

Ep #92: Tough Babies: What's Normal, What's Not, & What Helps



Full Episode Transcript

With Your Host

Devon Clement

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Do you have a really tough baby or have you heard about really tough babies and you're scared you might have one? We're going to talk all about that today. Stay tuned.

Welcome to *Parenthood Prep*, the only show that helps sleep-deprived parents and overwhelmed parents-to-be to 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.

Hello and welcome back to the *Parenthood Prep* podcast. Today, it's just me. I know we've been doing a lot of interviews lately, and those have been great, and I really love everyone that we've had on. But I wanted to kind of get back to basics and just, you know, me chatting with you about babies and kids and parenting and all that good stuff.

Kitten season is in full swing. We have our first litter of kittens. So, you know, always the reminders of the newborn phase, and then the infant phase where they're kind of starting to eat food and pooping everywhere. And they're so similar to human babies. It's so funny to me, just watching them learn things. They just do everything a lot faster. I always say a kitten's age in weeks is equivalent to a human baby in months. I should do some videos on that.

But like, you know, first, they're like not really walking much. They're kind of just creeping around the ground. And then the next thing you know, they're running around all over the place, climbing up on the bed. But it's like, you know, one day they're not climbing the stairs, then the next day they're hopping up, you know, one or two steps, and then a couple of days later, they're upstairs and you're like, "How did you get up here?" So it's pretty amazing to witness and I love it, which is why I continue to do it, even though it means cleaning up a lot of poop.

And I guess the same is true for taking care of babies. And that segues us into our topic for today, which is tough babies. And I will start with a confession,

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which is that early in my career, I didn't really believe that tough babies existed. Like I knew people complained about them and I knew that some people said, "Oh, my baby just cried all the time, morning, noon, and night, never slept, blah, blah, blah."

And, you know, I thought, okay, well, you were inexperienced, you were new parents. Some kids are just trickier than others. Like they're tougher to sleep or whatever. But an experienced person with expertise could have gotten that straightened out for you. I could have gotten that straightened out for you.

And I did have proof of that because very often when I interact with a friend's baby or a client baby that people say, you know, the parents say is extremely tough, they're not tough for me because I've been doing this for years and years and I'm a professional and I know a lot of things. And my colleagues will tell you the same. You know, also not being the parent, not being the nursing parent, not smelling like milk, you know, it makes it a little easier for us if the baby's nursing to get them to sleep without feeding and so on and so on.

So, I went through a phase. What is that called? I'm going to look it up. I want to say it's called the Dunning-Kruger effect, but I could be making it up, where you start learning about something and then you think you know everything. That was me in the early days. You know I've talked a lot before about my friend Erica and her twins and how they were like the toughest babies I'd ever met, but they also never slept because she was so high-strung.

She was constantly like not letting them sleep, overstimulating them. You know, she told me she didn't want me to take them for a walk in the stroller that was very long because that's too passive when they were like five months old. I'm like, yes, they need a lot of passive activities at five months old. It's good for them.

So, I think that if we could go back in time and redo their babyhood, it would be very different. Now, would it be perfect? Would they be a dream unicorn babies? Probably not, because that's just personality. My niece Audrey, who we are

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actually taking care of this weekend, is that dream unicorn baby from day one. She's just been cheerful, she's slept really well, she will like go to anybody.

Like she's just got that kind of personality. And so did I when I was a baby. My mom thought she had parenting all figured out. She didn't know what everybody else was complaining about. And then she had my sister and got a bit of a wake-up call to like what parenting can actually be like when you have a difficult baby.

And sometimes they are difficult. And when I say a difficult baby, what I mean is a baby who's really hard to calm, who's hard to get to sleep, who spends a lot of time, you know, crying and being upset. Maybe they won't really easily get onto a routine. Maybe they're struggling with feeding. Definitely, they're usually struggling with sleep.

It's hard to leave them with anybody else because they just lose their mind and it's hard for anybody else to take care of them. You know, I hate the term good baby. Like, what does that mean? Yeah, they knocked over a liquor store last week, like they're a bad baby. I hate that terminology, but I will say that some babies are difficult to take care of or tough.

And you hear the word colic thrown around and there's been a lot of definitions of it over the years. And now it really just means like a lot of unexplained crying. And parents of colicky babies, true, true colic babies, say that generally around the three-month mark, it just stops. They just snap out of it. And I have known babies that were like this. They just stop. Whatever was bothering them stops bothering them.

Sometimes the thing that's bothering them is a medical issue or a physical issue. Sometimes it's reflux and that can be hard to get a diagnosis of. And a bunch of years ago, they would give reflux meds out to any baby. Like pretty much every baby I knew was on Zantac. And then some more research came out that is not great and can lead to some issues down the road. So they've really been much more conservative about prescribing reflux medication.

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I think every baby has some degree of it. I don't think, you know, it's always as terrible, but I also think sometimes it's undiagnosed, especially when it's silent reflux and you're not seeing them spitting up all the time and they just seem like they're really uncomfortable and in a lot of pain. And again, pediatricians are being much more conservative.

And I think generally pediatricians can be a little bit dismissive of parents' concerns, which I understand to a degree because they get a lot of parents and they're worried about a lot of stuff and they want to be reassuring that everything is fine, everything is normal. But sometimes in doing that, they can miss some underlying issues. So I do think that is something that is going on sometimes. So that's always worth getting checked out.

But if your pediatrician has said there's nothing wrong with this baby, if you've taken them to a GI specialist and nothing's wrong with them and they're just crying and crying, then they're just a tough baby. And there's things you can try, craniosacral therapy, bodywork, chiropractor, all these different things, lactation consultants. I'm not endorsing or advocating for any of these things. I'm just saying these are things that parents try, you know, with varying degrees of success. I've seen successful outcomes with a lot of these things and I've also seen them not make a difference.

So what I'm saying is sometimes babies are just tough. And I think it's partly personality. My sister certainly is a very tough adult. She knows what she wants. She goes out and gets it. You know, she's got a little bit of anxiety, she's a little bit high stress, but she's also very successful. She's taken those traits and turned them into an amazing career. I did an episode with her. You can go listen to. Her name is Kim Gordon.

She, you know, has really taken those traits and turned them into something great, but it also meant that as a baby, she was very, very demanding and not an easy-going personality and not go with the flow and cried a lot. You know my mom says, "You were a good sleeper because you were the first and then she

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was the second. So if she woke up, I rushed in to get her because I was worried she was going to wake you up."

But I don't think that's all it is because she really was pretty miserable from day one. Even when she was sleeping in the room with my parents and everything else. She did have some, definitely some digestive stuff going on. Of course, this was the 80s. They weren't diagnosing and treating stuff as much back then that she still has to this day. So that could have been part of it. She could have been in pain, she could have been uncomfortable. But yeah, my mom learned that it wasn't just her parenting that made me so easy and good sleeper and everything else.

So it's partly personality. It could partly be just some physical discomfort. People suggest changing their diet. If you're breastfeeding, taking certain foods out to see if it makes a difference. I mean, these things are always worth a try. But again, sometimes at the end of the day, you try everything under the sun and they're just a tough baby.

And this past summer, if you were listening to the podcast then, we had one of these babies that was just really tough. We were doing a live-in with them. They had us hired for 24/7 and we had a couple of caregivers that they were starting with. And then this baby ended up being so challenging that we put a team together of the absolute top-tier people on our caregiving team, myself included. I think we figured it out one day, we had over 80 years combined experience, the four of us. And we just had to do whatever we could do to get through a day with this kiddo.

And we made sure he was getting plenty of sleep and of course he was, you know, eating well and all that. He was just grumpy and crying and miserable all the time. And we thought, well, maybe it's colic and he'll grow out of it at the three-month mark. We got to the four-month mark, he was still pretty miserable. He did start warming up. He would smile, you know, when babies start to smile, and he got a little more playful and a little bit more engaged.

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But it was always very short-lived and then he'd be back to hysterical. And once he was hysterical, it was really hard to calm him down without putting in some major like physical effort into like rocking him or bouncing him. You'd have the pacifier, you'd have the sound machine, you'd be, you know, all these things. And he was just a tough baby.

And that was really where I said to myself like, "Listen, we have controlled for all variables. This baby is being cared for by like absolute top-tier elite baby care experts and we cannot figure out what's wrong with him." So it's just him. It's just his personality. He's just tricky. And that's all there is to it. And I think once we realized that that was the situation and we just let go of the idea that we could control how he was going to behave, it got easier. You know, and then you come up with strategies.

Like I know a couple of us just had AirPods in listening to audiobooks like pretty much the whole time we were with him. Not to say we weren't engaged with him or playing with him, but when you have to like hold him for his whole nap or you have to spend 20 minutes like bouncing him or rocking him to get him down for a nap, you know, you kind of want to jump off a cliff. So having an audiobook in your ear can really make a big difference.

You know, when babies, newborn babies, tiny babies have colic and they're just like screaming all the time, we all, pediatricians, newborn care specialists, postpartum doulas, we all highly recommend parents get earplugs. And that doesn't mean so that you can ignore your babies or you can just let them cry, which is not to say that you couldn't, if you really needed to, set that baby down and walk away. Absolutely, you can do that.

Set them down somewhere safe in the crib, in the pack and play, in the bassinet, in the stroller, whatever, in the house, obviously, and walk away and collect yourself and get a break and do what you need to do. That baby is safe and they are much better off crying alone in the crib for 10 or 15 minutes than they would be if you just you know absolutely lost your marbles. So we do not want that.

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But the earplugs just to muffle the sound a little bit or drown it out almost completely while you're rocking them, while you're bouncing them, while you're walking around with them can really make a huge difference in your own sensory overload, in your calmness. And remember, babies pick up on your, you know, your emotions, your demeanor, your attitude, your anxiety. So when they're screaming and you're getting like red line sensory overload, you're feeding that back to them.

But if you can at least have those earplugs in or noise canceling headphones or you know just loud music, calming music in your ears so that you're not you know nails on a chalkboard hearing your baby scream while you are trying to calm your baby, then that can make a really huge difference in the parent that you are giving to that baby. You're feeling calmer, you're not feeling like absolutely at the end of your rope.

So, all that to say, some babies are tough. I do think to myself, the baby this summer, like if I was one of his parents, is there anything I would have done differently? And I do think I probably would have more actively pursued seeing a GI specialist. The pediatrician kind of brushed it off when we suggested silent reflux, said, "You know, he's gaining weight, he's growing, he's not spitting up, it's fine. He doesn't need treatment even if it is."

And you know, it's easy for the pediatrician to say that because he's not the one taking care of him at all hours while he's screaming his head off. So that's the only thing I think I might have done a little bit differently. And who's to say that it would have even made a difference? You know, like I said they're really hesitant to put kids on meds now unless they're not gaining weight, and it may have just been something he had to outgrow.

So anyway, to all of you out there who have tough babies or had tough babies, it is valid. We see you. Don't be afraid to take breaks. Get someone else involved in the care even if they're screaming the entire time. You still deserve a break. And I bet you can find a friend or a family member who is willing to come over

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and hold your screaming baby so that you can take a shower or go to the store or do whatever you need to do to stay sane.

And don't be afraid to get your plugs. And don't be afraid to put your baby down and walk away if you need a sanity break. You can make sure they're safe. You can go get a drink of water, a cup of coffee, a shot of tequila, whatever you need to do. And if you are partnered, which, oh my God, single parents with a colic baby, God bless you. You know, don't be afraid to switch off even if you think that the baby is a little bit better for you or a little bit calmer for you and not as good with your partner. Let them learn. Let them figure it out.

And even if it's not as good, then that's fine. They're still doing their share. And hopefully, they'll eventually outgrow it. And if not, maybe your pediatrician will take you seriously that there's something going on. Take care.

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Thanks for listening to this week's episode of *Parenthood Prep*. If you want to learn more about the services Devon offers, as well as access her free monthly newborn care webinars, head on over to www.HappyFamilyAfter.com.