

**Ep #64: Toddler Mealtimes and Safe Sleep
with Dr. Danis Copenhaver (Part 2)**



Full Episode Transcript

With Your Host

Devon Clement

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Welcome back! You're listening to part two of my conversation with Dr. Danis Copenhaver. If you haven't had a chance to catch part one yet, I highly recommend you go back and give that a listen to get the full picture. But for now, let's dive straight back into it!

Welcome to *Parenthood Prep*, the only show that helps sleep-deprived parents and overwhelmed parents-to-be successfully navigate those all-important early years with their baby, toddler, and child. If you are ready to provide the best care for your newborn, manage those toddler tantrums, and grow with your child, you're in the right place. Now here's your host, baby and parenting expert, Devon Clement.

Devon Clement: So speaking of food, I have a question. I feel like parents are always worried that their toddlers are not eating enough or not eating the right foods or things like that. How concerned should they be about the diet of, say, a two to two-and-a-half-year-old?

Danis Copenhaver: I'm almost never concerned.

Devon Clement: I love to hear it.

Danis Copenhaver: Because sometimes I think them saying it out loud, I can then count it up, and I'm like, I've actually counted 25 foods that they've had in the past four days, especially because sometimes with volume, people are really worried about volume, but we're projecting our adult volumes onto kids where a child needs like an ounce of cheese, which is like your pinky.

And often sometimes kids are hosing like three string cheeses, and that's like enough dairy for three days. So volumes are really small. They're still teeny tiny kids, and they are by instinct, the vast majority are intuitive eaters. If they're hungry, they eat, and if they're not hungry, they just survive on air. And so you have to average what they eat over a week, definitely even not meal to meal.

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Dinner's always garbage. They're like tired by the end of the day. They're not that hungry. If you're away from work or whatever, you come home, they're like, "Oh, my parents are here." Why would I want to sit and eat right now? I just want to get your attention and do all this stuff, and that's the one we put so much emotional pressure on. So volume, I always try to talk about volume and reassure parents with like what a serving size is. It's like a tablespoon, which is tiny of veggies. When they're like, "They're not eating veggies." I'm like, "It's like a big broccoli stalk." If you give them three and they nibble on two of them, they probably done it.

And then pickiness. And I really just feel bad for some kids that they get really labeled picky. And again, I think this goes with a lot of the moralization and values over food that you're morally better if your kids are eating beets and sushi, which they shouldn't be eating raw fish until they're like four or five, versus like chicken, whether it's in nugget form or cooked, or they like the same simple pasta versus something else more adventurous. And a true picky eater isn't really picky in a way that I am worried about in a limited thing, unless they're eating less than 20 individual foods ever.

So then I'm like, okay, well talk to me. Tell me what you serve and what they'll put in their mouth occasionally, not consistently every single time because they're human beings. And one day you give them a blueberry and they're like, this is the best thing I've ever had in my life. And the next day they're like, how dare you hand me that blueberry, Mom? What were you thinking? Have you ever met me before?

Devon Clement: And they can be unpredictable. I won't eat every strawberry I see. It has to be nice. It has to be a nice looking strawberry. I don't want one of those white, mushy, sour, bad strawberries.

Danis Copenhaver: Yeah, and same with blueberries. We think like blueberries, and sometimes they're delightful. And other times you get a mushy one that tastes bad, and that turns the kid off for a little bit. And we don't know what they're experiencing in their mouth. So I like to list, okay, we've got this many. I

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feel really comfortable. You can take a sit back and trust them, and your job's to put the food that you want them to eat at the time you'd like them to eat. And the rest of it is up to them, how much and if they put it in their mouth. That division over responsibility of feeding, Ellyn Satter, who's kind of like the queen of pediatric dietitian and nutrition and feeding.

Devon Clement: Oh, I love that.

Danis Copenhaver: The Ellyn Satter Institute is a great resource online. She's got books and other different things you can read too. And then I really love this dietitian, her name's Jennifer, I'm totally spacing on her last name, but she runs an account Kids Eat in Color with a period between each.

Devon Clement: Oh, I do. I do. Yeah.

Danis Copenhaver: She's great. She's got a great Instagram presence, and she's got a great online presence. She has a picky eater course. I'm not being paid by her, I promise. I did meet her at the American Academy of Pediatrics conference a couple years ago. And I just think she's very balanced and weight neutral and really beautiful photos of servings of things. And it works for under-eaters and over-eaters.

Devon Clement: Yeah. And I think seeing it visually can really help so much. I think that I need, that they need to eat six pieces of cheese, but then I see a picture that they actually need like one piece of cheese and three fruits and like three little pieces of fruit, and like that's it. Then they're full.

Danis Copenhaver: And you're like, but they did eat six pieces of cheese before, so shouldn't that be the norm? And it's just like, well, they just happened to really want cheese that day or their body did. So it's just so funny.

Devon Clement: I also, I like the account Feeding Littles. That's a good one.

Danis Copenhaver: Yes, that one's a great one, too.

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Devon Clement: I have been, honestly, in the last couple years recommending social media accounts for information so much more than books because I love books. I feel like people buy books and don't read them. I do it. I buy books about organization and business, and I'm just like, maybe I'll absorb this information by osmosis, and I don't. But you're scrolling your phone while you're waiting in the pediatrician's waiting room and you see like, oh, interesting, a post about feeding. Let me read this, this and that. And then, when you want to read a book, you can read fairy smut or whatever people are people are reading now.

So yeah, so that's great. I think that's so important that what you said before, kids are not little adults. And I remember reading years ago, which really struck me, that they have just different nutritional needs than adults. They're growing every single day. They need carbs. They need fat. They need protein way more than we do. We need vegetables. And when I was a kid, I didn't like vegetables, and now I do. And I think that's because my body knows that it needs them more now. And if all kids want to eat is chicken nuggets and bread and whatever, that's kind of fine.

Danis Copenhaver: I agree. I have many a soapbox. That's not one I step up on. That's just because they are growing a lot, and I would love them to put green things in their mouth. And I would much rather do that than a vitamin. And I'd rather be like, unless your kid is super limited, like again, a truly, truly, truly picky eater, then I recommend vitamins. I don't, that's another question that parents really worry about, which is the right vitamin. And I'm like, let me list some of the foods. Do we get a couple of fruits in a week, a couple of veggies in a day? You don't need one.

The kids just, it's just expensive pee, especially if it's a struggle and especially if it's a gummy, because the cavity increase that it's got and we don't really know what vitamins you're even there because they're kind of just spray it on a gummy snack.

Devon Clement: Oh, really?

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Danis Copenhaver: It's just like, it's not even mixed in. I don't think it's mixed in. I think it's like most gummies are it's like a spray on top of the gummy. But I mean, again, if you're doing it, I'm never going to be like, that is insane. You don't need to feed, but I don't recommend routinely vitamins, especially when I hate when they're marketed to picky eaters. I feel like that's just fear-mongering parents.

Devon Clement: Sure. Your kid's not getting enough nutrition, so you have to buy this product.

Danis Copenhaver: Right. Vitamin D can be huge. It's definitely important for babies. I recommend that supplementation for breastfeeding babies. Iron, especially for breastfeeding babies over six months, but even sometimes babies that have dropped off with their formula amount, I'll recommend iron because we know those are important for brain development, immune, the immune system, those sorts of things.

Devon Clement: And they're things that are harder to get through foods, I think, right?

Danis Copenhaver: Yep, they're not as bioavailable for babies because again, their intestines are different than ours. They don't absorb the same way.

Devon Clement: Yeah, no, that makes a lot of sense. What are your soapboxes? What's a soapbox that you do have?

Danis Copenhaver: Well, safe sleep.

Devon Clement: Yeah.

Danis Copenhaver: And just sleep in general. Making sure that you are putting your baby down in a safe environment, ideally on their back, on a hard surface without a lot of bumpers, even though everyone's worried their baby's going to get their arms stuck through the thing.

Devon Clement: You know what they do, and it's fine.

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Danis Copenhaver: They do, and they pull it out. I've never seen anything worse than maybe a red mark. Maybe once I saw a bruise, but I've never seen a broken bone, anything like that. And they learn. They're like, oh, that's not comfortable. I'm going to pull my arm back in and sleep better than the all the different weird configurations of things you put in that I worry a baby's going to suffocate on.

So safe sleep is a big soapbox I like to get on. I need to get on. And then just sleep in general, I'm very pro-sleep training. And I don't care what style you do, but when I see a family coming in just at the end of their rope because no one is sleeping, everyone's so miserable that I'm like, let's talk. We need to talk about sleep. And there's a lot of guilt and shame sometimes around it that they haven't been able to do it yet or they're worried they're taking something away from their kid.

And I always try to be like, you are giving them the gift of sleep. You are giving them the gift of self-regulation. You are giving yourself the gift of sleep so you can give them the gift of being fully present during the day.

Devon Clement: Yes, yes. I say it all the time. A million percent. You are not doing them any favors by getting up with them 800 times a night. You are not. No one is doing well with that. Everyone is suffering. Oh, quick question. So with the back sleeping, of course, huge, super important. Once they're rolling on their own, do you think that parents should flip them back?

Danis Copenhaver: I do not.

Devon Clement: Good. I tell them that all the time.

Danis Copenhaver: I'm on my soapbox. I'm on their back, on their back. And they're like, they're flipped. I'm like, great. And they're like, excuse me, Dr. Copenhaver. I'm like, okay, so, your job is to lay them toward their back until they're one. And their job is to get into whatever position they want to because then that lets us know they can move. So six months, sometimes as early as five, if you lay them on their back, they can flip to their tummies.

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Devon Clement: Yeah.

Danis Copenhaver: Fine. When they're in that safe environment, not swaddled at that point, no soft things, no pillows, nice surface, clean bed. Great. No one's smoking in the home, ideally. By nine months, they're already twisting in your arms. They want to have their booties in the air. They want to learn to sit up.

Devon Clement: I was just going to say, I love when they roll over and get into that little scrunched up position with the butt up in the air.

Danis Copenhaver: Yeah, they do a lot. Their brains are doing so much work at night. And you can actually see it. I think their motor neurons are firing those synapses, and they're making them repeat movements that they're going to do during the day, that they've practiced all day. Six-month-olds rolling, those nine-month-olds butts in the air, sometimes they're going to push themselves up to sit or oh my gosh, I always hate this, but they'll pull themselves to stand. And they're not even fully awake, and you feel like you need to go in and lay them down, but they're half asleep, drunk, and they just have to learn to lower themselves down.

Devon Clement: That is such a huge part of what I do with them is like, just give them space.

Danis Copenhaver: It's tough. So yeah.

Devon Clement: Let them figure it out. I had a mom, she hired us for sleep training. I went in. She had been following a plan from some online thing, and I was like, why is this not working? What is going on? And then she told me the clincher, which was every, the baby was like six months old, every time she rolled over, the mom would flip her back onto her back because she was worried about it. I was like, no, you are getting in her way so tremendously. But it's so beat into you like tummy sleeping is horrible. It's going to kill your baby instantly. Don't do it until they do it on their own, and then it's totally fine.

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You know, plus I don't think any doctor in the world would recommend sitting up and staring at your baby all night and waiting for them to flip so that you can go fix them. That's just that's just insane.

Danis Copenhaver: If someone was telling me, I can't sleep because I'm staring at my baby all night, then I'm like, what other intrusive thoughts are you having? When are you sleeping? This is more than just sleep training. There is like some postpartum anxiety happening that we need to address as well. There's a two-pronged thing because the lack of sleep is in feeding that anxiety as well.

Devon Clement: Yeah.

Danis Copenhaver: But you're never going to trust anyone to let your baby sleep, especially at six months. And I've seen it. I've absolutely seen it.

Devon Clement: And I think the cameras and the monitors and the apps and they're like a blessing and a curse. We don't love them. I think it can be a useful tool in some situations, but it just becomes overly like your baby is just under constant surveillance. Like daycares have cameras now, and parents can check in at any time during the day and watch their kids in daycare. Like leave them alone.

Danis Copenhaver: Again, this is us projecting. We love data, and we're getting told that we need more data because then the people that get the data make money off of us. But like the aura rings, our watches, we love knowing like how we sleep, when we slept, when we ate, what our whatever. And baby apps now do all of that. So then parents are like, "Look at all this data." And I'm like, "All right. That equals your baby. Let's look at your baby."

What does your kid need? Do they seem tired? Are they happy? Is the nap schedule going not well or well? Okay, if it's not going well, then maybe we can look at this data to find a rhythm or a pattern we can capitalize on. But otherwise, I don't need to see all that data because that is just data in an app so they can extrapolate and sell you diapers or whatever they're going to do. Let's look at your actual kiddo.

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Devon Clement: And I see somebody who's nine months old and they're nursing and they hit the button to time the nursing session. I'm like, stop it. Stop it.

Danis Copenhaver: That was me.

Devon Clement: I don't need to know how long they're nursing for when they're nine months old.

Danis Copenhaver: Right. Especially when they're giant and chunky.

Devon Clement: Yes.

Danis Copenhaver: But I fully recognize. So this, you know, personal, it's like I had a lot of postpartum depression and anxiety with my first that I just white-knuckled through. And looking back at like I was so addicted to my data. I needed validation and the number of ounces that I pumped and yada yada when I was at work. And then my second, I was like, oh, I will get help for this. I will reach out, and I'm going to... There was just the thing with, I think my personality and also just being a pediatrician that I was like, "I can do it. I'm going to do it." And I was like, I'm going to get some help this time. And it was a, I mean, she was also born right before the pandemic, so it was a whole different thing, but it was like a wildly different experience.

Devon Clement: Yeah.

Danis Copenhaver: Just knowing myself, having the right support system, having a mental health provider made a big difference.

Devon Clement: I wish everybody went into, and I've been seeing a lot more in the past few years, people who know that they're going into it with some mental health red flags, either they're currently suffering from anxiety before they were even pregnant or prone to depression or whatever, realizing that they are more likely to have postpartum mental health issues and things like that. But also, I just wish everybody sort of went into it thinking this is going to happen, let me

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have support in place, rather than, it's not going to happen, and I'm going to deny it if it does and pretend it's not because we're so stigmatized that it makes us terrible parents or whatever.

I wish just everybody had that amount of support. It's like occupational therapy. If I think a kid needs occupational therapy or some kind of assessment or something, they're not rolling, probably because the parents are never giving them the opportunity, never putting them down on the floor, or I see torticollis or flathead or something like that. And I'm like, get them evaluated because if every kid on earth got occupational therapy, it would be amazing. So if you qualify for it, take advantage of it. It's a benefit. Why not? You know, if you can have mental health support, why not? Just get it.

Danis Copenhaver: I agree. I think this is also where, again, we can go into systems. But in other countries, once you get pregnant, you get automatically put together with a nurse and a cohort of moms that have been born at the same time, partly to assess your babies and development, but also so you have a little community whether you like them or not, but there's just people that are checking in on you and then can help refer you that is part of the health system, but not necessarily your doctor. And I think just because the way that our health system is, it is your doctor.

And often that's in an overworked, overstretched person that can't take the time to do what they want to do. I really do believe that the vast majority of doctors want to do that. They just can't.

Devon Clement: Absolutely. And unfortunately, that's for a lot of families, that's the main touchpoint that they get. They don't have postpartum doula, lactation consultant, like all these different people who have more time to spend with them.

Danis Copenhaver: Yeah, because the reality is money. I mean, that's true. It's just hard.

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Devon Clement: It absolutely is. And I think people get, there are a lot of free resources out there, free groups through the hospitals and things like that. But when you're overwhelmed and exhausted and bogged down, you can't find those things. So I'm always recommending people find those resources before the baby's here.

Get something lined up even if, you know, people call us and they're like, "Well, we're not sure how much care we're going to need this or that." I'm like, "Book one shift. Just get one night, the first couple nights, maybe the first night you're home, the first couple nights you're home. Just do that and then decide from there." But don't wait until the baby's three weeks and you're drowning and you're miserable because like it takes a long time to climb out of that if we could just avoid getting into it in the first place. But with free resources, they're out there. They're out there. And if you get them before you're in crisis, it's a lot better.

Danis Copenhaver: I feel like a lot of the prenatal stuff, like you said, the OB-GYNs get 10 minutes, and there's often like prenatal classes on breastfeeding and how to change a diaper and things like that. But I haven't looked myself because I'm on the other side of things, once the baby's already born. But resources like mental health, and that's when I do meet and greets with families before babies are born.

And if like Elliston, you can join the practice before the baby's born, and you have access to our nurses and everybody, but your membership doesn't actually start until the baby's born for the year. But most of my practices, I did meet and greets before the baby's born. And they're like, what do you want us to know? I was like, "One, be your adult self. Two, set up that breast pump, get it all sterilized and ready because you never know when you're going to need it. And three is think of your support system." Build that out now. Think about it. Not sort of hope for the best, plan for the worst, but just think about who you'd ask for help, who are those people, who are you're going to hire. It's so helpful.

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Devon Clement: There's resources through the hospital. There's resources through your OB practice maybe. And like you said, meeting other parents, meeting other people in the same situation. Like if you're taking prenatal yoga, just connect with them and I think a lot of people who lead these groups do networking with the members and just say, "Hey, you have a WhatsApp group or something where you're able to be like, does anybody have a therapist they love or does that, oh, the doctor said my baby may need an OT or early intervention evaluation? Should I, what should I do? Who should I call?" Just to have those people who either have been through it or maybe will go through it shortly, and then they'll have you as a resource.

Danis Copenhaver: Yeah. I've been able to do some like lecture, that makes it sound very formal, but like talks for like what to look in a pediatrician for prenatal yoga classes and massage classes, which is I think is really amazing, and I'm happy to do that kind of thing, just not even if it's not Elliston, just things to think about before, because you also get a baby, and then you get a baby. They just appear.

Devon Clement: The stork.

Danis Copenhaver: They just appear. Exactly, the stork shows up at the hospital and then they're like, you must have a pediatrician before you can leave. And I think some families are like, what? Oh, what? And they didn't realize it was like a thing you already had to have lined up. Yeah, actually, so some of my closest friends, my mom group from my first kiddo, the two founding members met in a prenatal yoga class and are just fantastic connectors. And they would literally walk around.

I lived in Fort Greene at the time, and they would literally walk around and just be like, "When are you due?" And she, Emily, who saved my life, honestly, I didn't have a mental health provider with my first, but I had Emily, found me on the street when I had just gotten my son home from the NICU, and she was like, "You have a baby. I have a baby. We have a mom group." And I was like, exhausted and so tired, and I was like, "What?" And she was like, "When was

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your baby born?" I was like, "May 29th." And she was like, "Cool. We're April-May babies in Fort Greene. You can be part of our group. That's my kid over there. He's six weeks old. It gets better. I promise. It gets better." And I was like, "Okay." I know this woman is incredible.

Devon Clement: I love that.

Danis Copenhaver: And she was like, and again, kind of talking about, she was so upfront. She was like, "But we are all moms that work, and we are going to go back to work. Do you work?" I was like, "I do, I do work." I mean, I was so bleary. And then she was like, "Are you going to go back to work?"

Devon Clement: You're like, "Who is this person? And I'm just going to..."

Danis Copenhaver: I know. I was like, "This person's nuts." I literally was like, "She's crazy." And then she said, "What do you do for work?" And I go, "I'm a pediatrician." And she goes, "Yes." And I was like, "Oh." Then I really thought she was nuts. I was like, "Oh, shoot. What did I do?" But she just, we changed numbers or WhatsApp, I think we changed WhatsApp, and she would check in on me and invite me to do things. And I was like, "I can't leave the house." I was just so bogged down.

And then I remember the first time I finally left and had that group. And these women, many of them moved, had other kids, but there's still a few of us, and we all keep in touch on this WhatsApp. And it just sort of, sometimes you've got to put yourself out there and be vulnerable. I wasn't the vulnerable, well, I guess I was vulnerable in that I gave my phone number.

Devon Clement: Yeah.

Danis Copenhaver: But like you just, like you said, prenatal, and maybe not everyone's going to be your best friend, but being a little bit vulnerable, talking to moms on the playground.

Devon Clement: Yeah.

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Danis Copenhaver: We're all in it, whether you're going to again, be besties or not, you can like find out that good sleep trainer, you can find the pediatrician that's everyone loves while you're pregnant, just you got to kind of talk to people in person or on the internet.

Devon Clement: Yeah. And it's a it can be a great resource. It can also be a lot of misinformation and stress and guilt, but it's a great way to connect with people. I've done everything I've ever done, I've found like a network, a group, like knitting, running a business, being a postpartum doula, every single thing. I just want to talk to other people that are doing the same thing. So having kids, I think it's just such, and it takes over your whole life.

So talking to other people that are in similar situations, and I do think there's there's room for parents of older kids. My mom tells stories about talking to friends of theirs that had older kids and the things that they would tell her. One of my favorites was, uh, she was having my sister, her second, and she said, "How do you not have a favorite?" And this other mom said, "Oh, you do, but it changes every two years." So it's fine. You do. It might change sometimes multiple times a day. You have two kids. I'm sure you know.

Danis Copenhaver: Yeah, they both have strong suits. And sometimes, honestly, depending on my mood, I'm like, you're so cuddly right now. I love that you're so cuddly.

Devon Clement: Okay, I have another very specific question, and then we'll do a little wrap up because I've kept you forever, but this is so interesting, and now I want you to come back and talk about what to look for in a pediatrician. But I was at a party the other night. We went to a wedding, and it was like the welcome party the night before at a pizza place. And there was somebody there with a baby, maybe like eight months, nine months, pretty big, but not like walking yet, that kind of thing.

And this was not a concert. This was not even a huge party. It was like the upstairs room at a pizza place. There was, I'm so bad at guessing this, maybe 60 or 70 people. I don't know. Somewhere between 30 and 200. I have no idea.

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These people had put like noise-canceling headphones on the baby. Is that, is that necessary or is that a little much?

Danis Copenhaver: I don't think it's necessary.

Devon Clement: Okay. Because I was like, at a concert, at fireworks...

Danis Copenhaver: Yes.

Devon Clement: But just normal conversation in a busy room, I don't think is going to...

Danis Copenhaver: I don't think that's going to cause any harm. I mean, I'm not an audiologist or an ENT, so I'm going to caveat this is like, you know, please medical information.

Devon Clement: Sure.

Danis Copenhaver: Your baby has special ears.

Devon Clement: And I don't know, I don't know these people and I don't know anything about this baby, but I was just like, is that a thing they're recommending now? Like noise canceling headphones just in a group of adults talking?

Danis Copenhaver: I almost want to say it's definitely not like a pediatric guideline or recommendation. If you're going to be in like really loud concerts, fireworks, I mean, some might even argue the subway. I took my babies on the subway without noise canceling headphones. Not often because that's a pain in the butt to ride the subway with a baby, but it happens. And that we lived in New York City.

I do not think it is necessary. I don't think it does any harm to the kid in that like maybe if it was going to go to sleep later because they just wanted it to feel kind of chill. But no, that would not be my biggest worry. Noise pollution in an infant doesn't stress me out. In fact, I'd be more worried about not hearing language. I actually think there's a lot of comfort in that din of hearing people that you love.

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I have like a lot of, and this is just anecdotal, straight anecdotal, but I have a lot of lovely memories of being at like family weddings when I was growing up and just being like loved on and hearing the happy voices and the music and being passed around by my aunts and uncles and like falling asleep in a pack and play like in the back or whatever.

Devon Clement: Yeah, right. I say this all the time. Babies get so much just out of being exposed to the world. You don't need to hold up flashcards in front of their face. You need to take them for a walk outside. Let them look at the birds. Let them look at people walking by on the street. That is so much more important.

And I think when you're not, when you're protecting them from everything and you're putting them in a bubble and you're being so precious about it. Like I say this to my first time parents all the time, don't be overly precious about making noise when the baby's sleeping because you're going to get a kid who will only sleep if it's dead silent, and then you're going to have a second baby, and that baby's going to cry, and your older one is going to wake up because they're used to everything being dead silent.

You know, don't bang pots and pans outside their room, but talk in a normal volume, watch television, play music, especially everybody uses white noise now, which I like, especially in New York when you're in a smaller space, great. And don't be so precious about it. Pouring water on them in the bathtub, don't be so precious about never getting their face wet, because then they're going to go in a swimming pool and have never had a wet face in their life and like, I don't know. I just, I've been around so many kids for so long that I'm just like, let's not raise little crazy people.

Danis Copenhaver: But I also think it is this projection. We are all, and I'll say it with you because I feel real comfortable, but we're all going to F up our kids in new and unique ways that we didn't know even existed. We're all doing our best. No one's going to get an A+.

Devon Clement: Yeah.

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Danis Copenhaver: They're going to look back at us and be like, "Mom, why didn't you ever dump water on our heads? How dare you?" And you're like, okay. I was doing my best. I wanted to protect you. And so but I also think we're projecting sometimes, we want to be taken care of. We get overwhelmed and overstimulated. We want that less for our kids. But we can also sort of trust them to learn the personality of our kiddo. Trust, they'll let you know if they are overstimulated or need less or need more, and you can...

Devon Clement: Yeah.

Danis Copenhaver: I try to sometimes be like, let's just assume your kids the easiest kid.

Devon Clement: Yeah. I love that.

Danis Copenhaver: The easiest one, and then let's regulate based on that. Like the introducing milk at one, how do I do it? What do I do? Do I need to do like a teeny tiny amount in every bottle, go up, do whatever? I'm like, let's just assume they're going to love it. Let's put it in a cup, cold, straight from the fridge.

Devon Clement: Yeah.

Danis Copenhaver: And see what they do because eventually you're not going to want to warm. They only have a warm, but maybe they'll love this differently. Or if you want to use a bottle, fine, we'll cut it off later. I'm not super strict about that. But if you don't want to wean now, let's just see what happens. And I'm like, "What?"

Devon Clement: I love that.

Danis Copenhaver: Who knows? They might just love it. And if they don't after a few days, then readjust.

Devon Clement: Yes.

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Danis Copenhaver: I mean, I remember the things I was worried about never came to fruition and the other side...

Devon Clement: I say that all the time. Let's try it this way and then make the changes if we need to make them, but let's try it the easiest way first and see how that goes.

Danis Copenhaver: The easiest way. We build such a big stress in our head. I do the same thing. I thought my son when we I unswaddled him at four months was going to be the worst night sleep, and he just was like, I'm fine, mom. And I was like, okay. That was not that hard. It actually wasn't hard at all. But I built up such a - same with sleep training, same with solid food introduction. We just get so - change is hard and thinking about the change for our kid is hard too. But yeah, I do think we can be less precious with our kids. We can love them, cuddle them, nurture them, educate them, parent them in a way that feels respectful and kind, but it still has boundaries. It's hard. It's real hard. It's fun too, but it's hard.

Devon Clement: It is. It is. I mean, people say to me all the time, "Oh, you know so much about kids, you're going to be such a good mom." I'm like, "The one thing that I know is that I want a lot of help, a lot of support, a lot of involvement because it is really hard."

Danis Copenhaver: That's where I love therapy for the moms and me too. It's like you, when you know yourself, you talked about daycares and that constant feedback of what your kid's doing. And I knew when we got childcare for our kids, which we have a nanny, and we've been super duper lucky that we've had the same nanny from when my son was three months old to now almost nine.

Devon Clement: Oh, wow.

Danis Copenhaver: And she just like - we've jived, and I do not need a picture during the day. In fact, I trust she has so much experience, and I was like, I am busy. I work. If it is, they're bleeding, they need me, call. So when she calls, I know there's a thing happening. She has got it. She will give me the rundown

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later. She's, you know, I could be very clear. I don't need photos every day, but I need this little book. I need to tell you when you pee and you poops, and like one sentence about what you did today makes me feel really good. And clear communication and building that person. That is not someone else's cup of tea. Someone else is like, "No, I need my nanny to be my bestie and to text me all day." Great. Know what you need. And then if it's not jiving...

Devon Clement: I don't even mind that. It's more the like I can pop in and take a peek whenever I want. Like maybe your kid just fell in the playground and he's crying, and you're going to be like, "Oh my god, my kids are upset, they're crying." But they just fell in the playground. The teachers know how to handle it. It's okay. And now you're going to be calling the school like, "Why is my kid crying?" I joke when people started having nanny cams and video monitors and things like that, I don't care that you're watching your kid, but I don't sing to babies as much anymore because I'm worried the parents are going to watch me on the camera and think I'm a bad singer or I'm afraid I'm going to fart and they're going to see it. Are you peeking in at this moment when I decided to pick a wedgie or something?

Danis Copenhaver: We're all humans.

Devon Clement: Yeah. You don't need to be staring at them 24 hours a day and or just taking things out of context.

Danis Copenhaver: Agreed. I agree.

Devon Clement: Oh, and the nanny watchdogs is a whole other thing that I hate, but that's a whole other topic.

Danis Copenhaver: That is, and I'm curious, but so maybe tell me about it later.

Devon Clement: No, you know, like when a parent sees a nanny at the park and posts a picture on Facebook or whatever that's like, "Is this your nanny? I saw her yelling at your kid or I saw her grab his arm." Maybe he tried to run into the

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street. They act like they're witnessing this drama, and really they're just, it's awful.

Danis Copenhaver: I don't like that at all. I mean, I'm very active, not active, like I'm in social media. I'm not going to pretend I don't, but I partly because being a pediatrician, I don't want to then somehow get sucked into giving too much medical advice. I've been blissfully ignorant of that, and I've heard of that but haven't seen it, and I don't want to.

Devon Clement: No, same. Same. And it comes up in nanny groups, and I'm like, "I don't want to talk about this. I don't want to think about this. Just don't do it. Just don't be that person." It's awful. I want to end on a positive note. Uh, we've talked about everything I wanted to talk about. Okay. What is a parenting trend that you've seen in the last however many years that you love?

Danis Copenhaver: That's such a good question.

Devon Clement: Well, I'll tell you mine while you think about it.

Danis Copenhaver: Okay, good, thanks.

Devon Clement: Which is that I have found that people are just so much more easygoing, particularly about breastfeeding, body feeding, but just in general. 10 years ago when I would talk to someone on the phone, "Oh, are you planning on breastfeeding? We can support with that. We're also very open-minded. If you want to, if it's not going well, you want to do it different, we're very flexible, but you know, if it's something that's important to you, we're obviously trained and whatever." And people would be like, "Yes, I want to. That's why I'm hiring help because if it doesn't go well, it's going to ruin my life." They didn't say that, but they thought it. And now I'll ask them, "Oh, you're planning on breastfeeding?" "Well, I'm going to give it a try, and if it works great, but I know it can be hard, and I know myself, and it might not be for me." And I just love that.

I just love that people are much more relaxed about things that they don't necessarily have a lot of control over or just things that they're unfamiliar with. I

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know people who didn't think they were going to do it who ended up loving it, people who thought they were going to love it that ended up hating it, and to just not be so attached to outcomes. That's what it is, to not be attached to how things are going and to just know that you're going to go with the flow a little bit more. And I have just seen such a dramatic change.

Oh, another one is that I feel like other, I'm going to say dads, you know, we try to be gender neutral, but this is a situation where people socialized as men are not typically raised to be very involved. They are involved in just so much more high level and just so much more of a partner as a parent. You know, of course, this is anecdotal, and I've just, you know, it's just been my experience, but I've absolutely seen that as a trend that I love.

Danis Copenhaver: You took mine.

Devon Clement: Oh, I'm sorry. I'm sorry. I'm sorry.

Danis Copenhaver: No, I just also that more dads are showing up to more than just at the newborn visit, that they want to be at every checkup, that they're coming in alone for the sick visits, and feel, most of the time, I think feel a lot more comfortable and confident with it, which is good, and really interesting. And I think is different. And again, as much as I think help is necessary, there was a time in New York where I wouldn't ever see the parents. I would only see the nannies bringing the kids in.

Devon Clement: Oh, interesting. Yeah.

Danis Copenhaver: In just different settings, different neighborhoods, just depending.

Devon Clement: Which I think is fine in a lot of situations, especially if it's just like vaccines or a checkup or they're sick, it's something very basic.

Danis Copenhaver: I'm also just hoping that work is allowing parents to value that time of going to the doctor. Is I guess what I'm saying. I feel like that there

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is, it feels more collaborative between all the caregivers in a way that I don't think I saw 10, 15 years ago. I am seeing less vaccine hesitancy.

Devon Clement: I like that.

Danis Copenhaver: Which I really like too. Or if there is, I feel like there is more conversation and like facts that can be given behind it to help build trust there, which I really love.

Devon Clement: And I don't think there's anything wrong with bringing up conversations with your doctor. Like ask questions. You don't have to blindly follow things just because whoever said it, but having a conversation about it with someone who's actually knowledgeable can make a big difference.

Danis Copenhaver: A really big difference, agreed. With anything, though, I think with vaccines, with any medical procedure, with any health care advice, again, it's time. And sometimes a doctor, if they're in an office that they can't do it, they'll be like, "Oh, yeah, fine. We'll just delay them or you don't have to get vaccines." And like permissiveness is different than like wanting to educate you and telling you what they think the gold standard of medical care is and giving you empowering you with that knowledge and taking the time to give you that knowledge so you can decide what your values are, what the right thing for your family is, what the right thing for your kid is, what the pros and cons, risks and benefits are. And that takes time to do. And unfortunately, I think some doctors don't have that, and I think patients want that and need that.

Devon Clement: Especially when you're brand new and you have a new baby. So I love that. I love that. Well, thank you so, so, so much for being here. I'm already thinking about all the things I want to have you back for. So I hope you're...

Danis Copenhaver: I love it. I would love to come back.

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Devon Clement: I hope you'll come back. And can you just tell people how they can find your practice or how they can find you online or what are some ways people can...

Danis Copenhaver: Ways to find me. So I'm Dr. Danis Copenhaver at Elliston Pediatrics. We are the concierge in-house pediatrics practice serving Manhattan and Brooklyn. You can find us at EllistonPediatrics.com or Elliston Pediatrics on Instagram, which then like any good millennial, you can probably find then on like Facebook, which is also sometimes where I get myself to. Yeah, wherever. But we're around. We're also sponsoring the open stages May 10th here in Brooklyn.

Devon Clement: Fun.

Danis Copenhaver: And the Dumbo drop that they do in Dumbo, the neighborhood where they drop like elephants down, and they do like a kids' festival. I can't remember the date of that.

Devon Clement: Oh, yeah.

Danis Copenhaver: So yeah, you'll you might see our names around at some different kid events during the summer, too.

Devon Clement: Cool. I love that. Well, thank you so much again, and you have a great week.

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