

# While Branding Infant Stages Sells Books, It Pathologizes Childhood



By Jamie Wells, M.D. — December 17, 2018



Credit: Pixabay [1]

There seems to be a formula for selling books in the medical space which serves as a catalyst for media coverage, self-appointed expertise for speaking fees and ultimate product sales. In the pediatric realm, it is especially rampant. Take a phase of normal development and transition, like the first three months of a baby's life after birth and mom's postpartum period and give it a catchy name like the "fourth trimester" and *voilà!* The *New York Times* will feature it [2] and a "fifth trimester" will be teased in the process. All the while nothing has changed in what we know about the physiologic phases of mother and baby after birth, just the topic is newly packaged and marketed by a du jour "expert" who is inevitably selling something you most likely don't need.

Don't get me started on sleep dream teams with self-labeled techniques which the *Wall Street Journal* [3] amplified in their so-called trend-spotting of the "small but growing industry of sleep consultants" which reads more like an advertisement than investigative journalism. The notion "these advisers help parents get babies to sleep on their own" implies there is something pathological about a baby being difficult to get to sleep when it is totally normal for many infants.

An entire industry to treat the woes of infant teething and offer "cures" has amounted to one recall and ban after another. Why? Because despite these products claiming they are "natural" or "homeopathic" remedies, they contain poison (eg. belladonna) to powerful anesthetics that have done considerable harm. They are drugs being employed to medicate normal development (see [here](#) [4], [here](#) [5] and [here](#) [6]). It is the teething itself that is in fact what is natural, not these products.

Why must everything be branded? I find myself asking this question all too often, and every time I say it out loud the response of unwitting bystanders is always "because it works." When you create

a term for something, normal or not, then you have a solution to seek for a problem. Naming it makes the “problem” exist to be solved.

My frustration stems from my years and years of practicing as a pediatrician and watching the vulnerability and fears of new parents be consistently exploited. The amount of money wasted on items they were made to believe the absence of would deem them a bad parent could have gone to shared experiences that bonded families, for example. All the while it served to stoke fears and detract from the joys of parenting.

For whatever reason, describing things as they are isn't as great for messaging purposes. It lacks appeal. Instead, these more slick terms set up expectations that repeatedly fall short (often doing harm) and consume time in the doctor's office deprogramming. When every single phase of normal growth and development is given so heavy a spotlight and deemed of equal weight in influencing the formation of a healthy child, the most critical lessons get diluted in the mix. When every moment is crucial, no moment is and the chronic stress that nurtures takes its toll on families. Making what is normal pathological depletes coping for and resilience from what is actually diseased.

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**Links**

[1] <https://pixabay.com/en/baby-newborn-birth-mom-child-3198810/>

[2] <https://www.nytimes.com/2018/07/11/well/a-survival-guide-for-the-fourth-trimester.html>

[3] <https://www.acsh.org/news/2018/09/04/wsj-helps-pathologize-infancy-13378>

[4] <https://www.acsh.org/news/2018/11/02/not-all-pain-bad-13570>

[5] <https://www.acsh.org/news/2018/05/23/thank-you-fda-action-against-otc-anesthetics-babies-overdue-13004>

[6] <https://www.acsh.org/news/2017/04/14/fda-recall-alert-homeopathic-baby-teething-products%C2%A011141>