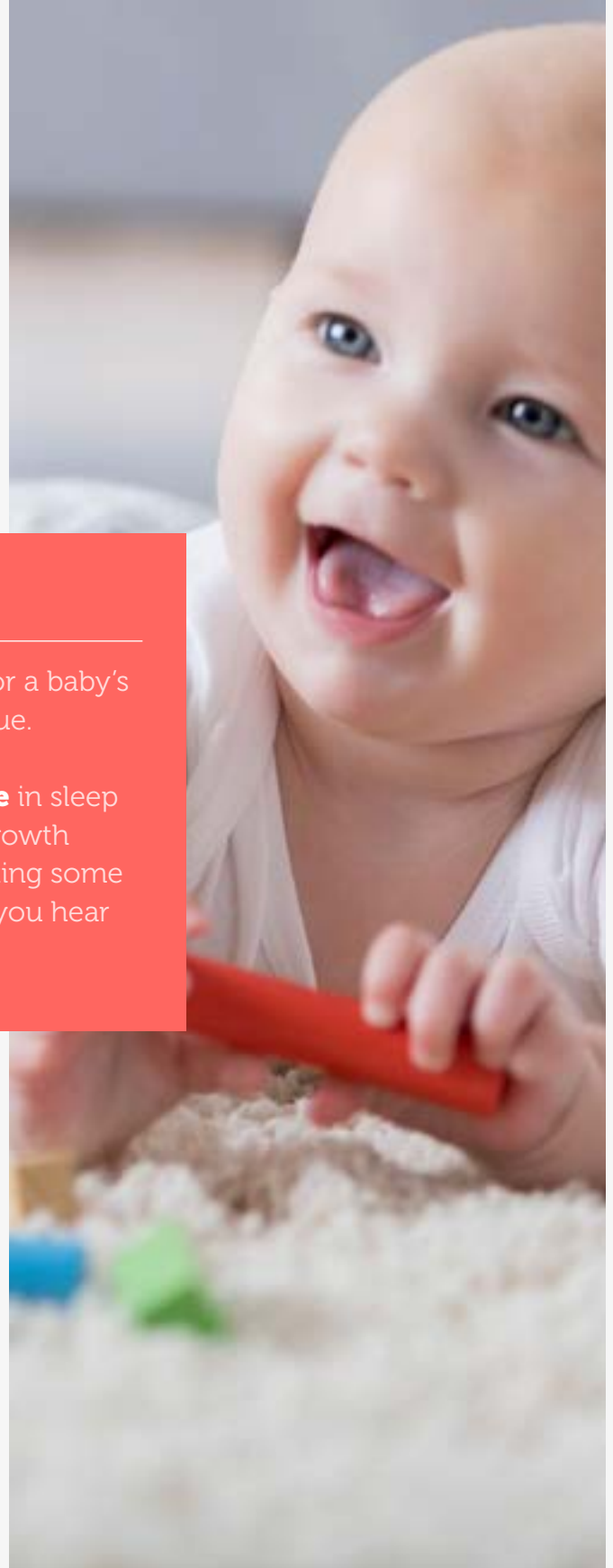


Your baby has left the newborn stage and has entered infancy. Now your baby will begin to experience major changes. Which will affect how she relates to people around her, how she thinks about the way the world works, how she looks, how her body moves, and most importantly, how her sleep patterns (particularly at night) evolve.

Growth Spurts

In the 3-4 month phase, babies typically go through one or two major growth spurts. It seems to happen overnight, because often it does! You'll pick him up in the morning and think "Ooh! He feels a bit heavier!"

Your baby will start to fill out and put some meat on those bones. With growth comes improved strength as well. He will be able to hold his head up for longer in tummy time as well as making his first efforts to roll.



Growth Spurts and Sleep

Some parenting experts blame growth spurts for a baby's lack of sleep in this period. This is simply not true.

Growth spurts are characterized by an **increase** in sleep and feeding for about 3-7 days. If you think a growth spurt is happening, make sure your baby is getting some extra calories by getting good, full feeds when you hear her saying "Neh".

It's important to ensure your baby gets more and more tummy time at this stage. Tummy time works to develop your baby's back, arm, and shoulder muscles, which are needed to help your her find a comfortable sleeping position as she begins to roll over in the crib.

If your baby hates tummy time, persist with it, even if you are doing tummy time while on your lap.



Brain Development

Your baby's brain is growing and developing incredibly quickly. His eyesight has improved as well, and is able to focus at longer distances. There are now things to learn, explore, and discover everywhere.

Your baby finds the world incredibly fascinating, and can easily be distracted by it, especially when they are eating. It can be a good idea to feed them somewhere without many distractions to ensure they get a full feed and prevent snacking.

Engaging with others

Your baby is starting to recognize that for every action, there's a reaction. This is when simple games like peek-a-boo and pulling faces can make them giggle with joy.

She will start playing games like dropping things to see you pick them up again, as well as beginning to imitate simple noises that you make.

Your baby has become a little scientist: constantly observing, taking in data, and practicing hypotheses.

Sleep Changes

Babies will begin to experience a sleep cycle shift at this stage. You may have heard of the "Four Month Sleep Regression".

It sounds intimidating, but the truth is it isn't a regression. It's actually a *progression*. Your baby's style of sleep is maturing and is beginning to resemble the same kind of sleep as yours.

- Stage 1: Drowsy sleep
- Stage 2: Light Sleep
- Stages 3/4: Deep Restorative Sleep (REM)

The issues are centred about the 'Light Sleep' phase that is new to your baby. If your baby isn't able to push through these phases, they won't be able to get to the deep sleep she needs.

Every time a baby gets back to those light stages, he has an opportunity for a complete wakeup. As an adult, we have developed the skills to know how to fall back to sleep but your baby is still figuring it out. He might wake up crying soon after falling asleep. He is tired and doesn't know why he is awake.

It's our job to help him.



Transitions we will be managing



Change is the one constant that we have to deal with as parents. Your baby is moving out of the newborn phase quickly.

They are developing every day. Here are some of the major changes you and your baby will have to navigate together in the next few months.



From the Swaddle to the Sleep Sack

(or onesie) This is likely to be the first transition you will need to manage. Although exact time varies for each baby, according to the American Academy of Pediatrics babies can start displaying signals to stop swaddling as early as 2 months old.

How do you know it's time

You'll remember that there are two main reasons to swaddle a newborn. Firstly, your baby's startle (or Moro) reflex can wake them from their sleep. And secondly, to replicate the snuggly atmosphere of the womb.

Your baby's startle reflexes will begin to disappear as they grow. By the time your baby is 3 to 6 months old, they probably won't demonstrate the Moro reflex any longer. They'll have more control over their movements, and their reflexes will become less jerky.

It's also less important to replicate the feeling of the womb as they get older and become acclimatised to the world.

Don't feel pressure to do it too early though. Some babies don't need to be transitioned until six months. Pay attention to your baby, and make your own judgement.

But do it before it's dangerous

As your baby's arms and neck get stronger, they will start rolling over.

It can be dangerous having your baby in a swaddle at this stage as they might not have mastered rolling back yet. Swaddling can be a suffocation risk in this case.

Getting started

Just like you would take a little time to adjust to a new sleep routine, a new mattress, or a new pillow, babies can take some time adjusting during this transition out of a swaddle.

A gradual transition will work best for you and your baby. This simple transition plan will help your baby adjust to sleeping without the swaddle. We recommend transitioning from your swaddler to a baby sleeping bag that will allow your baby's arms to be free.

First step

As for everything with the Dunstan Baby Language system, we advocate gentle interventions.

If you feel that it is time to transition out of the swaddle, put your baby to sleep in the swaddle as you normally would. But return to the bedroom when you are sure they are in a deep sleep and gently remove one arm from the swaddle. (If you know which is their dominant arm already, release that one from the swaddle first).

Why only one arm? In case the startle reflex is still there, the closed arm will offer resistance necessary to curb the disturbance caused by the jerking of both arms that comes with no swaddle.



Allow them to sleep normally, observing occasionally to see if the Moro-reflex is still present.

Your baby will let you know if he or she finds it easy to settle in their new state.

Listen for 'Heh', particularly as they are waking up, to see if they are finding it uncomfortable.

Second step

Next we want to teach your baby to fall asleep with one arm out.

This is an adjustment in their bedtime routine, so it will be a little more challenging. However, you still have many firm anchors in the night-time routine that will help your baby deal with this adjustment. The sound machine and the change in pace and lighting when you prepare them for bed, for example.

That's not to mention listening to your baby for the word 'Owh' so you are putting them to bed when you know they are already tired.

It is normal for your little one to take a little longer to fall asleep at first, their sleep routine has been changed a little after all, but this should change after a couple days.

Third step

You're almost there.

Depending on how your baby is coping with this change so far, you can either swaddle with two arms out (so that there is still some tightness around the belly), or you can move directly into the sleep sack that allows the arms to move freely.



From the Bedroom to the Nursery

You've been enjoying 24 hour closeness. But at some point you will be wanting your room back. It's time to introduce your little one to their own space.

When is the right time?

The decision to move your baby out of your room is really more about your frame of mind rather than when your baby is ready. Many parents feel more comfortable having their babies close by in the night.

There is no sign that your baby is "ready" to make the move, it's more about when Mom and Dad are ready.

Babies less than 5 months of age don't really have a great awareness of their environment yet. They do know when they are in arms and when they are not. You could probably skip to step 5 quite easily.

Babies greater than 5 months and older can develop strong preferences to where they want to sleep and are aware of their environments. They can be a little harder to move.

There's no one way to raise your baby, you have to decide what resonates and works for you and your child.

Bassinet considerations

Most parents make the transition from the bassinet to the cot at the same time as the room change.

The most important consideration here is about how mobile your baby is becoming. Remember, bassinets have very low walls. If you have already unswaddled your baby and allowing them to sleep with free arms, you

need to make the transition to a cot before they are able to sit up in the bassinet and potentially pull themselves over the side.

Since you will be using the bassinet as part of the transition, you have to make sure that you are beginning the process well before your baby reaches this stage.

Make sure the nursery is familiar.

You don't want the nursery to feel strange or foreign to your baby. Make sure they are comfortable and well acclimatised to the space for as long as you can beforehand.

Go in there multiple times a day if you can. Change some diapers, play on the floor, get dressed.

And in the week leading up to the change, start practising sleeping in the nursery during the daytime.

If you have a bassinet that is easy to relocate, move it into the nursery for these practice naps. Otherwise, go straight into the crib.

Make sure that your baby is already very tired (Owh) and that there are still many familiar parts of their sleep routine there as well.

We will go into greater detail about moving from the bassinet to the crib (or cot) in following pages.

The next step



For a few nights before making the transition, gently get your baby used to the nursery at night-time.

Do this by beginning your usual night-time routine in the nursery. Get her dressed in her usual sleep clothes in the nursery, have a warm snuggle and so on, but then bring her into your room to sleep in her bassinet as normal.

We are signalling to her that the nursery is a safe place, and making the transition smoother.

Move the bassinet into the nursery

On the first night of the transition, keep her in the same bassinet that she was in while sleeping in your room, but move it into the nursery. Keep everything else the same... bedtime routine, sound machine, dark and cool environment.

Keep doing this for a few days to make sure that she is sleeping well inside this room and getting the same amount of night sleep as she did in the bedroom.

If she is waking during the night during this transitional period, keep her in the nursery, but put her back to sleep in her bassinet (that you will keep in there for a while)

For babies who go down relatively easily and have few night wakings, this final step might not be necessary. You could go straight to moving to the crib when you do the night transition.

Camp out for a week or so

Get a mattress for you and your partner to take turns camping out in the nursery while this transition is happening. Even over the drone of the sound machine, your baby is

aware of your presence and can hear you breathing nearby.

As well, if your baby is waking up, you need to be close at hand to soothe them before they get hysterical.

Invest in a good sleep monitor

Once you feel that you have made a successful transition to the nursery. The final step is to withdraw yourself from the room.

You will definitely want to get a good baby monitor to help calm your own anxieties as well. You'll need to be alert to their wake ups so that you can get in there quickly.

Just make sure when you set it up that the sleep monitor is positioned away from the sound machine in a way that the noise from the sound machine does not affect your ability to hear the cries of your baby.

We have some great sleep monitor options profiled in our baby products section of our website



Introducing Solids

Your baby only needs breast milk or infant formula for the first 6 months. At around 6 months old, most babies need more iron as well as other nutrients, such as zinc and protein. Their body also needs extra kilojoules and nutrient-dense food.

Why not before 6 months?

Babies need to be developmentally ready to eat solid foods. Learning how to move food from the front of the tongue to the back of the mouth then swallow is a skill that needs practice.

This means that giving solids before 4 to 6 months can be a choking risk. Until they're old enough, babies only know how to suck and swallow milk, not how to move more solid textures to the back of their mouth to be swallowed.

Giving solids before your baby is ready can also result in them filling up on solids, so won't drink the milk they need to grow and thrive.

But take your time to wean

Breastfeeding or formula feeding should continue until your baby is 12 months old. After that, water and cow's milk should be your baby's main drinks. Some babies can have an intolerance or allergy to cow's milk. Follow your doctor's or allergy specialist's advice and read food labels carefully.

Breastfeeding can continue for as long as you and your baby are happy to keep going, but infant formula is not needed after 12 months.

Is your baby ready?

Here's a checklist

1. Able to sit upright in a highchair with their head and back unsupported.
2. They're not as satisfied with their milk and seem hungry after they've been breast or bottle fed.
3. Might show an interest in the food you're eating and reach out to eat some, as well show excitement about food.
4. Open their mouth as you offer them a spoon.

Best foods

Offer your baby healthy, nutritious foods which will support their growth and development. When they first start on solid foods, they won't need much.

One to 2 teaspoons is plenty until they learn what's involved in coordinating their mouth to open, chew and swallow.

Start by offering pureed foods that have a smooth and easy-to-swallow texture. Even though your baby won't have teeth to chew and grind their food, they will still use their gums to 'chew'.

You can make the purees yourself according to a recipe from a trusted source. Or else, most supermarkets stock a wide range of pre-made purees.



Do your own research on the trustworthiness of the manufacturer and the ingredients inside the package.

You will be surprised how your baby will express preferences for different foods even at this early age. And it will be frustrating how their tastes can change from day to day. Accept that you will be throwing a lot of uneaten food out.

You can try feeding:

- iron-fortified cereals
- pureed or minced red or white meat, including fish
- cooked vegetables. Aim for white, orange, green and yellow vegetables in their diet each day.
- fruit, either cooked or mashed
- cooked and mashed egg
- dairy foods — for example, unsweetened yoghurt and full-fat cheese wholegrain bread, cereal and pasta

As your baby grows, transition them from purees to mashed foods with lumps and textures. You can also serve minced or chopped food, then 'finger foods'. These are foods that are cut into small pieces which babies can pick up and eat themselves.

Strive for variety

Aim for variety when it comes to your baby's foods. Colour, texture and taste are all important characteristics of first foods.

If you cook your own purees, aim for fresh fruits and vegetables, cooked with a minimum of water until they are soft enough to chew. Freeze small containers or ice-cube trays containing freshly cooked meals.

Also consider sharing suitable foods from your own plate and get into the habit of

offering your baby different tastes.

Avoid adding salt or strong-tasting additives or spices to your baby's food. Their taste buds are very sensitive and can detect even the most subtle flavours.

By around 12 months old, most babies should be eating mostly the same food as the rest of the family.

Vegan or vegetarian diet?

- whole nuts, popcorn, hard sweets, whole grapes, raw carrot, raw apples or other hard fruit and vegetables
- honey (can contain spores of botulism)
- cordial, soft drink or sweet drinks
- tea, coffee or energy drinks

What's the best time of day to start

It can be helpful to give your baby solids after a milk feed, mid-morning, so if they're unsettled, it's less likely to impact their night-time sleep.

If you find your baby loves solid foods so much that they're cutting back on their breastfeeds or bottle feeds, reduce the amount of solids you're offering. Milk is still an important source of nutrition for the first 9 to 12 months of life.

Watch-outs

- Until your baby is 9 months, offer them milk before solids. After 9 months, they can have milk after their solids.
- Be sensitive to your baby's cues or signals that they are hungry or full. Don't force them to eat or keep offering food if they're turning away, closing their mouth or not swallowing.
- Give your baby plenty of time to practise their new eating skills. Remember, eating



solids is as much about learning as it is about nutrition.

- Let your baby make a mess. As soon as they are ready, offer them finger foods and the opportunity to pick up food and put it in their mouth.
- Always supervise your baby when they are eating solid foods. Small, hard foods can be a choking hazard – although babies can choke on any food of any texture.
- Make sure you cook and store your baby's food safely. Never reheat food that has been reheated previously, or that has been sitting at room temperature for more than 2 hours.

Vegan or vegetarian diet?

Babies and toddlers fed a vegetarian or vegan diet can thrive as long as their food contains sufficient energy (kilojoules) and nutrients for growth.

Iron is especially important from 6 months. Nut pastes (such as peanut butter), avocado, wholegrains, tofu, healthy fats and oils are all great options. Iron-fortified cereal and green leafy vegetables are also essential.

If you are planning to offer your baby a vegan or vegetarian diet, speak to an Accredited Practising Dietitian before getting started.

When can I start offering water?

Once your baby is 6 months old, they're old enough to be offered water to drink. Cooled, boiled water can be offered in a sippy cup at mealtimes and in-between.

As long as a breastfed or bottle-fed baby is offered plenty of milk, they don't need extra water to drink. It's the practice of drinking from a cup which is useful.



Let's Roll

Babies start rolling over as early as 4 months old. They will start by rocking from side to side, a motion that is the foundation for rolling over. They may also roll over from tummy to back. At 6 months old, babies will typically roll over in both directions.

The first step to mobility

Not only is rolling the first step in developing postural control (important for later development of fine motor skills such as handwriting).

It is also important because it engages a part of the brain responsible for making the left and right sides of the body “talk” to and coordinate with each other (important for reading, writing, and developing higher motor skills).

The phases of rolling

On average, babies tend to first roll from tummy to back between 2-5 months, from back to side between 4-6 months, and from back to tummy between 5-8 months.

Laying the groundwork

There are times when you are putting your baby down, for a diaper change or for playtime that you might give them a gentle little practice roll.

Here's how it goes

Try sitting baby on his bottom first before lying him down, and roll him slightly over to the side while setting him down. He will automatically try to keep his head from falling out of line with his body (a reflex with which babies are born), strengthening the muscles on the sides of his neck.

Then roll him gently onto his back. This only needs to take a couple of seconds. Don't overdo it.

This move also allows him to practice pushing against the floor with the arm on the way down. Simply reverse this motion when it's time to pick baby up. Make sure that you do this on both sides to keep them in balance.

Minimise time in baby equipment

The only way babies develop new motor skills is through experience, practice, and trial & error.

Baby equipment, such as baby swings, bouncer chairs and play jumpers are super helpful for busy caregivers and fussy babies.

We just don't want babies spending the majority of their waking (and sleeping) hours confined to spaces and equipment preventing them from practicing their new and exciting motor skills.

Playmats where they can look up at toys and colours above and to the side of them along with tactile stimulants such as rattles and crinkly fabric are great. Although remember, babies can easily get overstimulated so keep an ear out for the word 'Heh'.

Plenty of tummy time

All a baby's major motor skills develop from



the tummy time position.

Time spent on the tummy helps babies strengthen the neck and back muscles they will need for arching against gravity and, eventually, rolling.

In general, babies fully lift their head off the floor during tummy time by 2 months, hold their chest off the floor between 2-4 months, and bear weight on their hands between 4-6 months.

Time to rock

Once your baby is comfortable on his tummy and can push his chest off the floor, he's likely to start rocking his body side to side.

It may be hours or weeks until he finally topples over for the first time, but the fact that he is practicing shifting his weight side to side is great. For some babies who have trouble learning how to roll, weight shifting is key.

Does your baby get stuck?

Sometimes babies seem to get "stuck" in that pushed up position and can't figure out (or are uncomfortable with) shifting their weight side to side.

You can help guide him in slow, gentle side-to-side motions while he's pushed up as you sing a song like Row, Row, Row Your Boat. Then help him at the end of the song to shift his weight to the side just enough that he is able to finish the roll himself.

Playtime on the back is important too

Playtime on the back is just as important as tummy time, especially when baby has the opportunity to move into and out of a

rounded or "tucked" position.

We want babies to develop a good balance of extension (that "arching" position, learned in tummy time) and flexion (that "tucked" position, learned in playtime on the back) as they grow and learn new motor skills.

We don't want one position overpowering the other.

Playtime on the back can take place on any flat surface — even in your lap

Let him spend time on his side

You can use toys, mirrors or books to engage him in the side lying position. He may need help staying on his side when he's younger.

As he becomes more comfortable on his side, try placing favorite toys or objects just out of his reach. He will begin to cross his top leg over to the floor, and eventually initiate the roll to his tummy!

It doesn't end there

Once your baby is successfully rolling and have their first taste of mobility, they will be craving it more and more.

Soon you'll be watching him doing a 'commando crawl', sitting up with support (and eventually by themselves), crawling, standing up until at last you arrive at that magical first step.

The foundations for all of this motions is in the muscle strength they begin building in the action of rolling.

Enjoy!



Exploring combined sounds



Combination sounds are two or more baby language sounds put together. As your baby matures, you might hear these merged words more frequently.

They mean your baby has more than one need to be resolved. Whichever word is said most often implies your baby's primary need. However, the secondary word is as important because it adds information about what your baby needs.

Combination sounds are sounds that are said together, often one predominant sound, then another occasional sound within the same cry. They are different from words said one after another.

There are 20 possible combinations of two sounds, and it is unlikely that your child will use all 20 combinations. In my work so far, I have found that most babies will use only five or six sounds. The table below outlines the possible combinations and summaries of how to respond.

Secondary Sound > Primary Sound ▼	"Neh" (hungry)	"Owh" (sleepy)	"Eh" (upper gas)	"Eairh" (lower gas)	"Heh" (uncomfy)
"Neh" (hungry)	Feed immediately	Neh with Owh Feed then put to sleep	Neh with Eh Feed a little and burp a lot	Neh with Eairh Feed the deal with gas if it continues	Neh with Heh Feed first, then deal with discomfort if it continues
"Owh" (sleepy)	Owh with Neh Put to sleep sucking on something	Begin bedtime routine	Owh with Eh Put to sleep in an elevated position to remove gas	Owh with Eairh Put to sleep and massage tummy	Owh with Heh Check for reasons causing discomfort and put to bed
"Eh" (upper gas)	Eh with Neh Burp and then feed or give something to suck	Eh with Owh Burp and then put to sleep	Burp immediately	Eh with Eairh Use massage technique to remove air and gas	Eh with Heh Burp and then deal with discomfort if it continues
"Eairh" (lower gas)	Eairh with Neh Remove gas and then feed or give something to suck	Eairh with Owh Remove gas and then put to sleep	Eairh with Eh Remove gas and then burp	Remove gas immediately	Eairh with Heh Remove gas and then deal with discomfort if it continues
"Heh" (uncomfy)	Heh with Neh Give something to suck on for comfort	Heh with Owh Irritable with tiredness - will need help getting to sleep	Heh with Eh Irritable with wind - will need extra burping	Heh with Eairh Irritable with gas - will take time to manage	Investigate room conditions etc.

Sounds you are likely to hear

I have found that windy babies tend to create the 'Eh' and 'Eairh' combinations more than others.

Many babies that have reflux produce the 'Neh', 'Eh', and 'Heh' combinations, while colicky babies tend to produce the sounds 'Eairh', 'Eh' and 'Heh'.

Babies who like to suck and have extra cuddles (particularly boys) tend to favour the 'Neh' combinations.

Babies with allergies will often use 'Heh' combinations, and if their digestive system is affected, will often use the 'Eairh' combinations.

Learning the combination sounds

The combination sounds are easy to interpret, but they can be hard to hear.

You need to master the individual sounds before trying to listen for combinations.

Listen carefully to your baby, and identify the sound the baby uses most often.

This is the primary sound, and appears at the side of the chart on the previous page.

If you can hear any other sounds, they are secondary sounds, and appear on the top of the chart.

By looking at the chart you be able to match up the primary need with the secondary, and find the basic solution.

Example One

Baby Nathan is asleep and wakes. His mother Jenny hears the sound eh eh eh, so she picks him up and puts him high on her shoulder, because she knows that's the way Nathan likes to be burped.

He burps and Jenny is happy because she got the sound right. Nathan then begins to say another sound. Jenny listens, and hears the distinct NNN of the Neh Neh.

So Jenny feeds Nathan. She realises that Nathan gave her two separate instructions. Nathan needed to be burped, when that need was met, another followed: Nathan told her he was hungry.



If you need more detail on each combination turn to the next chapters, which are ordered by the primary needs.

Enjoy this part of the learning, it will give you so much information about your baby.



Example Two

Greg is home alone with baby Hanna while his wife Isobel is taking a well-earned shopping holiday. Hanna has been playing quietly, watching the bright colored balls over her bassinette.

She begins to make quiet noises, and at first, Greg thinks she is happily playing. But the sounds become a little more urgent, so Greg looks up from his report and listens carefully. He hears Hanna say Ow h Ow h Ow h, and checking the chart that Isobel has stuck on the fridge Greg thinks she must be tired.

So he takes the balls away (to make the environment less distracting), and makes her comfortable so she can sleep. But Hanna keeps making sounds, and as Greg listens, he hears an occasional Neh, Neh between the many Ow h sounds.

The word Ow h and the word Neh are being said in the same cry, together, so Greg realises that Hanna wants to go to sleep sucking on something. He takes the bottle of expressed milk that Isobel prepared, and within a few minutes, Hanna has fallen asleep sucking on the bottle.

Greg heard two words together in the same cry. this is a combination word.

You will notice that one of the words will be said more than the other. Greg heard more Ow h's than Nehs

ie "Ow h ghgjf Ow h jhfgkd Ow h shgdsjhg Neh sdhgf Ow h gfg h Ow h Ow h"

See? When you remove the babble, Greg heard Hanna say Ow h Ow h Ow h Neh Ow h. This means the infant is tired (primary sound and need) but wants to go to sleep sucking on something (secondary sound)



Neh combinations

Neh, alone means your baby is hungry. Feed your infant, and thank him for being so easy to understand. But when the word is being said in combination it can become more complicated.

Neh with Owh

When you hear your baby saying the Neh word with an occasional "owh", it means your baby is hungry and also getting tired. With this combination you would feed your infant but expect that either at the very end of the feed or straight after, your infant will go to sleep.

If your infant wakes saying this combination of words, it still means that your infant is hungry but would probably like a sleep after. This is a great combination to hear at night, because it means you'll get some more sleep!

What you are listening for Lots of Neh's with an occasional Owh: Neh, Neh, Owh, Neh

Techniques

The best techniques are those which are peaceful and close to the body so your infant can hear your heart beat.

Choose those which will enable you to transfe^r your baby if he is sleeping to the cot or where ever you choose to put him down.

Opposite are two examples of feeding holds which help you to do this. Both these feeding positions can be used for either breast or bottle feeding.



The classic breastfeeding hold is great. It's very easy for your infant to fall asleep and for you to get up still holding him. The same positions work for bottlefeeding and allow the closeness and comfort that lets your baby drift off to sleep happily.



Lying down to feed can work well, particularly if you are recovering from a caesarian or don't want to sit up in the cold night air. Place your baby so his head faces your breast. Support your breast as you would sitting up. Use your thumb to slightly press your breast into a better shape. Hold your baby close and guide his breast to your mouth. He will most likely fall asleep in your bed, after which you can transfer him to the cot if you choose, or simply leave him there, just make sure he can't fall off the side of the bed, by using a barrier, or something similar.



Cheryl's Story

Cheryl has three children under five. Home life can be somewhat chaotic, especially as it nears dinner time. At ages five and three, her two eldest are going through that delightful stage when children like to be helpful.

Knowing the Dunstan Baby Language System, she says, has meant her children can be even more helpful than usual.

For example, if she hears her baby, Lachlan, saying, "Neh, Neh, Neh, Ow," she knows that primarily he is hungry but he is also getting a bit tired. She will feed him while giving Jed, the five-year-old, the task of getting the cot ready.

If Lachlan were just saying, "Neh, Neh, Neh", Cheryl would understand that he is hungry and may want to stay up for a while after a feed, in which case she would ask the other children to fetch some toys for the baby. By working co-operatively, they all help to manage Lachlan's needs.

Susan and George's Story

Susan and George had taken their two children, Cameron and Buster, on holidays. The resort had a theme-park day where they brought in jumping castles, clowns and pony rides. Of course, Cameron, the five-year-old, wanted to be there all day.

They had all enjoyed it. When they got back to the room, though, Buster started crying, "Neh, Neh, Neh, Ow." Susan knew immediately that he was hungry but also very tired after his big day.

Marie's Story

Marie, a mother in her twenties, chose to quit her job when she had her baby, Alicia. As she is home all day with few neighbours around, she likes to spend as much time as possible chatting with friends.

Since learning the Dunstan Baby Language System, though, she has discovered there are times when that's not the wisest course of action.

If she hears Alicia saying "Neh, Neh, Neh, Ow" it tells her she is mostly hungry but probably wants to fall asleep soon after her feed. Usually, this would be the time she hit the telephone, for a frustrating conversation with a friend whilst Alicia cried.

Now, Marie has the benefit of a little forward planning, when a friend calls at these times she can simply ask them to call back in half an hour knowing that Alicia will then be asleep.

She decided Buster needed some quiet space. She wanted to feed him then put him straight to bed.

So she encouraged George to take Cameron out for a hot dog while she gave Buster what he needed. That way, both children's needs were being met in a way acceptable to everyone.

Neh with Eh

When you hear your baby say the 'Neh' words with and occasional 'Eh', this means that your baby is hungry, but be aware that there is an air bubble looming.

Ideally you would pick your baby up, give him a quick burp, to see if it comes out (but not if it will distress your infant) and feed.

You will likely find that halfway through the feed your infant may, burp, pass wind or pull off the breast or bottle and ask to be burped.

"Neh" and "Eh" are easy to confuse, especially when you are first starting to learn the classification.

The difference is important. If you try to burp a hungry baby without giving him a little food first, you will have a very anxious baby on your hands. Feed a little first, then burp, then feed again if the baby says, 'Neh'

Techniques

When ever a 'Eh' or 'Eairh' is present I usually advise the more upright positions, as it helps reduce air taken in and help air come out.

I also see very good results with burping before a feed.

1. Often I see mothers pulling their baby off the breast and trying to burp them when the baby still is saying "neh" for hunger. If the baby already suffers from wind problems, this can make them worse. Watch and listen closely to observe when your baby needs to burp.

2. Positions that keep the baby at an angle, and the head higher than the bottom, minimize wind.



Here are two more extreme examples of upright feeding techniques. Please note, as long as you have the head significantly above the stomach, you can achieve the same effect in the comfort of a feeding chair.



3. If your baby pulls off during a bottle feed, it probably means he needs to burp. Listen for the "Eh" word. Pull the bottle firmly away and pop him on your shoulder or sit him up to burp him. If he says "Neh" give him a top-up feed.

Opinions vary about which breast should be offered first and when you should allow the baby to switch from one breast to another. I've found that babies automatically pick the fullest one. If he's run out of milk on one side, he will say "neh", when you will switch him over.



Jordiann's Story

Every one of Jodiann's girls –and she has four–has experienced gas problems.

Her practice always has been to feed her baby and then pull her off the bottle midway through the feed to clear the wind.

But Jodiann found after learning the Dunstan Baby Language System that a slightly different approach has helped her youngest, Emma.

Emma started crying out 'Neh, Neh, Eh' one day. She understood she was hungry. Because she also had heard the 'Eh' word, she knew she had an air bubble sitting there.

One technique for dealing with the 'Eh' word is to carry babies upright to help them move the gas. She decided to carry Emma high up on her shoulder for a few minutes before feeding her. Up came a nice little burp.

She started feeding her but because she heard the 'Eh' word halfway through she stopped and burped Emma before carrying on with the feed. She says this approach works brilliantly for Emma, who is getting a good feed without the usual level of discomfort.



Neh with Eairh

When you hear 'Neh' and an occasional 'Eairh' together, your baby needs to be fed and has abdominal pain.

This combination of words is not heard often. Sometimes your baby wants to suck on something to help ease the pain, or wants a short feed.

If he does feed, he is likely to come on and off the breast or bottle frequently or not be able to suck properly as he tries to cope with the pain.

You are listening for "Neh, Eairh, Neh"

Techniques

1. Settle your baby in a sling and walk around, while offering him the breast or bottle. Motion and sucking calm even the fussiest of babies, and the movement helps shift the gas too.
2. Feed your baby then massage his tummy and lower back with slow, circular movements.
3. Employ some common techniques for shifting lower wind, such as colic curls or pumping his legs.

Lie your baby on his back on your lap and pump his legs up and down in bicycle fashion.



Tina's Story

Little Darcy had been sick with diarrhea. He had been having small feeds because of his illness. A few days after the worst of the illness had passed, his mother Tina popped out leaving him with her mother.

When she returned, Darcy was well into a chorus of "Neh, Neh, Neh." As Tina set about preparing a bottle, she realized that Darcy was saying, "Neh, Neh, Neh, Eairh." This meant that his appetite had well and truly returned but he had some residual pain in his lower digestive system.

Tina gave him a light feed and massaged his tummy over her knee. Darcy was hungry again within an hour, this time only saying "Neh, Neh, Neh". The pain in his abdomen seemed to have gone.



Neh with Heh

When your baby is saying mostly 'Neh' with the occasional 'Heh', this means that he is hungry and uncomfortable.

If his last few feeds have been very light he could be uncomfortably hungry, but mostly you'll find he'll be objecting to the position he's in.

Feed your baby, or let him continue his feed, but try to address the source of discomfort.

Check to see if your child is too hot or too cold. Perhaps his clothes are too tight or he is lying in an uncomfortable position. Sometimes hunger might be causing the discomfort – as it does when we are ravenous.

If your infant is not feeling well, you may find that they will also say 'Heh' in amongst the 'Neh', but he will also be saying 'Heh' at other times.

Techniques

1. Try adjusting or changing feeding positions in case that is the cause of the discomfort.
2. Try changing the room you are feeding in – is the room you're in too hot, noisy or bright?
3. Adjust the clothing your baby is wearing. Feeding should be a bonding experience and just as we get ready to feed by sitting down with a pillow and a glass of water, so your infant might need time to adjust and get comfortable.

Try skin to skin as well, as this is comforting to your baby.

Cathy's Story

Driving long distances with a baby can be challenging at the best of times. It can be an nightmare when a baby is hungry and sick of being strapped in the car.

One night Cathy set off in peak hour for a two-hour drive through dense traffic to her in-laws' house. Normally, she wouldn't drive at that time of day. But she promised to be there for a special dinner. Her son, Keiran, was in the back. It was raining, she had a splitting headache, and on a stretch of freeway where she could not stop, Kieran started saying crying out, "Neh, Neh".

She knew he was hungry but she could not do anything about it. Before long, the crying escalated: "neh, neh, heh." The traffic was swirling around her. Signs warned drivers not to stop on the freeway. Kieran was screaming.

In desperation, Cathy indicated and pulled over, flicking on the hazard lights to let other drivers know there was a problem. She got Kieran out of his seat and started feeding him. She felt incredibly vulnerable, sitting there with huge trucks whooshing by. But it was safer than persisting with the drive when her child has grown hysterical.



Carla's Story

Carla heads an important charity, which includes some of her city's most influential women. One afternoon she had the women around for tea when she heard her daughter, Yvette, crying in the background.

She could hear Yvette saying "Neh, Neh".

She had expressed milk, and knew the nanny would feed her, but a moment later Yvette's cries had change slightly adding a Heh to the other Neh's. Carla went in to see what was wrong. The nanny had tightly wrapped Yvette so she wouldn't wriggle around when she was being feed, not realising that Yvette liked to feel the person feeding her.

Once she was unwrapped she settled down to a hearty feed, and Carla could resume her hostess duties. Carla says under normal circumstances she would have felt bad having to abandon her hostess duties, but knowing that she was addressing Yvette's precise need somehow made everything else irrelevant.

In time, though, she says she will teach her nanny some of the Dunstan Baby Language techniques so she is more able to respond more accurately to her daughter's needs.



Owh combinations

If you are hearing “owh”, you can be assured that your baby is tired, or even overtired. It’s important to respond quickly. Some babies will go straight to sleep. Others will need some patting or rocking, especially if they’ve been saying “owh” for some time.

Owh with Neh

A baby saying ‘Owh’ with ‘Neh’ is making it clear that he is tired and he needs to suck on something in order to go to sleep.

It could be worth trying to feed him to sleep. However, if he isn’t actually drinking but just soothing (particularly if breastfeeding), this is one of the very situations where we endorse using a pacifier.

It isn’t healthy for your baby or for you to form a habit of suckling to sleep. So once you identify that he isn’t drinking, quickly replace your breast with the pacifier and lay him down to sleep.

It’s a good idea to return to the crib once your baby’s been asleep for five minutes or so to gently remove the pacifier from their mouth to reduce the chance of your baby becoming too attached to it.



Michelle’s Story

Michelle is a social scene fixture. Her diary is crammed with engagements. Michelle does not believe in having nannies, so when her daughter Charlotte was born, Michelle continued her life accompanied by Charlotte.

The day I met her, she had come directly from brunch at a busy city hotel. Charlotte was hysterical. I found it hard to hear her cues myself. I helped her to clam Charlotte down, and together we listened to what Charlotte was saying.

Michelle was surprised by how clearly she could hear the “Owh Owh Owh” that signifies a baby needs sleep immediately. As Charlotte calmed down more, we could also hear her say “Neh”. I suggested she give Charlotte a pacifier for something to suck on. She fell asleep within a few minutes.

This was a difficult situation. It isn’t my role to interfere in people’s lives. But I wanted to say that this adult-driven routine was too much for a tiny baby. Constant activity is a deterrent to hearing a baby’s cues properly. If babies reach a highly distressed state, it is difficult to decipher their cues.

Calming your baby before reading the situation is always the first step.



Melinda's Story

Melinda's boy Jarrod took eagerly to nursing from the moment he was born. He had absolutely no trouble latching on – it was like that is where planned to spend as much time as possible. Melinda's nipples were getting sore and she was tired from feeding all the time. This was made worse by the fact that Jarrod slept happily during the day after each feed, tucked up with his pacifier, but did not sleep well at night.

One night, about a week after she had learned the Dunstan Baby Language system, Melinda clearly heard Jarrod say "Owh" around the time that she would normally put him to bed. He had just been fed, so she put Jarrod straight into his cot, gave him his pacifier and patted his back as usual. He went to sleep.

Melinda hoped Jarrod would stay asleep, and was dismayed when she heard him starting to cry less than two hours later. Her nipples were so cracked they had started to bleed.

She went into Jarrod's room and heard him saying "neh". In desperation, it occurred to her to try giving Jarrod the pacifier again.

She'd never tried to do that because she'd assumed Jarrod must be hungry. Jarrod spat the pacifier out and kept complaining. Melinda could hear "Owh Owh Neh". 'Neh' was clearly the secondary word. Melinda stayed with Jarrod for the next 30 minutes, putting the pacifier back in each time he spat it out. Jarrod was calm and getting more tired. Finally, he fell sleep.

The next night, Melinda did the same, and the night after Jarrod slept right through for the first time. Melinda felt like a new woman.

Joanna's Story

While it's important to listen to the element within the cry, it can be equally important to listen to the baby's whole sentence and not just the word.

Joanna, one of the mothers at a group session on the Dunstan Baby Language, seemed surprised that Damien was saying, "Neh." "But I only fed him a little while ago!" she said. "You have to listen to the whole sentence," I replied.

Damien had indeed said "Neh". But more often he was saying, "Owh". That, I explained, meant that he only wanted a little top-up feed before going back to sleep. Joanna was resistant. She fed according to a strict timetable so it seemed odd to feed him only an hour later. She did it though, and Damien went off to sleep.

When Joanna fully learned the system, she told me she felt more open to trying new ways of parenting with Damien. Instead of putting up with him crying and grizzling in the hours between feeds, she can respond to his needs and generally avoid the fuss.

It had been quite a step for her to learn the Dunstan Baby Language in the first place. She comes from a strong Italian family who have their own inherited ways of raising children.

Joanna felt she had almost betrayed her family's values by pursuing a parenting method that she perceived initially as a bit "New Age." Now she sees the Dunstan Baby Language System as belonging to a long and fine tradition of intuitive parenting.

Owh with Eh

When you are hearing “Owh” with “Eh” your baby is tired but has wind that needs to be managed if he is to sleep well.

Holding your baby upright on your chest, patting him and letting him fall asleep there can help. The hold is helping them to expel wind, while the patting eases the pain and provides comfort as your baby falls asleep.

1. In case of **temporary congestion**, it is a simple matter to quickly burp your baby before putting them to sleep.

Of course, do your best to burp her in a calm, gentle way so you don't stimulate your baby too much before putting them down to sleep. Shushing with her over your shoulder is a great idea, for example.

2. In case of **ongoing congestion** (because of sickness or any other type of condition) I often recommend having your baby's head elevated very slightly as they sleep to help the wind travel upward as they rest.

Please note:

Do not raise their head with a pillow.

Particularly when babies are learning to roll over and might not have the strength to roll back or roll their neck, a pillow is a suffocation risk.

The best way to do it is by putting a book or something like a thick yoga mat perhaps underneath the rear legs of the crib to elevate the head very slightly - 5 degrees at the most.

Another idea is to take them for a ride in the car, as baby car seats are always slightly elevate the baby's head.

Nadine's Story

Illness may mean you need to tune your ear to a different set of needs. If your baby has a cold the usual sleeping and eating pattern may be thrown into disarray. You may need to listen for words such as 'Owh' and 'Eh', which will tell you that your baby not only is tired but wanting to be held upright because of congestion.

Unbeknown to Nadine, this was the case with her daughter Hana. Nadine, a mother of three young daughters, is a self-employed illustrator and fortunate to be able to take her baby along to work.

Hana had barely slept for the past few days. She was saying “Owh” and “Eh” quite clearly. I explained that this meant Hana was tired but having trouble bringing up wind because she had been lying flat, battling a blocked nose and congested chest.

Nadine had lots of chopped onion near the bassinet to help clear her nasal passages. But it never occurred to her to prop Hana slightly upright. I suggested she prop Hana in her bassinet in a slightly elevated position while she carried on working.

Nadine was delighted with the instant change. She could carry on working while Hana caught up on some much-needed sleep. But next day Nadine phoned to say Hana had a high temperature and seemed unsettled once again.

This time Hana was saying Owh and Neh. This was her way of telling Nadine that she was tired but wanted a drink to quench her thirst before falling back to sleep. Nadine was able to listen with a discerning ear to Hana's needs through that illness and beyond.



Ellen's Story

Ellen is a young mother-of-two who prides herself on trusting her own judgement. Her parents were classic hippies of the sixties and they had raised Ellen to trust her intuition and live according to nature.

Ellen does this admirably and you can see the fabulous rapport she has established, both with her newborn son, Djarlu, and her three-year-old daughter Akeisha.

But without listening carefully to our children, we can sometimes misread situations even with the best of intentions.

Ellen never leaves her baby to cry. So if her son wakes screaming, for example, she picks him up and comforts him, assuming that he is ready to wake and just needs welcoming back into the wideawake world.

That is sometimes the case. But more often Djarlu says "Owh, Owh, Eh" which, I explained to Ellen, means that he has a bit of wind that he wants brought up before going straight back to sleep.

Djarlu, like all babies, likes his sleep. He doesn't want to be entertained upon waking, or even to be fed. A quirk burp and he is happy to return to sleep.

Beth's Story

No amount of patting would comfort baby Eva who would sleep when but never when her mother, Beth, placed her in the cot – not even with an hour of comforting.

It didn't take me long to figure out why Eva liked being held when I heard her saying "Owh" and "Eh". She was tired and she had wind. But it made even more sense when I discovered by chance how Eva had arrived in this world. Eva's birth had been by caesarian section and babies born this way usually have more fluid on their lungs.

They feel more comfortable when held upright. Of course, Beth's doctor had told her that letting her baby sleep at a slight angle would alleviate the situation but she never realized how much Eva needed this until hearing her repeated use of 'Owh' and 'Eh'.

Beth dispensed with the rocking and patting routine and allowed Eva to sleep in a pouch on her chest while she went about her business.



Elaine's Story

Babies don't necessarily fall asleep the same way every day because their bodies react differently every day.

Elaine's son, Rory, liked to fall asleep with a pacifier in his mouth. Other times he would spit it out. Elaine thought Rory hadn't grasped the dummy quickly enough and just needed help popping it back in.

The night before, Elaine had heard the Owh word and popped him into his cot with his dummy. He spat it out. She popped it back in and he threw up everywhere.

When I got her to listen to the same cry next day, he was saying Eh for wind. He didn't want the dummy because he had a tummy full of air and putting it back in only stirred things up.

Claire's Story

Claire, a fulltime mother, lives on a dramatic escarpment overlooking a forest. She has been driving down endless back roads while attempting to give her son Lucas some rest.

Lucas could sleep for an hour and a half in the car but never properly in the cot. Claire assumed he needed the rocking movement of the car to relax him. But when I taught her the classification system, she could pick up the words "Owh" and "Eh".

He had wind, and the car seat provided a comfortable, cocooning upright position not unlike being back in the womb. He clearly like the feeling of being surrounded or someone close to him. Claire has a brilliant pram, made for the rugged Australian country roads. It is large with big wheels and sturdy suspension. She decided to prop the pram up at an angle and roll up toweling diapers so that he can sleep with a cozy cushioned effect. She puts the pram alongside her bed at night and wheels it round the house during the day. It works beautifully.

Claire plans to move Lucas to an elevated cot when he gets older and starts moving around more. But in the meantime, this solution literally saved Claire lots of hard miles.



Owh with Eairh

The combination of "Owh" with "Eairh" lets you know that your baby is tired, but is not going to sleep well unless you do something to help him expel the gas in his lower digestive tract.

Massage works wonders.

Gently rub the lower belly in a clockwise direction while speaking reassuringly to your baby. Insert some bicycle knee rotations into the massage to help shift the gas from her stomach.

The beauty of massaging with the combination of Owh and Eairh is that your baby might fall asleep during the massage.

If she wakes again soon after, begin the massage again. The gas will continue to prevent her from a good sleep if it is not managed.

But in case your baby doesn't fall asleep during the massage, it's important to respond to this combined cry immediately to try and clear the wind as quickly as possible before they get overtired. Wind can take some time to clear. Good luck.

Karen's Story

Karen, who had learned just the basic Dunstan Baby Language words, phoned one day to say it wasn't working with her daughter Alisha.

She would hear the Owh sound and put Alisha to bed, usually lying flat on her back, but she would cry endlessly. I could see Karen was pretty distressed so I invited her over. I wondered if Alisha were saying more than just Owh.

Karen did not yet know any combination words and understandably would not know what sounds to listen for. It didn't take long for me to hear the word Eairh as well.

I gave Karen a crash course in the meaning of the word and its combinations and showed her a wonderful technique I devised with Tomas for just this situation.

I sat her down with her legs crossed and placed Alisha face down on her knees, with her head pointing slightly downwards. I then got Karen to rotate one leg gently while massaging Alisha's lower back. This expels the air from the lower stomach and the massage relieves the pain.

Babies just melt when you do this, as Karen could see. Karen phoned me a few days later to say she was using this technique successfully while watching the talk shows on television. It gave her a welcome break and it got Alisha off to sleep.

Propped up in bed, with all the wind expelled beforehand, Alisha managed to sleep comfortably.



Kelly's Story

Kelly was among a group of new mothers I taught one day. Being the first day we'd spent together, I'd only introduced them to the words 'Owh', 'Eh' and 'Neh'.

We had just finished the teaching session when Kelly's daughter, Kasey, started to say something. I asked the group what it was. They easily picked up 'Owh' and they thought they detected the word 'Eh'. But one of the other mothers was not so sure. "It sounds a little different to that," she said. Quite right. She'd picked up the word Eairh.

I suggested to Kelly that she pop Kasey up over her shoulder. We went on to discuss various ways of handling the Eairh word, ranging from propping up the cot with a book to carrying babies upright. We also discussed what I call the "milk glass" theory of feeding.

With children who suffer from lower wind pain, I've found it's very important only to feed when they say Neh. Otherwise, you risk feeding on top of a wind bubble. Imagine you have a glass to which you have added a layer of milk in it. Then you add an air bubble. If you add another layer of milk, that air bubble will either travel up or down. If it goes down, it will cause stomach cramp. If it goes up, a layer of milk will come with it. Many children diagnosed with colic experience this problem.

By making sure that air bubble is out before they feed, they get a fuller meal and experience less discomfort. Kelly had been so engrossed in the conversation, she hadn't noticed Kasey had gone quiet. She looked around to find she had fallen fast asleep on her shoulder.



Owh with Heh

When you hear 'Owh' with 'Heh', you are either hearing that your baby is irritably tired, or that he is uncomfortable – hot, cold, too tightly wrapped, or wet – but wants to sleep.

You will work out which by a process of elimination.



Hilary's Story

One of the first babies I saw when starting to teach the Dunstan Baby Language was a little boy of about two months old called Evan. His mother, Hilary, had been having trouble settling him during the day. Evan would be fine in the morning because he slept well during the night. But by the afternoon he would be grumpy and grizzly.

Hilary felt increasingly tied to her tiny inner-city cottage because going out had become so unpleasant. When I first visited, Evan was asleep. It had been a shocking afternoon for both of them. He was hot, bothered and upset. Hilary was feeling helpless and distressed.

Finally Evan fell asleep. Hilary and I stood over his cot waiting for him to wake so that I could observe him. When he stirred, I asked Hilary what her normal response would be. She said she would pick him up and feed him and that would be the end of the afternoon nap. I encouraged Hilary to listen.

Evan was saying "Heh, Heh". Uncomfortable. We discussed the situation, trying to figure out what the problem might be. Eventually Hilary realised that she was piling on the same amount of bedclothes during the day as she would at night. Even though she had lightened the bedding for summer, it was still too much for the heat of the day.

Evan didn't really want to be picked up when he stirred. He wanted to be made comfortable and go back to sleep. Hilary became accustomed to listening for the Owh sound before putting Evan to bed, and by adjusting the bedding and being responsive to his cues he stopped waking with discomfort.



Rhea's Story

Rhea wanted to learn the Dunstan Baby Language system to see if she could do more to help daughter Michaela who suffered badly from colic. She had done the rounds of baby health centres and even taken a class in baby massage.

All of these things had helped but Michaela was still a terribly restless sleeper.

Rhea was being woken up to eight times a night by her cries. She would hold her over her shoulder and pace the floor. Which is a useful technique for babies with bad wind.

After learning more about the system, Rhea determined that Michaela was saying the word, "Heh" a lot during her sleep. She knew she was uncomfortable but could not work out why. She felt she had done everything recommended by health professionals – mainstream and alternative – for babies with this problem.

She watched carefully to note precisely what was happening when Michaela cried the word, "Heh". Eventually, she figured out that Michaela likes to be wrapped securely to go to sleep. While it eases pain a little to have the wrap tight around the stomach, babies with wind like at least one arm out so they can wriggle around a bit.

Rhea tried that and it did make a difference. She experimented with leaving one arm out and the legs just wrapped loosely. This appeared to satisfy Michaela.

Michael and Mitta's Story

Like many parents, Michael and Mitta liked the closeness of sleeping with their baby.

They felt they could be more responsive to their daughter, Maggie, if she were right there between them. Mitta could lean over and breastfeed her and they could all return to sleep.

As Maggie seemed to wake often during the night this seemed the most practical solution. But when both parents learned the Dunstan Baby Language system they decided they had to review that sleeping situation.

They noticed that Maggie loved to be cuddled to sleep. But after an hour or so she would wake, saying, "Owh" and "Heh". At first, Mitta would feed her. But Maggie let it be known that wasn't wanted. They tried patting her sleep. No good either. Finally, they worked out she didn't really like two hot bodies on either side of her.

They decided to move Maggie into her own little cot alongside the bed. This meant Mitta could breastfeed and they could respond easily by putting a hand and reassure her.

Before going to sleep, the three of them would generally have a cuddle in the big bed. Then Michael or Mitta would transfer Maggie to her cot for the rest of the night.

Eh combinations

When 'Eh' is the primary sound, your baby needs to be burped. Not all burps are big, loud releases of air. Often it comes in the form of smaller, silent burps. You need to feel for the burp. It means taking burps more seriously than you have before.

Eh with Neh

You are listening for 'Eh, Neh, Eh'

If you are definitely hearing with 'Eh' with 'Neh' your baby needs you to burp him *before* you feed him. Feeding without burping him can cause gas, colic or reflux.

Common practice is to burp after a feed but this word combination tells us it's important to clear the wind first. Otherwise, you are filling a receptacle that is already half-full.

Before feeding, rub your baby on his back or walk around with him, patting him on his back. Then feed your baby in an upright position (see the "Neh" chapter for more tips).

Techniques

1. Walk around with your baby snuggled under your chin. Rub your baby's back to bring up the burp then feed in an elevated position.
2. Sit your baby on your knee and rub his back gently. You can sit your baby sideways or so that you have direct eye contact.
3. Pop your baby high up on your shoulder so that the curve of your shoulder pushes gently against your baby's tummy. This will help shift the gas.

Toni's Story

Toni, one of the women I taught early on, used to confuse 'Eh' with 'Neh' when first learning the Dunstan Baby Language.

She hadn't reached the stage of mastering combination words. She could hear 'Eh' with 'Neh' but hadn't read far enough into her notes to understand the meaning of this combination. So when she heard 'Neh', she would automatically feed her son.

When she didn't get the co-operation she expected from little Declan, she asked me about the problem. I explained that when you hear two words together, such as 'Eh' and 'Neh', one will be repeated more often than the other. This is the primary word, and indicates the primary need.

The primary word in this case was 'Eh', indicating that Declan had gas. 'Neh' tells us that he is getting hungry, but when he says 'Eh' repeatedly his immediate need is to be burped.

Once Toni grasped this, and learned the combination words more thoroughly, she had no problems interpreting Declan's needs, and his colic improved significantly.



Carlos' Story

Fathers, especially those with a mechanical or analytical mind, can be like excited kids themselves when they discover the secrets of the Dunstan Baby Language.

A car mechanic named Carlos was typical of these men. He had come with his wife, Jan, and their little boy, Orlando, who is bottle fed. Carlos listened avidly to all the examples I played in the sessions and would yelp when he heard Orlando say these words himself. He got so excited! The other parents loved him. He was beside himself when he learned the combinations, especially 'Eh, Eh, Neh'.

He understood that this meant Orlando needed a burp but was getting hungry.

Carlos felt useful because he could go off and sterilise the bottles and get everything prepared for the feed while Jan took care of the wind problem.

He said it made a huge difference to the end of the day. Orlando seemed much less grizzly because his wind had been cleared without building up in his little body and he was fed at an appropriate time.

I overheard Carlos telling the group that knowing the basic words is like giving the car a service. Understanding the combination words is the fine-tuning that makes the motor run smoothly. .



Eh with Owh

You are listening for 'Eh, Owh, Eh, Eh'.

When you hear these words together you will know that your baby wants to go to sleep but needs you to get the air out of his digestive system first.

Don't be tempted to put your baby to sleep until he has burped.

If you do, he will not sleep well if at all, and will be grumpy when he wakes. You also risk the pushing the air down further in his system which can cause great pain that's more difficult to deal with.

Use gentle methods that avoids overstimulating the baby as they are tired, but at the same time, if he is falling asleep as you burp him, shift burping methods frequently to keep him awake.

Techniques

1. Walk around with your baby in an upright position over your shoulder and let him go to sleep there. Rub his back to get a little burp out.
2. Wrap a sling around you, tying it in such a way that your baby lies in an elevated position across your body. See page xxx for tips on how to tie one from a sarong or piece of cloth.
3. Nestle your baby over your breast. The breast pushing into his tummy helps shift the gas and it's a cozy way to fall asleep.

Melanie's Story

Melanie likes to fill in the mornings with her newborn by strolling around the local mall.

It isn't so much that she wants to buy things. She just enjoys having other people around her. It can get rather lonely being at home with a tiny baby.

But these days, Melanie is more circumspect about how much time she spends out with her son, Nicholas. She was on one of her morning mall expeditions when she heard him saying 'Eh, Eh, Eh, Owh'.

She knew when she heard that it was time to get him out of the pram and burp him. The 'Owh' told her he was getting tired.

On this first occasion, she figured he would just go to sleep in the pram. But he didn't. He just kept saying "Eh, Eh, Eh, Owh" as his crying escalated.

Now, if she hears Eh and Owh together, Melanie knows it's time to burp and time to head home for the cot.



Amanda and Rob's Story

Amanda made a conscious effort to maintain the usual routine at home after her baby arrived. She had read that men can feel left out when a child comes along and wanted to prevent that happening. She had always prepared a lovely meal for her husband, a marketing executive, and she persisted with that practice even though it took an enormous effort to care for baby Rebecca and whip up the kind of meals Rob liked.

After learning the Dunstan Baby Language system, Amanda decided that if she wanted to stay sane and do her best by Rebecca, she should revise that plan.

One night, as she set about cooking up a complicated meal, she heard Rebecca saying, 'Eh, Eh, Eh, Owh'. She knew Rebecca needed holding upright and burping. The 'Owh' told her that as soon as the wind had been cleared, Rebecca would want to go to sleep. If she ignored that, Rebecca would only get overtired and cry even harder.

If that happened, it would be impossible to prepare dinner anyway. Better to deal with her baby immediately, she figured.

Unfortunately, Rob thought otherwise. He was annoyed that dinner was not on the table as usual. His attitude brought all Amanda's fears to the surface and for some weeks she struggled to please everyone.

Eventually, Rob learned more about the Dunstan Baby Language and saw the good sense in addressing Rebecca's needs. Even better, he started preparing dinner himself so he and Amanda could share a nice meal once Rebecca had gone to sleep.



Eh with Eairh

You are listening for 'Eh, Eairh, Eh'

'Eh' with the occasional 'Eairh' means that your baby has upper wind as well as lower wind pain.

When you hear this, and it can be difficult to distinguish between the two words, burp your baby using the over-the-lap methods described earlier and the methods described in the chapter on 'Eairh'.

You need to move air out in both directions and this will take time. Be patient and be gentle with yourself as well as your baby.

Techniques

1. Cross your legs and place your baby face-down so that his stomach curls over the higher leg. Rub his lower back and gently roll him in small movements back and forth over your leg. Swing your legs from side to side to create a slow, rocking motion.
2. Place your baby high up on your shoulder so the curve of your shoulder presses against his tummy.
3. Try one of the positions for burping your baby on your lap. Hold his tummy and massage his lower back.

Madeleine's Story

If you hear the combination of 'Eh' and 'Eairh', you can almost guarantee that you are facing a rough night.

Sometimes you miss hearing 'Eh' earlier on when the need was just for a burp.

Wind now travels down into the lower abdomen. You have to work harder to help relieve the baby's discomfort in this situation.

Madeleine, one of the women in my class, had experienced this herself. She had left her baby, Lorna, with her nanny who knew the basic words. But somehow the nanny missed hearing the all-important 'Eh' earlier on. Madeleine had returned home from work to find Lorna in obvious pain, crying 'Eh, Eh, Eairh.'

Straight away, Madeleine put Lorna on her shoulder while she got the nanny to run a warm bath. While keeping Lorna upright, she began massaging her lower back, a practice she repeated once she had finished with the warm, relaxing bath.

That night, Madeleine was supposed to meet her husband at a cocktail party and then go on to dinner with some business associates. Madeleine begged off attending the cocktail party because she wanted to settle Lorna.

She still went out to dinner, having given the nanny strict instructions to call her if Lorna showed signs of distress later on. These days, she says, her nanny is much more adept at picking up Lorna's cues and she can go out to dinner with reasonable confidence.



Lisa's Story

Sometimes you will hear 'Eh' and 'Eairh' together at the worst possible time for dealing with the wind problem – and it is a problem that needs to be handled immediately.

Lisa had a story to tell about this. Lisa had been caught up in a difficult telephone call from her mother, which probably meant that she didn't hear the words. She had her daughter, Jaime, in the pram alongside her, and she was obviously needing attention.

She cut the phone call abruptly to deal with Jaime and because she needed to collect her two older children from school.

Jaime was really howling by this stage, and when Lisa listened carefully it was a pained 'Eh, Eh, Eairh'. She panicked for a minute.

Lisa had learned about the crossed-knee method and about the benefits of a warm bath. But she could do neither in this situation because she had to leave to pick up her children. In the end, she carried Jaime upright and rubbed her back as she walked out to the car then strapped her in. The baby capsule is in a semi upright position anyway.

Once the other children were home, she gave Jaime dedicated attention and explained to the older two why they would have to wait a little while for their after-school snacks.

Adele's Story

Adele, a mother who had just recently learned the Dunstan Baby Language system, joined her former colleagues one lunch time at an Indian restaurant. She tucked into the delicious spicy dishes along with everyone else, not even thinking that it might upset her son, Kieren, whom she was breastfeeding.

We often learn while pregnant how the foods we eat can impact on our babies but there is so much to remember when you have a newborn that it's not surprising that we forget our diet occasionally.

That evening Adele heard Kieren saying either 'Eh' or 'Eairh'.

She wasn't sure. But hearing the 'Eh' sound was enough to tell her that Kieren had wind, no doubt caused by his early introduction to Indian cuisine.

Instead of rocking him to sleep or putting him in front of a mobile to amuse him, she knew immediately that she should pick him up and hold him upright.

She popped him up on her shoulder and walked around the house for a while switching to the knee method when she got tired. S

he still had to deal with the problem but that is always much easier when you know what the problem is and that you can do something to prevent it.

Eh with Heh

You are listening for 'Eh, Heh, Eh'

If you are hearing a distinct 'Eh' and 'Heh', your baby has wind and he is uncomfortable.

Your baby is uncomfortable generally because of the wind. Once you burp, life should return to normal. You might hear this if the baby has been in the car too long, cramped in a baby capsule.

Once held upright for a while, the wind clears. If you are already burping them one way and they are still saying it, change positions.

Techniques

1. Drape your baby over your shoulder and firmly but gently rub his back.
2. Hold your baby upright on your lap and gently rub his back and tummy.
3. If you are lying in bed together, drape your baby over your hip as you would if you were burping over the shoulder, then rub his back.

Sally's Story

I don't usually teach combination words before instructing people thoroughly in listening for the basic words.

But sometimes opportunities present themselves.

During one session with a small group of mothers, I could hear one of the babies saying 'Eh, Eh, Heh', meaning she primarily wanted a burp but was also getting uncomfortable.

She had been in her pram for some time by then. I told her mother, Sally, what the words meant. As she knew about the 'Eh' word by this stage, her natural reaction was to pick her baby up and put her over her shoulder.

But the 'Heh' word meant she was too uncomfortable and too wriggly to do that. She wouldn't stay on Sally's shoulder. I suggested that Sally hold the baby upright on her knee to burp her and before long up came a little bit of wind.



Carrie and Geoff's Story

Carrie and Geoff learned the Dunstan Baby Language system together. Geoff had hoped that learning the system would ease his nerves as a first-time parent. Carrie, who has a son from another marriage and was more experienced, still felt glad to have her partner's support in learning this new way of parenting.

Carrie had reached that three-month plateau, that time in early motherhood when you pray for one day to yourself – just one day to just sleep off the bone-aching exhaustion. Their little boy, Aaron, had been waking many times through the night.

Carrie figured he was a high-need baby and tried her best to accommodate him. But Geoff says he was starting to worry about Carrie's health – she looked wan and had got way too thin. He says that when they understood what Aaron was saying, it was like a fairy godmother had come to visit.

Life seemed so much easier. Geoff realized he could tackle many of Aaron's needs. Unless he was saying 'Neh' and requiring breastfeeding, Carrie could catch up on some rest while Geoff dealt with the problem. Mostly, Aaron had wind and needed burping. Sometimes he was hot and uncomfortable in bed. Geoff felt empowered because he was useful.

Carrie could regain her energy and devote more time to all the important males in her life.



Eairh combinations

When 'Eairh' is the word, air is trapped in the lower section of your baby's digestive system and he needs help to get rid of it.

Eairh with Neh

When you hear 'Eairh' with 'Neh', it means that your baby needs you to manage his gas and he is looking for something to suck on for comfort.

Sometimes, after you have massaged your baby and moved the gas around your baby they will start saying 'Neh' as a secondary word.

Essentially you have the intense pain, which can start to trigger some other sensations, such as the craving for food or the need for something to suck on for comfort.

It is not a good idea to feed your baby while "eairh" is the primary sound, but you may want to give him a pacifier or let him suck on your little finger as you continue to massage for a while.

Toni's Story

"Eairh" is such a powerful word that it needs to be the focus of your attention.

Some words, in combination, give you additional information as to how your baby wants to eat or sleep. If you hear "owh" with "neh", for example, it tells you that primarily your baby is tired but he or she also wants to go to sleep sucking on something. "Eairh" is different.

When you hear another word paired with 'Eairh', it really is a secondary need. The first task is to shift the gas that is causing pain in the lower part of the stomach. The secondary need can be dealt with afterwards. Sometimes dealing with the primary need addresses the secondary need anyway.

Karen, one mother I taught in the early days of the Dunstan Baby Language, missed an important class and did not quite understand this. She had only done the words 'Neh', 'Owh' and 'Heh'. Her son, Henry, was crying all one afternoon.

She wasn't quite sure what he was saying so she called on her friend, who was a little more advanced in her understanding of the system.

This friend could tell that Henry was saying 'Eairh' as well as 'Neh'. But Karen thought this meant she had to relieve the gas by letting her baby suck at the breast. Of course, feeding him on top of the gas only exacerbated the problem. She called me up for some advice when Henry's crying persisted.

I explained that 'Eairh' meant her baby had lower gas pain but also would want to be fed as soon as the air bubble had shifted. I explained the different principles behind combination words and advised her to relieve the wind either by using the knee method or carrying him up high on her shoulder. It all made much more sense to Karen after she learned the system more thoroughly.



Eairh with Owh

When you hear your baby using the words 'Eairh' and 'Owh', you know that your baby has gas and is tired.

It is best to use of the massage techniques, and let him fall asleep that way. The action of the massage along with the pressure on the abdomen will force the gas out whether your baby is asleep or awake. 'Eairh' with 'Owh' is a combination you will hear a lot because babies become exhausted with the pain.

Gas pain can also waken a baby who has been asleep. Don't leave him crying. He will need your help to resolve the gas problem, so use a technique and then put him back to sleep in an upright position.

Billie's Story

Billie, a young mother who had booked to learn the Dunstan Baby Language System but had not yet started, arrived at our office one day, distraught because her baby just would not stop crying.

I felt sorry for her because her little boy, Joel, was really going for it and Billie was feeling upset and helpless. I sat her down and explained that Joel was telling her he had lower gas pain.

We also discussed ways of preventing it – like burping him at the right time, feeding only when he asks for it and keeping him upright for a portion of the day to prevent an accumulation of gas. Billie went home a lot more relaxed. When she finally turned up to class, she said that visit had been a turning point.

Instead of basing her life around feeding her baby, she now concentrates more on the gas issue. This helps Joel to feed and sleep more easily and their time together is much less stressful.



Bridget's Story

Sometimes I laugh at some of the situations I find myself in, like talking to a three week-old baby on the telephone. Bridget, had just started learning the Dunstan Baby Language System, phoned me one evening to ask what her daughter Madeleine was saying. She put her up to the telephone where I could hear her saying 'Eairh' and 'Owh'.

"It's lower tummy pain and she's getting tired," I explained. "Has she been lying flat a lot today?" "Yeah, she has as a matter of fact," said Bridget. "We did some shopping this morning and I had an appointment at the doctor's." This meant Madeleine had spent longer than usual in the pram, causing an accumulation of air bubbles.

"And I bet has she missed a few naps?" I said. "Yes, you're right there too," Bridget laughed. I recommended the shoulder technique to shift the gas before putting her to sleep. I called back half an hour later to check on progress, as is my practice when someone phones for advice, and Bridget told me she hadn't had any luck in settling her. But her husband, who had only been home for five minutes, seemed to be having success. He was carrying Madeleine way up on his shoulder.

I've noticed that men sometimes do have better luck with the shoulder technique. They seem to be able to raise the baby higher. In any case, Madeleine had just done a big burp and passed some gas. Now she was saying 'Neh, Neh, Owh'. Hungry and sleepy. Bridget fed her as we spoke and Madeleine drifted off. Bridget said a situation like this normally would have meant hours of uncontrollable crying. This time the problem had been dealt with in just over half an hour.



Eairh with Eh

'Eairh' with 'Eh' tells you that there is air trapped both in the upper and lower regions of your baby's digestive system, with the lower part of the system causing the most distress.

Use the massage techniques explained in the chapter on "eairh". They should help to work the air out both ways. If not, massage then burp.

Gill and Peter's Story

Nannies perform a valuable and occasionally difficult job. They spend all day with people's cherished children. Often they come to love them almost as much as the parents yet they have to maintain a professional distance.

This burden of responsibility weighs heavily on Penny, a nanny I met through her employers, Gill and Peter. They came home one evening to find their six-week-old son in obvious pain and distress. Having both done the Dunstan Baby Language system they understood that he was saying 'Eairh, Eairh, Eh, Eairh'. Penny looked embarrassed and upset that she had been unable to deal with it, particularly as Gill and Peter had passed on their knowledge about the system.

Peter told her not to worry and got everyone a cup of tea while Gill put the baby over her knee and rubbed his back hoping the build up of gas causing pain in the lower tummy would shift, clearing the upper wind problem at the same time.

Meanwhile, Peter quietly asked Penny about her day. She explained that it had been same

as usual, the little boy, had slept quite well. During the afternoon she said he had seemed content to lie in his pram under the trees in the garden. It was only late in the day that he got upset. "Did you pick him up much and walk him around?" Peter asked. "Not a lot," Penny said. "I burped him before and after a feed like you told me to do and then put him down again."

As Penny had burped him, Peter couldn't quite fathom why the wind problem had occurred either. After that night, he and Gill decided it would benefit Penny to learn the system first-hand so they sent her along to classes. Penny made a passing comment one day that alerted me to a slight fear of handling infants. When I gently probed, she admitted that she is actually terrified of newborns. She is confident when babies are older and more robust but afraid of dropping them or hurting them when they are so young and fragile.

I could see that this would prevent her carrying the baby around upright, and this would explain the build-up of gas. If a baby is lying down in a pram all afternoon they are sure to accumulate gas and this will be expressed, most loudly, around the 5-6pm period.

Penny and I chatted about safe and comfortable positions for keeping a baby upright. You can sit in a comfortable chair, for example, gently cradling a baby in the crook of your arms and with their bottoms resting on your lap. This keeps them upright but you don't have that awful sense that you are going to drop them any minute.

I don't know if I helped quell Penny's fears but I hope the system gave her a few more tools for handling problems when they arise.



Eairh with Heh

If you are hearing 'Eairh' and 'Heh', gas is causing your baby pain and there may be another source of discomfort.

The first thing to check is whether the massage method you are using is working properly.

You may not have the baby's tummy directly over your knee or shoulder, or you may need to be more gentle in your patting, rocking and bouncing. If you are hearing 'Heh' a lot, there may be something else going on.

They could have a wet or soiled diaper, or they could be overheated from crying, in which case you can hold a wet, cool cloth on their forehead as you continue the massage.



Kerrie's Story

Babies are miniature versions of ourselves so it's not hard to imagine how they are feeling once you understand the language. This very thought struck Kerrie during one lesson on the word 'Eairh' and its combinations.

I had just described 'Eairh' and 'Heh' as a combination that translates as "got a pain, mom, and I feel achy and rotten all over." "Oh, you mean like period pain?" Kerrie shrieked. Everyone in the room laughed.

They understood. When you hear these words, imagine what it's like when a period pain becomes a headache, then your joints start to ache and your body begins to feel thick and heavy.

That's akin to what your baby is feeling. In such a case, it's important to give them lots of physical and verbal reassurance.

Put your baby over your knees in the position I have already outlined. But this time lean forward so that baby is cradled within your whole body. If you prefer the shoulder technique, give your baby extra rubs and hugs with your free arm, or put your arm right around your child for extra support.

Use a soothing tone of voice to comfort your child because they are not coping very well when you hear these words together.



Heh combinations

'Heh' is a non-specific word, so even when you hear it as the primary word, you still have a guessing game on your hands. "Heh" in combination with another word can either serve to emphasize the secondary need, or it can be the prime cause of discomfort that has nothing to do with the secondary word. "Heh" combinations do not suggest instant solutions but allow you to address uncomfortable sensations, which will pass with the right handling.

Heh with Neh

You are listening for 'Heh, Heh, Neh, Heh'

If you are hearing 'Heh' with 'Neh' your baby may want to suck on something for comfort, or for thirst.

This combination can be heard when a baby is feeling dehydrated as well.

It is also possible that they might have a cold or a sore throat that could be soothed by drinking fluids.

Techniques

1. Give your baby a pacifier if you have already fed him, or allow him to comfort suck.
2. Check your baby's signs for illness. Consult a medical practitioner if in any doubt.
3. Is it a hot day? Even in winter with heating and infant can be feeling the heat and want a quick drink.

Nathan's Story

Nathan and his partner took turns looking after Aden, their 11 week old son. They had their own plumbing business and so were able to be flexible with their time.

Aden was usually very content, and the Dunstan Baby Language for this couple was more of a reenforcement of their own beliefs not a change.

One day however I got a call from Nathan. He was concerned that Aden had been fussy a lot lately and had started crying a lot more than usual, he was wondering if this was a stage, or if they had missed something Aden had been trying to say.

After listening to him over the phone I could hear the combination for "Heh, Heh, Neh"

I asked if it was possible Aden could be unwell? They hadn't thought of that, and it turned out that every one else in the family had or were going through the flu – Aden wasn't feeling well and wanted a comfort suck attached to a cuddle.



Asilay's Story

I don't think we realise just how hot and stuffy it can get in the back of a car in a baby capsule.

Asilay was driving to her mothers to drop of her son Yucob, before heading to her husband's business luncheon.

She was quite relieved when she arrived as the last few minutes Yucob had been crying.

Asilay could hear the word 'Heh' but it wasn't until she stopped the car that she also heard 'Neh'.

She consulted her chart, which went everywhere Yucob did, and saw what 'Heh, Heh, Heh, Neh' meant.

She quickly took him out of the car realising how hot he was, and made amens by giving him a quick top up feed.

Yucob was back to himself in no time and Asilay was able to go to the luncheon not worrying about leaving a crying infant.



Heh with Owh

You are listening for 'Heh, Heh, Owh'.

If your baby is saying 'Heh' with 'Owh', he is either irritably tired, or wants to go to sleep but is too uncomfortable to do so.

Check his diaper, his bedding, how tightly he is wrapped, and the temperature of the room he is in. Any of these things could be preventing him from falling asleep.

Then apply your favorite settling techniques. That might be playing classical music, singing softly, rocking your baby or walking him to sleep. Hearing these words would set off warning bells if you had planned to be in a noisy, stimulating environment that day. Give your baby quiet time and a chance to recover his energy.

Techniques

1. If your baby is sick, understand that he will need a lot more cuddling.
2. If your baby is in a noisy room, take him to a quiet one. Try to manipulate whatever environment you are in to give your baby a chance to settle.
3. If possible, give your baby time alone with you. If you are hearing his combination, this is not a time to hand baby over to grandma or a well-meaning friend. He wants mom or dad. If you have visitors over, excuse yourself and take your baby to another room. Your baby is uncomfortable with where he is.

Kim's Story

When Kim came to learn the Dunstan Baby Language system, baby James had been sick with a cold for about a week. He was getting over it, starting to eat more and sleep more comfortably.

Kim thought she could detect the 'Heh' word but every now and then she heard 'Owh'. In such a case, where the 'Heh' word is more predominant, it means that James is just feeling generally washed out. He is not sick any more but tired and listless.

You know those days? We have them ourselves. Kim certainly does. She describes them as "Oprah days." These are the times when she drags her bones around, feeling tired, and wanting to do nothing more than flop on the couch and watch Oprah.

Once she could identify with James, she made sure he had plenty of love and attention and not too many distractions until he felt stronger.



Nury and Jemma's Story

Babies' routines are sometimes disrupted, simply because that's how life is.

There are many reasons why babies' bodies are thrown out of kilter. But, invariably, you will hear about it next day, in the form of 'Heh' and 'Owh'.

Nury and Jemma experienced this the day after Nury's book launch. It had been an event anticipated almost as keenly as the birth of their son, Jai. Certainly Nury's "labour pains" in producing the book had been as memorable.

Given the importance of the event, Jai had been taken along. Many of the women in attendance made more fuss of him than the book. It had been a fabulous night.

But next day, Jai was out of sorts, saying 'Heh, Heh, Owh' to tell his parents that he was tired, miserable and just not having a good day. Nury was working and she had arranged to visit some friends. But knowing what these words meant, she decided to cancel her engagements and have a quiet day at home.

She hoped Jai would sleep all day. He didn't, and he remained grizzly. But at least Jemma knew why. She cuddled him a lot. She sang to him. She kept the house quiet and just gave him lots of opportunity to recover.

Next day he was a little happier. By the third day, he had settled back into his familiar routine.



Heh with Eairh

You are listening for 'Heh, Heh, Eairh, Heh'.

A baby who is saying 'Heh' and 'Eairh' undoubtedly has gas that is causing great discomfort.

If left, the situation will become painful.

Massage, warm baths and being carried upright can all help. The main thing is to get that gas out and to be patient, knowing that you may be in for a rough night.

If you have other children, try to enlist the support of your partner or friends to assist with him because your baby needs all your attention right now.

Techniques

1. Carry your baby around in a sling, rubbing and patting his pat.
2. Try one of the colic curls described on pages xx and xxx.
3. Try the Knee Method described on page x, followed by a massage and a bath. Be very gentle with your massage movements. Small circular movements across the tummy and down the back are comforting.

Luann's Story

Luann's baby suffers from colic.

After learning the Dunstan Baby Language, she became accustomed to hearing 'Heh' and 'Eairh', a combination that tells her baby Karrie is uncomfortable because of lower gas pain.

Luann learned to differentiate between the unexplained crying of colic, and the meaningful crying out of the words "heh" and "eairh".

When she hears this combination, she now gives Karrie a gentle massage and then puts her in a warm bath.

Luann also has learned to keep Karrie upright more if she hears this combination, often by putting her in the baby pouch and carrying on with her work.



Pauni's Story

I often get parents coming to me on the recommendation from their local nurse or healthcare professional, I also get a lot of tapes from these nurses with their 'problem' infants, for translation.

I really like working with these nurses as I get to talk in depth about babies.

This particular day I was watching a tape of an Indonesian baby, called Pauni. Pauni was crying 'Heh, Heh, Heh, Eairh'.

What was confusing the nurse was that Paunie often said this combination after a bout of colic, and why would she be saying this after experiencing the pain of colic?

The answer was so simple.

During the colic sessions, Pauni's mother did everything she could, the various methods for colic, massage, baths ect.

The colic would die down, but from the crying which is a physical act, Pauni would be very hot, hence the 'Heh' and 'Eairh' was residue from the recovery of colic.

By taking off some of Pauni's clothes during these episodes, the discomfort was gone.



Heh with Eh

'Heh, Heh, Eh' means your baby is feeling uncomfortable because he needs to burp.

This combination of words means your baby probably has not been in an upright position enough to shift the build up of gas in his digestive system which has made him uncomfortable.

Do all you can to assist him, using the methods described in the chapter on the word 'Eh'.

Also, review some of your practices. Are you holding your baby upright enough during the day? Does your baby get enough opportunity to move the wind?

Perhaps carry your baby around in a sling more. If he is in childcare, discuss greater use of elevated positions with your carer.

Techniques

1. Pop your baby in a sling and allow him to nestle against your chest. Rub his back to help move the wind.
2. Hold your baby against your chest with your chin resting against his head. Pat his bottom and back as you stroll around the garden or similarly restful environment.
3. Carry your baby upright in any favourite position and go for a walk. It's a simple but effective solution. Avoid noisy, bright environments though – that will only further disrupt a distressed baby.

Dawn's Story

Dawn helps out every year with the town's church fete.

This particular year, she had taken baby Cade along in the pram. The day had begun with a special church service. Cade had lain there quite happily throughout the hour. Dawn fed him and burped him then placed him under a tree near the stall she was tending, keeping a watchful eye on him.

Before long, he started crying 'Heh, Heh, Eh'. He had spent too long lying down in the pram and he'd gotten hot, uncomfortable and wanted a good burp.

When Dawn got him out and walked him round, he soon settled happily.



Johnathan's Story

Johnathon and his wife had two sets of twins, which pretty much meant he had no option but to be very involved.

One day when wife Alissa was catching up on much needed sleep; he noticed that his baby son was squirming around on the floor. He certainly looked uncomfortable and when he checked on the chart, little Ethan was saying 'Heh', but Johnathon also could hear a 'Eh' sound.

Johnathon had just completed day two of the fathers workshop and knew he should attend to the most common sound, but he had a very intuitive thought, that maybe the 'Eh' sound meant something too, so he decided to see if Ethan was uncomfortable because he had wind.

Sure enough he was right, Ethan was much happier being held upright and although he didn't make a loud burping sound, Johnathon said there was a definite change in the stiffness of Ethan's body after being held for a while.



Appendix

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 mother's 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.