

Cribsheet

*A Data-Driven Guide to Better,
More Relaxed Parenting,
from Birth to Preschool*

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Cribsheet

INTRODUCTION

As infants, both my children loved to be swaddled—wrapped up tightly in blankets to sleep. Our blanket of choice was something called the Miracle Blanket, which involved a complicated wrapping procedure that only Houdini himself could have escaped. We had about nine of these blankets, since we feared we would run out and have to use a swaddle covered in poop.

Swaddling is great, and it *can* help your infant sleep. But there is a downside: you can't use it forever. At some point, your kid will get too big and you'll have to stop. Now, a first-time parent might not assume that this is a problem, but breaking the swaddle habit is no easy task.

With our daughter, Penelope (kid number one), breaking the swaddle led to worse sleep habits, followed by a long reliance on a product called the Rock 'n Play Sleeper, which I still have nightmares about. Other parents have told me stories of seeking secret online sources for larger-size swaddles. There *are* women on Etsy who will create a swaddle blanket for your eighteen-month-old. Please note: Just because there is a secret market for something on Etsy doesn't necessarily mean it's a good idea.

One of the features of having a second child is you can have a do-over on all your perceived mistakes. As an “experienced parent,” you can make sure that anything you look back on with regret you'll fix on this round.

At least, that's what I thought. Breaking the swaddle was at the top of my list. I was going to do it right this time.

As Finn (kid number two) approached four or five months old, I made a plan. First, for a few days I'd swaddle Finn as usual, but leave one arm uncovered. Then, a few days later, after he adjusted to that, I'd take the other arm out. Then I'd uncover his legs. Finally, I'd dispense with the whole swaddle. The internet assured me that this way we'd lose the swaddle without also losing any (hard-won) sleeping skills.

I was ready to start. I put a date on the calendar and informed my husband, Jesse.

Then, one extremely hot day shortly before the assigned start date, the power went out, and with it the air conditioning. Finn's room was 95 degrees. It was approaching bedtime. I panicked. When fully deployed, the swaddle blanket was many layers of fabric. Finn would roast.

Should I keep him awake in the hopes the power would come back on? It could be days. Should I just swaddle him and figure he'd be hot? This seemed irresponsible and also kind of mean. Should I just hold him while he slept and not put him in the crib at all until it cooled down? This was also very hot, and experience suggested he wouldn't sleep for long in my arms.

My best-laid plans set aside, I put him to bed in a diaper and onesie. No swaddle. I explained it to him as I nursed him to sleep, drenched in sweat.

"Finn, I'm sorry, but it's so hot out! We can't use the swaddle. But don't worry, you can still sleep. I know you can do it! Now you'll be able to suck on your fingers! Won't that be nice?"

With a big smile, I put him in his crib, unswaddled, and left the room. I prepared for the worst. Penelope would have screamed bloody murder. Finn, though, just made a few surprised noises and fell asleep.

Obviously, an hour later the power came back on. By then Finn was sleeping. I asked Jesse if I should go in and swaddle him now. Jesse told me I was nuts, and collected all the Miracle Blankets for the charity bin.

As I lay in bed that night, I wondered if Finn would sleep worse now, if

I should go dig the blankets out of the bin and wrap him in one. I was tempted to jump on the computer and read stories of swaddle-induced sleep regression, or lack thereof. In the end, I was too hot to follow through, and our swaddle days were over.

As a parent, you want nothing more than to do the right thing for your children, to make the best choices for them. At the same time, it can be impossible to know what those best choices are. Things crop up that you never thought about—even with a second kid, probably even with a fifth kid. The world, and your child, surprise you all the time. It is hard not to second-guess yourself, even on the small things.

The swaddle breaking was, of course, a tiny incident. But it illustrates what will be one of the great themes of your parenting life: you have way less control than you think you do. You might ask why, if I know this to be true, have I written a guide to parenting in the early years? The answer is that you do have choices, even if not control, and these choices are important. The problem is that the atmosphere around parenting rarely frames these choices in a way that gives parents autonomy.

We can do better, and data and economics, surprisingly, can help. My goal with this book is to take some of the stress out of the early years by arming you with good information and a method for making the best decisions for your family.

I also hope *Cribsheet* will offer a basic, data-derived map of the big issues that come up in the first three years of being a parent. I found that hard to come by in my own experience.

Most of us are parenting later than our parents did; we've been functional adults a lot longer than any previous generation of new parents. That's not just a neat demographic fact. It means we're used to autonomy, and thanks to technology, we are used to having pretty much limitless information in our decision-making.

We'd like to approach parenting the same way, but the sheer number of decisions causes information overload. Especially early on, every day seems to have another challenge, and when you look for advice, everyone says something different. And, frankly, they all seem like experts relative

to you. It's daunting even before you factor in your depleted postpartum state and the tiny new resident of your home who won't latch onto your breast, sleep, or stop screaming. Take a deep breath.

There are many big decisions: Should you breastfeed? Should you sleep train, and with what method? What about allergies? Some people say avoid peanuts, others say give them to your child as soon as possible—which is right? Should you vaccinate, and if so, when? And there are smaller ones: Is swaddling actually a good idea? Does your baby need a schedule right away?

These questions don't die out as your child ages, either. Sleeping and eating just start to stabilize, and then you'll get your first tantrum. What on earth do you do with that? Should you discipline your kid? How? Exorcism? Sometimes it seems like it. You may just need a break for a minute. Is it okay to let the kid watch TV? Maybe one time the internet told you watching TV will turn your child into a serial killer. It's difficult to remember the details—but maybe don't risk it? But, boy, a break would be nice.

And on top of these questions is the endless worrying, "Is my kid normal?" When your baby is just a few weeks old, "normal" is whether they are peeing enough, crying too much, gaining enough weight. Then it's how much they sleep, whether they roll over, whether they smile. Then do they crawl, do they walk, when do they run? And can they talk? Do they say enough different words?

How can we get the answers to these questions? How do we know the "right" way to parent? Does such a thing even exist? Your pediatrician will be helpful, but they tend to (correctly) focus on areas of actual medical concern. When my daughter showed no interest in walking at fifteen months, the doctor simply told me that if she didn't walk by eighteen months, we would start screening for developmental delay. But whether your child is so delayed that they need early intervention is different from whether they are simply a bit slower than the average. And it doesn't tell you if late milestones have any consequences.

At a more basic level, your doctor isn't always around. It's three a.m.

and your three-week-old will only sleep while you're right next to him. Is it okay to have him sleep in your bed? In this day and age, you're most likely to turn to the internet. Bleary-eyed, holding the baby, your partner (what an asshole—this is all their fault anyway) snoring next to you, you look through websites, parenting advice, Facebook feeds.

This can leave you worse off than you were before. There's no lack of opinions on the internet, and many of them are from people you probably trust—your friends, mommy bloggers, people who claim to know the research. But they all say different things. Some of them tell you that, yes, having your baby sleep in your bed is great. It's the natural way to do it, and there's no risk as long as you don't smoke or drink. They make a case that the people who say it's risky are just confused; they're thinking about people who don't do this the “right way.”

But, on the other hand, the official recommendations say to *definitely not do this*. Your child could die. There is no safe way to co-sleep. The American Academy of Pediatrics tells you to put the baby in the bassinet next to your bed. He wakes up immediately.

This is all made worse by the fact that these comments are (often) not delivered in a calm manner. I have witnessed many an intense Facebook group discussion in which a decision about sleep deteriorates into, effectively, judgment about who is a good parent. You'll have people telling you that choosing to co-sleep isn't just a bad decision, it's one that would be made by someone who *doesn't care about their baby at all*.

In the face of all this conflicting information, how can you decide what is right not just for the baby, not just for you, but for your family overall? This is the crucial question of parenting.

I'm an economist; a professor whose work focuses on health economics. In my day job I analyze data, trying to tease causality out of the relationships I study. And then I try to use that data inside some economic framework—one that thinks carefully about costs and benefits—to think about decision-making. I do this in my research, and it's the focus of my teaching.

I also try to use these principles in decision-making outside the office

and classroom. It probably helps that my husband, Jesse, is also an economist: since we speak the same language, it gives us a framework to make family decisions together. We tend to use economics a lot in the household, and new parenting was no exception.

For example: Before we had Penelope, I used to cook dinner most nights. It was something I really enjoyed doing, and a relaxing way to end the day. We'd eat late—seven thirty or eight—then relax a bit and go to sleep.

When Penelope first arrived, we stuck to this schedule. But once she was old enough to eat with us, things got crazy. She needed to eat at six, and we arrived home (at best) at five forty-five. We wanted to eat together, but what kind of food can you prep and cook in fifteen minutes?

Cooking from scratch at the end of the day was an impossible challenge. I considered the other options. We could get take-out. We could make two meals—a quick one for Penelope and a more involved one for us once she was in bed. Around this time I also learned about the concept of the meal kit: Pre-prepped ingredients for a set recipe—all you have to do is cook. There was even a vegetarian version that would deliver to our house.

With all these options, how do you choose?

If you want to think about this like an economist, you've got to start with data. In this case, the important question was: How does the cost of these choices compare to meal planning and prepping on my own? Getting take-out was more expensive. Feeding Penelope chicken nuggets and eating on our own was similar. The meal kits were somewhere in the middle: slightly more expensive than buying the same ingredients and preparing them myself, but less expensive than take-out.

But this wasn't the whole story, since this didn't take into account the value of my time. Or, as economists like to say, the "opportunity cost." I was spending time prepping food—fifteen, thirty minutes a day, usually early in the morning. I could have spent it doing something else (say, writing my first book more quickly, or writing more papers). This time had real value, and we couldn't ignore it in the calculation.

Once we factored this in, the meal kit seemed like a great deal, and even take-out started to sound appealing. The dollar difference was small, and the cost of my time more than made up for it. Cooking two dinners, though, looked a lot worse: more time cooking, not less.

And yet this is still not quite right, since it doesn't account for preferences. I might really like to meal plan and prep—many people do. In this case, it might make sense to cook, even if another option seems like a good deal on the cost side. Basically, I might be willing (in economic terms) to “pay” something for the choice to cook.

Although take-out may be the easiest option in terms of time, some families really value a home-cooked meal. And in thinking about the two-dinner option, some parents want to sit and eat together with their kids every night, and others like the idea of a child dinner and a separate adult dinner, a chance to relax and chat with your spouse. Or maybe you like a mix of these.

Preferences are very important here. Two families—with the same food costs, the same value of time, the same options—may make different choices because they have different preferences. This economic approach to decision-making doesn't make a choice for you, only tells you how to structure it.

It tells you to ask questions like, how much would you need to enjoy cooking to make that the right choice?

For us, we wanted to eat with Penelope, and we didn't like the take-out options available. I decided that although I do like to cook, I didn't like it enough to want to do the whole process myself, so we tried the vegetarian meal kit (it was good—slightly heavy on the kale).

This household example may seem divorced from a choice like whether to breastfeed, but in terms of how to make the decision, it's not so different. You need the data—in this case, good information about the benefits of breastfeeding—and you also need to think about your family preferences.

When I was pregnant with Penelope, I brought this approach to bear on pregnancy. I wrote a book—*Expecting Better*—analyzing the many rules of pregnancy and the statistics behind them.

When Penelope was born, the decisions didn't stop—they just got harder. There was now an actual person to contend with, and even as a baby, she had opinions. You want your kid to be happy all the time! And yet you have to balance this with knowing that sometimes you need to make hard choices for them.

Consider, for example, Penelope's affinity for the Rock 'n Play Sleeper, which is a rocking bassinet-seat contraption. In the wake of the swaddle, Penelope decided that this was her sleep location of choice. This was at best inconvenient—we dragged that sleeper everywhere for months, including on a somewhat ill-planned vacation to Spain—and at worst generated a risk for a flattened head.

And yet extricating ourselves from that required not just us, but her. When we decided one day that we were done with it, she didn't nap for an entire day, leaving her a cranky mess and our nanny distraught. Penelope won that round; we returned to the sleeper the next day, only to finally be forced to give it up when she was above the weight limit.

Now, you could say we just gave in, but really, we made a decision to prioritize family harmony over moving Penelope to her crib exactly at the moment the books recommended. There are lines you shouldn't cross with young children, but there are many more gray areas. Thinking about our choices in cost/benefit terms helps take some of the stress off a decision.

In thinking about these decisions, I again, as I had during pregnancy, found there was comfort in starting with the data. For most of the larger decisions we had to make—breastfeeding, sleep training, allergies—there were studies. Of course, the trouble was that not all of these studies were very good.

Take breastfeeding. Breastfeeding is often hard, but you'll hear endlessly about the benefits. Breastfeeding is made out to be an absolute must by the medical establishment and a host of online voices, to say nothing of your friends and family. But are these benefits all real?

It's actually not so easy to answer that question.

The goal of studying breastfeeding is to see if children who are breast-fed are different later in life—healthier, smarter—than those who are not.

The basic problem is that most people do not choose to breastfeed at random. In fact, people think carefully about this choice, and the kind of people who choose to do it are different from those who do not. When we look at recent data from the US, breastfeeding is more common among women with more education and higher income.

This is partly because these women are more likely to have the support (including maternity leave) that affords them the ability to breastfeed. It also may be partly because they're more aware of the recommendations that say that the choice to breastfeed is a crucial part of raising a healthy and successful child. But regardless of the reason, the fact remains.

This is a problem for learning from the data. Studies of breastfeeding show time and again that breastfeeding is associated with better outcomes for kids—better school performance, lower obesity rates, and so on. But these outcomes are also linked with a mother's education, income, and marital status. How can we know if it is the breastfeeding or the other differences among women that causes the better school performance and lower obesity?

One answer is that some of the data is better than other data.

In thinking about these decisions, I used my economic training—especially the part where I try to tease causality out of data—to try to separate the good studies from the less-good ones. Causality isn't simple. It can look like there is a strong relationship between two things, but when you dig a bit deeper, you find they aren't related at all. For instance, people who eat Clif Bars are likely healthier than those who don't. This probably isn't because of the Clif Bars, but rather that the people who choose to eat them are engaging in other healthy behaviors.

A large part of my approach here was to try to identify which of the hundreds of breastfeeding studies provided the best data.

Sometimes when I did this, the best studies did support a relationship—breastfeeding does, for example, seem to consistently reduce infant diarrhea. But at other times, the best studies didn't show these effects; the idea that breastfeeding has dramatic effects on IQ, for example, isn't as convincing.

In the case of breastfeeding, there are studies to rely on, even if they aren't all great. But even this isn't always true. When my kids were a bit older and I wondered about the effects of screen time, I found precious little data that really addressed the questions I had. iPad apps to teach a three-year-old letters simply haven't been around long enough to have prompted lots of research papers.

This was occasionally frustrating, but it is comforting, in its own way, to know there are some questions data just cannot answer for you. At least you can go into this with an understanding of the uncertainties.

As with the meal preparation question, data is only one piece of the puzzle, and we can't stop there. When I saw the data, I made one set of choices. But the same data does not always lead everyone to the same decision. Data is an input, but so are preferences. In deciding whether to breastfeed, it is useful to know what the benefits are (if any), but it's also crucial to think about the costs. You may hate breastfeeding; you may plan to return to work and hate pumping. These are reasons not to breastfeed. Too often we focus on the benefits at the expense of thinking about the costs. But benefits can be overstated, and costs can be profound.

These preferences, it should be noted, should consider not just the baby but also the parents. In thinking about the right caregiving setup for your child—stay-at-home parent, day care, nanny—it's useful to look at the data, but it is also crucial to think about what works for your family. In my case, I was committed to getting back to work. Perhaps my children would have preferred I stay home (I doubt it), but that wasn't going to work for *me*. I did get some data to think about this decision, but ultimately, my preferences played an important role. I made an informed choice, but I also made the choice that was right for me.

This idea—that what parents need or want will play a role in choices—can be hard to admit. In a sense, I think this is at the core of a lot of the “Mommy War” conflicts.

We all want to be good parents. We want our choices to be the right ones. So, after we make the choices, there is a temptation to decide they *are*

the perfect ones. Psychology has a name for this: avoiding cognitive dissonance. If I choose not to breastfeed, I don't want to acknowledge that there are even small possible benefits to breastfeeding. So I encamp myself in the position that breastfeeding is a waste of time. On the other side, if I spend two years taking my boobs out every three hours, I need to believe that this is what it takes to deliver a life of continued successes to my child.

This is a deeply human temptation, but it is also really counterproductive. Your choices can be right for you but also not necessarily the best choices for other people. Why? *You are not other people*. Your circumstances differ. Your preferences differ. In the language of economics, your constraints differ.

When economists talk about people making the “optimal choices,” we're always solving problems of what we call “constrained optimization.” Sally likes apples and bananas. Apples cost \$3 and bananas cost \$5. Before we ask how many of each Sally buys, we give her a budget. This is her constraint. Otherwise, she'd buy infinite apples and bananas (economists assume people always want more stuff).

When we make parenting choices, we are also constrained—in money, yes, but also in time or energy. You can't make up sleep out of thin air. If you sleep less, you're giving up the benefits you may derive from a good night's sleep. That time spent pumping in the lactation room at work could be spent working. You think about this, and then you make the choices that work for you. But someone who needs less sleep, or has more time to nap, or can pump and work at the same time—they may make different choices. Parenting is hard enough. Let's take some of the stress out of parenting decisions.

This book will not tell you what decisions to make for your kids. Instead, I'll try to give you the necessary inputs and a bit of a decision framework. The data is the same for us all, but the decisions are yours alone.

In thinking through the big choices of these early years, you'll probably find that some of the data, on everything from sleep to screen time, is a surprise here. There is reassurance in seeing the numbers for yourself.

People may tell you it's fine to let your child "cry it out" to fall asleep, but you'll probably feel better doing it once you've seen the data shows this to be true.

When I wrote *Expecting Better*, about pregnancy, there was a lot of data—on coffee, alcohol, prenatal testing, epidurals. Preferences played an important role there, but in many cases, the data was clear. For example: Bed rest is not a good idea. Relative to pregnancy, there are fewer things here where the data will tell you what to do or avoid. Your family preferences will be more central. This doesn't mean the data isn't helpful—it often is!—but the decisions that come out of data will be different, even more so than they are in pregnancy.

Cribsheet starts in the delivery room. The first part of the book will cover some of the issues—many of them medical—that will come up early on: circumcision, newborn screening tests, infant weight loss. I'll talk about the early weeks at home: Should you swaddle? Avoid germ exposure? Obsessively collect data about your baby? This part of the book will also talk about the physical recovery from childbirth for birth moms, and about awareness of postpartum emotional issues.

Part 2 is focused on the big decisions of early parenting: breastfeeding (Should you do it? How does it work?), vaccinations, sleep position, sleep training, staying at home versus working outside the home, day care versus nanny. (Basically, the Mommy Wars.)

Part 3 will tackle the transition from baby to toddler, or at least a piece of it: screen time (good or bad?), potty training, discipline, and various educational choices. I'll show you some data on when your kid will walk and run, and how much they will talk (and whether it matters).

Finally, the last part of the book talks parents. When a baby arrives, it necessarily creates parents, and a lot will change. I'll talk about the stresses early parenting can have on your relationship with your partner, and the question of having more children (and when).

We know being a parent means getting a lot of advice, but this advice is almost never accompanied by an explanation of *why* something is true or not, or to what degree we can even know it's true. And by not explaining

why, we remove people's ability to think about these choices for themselves, with their own preferences playing a role. Parents are people, too, and they deserve better.

The goal of this book is not to fight against any particular piece of advice but against the idea of not explaining why. Armed with the evidence and a way to think about decisions, you can make choices that are right for *your* family. If you're happy with your choices, that's the path to happier and more relaxed parenting. And, hopefully, to a bit more sleep.