NATURAL INFANT HYGIENE – Another Option

(also known as Elimination Communication, Infant Potty Training, or Early Start Potty Training)

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Fact File 1

Whilst waiting until toddlerhood to begin toilet training tends to be the 'norm' in the UK, this wasn't always the case! Natural Infant Hygiene is the natural way to care for your baby's toileting needs from birth, and a growing number of parents are returning to this traditional method, often using nappies as a 'back up' rather than the only way to deal with body waste. Variations of this method are used successfully by parents internationally, and it is in fact "the most common approach to caring for a baby's elimination needs in much of the world" (Bauer 2001). This fact file explores what Natural Infant Hygiene involves and enables parents to consider this option.

The following subject areas will be covered:

What is Natural Infant Hygiene?

Natural Infant Hygiene (NIH) is a non-coercive method of caring for a baby/toddler which focuses on keeping them clean and dry, and aware of their own bodily functions. If this approach is used there is no need for 'conventional' toilet training, as the child learns about toileting gradually, often starting from birth. It is based on the principle that "like other mammals, human babies are born with the instinct not to soil themselves" (Gross-Loh 2007 p1).

While using Natural Infant Hygiene you can still use training pants, nappies, or nothing at all, depending on your lifestyle and the situation. Contrary to common misconceptions, using this method does not need to be stressful, messy or overly labour-intensive. It can be done full-time or part-time, and is not just reserved for stay-at-home parents or people who live in rural areas!

Trends in Western Toilet Training Culture

The current popular approach to toilet training in western countries is to wait until the child shows signs of 'readiness' and chooses to use a potty or toilet; an idea that began in the 1940s appear to have been the 'norm' from the 1960s onwards. This section explores how this method came about, what methods of toilet training were common before this time, and some criticisms that have been made about waiting until later to start.

In the 1920s and 1930s, toilet training was often rigid and parent-centred, involving coercion and punishment (Brazelton *et* al 1999). By the 1940s, pediatricians began to agree that such approaches could be unsuccessful and could cause behavioural problems (Brazelton *et al* 1999), and in 1946 pediatrician Benjamin Spock recommended delaying training until 7 to 9 months [which was considered late at the time] (Sonna 2005). Later, in 1962, a well-known study by paediatric professor T. Berry Brazelton was published in *Pediatrics* entitled 'A Child-orientated Approach to Toilet Training' (Brazelton,1962). Brazelton's study recommended waiting until the child initiated toilet training themselves, usually after the age of 2 years (Brazelton 1962), and from then on this has been the most commonly approach used.

Brazelton's approach, while popular, has come under some criticism. While his approach may indeed be more child-centered and gentle than approaches common in the preceding decades, he does not compare his suggested approach to *non-coercive* early training (NIH) which appears to have been used in western countries in the early 1900s but forgotten about in the intervening decades (Boucke 2002, Sonna 2005).

In her book on Infant Potty Training, author Boucke (2002) cites twenty-six different writings on the subject of toilet training from the UK, France, Italy and the USA, dating from 1870 to 1958 (Boucke 2002 pp.196-205). All of these describe methods of supporting the infant over a pot from a young age (two to six months), many making reference to the use of cueing and conditioning, and some also emphasizing the importance of using a gentle, flexible, non-coercive approach and ensuring that the baby is relaxed. Sonna (2005) also writes about scientists in the early 1900s demonstrating that a cue can condition an infant's sphincter muscles to relax and release waste, and refers to more recent studies and literature which support this (Ball *et* al 1985, Maizels 1993, Schaefer 1997, cited in Sonna 2005). Interestingly though, one underlying assumption of Brazelton's paper is that children do not have voluntary control of their sphincter muscles until they are 18 months or older (Brazelton 1962). This not only conflicts with historical accounts, but also with the experiences of today's parents around the globe who have toileted their children earlier http://groups.yahoo.com/group/ecuk/, http://groups.yahoo.com/group/NaturalInfantHygiene/).

Despite being advocated by the Western medical establishment since his 1962 article was published, Boucke (2002) also points out that there have never been any true medical studies on starting toilet training later. On the contrary, research carried out since 1962 has shown that "toilet training completion can be obtained much earlier and without any side effects when an early initiation is provided" (Rugolotto 2004 p180). Sonna too describes how "a 1994 study in the *Journal of Developmental and Behavioural Pediatrics* found no data to support any specific signs of social or emotional readiness for potty training" (Sonna 2005 p.9), and that "slow potty training progress and chronic toileting problems are known to be related to starting to potty train after age two…and failing to take the child to the potty regularly" (p.xi). In addition, the recommendations of a recent article published in *Continence UK* are that "healthcare professionals should educate parents to introduce sitting on the potty/toilet early on as a normal part of the child's routine" and "the child should be given regular prompts to sit on the potty/toilet when a void (an elimination of urine or faeces) is expected" (Roger 2007 p86). Despite all of this, today's standard toilet training recommendations (including NHS and American Academy of Pediatrics recommendations) still recommend waiting for 'readiness'.

Some specific problems have been linked to using the 'readiness' approach and these are described in more detail in the next section. Some of these drawbacks, ironically, are highlighted by Brazelton's own 1962 study: It showed that of the children in the study who wetted the bed until they were aged 3½, a third had early training (before the age of 2 years), and of those wetting and soiling after 5 years of age, 12.5% had early training. But as Sonna (2005) points out, this means that two thirds of bed-wetting 3½ year olds and 87.5% of wetting 5 year olds had started training after the age of 2 years.

Some have benefited from later toilet training though: Referring to the multibillion dollar disposable nappy industry, professor of counseling psychology Linda Sonna (2005) states that "delaying has been a boon for the corporate bottom line." Sonna adds, "It has also turned what was once a natural learning process into a stressful, frustrating and expensive nightmare for countless families" (p.2). Interestingly, Brazelton himself has had some involvement with Pampers: In 1998 he was reportedly chairman of the Pampers Parenting Institute (Larkin 1998, Cincinnati Post) and in the same year appeared in a TV commercial for their Jumbo size 6 nappy [for children weighing approximately 35 to 70 pounds] (http://en.wikipedia.org/wiki/Pampers). His book 'Touchpoints' is promoted on the Pampers website at www.pampers.com.

Given the concerns mentioned and lack of research associated with the 'readiness' approach, it is not surprising that a Natural Infant Hygiene movement has taken shape. Since the 1990s, facilitated greatly by internet technology, the interest in rediscovering traditional toileting methods has really begun to gather pace. In 2004 the organisation DiaperFreeBaby (www.diaperfreebaby.org) was formed to provide information and support to parents wishing to try NIH. Gross-Loh (2007) writes that since its formation, "…DiaperFreeBaby's membership has just ballooned. At the end of it's second year there were support groups or practicing families in nearly every (US) state as well as in fourteen countries, and growth has continued to be exponential thanks to sustained public and media interest" (p.6). Membership of the UK NIH support group (http://groups.yahoo.com/group/ecuk/) is also growing.

NIH author Laurie Boucke believes that "entrenched and trendy theories about letting baby dictate when to toilet train coupled with instilling fear in those who go against the grain" (Boucke 2002 p206) has sadly discouraged many people from learning about or trying early toileting. It is hoped that this Fact File might encourage parents to think more broadly before deciding how to approach toileting with their own children.

A Comparison of Conventional Toilet Training and Nappy Use vs Natural Infant Hygiene

Skin health and 'Nappy rash'

As a result of the current popular toilet training approach, combined with developments in disposable nappy technology, it has become the norm to leave a baby sitting in their own waste for increasing periods of time. Whilst nappy-rash once only affected a small percentage of babies, it is now commonplace (Sonna 2005). Most nappies are designed to absorb urine which is then held close to the child's skin for a prolonged length of time, until they are changed at the carer's convenience. If pediatricians' recommendations of a minimum of 6 changes per 24 hours are followed, children can potentially spend up to 4 hours at a time in urine-soaked nappies. Due to carers' routines and disposable nappy manufacturers advertising claims, some children may even be left in urine for up to 12 hours at a time. Despite the modern technology of Superabsorbent Gels contained in disposable nappies, prolonged exposure to urine can increase the risk of ammonia burns and bacterial, viral and fungal skin infections, all of which could produce a skin reaction commonly called 'nappy rash'. In addition there is an increased risk of urinary tract infections if nappy change hygiene is not rigorous. Nappy rash however is less likely to occur in naturally toileted children, and NIH can also be a useful, natural method for treating existing nappy rash or eczema in the nappy region.

'Colic'

NIH generally involves holding babies in the squatting position or similar, which research indicates is the easiest, healthiest position for humans to empty the bowel (Saeed 2002). It is possible that conventional nappy use and lack of toileting contributes to symptoms in babies described as 'colic'. Accounts by parents using NIH suggest that colic symptoms (and sometimes reflux) are often noticeably reduced when they begin toileting their babies using NIH, and also that some of the previously 'unexplained' crying/fussing was actually the baby signaling a full bladder. So if you have tried conventional colic remedies for your baby and they still have symptoms, you could consider trying NIH to see if this relieves the discomfort.
(Gross-Loh2007,http://groups.yahoo.com/group/ecuk/
http://groups.yahoo.com/group/eliminationcommunication/,http://groups.yahoo.com/group/NaturalInfantHygiene/)

Bladder and Bowel control

If early toileting is not used and a child wears wet nappies for prolonged periods during the first years of life, they may become desensitised to the feeling of wetness. This can make it harder for them to identify the sensations of waste elimination when conventional toilet training begins (Sonna 2005). A study by Tarbox *et* al (2004) questioning whether nappies could contribute to urinary incontinence, found that extended nappy-wearing could increase the rate of 'misses' and reduce the number of voids (an elimination of urine or faeces) in the toilet when out of nappies.

Early toileting encourages use of sphincter muscles, and if a baby is not toileted they may risk losing bladder and bowel control skills (Sonna, 2005., Bauer, 2001, Gross-Loh, 2007). Authors on the subject of NIH believe that the reason why so much literature coming from the medical profession indicates that 12-month-olds do not possess this control may be because they actually had it, but lost it. Pediatrician Barbara Gablehouse

emphasizes that like other daily activities, toileting is “a motor skill that your baby needs to have an opportunity to practice” (cited in Sonna 2005 p.ix). By using NIH, mastery of toileting is gained as gradually as other developmental skills with no sudden start to learning.

In contrast, conventional toilet training is started later on. Some parents begin the training by focusing on the child’s imminent need to urinate, and the child learns to retain urine by contracting pelvic floor muscles in order to make it to the toilet (Bauer 2001). Other parents may start by encouraging the child to recognise the sensations of releasing urine, and the wetness that follows. Either way, it is much later that the child learns sphincter control and is able to release urine voluntarily before the bladder is full (Bauer 2001). Natural Infant Hygiene uses a newborn baby’s ability to voluntarily relax sphincter muscles and urinate at will, so that this ability is never lost (Bauer 2001). Because the child grows up being able to eliminate on cue, it would be rarer for them to reach the stage where the bladder is very full, therefore they will not be under pressure to retain urine in an uncomfortable bladder while getting to the toilet. A potential benefit of a child being able to empty the bladder on cue would be for example being able to do so before setting off on a car journey (Bauer 2001).

The way that bowel control is developed or maintained is much the same as for urine.

Potential physiological problems

Toilet training “helps children learn to completely empty their bladders - an ability that reduces the risk of infection (Janson et al 2000; Sillen and Hanson 2000)” (cited at www.parentingscience.com August 2007), and there has been some concern that delayed toilet training may be linked to urinary tract problems: Observing the changes in toilet training from 1940 to 2000 in Belgium (becoming later and later), researchers Bakker and Wyndaele (2000) noted that there has been an “apparent increase in lower urinary tract dysfunction over that period”. They carried out a study which concluded that the lack of formal bladder training (which would previously have taken place in the first 18 months of life) may be responsible for this increase. A later study by Bakker (2002) found that 10-14 year olds with recurrent urinary tract infections started toilet training significantly later than other children (cited at www.parentingscience.com August 2007).

A1997 study by Taubman found that when trained using a conventional toileting training approach (i.e. waiting for readiness), stool toileting refusal occurred in one in five children. This can lead to constipation, rectal impaction and faecal soiling requiring medical intervention, and may result in the child not being toilet trained by 42 months (which Taubman notes can be a source of family stress) (Taubman 1997). No link was found between early toileting and stool toileting refusal (Taubman 1997).

Parent-child relationship and approach to learning

NIH works with a baby’s natural body waste rhythms and their natural desire to be dry. It encourages direct two-way communication and a developing relationship with the child around toileting, and is a gentle progression towards independent toileting in the months and years to come. This is in contrast to conventional toilet training which generally has an identifiable starting point (usually after the age of 2 years) when learned behaviour, i.e. toileting in a nappy, has to be unlearnt. The latter may be more likely to incur resistance, particularly as children in this age group are known for being contrary (Sonna 2005).

Toilet training does not need to be approached in a different way to other learning. As Gablehouse (2005) points out, “We don’t wait until our children ask or give us clues that they are ready for a bath or a ride in the car. We *teach* that these activities occur in a specific place…tubs, car seats…” (cited in Sonna 2005 p.viii).

Common Myths about Natural Infant Hygiene

That your home will be dirty:

You can still put your baby in waterproof training pants or even a dry nappy whilst still offering regular potty opportunities. But any kind of toilet learning involves some misses*, no matter what age you start at. Children who are on solid food produce waste that is much smellier than young baby waste, and a mobile child adds other practical challenges, so early learning has domestic advantages!

('Misses' is the word used to describe when a child 'misses' the toilet/potty as opposed to using language like: 'soiling', 'having an accident' or 'wetting themselves' etc, so to remove any negativity or expectation. Misses are seen as a natural occurrence.)

That it is too much work:

Whether using Natural Infant Hygiene or not, your child's toileting needs are going to take up significant time, and like other aspects of caring for a baby, Natural Infant Hygiene is a commitment. In the short run it may seem more time-consuming than leaving a wet nappy on, but the work involved in Natural Infant Hygiene can be a very pleasant experience allowing both the carer and the child to be actively involved in this step towards independence.

Some aspects of the workload are actually reduced in the short and long term though. Establishing two-way communication about toileting from early on can actually make things more predictable. Life can then be more convenient without the impromptu 'bottom explosions' and the associated lugging around of changing mat, wipes, spare clothing etc. Also, many parents using nappies conventionally recount daily, struggling when changing dirty nappies on a wriggly, resistant toddler (and if a child achieves toilet independence at age 3, as is now common, this may mean up to 9000 changes (Gross-Loh 2007)!). NIH on the other hand is more likely to involve quick occasional changes of wet training pants, and the experience of parents around the world is that this usually ends at around 18 months to 2 years.

Of course, most people know somebody whose child was quickly and easily toilet trained after waiting until 2 years of age. However, one study found that when toilet training was started after 24 months, only 54% of children in the study population were toilet trained before 3 years of age (Taubman 1997). A current NHS handbook indicates that 1 in 4 three-year-olds and 1 in 6 five-year-olds in the UK wet the bed (Department of Health 2001), a statistic which is reflected by the nappy sizes on today's supermarket shelves.

That NIH puts pressure on a child

Parents considering waiting for signs of 'readiness' in order to be child-centred will be reassured to know that Natural Infant Hygiene "…is not about getting your baby potty trained sooner than anyone else's child. It's about the process of communication, not the result. There's no time frame, no deadline as to when your child should be fully out of diapers…" (Gross-Loh, 2007 p.9). In fact paediatrician Barbara Gablehouse argues that by not toileting, "we force our infants to learn to tolerate being wrapped in their own body waste" (cited in Sonna 2005, p.viii).

Advocates of NIH believe in readiness too, it's just that they believe that a child is ready much sooner than is commonly thought. By delaying toileting there appears to be a greater chance that the child will require nappies beyond toddlerhood, which can attract stigma from peers and therefore a different kind of pressure (Sonna 2005).

That you have to have the vigilance of a hawk and special intuition

Natural Infant Hygiene relies as much on the baby being able to go on cue than on you knowing when they need to go. It is no more mysterious than being able to tell when your own baby needs to feed, sleep or be cuddled.

That it would be too difficult if you already have other children

The experience of people trying this seems to be that young children are often very intuitive and more able to understand the new baby's body language than the parent (Gross-Loh 2007)! This is not surprising, since they themselves were recently pre-verbal and relied on this kind of communication. Older siblings have been known to cue the baby to eliminate when they see that they need to go (http://groups.yahoo.com/group/ecuk/, http://groups.yahoo.com/group/eliminationcommunication/
http://groups.yahoo.com/group/NaturalInfantHygiene/).

If the arrival of a new baby coincides with the toddler starting conventional toilet training it would seem logical from this that a baby and a toddler could learn about toileting in tandem (with NIH being used with the baby). *No specific literature has been found on this topic, so feedback from readers' experiences is welcomed on this subject. Email any feedback to: rachmcdach@yahoo.co.uk*

That you have to be a stay-at-home parent

Whilst having a close, responsive relationship with the child is important to NIH, the daily practicalities are about communication, and other people can learn to communicate with your child (Gross-Loh 2007). It may just require a bit more time to help the caregiver understand the principle and to support them in learning. Fortunately the practice of NIH is now becoming more widespread and has received increasing media attention, so more caregivers will have heard of it. Also, childcare providers have a duty under the 'National Standards for Under 8's day care and childminding' (Dept. of Education and Skills – DfES 2003) to provide equal opportunities (National Standard 9) to every child in their care, so if a parent would like to continue with NIH then the care provider should support this (National Standard 12). *If you would like to view this document details can be found in the reference section.*

That most people will find it offensive:

This does not seem to be the experience of most parents practicing this in the UK (http://groups.yahoo.com/group/ecuk/). As long as it is carried out in a respectful way to avoid offensive accidents (use of training pants, portable potty etc can help), the general reaction seems to be one of surprise/curiosity. Having a concise way to explain what you are doing can help, and of course like anything, the more people who try this method, the more accepted it will become.

Using this method in public can be daunting initially, a bit like breastfeeding or going out on your own with your new baby for the first time. Confidence comes with determination, practice and rewarding experiences!

GETTING STARTED WITH NATURAL INFANT HYGIENE

When to start

The best time to start is from birth, or at least before the age of 6 months. It is still possible to incorporate these techniques after 6 months, and many parents have done so successfully, but the message is that earlier is better for success.

Disadvantages of starting later are that the baby may:

- ***have stopped signalling*** because their signals were not being responded to.
- ***be crawling around*** so there may be more cleaning-up involved during the initial nappy-free period.
- ***have become conditioned to eliminating in a nappy*** and may find it harder to relax their muscles when unclothed.

How to Start:

Patterns and timing

To begin with, keep the baby out of nappies when at home (you can sit/lay them on a towel) and observe. You may want to set aside a quiet week for this, but doing so is not essential. You will probably start to notice how often the pees, or for example that they pee shortly after waking, or pee/poo after a feed. Often babies will pee shortly after coming out of a carrier, seat, or bath, or when a nappy/clothing is removed.

The first couple of weeks may seem quite intense, but the hard work pays off later. Many people continue to use normal nappies when out and about to begin with, but if you might be tempted to try toileting when out, training pants or a pull-down nappy will make this easier. This may depend on the age of the baby, as very young babies pee much more frequently and training pants generally only hold one pee. Some products have been specifically designed for using NIH with babies, and information about what is currently available can usually be found on NIH/EC websites and forums (try The EC Store online shop at http://www.theecstore.com/index.php?main_page=index&cPath=168)

Cueing

During the nappy-free time, whenever you observe the baby peeing or pooping, make a 'cueing' sound. Most people use "pssss" for pee and a grunt for poop. If you use these cues consistently, it is possible to achieve 'sphincter training' in a young baby (generally under 6 months) in a few weeks (Sonna 2005). This means that the baby will become 'conditioned' to relaxing the relevant sphincter muscles whenever you make the sound (provided that they are in a comfortable position for 'going').

Positioning

If you suspect that your baby is ready for a pee or poop, hold them over a potty, toilet (a child seat is not necessary) or any container. The positioning alone may help the baby to go, but if you have been doing the cueing sound (as described above) for several weeks, you might like to try making it while you hold them. In the first few weeks it is better to only make the cueing sound while they are actually doing something, so as not to confuse them.

A popular position to hold a young baby in is with their back and head leaning against your stomach, and your hands one under each of their thighs, with their legs slightly apart. Be careful not to pull their cheeks apart though pottying in front of a mirror can be useful to start with, and babies seem to like this too!). It may be useful to sit on the toilet yourself while holding the baby (sitting facing the toilet may be easier), so that you are comfortable as well. This way your thighs can form a mini 'toilet seat' for the baby's bottom to rest on too. Having the baby lean against you supports their weight well and saves your back from strain. When holding a baby over a potty, you can rest the backs of your hands against the potty so that your arms are not taking all of the baby's weight.

Not all babies like the same positions, and their preference can change over time as well, so it is all about being flexible and trying things out. Sometimes it works better to cradle the baby in your arms while you hold them over a bowl or potty, especially if the baby is very young, or when they are sleepy. To begin with it can be fiddly changing positions, getting comfortable, managing toilet paper (boxes of tissues are easier one-handed) etc, but like anything, it clicks with a bit of practice. Books and websites on NIH usually show pictures of different positions to try, and online support forums are full of ideas.

Signalling

A baby's need for a dry bed is as basic as their need for food, warmth and human contact, so signalling the need to eliminate is innate. Modern parents typically try to comfort a fussing baby with feeds, rocking, burping etc but ignore the need for toileting. If a response is never received, the baby may eventually stop signalling (authors on the subject of NIH believe this usually happens at 4 – 6 months).

Common signs you could look out for at this stage include:

- Unlatching from the breast or bottle during feeding.
- Thrashing around and grumbling.

- Fussing when being held, or fidgeting in a baby carrier.
- Pausing or going quiet and concentrating.
- Waking at night and fidgeting.
- Objecting to sitting in car seat, stroller, sling.
- Passing wind.

Every baby is unique though, and by watching and listening, you will get to know your own baby better.

Often parents know when their baby is about to poop anyway, but worry that they would not have enough time to remove clothing and get them to the potty. Parents using NIH usually find that they quickly start to notice earlier signs that they were not aware of before, and so provide a potty opportunity long before the need becomes urgent. Even if a baby looks ready to poop, they will often pause while clothing is removed, knowing that you are responding and they will be able to relax and go once the brief interruption has passed.

As time goes on, you will start to know your baby's patterns and recognise some signals, and your baby will become able to go on cue. So whenever you have an inkling that your baby needs to go, you can hold them over something and use the cueing sound.

Clothing

There is plenty of normal baby clothing that is suitable for Natural Infant Hygiene, but some clothing is more suitable than others. Dungarees, for example would not be easy to pull down for toileting. Also, vests with poppers and all-in-one sleepsuits are an unnecessary obstacle. Trousers with a nice stretchy waistband are ideal, as are dresses. In the early weeks when the baby needs to have their bottom naked at home for observation, some people use baby leg warmers for warmth. If you use a baby carrier it's useful to have one that's easy to take them in and out of, such as a stretchy wrap or a soft-structured carrier.

To catch 'misses' (as they are generally referred to among parents using this approach – possibly the word 'accidents' is best kept for toilet training an older child who understands that there is a particular place for 'going') you can use training pants, pull-up nappies, or normal nappies. Try to avoid training pants or nappies made of materials which leave the baby feeling dry though, as this could be counterproductive.

Potties

Some potties are smaller than others, but you may find that your baby is quite big anyway before they actually want to sit on the potty as opposed to being held over it. The Anatomical Potty (available from www.potty-training.co.uk) appears quite large, but actually has a wide 'seat' and good back support so may be helpful for a smaller baby. But any potty or receptacle can be used.

When out an about, it can be handy to use a foldable potty (such as the Potette by Tommee Tippee, approximately £7) which is lined with disposable bags. This fits easily into a handbag (if you use NIH you may not need a bulky conventional changing bag as you will have a lot less to carry). Some people may also carry a compact, foldable toilet seat (such as the Toodle-loo, approximately £9) which can be placed over any normal-sized toilet seat, but as young babies/toddlers generally need to be supported by the carer either on the normal toilet (or are held over the toilet anyway) a seat-reducer is not usually necessary.

Natural Infant Hygiene at night

It is possible to use NIH at night, and many parents are surprised to find that this is easier than the daytimes (because fidgeting and waking at night usually means one thing – potty time). It is possible to breastfeed a baby while holding them over a potty or bowl at the same time, and once mastered this can be very quick and easy, and useful at night. Mats, mattress protectors and pull-up nappies/training pants can be used for misses…or people devise their own systems.

Changes in Toileting Patterns

Children's toileting patterns change over time, but disrupted toileting patterns or rejection of the toilet/potty can be an indication of pain (e.g. teething), illness (including urinary tract infection or side effects of prescribed

medication), food intolerance/allergies or anxiety. It is important therefore to be flexible and responsive. Often more 'misses' are noticed when the child gains a major new skill (such as crawling or walking) which they want to practice uninterrupted for a few weeks. Or sometimes the child wants to try toileting in a new place such as a different container, another room, or outdoors – babies like to experiment and exercise the power of choice! They are also much more able to pee or poo when relaxed, and sometimes if the carer is stressed, anxious, tired, or the environment is unsettled, a baby can pick up on this and their toileting will be affected.

Parents often report that using NIH brings them closer to their children because they understand more of what the child is experiencing or communicating to them. Remember, the goal of NIH is to respond to communications as far as possible and to keep your baby clean, dry, and awareness of their bodily functions. The goal is not to train the baby to 'go' in the toilet or potty (this will come later as they gain social understanding and want to imitate others). Some days your baby may communicate that they do not want to be toileted (for example if they are tired or unwell, or peeing very frequently due to a food reaction) and you may have to change your baby often to keep them dry. Equally, if this gets tiring you may decide to use conventional nappying for a while. Generally this situation is only temporary though, and the important thing is that you respect your baby's choice and do your best to maintain good hygiene.

Sign language
Many parents using NIH find that a useful tool is to incorporate some sign language into their communication with their baby. Simple signs (you can use British Sign Language, American Sign Language or make up your own signs) can be an effective way for a baby to communicate that they need to toilet before they can say so verbally. It is usually possible for children to start using signing effectively somewhere between the ages of 8 and 12 months (Garcia 1999).

Please remember that a young child should never be pressurised to eliminate waste, or to do so in a specific place.

If you would like further information or details of forthcoming workshops on Natural Infant Hygiene, please email rachmcdach@yahoo.co.uk

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References and Support Networks

American Academy of Pediatrics 2007 ***When is the right time to start toilet training?*** [online] Available from: http://www.aap.org/publiced/BR_ToiletTrain (cited August 2007)

Bakker, E. and Wyndaele, J.J. 2000 Changes in the Toilet Training of Children during the Last 60 Years: The Cause of an Increase in Lower Urinary Tract Dysfunction? ***British Journal of Urology International*** 86 pp248-252 [online]
Available from: http://www.blackwell-synergy.com/doi/full/10.1046/j.1464410x.2000.00737.x?cookieSet=1

Bauer, I. 2001 ***Diaper Free – The Gentle Wisdom of Natural Infant Hygiene*** New York: Plume

Boucke, L. (2002) , 2nd Ed Infant Potty Training: A Gentle and Primeval Method Adapted to Modern Living White-Boucke Publishing, Colorado USA

Brazelton, T.B., 1962 A child-oriented approach to toilet training ***Pediatrics*** **29** (1) pp121-128 [online] Available from: http://pediatrics.aappublications.org/cgi/reprint/29/1/121

T**. Berry Brazelton, MD**[*], **Edward R. Christophersen, PhD, ABPP**[‡], **Annette C. Frauman, RN, PhD**[§], **Peter A. Gorski, MD, MPA**[‖], **Jim M. Poole, MD**[¶], **Ann C. Stadtler, MSN, CPNP**[#], **and Carol L. Wright, BS**[**] **1999 Instruction, Timeliness, and Medical Influences Affecting Toilet Training** ***Pediatrics*** 103 (6) Supplement pp1353-1358 [online] Available from: http://pediatrics.aappublications.org/cgi/content/full/103/6/S1/1353

DeVries M.W., DeVries M.R. 1977 Cultural relativity of toilet training readiness: a perspective from East Africa *Pediatrics* 60 pp170 –177 [online] Available from:http://pediatrics.aappublications.org/cgi/reprint/60/2/170

Garcia, J. 1999 *Sign with your Baby* Mukilteo, WA: Sign2Me

Gross-Loh, C. 2007 *The Diaper Free Baby* Los Angeles CA: Harper Collins

Larkin, P. (1998) *P&G announces Pampers now a bigger disposable* **The Cincinnati Post** **22 July 1998** [online] Available from: http://www.cincypost.com/business/1998/pg072298.html

Dept. for Education and Skills: 'National Standards for Under 8's day care and childminding' To obtain a copy contact 0845 602 2260 quoting: ISBN 1 844 78 060 0 / DfES/0649/2003.

NHS 2001 *Birth to Five -Your complete guide to parenthood and the first five years of your child's life* London: Department of Health

Rogers, J. 2007 The influence of age, culture and beliefs on toilet training *Continence UK* 1 (1) pp.84-86 [online] Available from: http://www.continence-uk.com/journal/downloads/0101_review3.pdf

Rugolotto, S. 2004 *Letter To the Editor* -Toilet Training *Pediatrics* 113(1) pp180-181 [online] Available from: http://pediatrics.aappublications.org/cgi/content/full/113/1/180?ck=nck

Smeets, P.M., Lancioni, G.E., Ball, T.S., *et al* 1985 Shaping self-initiated toileting in infants *Journal of Applied Behaviour Analysis* 18 pp303 –308 [online] Available from: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1308025

Sonna, L. 2005 *Early Start Potty Training* **New York**: McGraw-Hill

Saeed, R. 2002 Impact of Ethnic Habits on Defecographic Measurements *Archives of Iranian Medicine* **Vol 5** (2) pp115-117 [online] Available from: http://squat.beinsa.info/defecography.htm

Tarbox, R.S.F, Williams, W.L., and Friman, P.C. 2004 Extended diaper wearing: effects on continence in and out of the diaper *Journal of Applied Behaviour Analysis* 37 (1) pp.97-100 [online] Available from: http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1284484&blobtype=pdf

Taubman B 1997 Toilet training and toileting refusal for stool only: a prospective study *Pediatrics* 99 pp54 –58 [online abstract] Available from: http://pediatrics.aappublications.org/cgi/content/abstract/99/1/54

Parentingscience.com 2006 What the scientific evidence reveals about the timing of toilet training [online] Available from: http://www.parentingscience.com/science-of-toilet-training.html [cited August 2007]

Proctor and Gamble 2007 Potty Training Center – suggested books and videos [online] Available from: http://us.pampers.com/en_US/learning/page/tpc_potty_bvideos.do [cited August 2007]

EC in the UK: A UK-based group for discussing elimination communication, aka infant potty training aka natural infant hygiene [online] Available (membership required) from: http://groups.yahoo.com/group/ecuk/ [cited February to August 2007]

Elimination Communication email group [online] Available (membership required) from: http://groups.yahoo.com/group/eliminationcommunication/ [cited February to August 2007]

Natural Infant Hygiene email group [online] Available (membership required) from: http://groups.yahoo.com/group/NaturalInfantHygiene/ [cited August 2007]

Wikipedia: Pampers [online] (Last updated 29 August 2007)Available from: http://en.wikipedia.org/wiki/Pampers

DiaperFreeBaby.org (2004-2007) A network of free support groups promoting a natural approach to responding to babies' elimination needs [online] Available from http://www.diaperfreebaby.org