

WHO'S THE **new** KID?

How an ordinary mom helped her daughter overcome childhood obesity—*and you can too!*



**Includes
Free 40-Day
Meal and Exercise
Plan!**

HEIDI BOND

with **JENNA GLATZER**



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Tyndale House Publishers, Inc.
Carol Stream, Illinois

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Who's the New Kid?: How an Ordinary Mom Helped Her Daughter Overcome Childhood Obesity—and You Can Too!

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Designed by Jacqueline L. Nuñez

Edited by Stephanie Rische

Published in association with the literary agency of William K. Jensen Literary Agency, 119 Bampton Court, Eugene, OR 97404.

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Library of Congress Cataloging-in-Publication Data

Bond, Heidi.

Who's the new kid? : how an ordinary mom helped her daughter overcome childhood obesity, and you can too! / Heidi Bond with Jenna Glatzer.

pages cm

Includes bibliographical references.

ISBN 978-1-4964-0214-1 (hc)

1. Obesity in children. 2. Weight loss. 3. Parent and child. 4. Nutrition.
5. Exercise. I. Title.

RJ399.C6B66 2015

618.92'398—dc23

2014049335

Printed in the United States of America

21 20 19 18 17 16 15
7 6 5 4 3 2 1

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SHE'LL GROW INTO IT

“MOMMY! He called me fat!”

My little girl, just on the cusp of three years old, came running over to me at the park with tears streaming down her face.

“Who?” I asked. “Show me who!”

I was filled with mama-bear rage. How dare someone call my daughter names? I took her by the hand, and we walked around until she pointed out the culprit. He was about five years old and didn't *look* like a monster, yet I was amazed at how much anger I could summon against a child. Hadn't his parents taught him not to call other kids names? For goodness' sake, she hadn't even had her third birthday yet! He was picking on a girl who was practically a baby.

I wish I could tell you that I walked right over and had a calm but stern conversation about empathy with the boy and

his mother, but the truth is that I don't remember anything after the rage. I just remember wanting to scoop up my little girl and protect her from all the hurts in the world. It was a beautiful day, and we'd been having such a good mother-daughter time at the park. But after that, all I wanted to do was to get her home and make it all better.

"Listen to me," I told Breanna in the car on the way home. "Just because someone says something doesn't make it true. You are beautiful. You're perfect just the way God made you. He doesn't make mistakes."

I said it . . . but even in that moment, I knew her body wasn't "perfect." I knew that my little girl was overweight—and no longer in just a cute "baby fat" way. I'd never imagined something like this would happen to her at such a young age, but something told me that this wouldn't be the last time she'd be called names.

Later that night, I lay in bed reflecting on the day. "Please, God, help us," I called out. "Don't let my sweet daughter be hurt like that ever again. Don't let the cruelty from other people's hearts and words leave any scars."

. . .

Breanna was born in April 2002 at twenty inches long and weighing seven pounds, four ounces. She had big, green-blue eyes, reddish-brown hair, and the softest skin imaginable. She was healthy and happy and beautiful, just as we'd prayed she would be.

I've heard it said that once you have a child, your heart forever walks around in someone else's body. I knew this to be true from the moment I first held my newborn daughter.

I was mesmerized by this person who had just taken her first breaths, and I was surprised to find that motherhood awakened in me both a fierce protectiveness and a consuming love. I knew that I'd move heaven and earth for this little girl.

Things went well for the first year of Breanna's life—she was an easy baby, and we were happy parents. The doctor told me that breastfeeding was best, so that's what I did. She loved feeding times and would get such a contented look on her face after she ate.

"She looks milk-drunk," my husband, Dan, said after she finished.

The way she fed was interesting to us—not leisurely with stops and starts like most babies, but ravenously and quickly. She would drink and drink for ten or fifteen minutes, and then she'd throw her arms back and fall into a deep sleep, as if to say, "Ah, that was just what I needed."

I breastfed her exclusively for about a year before moving her on to solids. I fed her rice cereal and jars of baby food—but only fruits. I bought a couple of jars of vegetables, took one sniff, and thought, *Blech!* I figured a baby surely wouldn't want to eat something that smelled that horrible, so I didn't make her eat any vegetables. I wish I'd realized then how easy it is to blend or mash up real fruits and vegetables for a baby rather than relying on the prepackaged, processed stuff on store shelves.

It wasn't long before Breanna started eating the foods Dan and I ate. She joined us for meals that often included fried chicken, mashed potatoes with lots of butter, cheeseburgers and fries, cheesy enchiladas, white pastas with rich sauces,

Stroganoff, chips, corn dogs, and ice cream, with rare fruits and hardly a vegetable in sight—my own brand of down-home cooking. The litmus test for every meal I made boiled down to one question: Did it taste good? I didn't have any concept of how much salt or fat was in any given meal, nor did I make an effort to include whole grains or fresh produce. I was like a supercharged Paula Deen—if a little butter was good, more was even better!

Our cupboards were stocked with potato chips, Cheetos, and Doritos. I loved fast food (Dan once said he never thought he'd eat McDonald's as an adult until he met me!). I cooked food in butter and Crisco, and I used mayonnaise on my food the way other people use ketchup. Ever since I was a child, I had put mayonnaise on *everything*. When we went to friends' homes for dinner, I would ask my father to bring along a little jar of mayonnaise so I could add it to whatever food might be served. As adults, Dan and I loved having friends over and laying out a big spread of fattening foods.

That was how we ate. It was how we'd always eaten, and we were fine.

Weren't we?

Breanna had a tremendous appetite, which I thought was a blessing at first. She was not one of those picky eaters who had to be coaxed into taking every bite. My girl loved everything I made and just wanted more, more, more. It was fun to feed her new foods and watch her light up with pleasure when she tried different tastes and textures for the first time.

As for me, I loved cooking for my family. I had an endless supply of delicious recipes to make and serve. I had no idea if they were nutritious; that notion didn't even register with

me. Family dinners were big affairs with plenty of meats and side dishes—and dessert. Of course, dessert. Dan's mom's delicacies were particular favorites. She's a world-class baker, and she always made cakes, breads, and pastries for the family. To me, those cheesecake bars, toffee, fresh apple pies, and Rocky Road cookies—recipes that had been handed down from generation to generation—were a form of love.

I, too, wanted to show my love to my husband and daughter by making them food.

The problem was that both of them had weight struggles. Dan and his brother were opposite body types: they could eat exactly the same thing, and Dan would gain weight while his brother would stay thin. Too thin, even. My husband, on the other hand, struggled to keep at a healthy weight for his six-foot-three frame.

Before I met Dan, I didn't know about the complications of yo-yo dieting. He'd managed to lose the extra weight a few times, but then he'd put it back on. As a result, he needed to have his gallbladder removed. I learned that this isn't uncommon—when people are overweight and lose weight too quickly (more than three pounds per week), they're at an increased risk for gallstones—solid crystals of digestive fluid in the gallbladder that can be as small as a grain of sand or up to the size of a golf ball. Most gallstones are asymptomatic, but sometimes they cause terrible pain, nausea, vomiting, and infection, which is when surgeons have to step in.

Dan had other physical side effects due to weight problems, but the emotional scars were worse. As a kid, he had endured a lot of bullying because of his size, and to this day,

those are still some of his most vivid memories. That's exactly what I feared for Breanna.

She obviously inherited his metabolism, I thought.

She was morphing from a baby everyone described as “the cutest baby I’ve ever seen” to a toddler who elicited reactions like, “Wow, she sure is a big girl.”

I knew it was true. I knew it, but I didn’t know what to do about it. When we’d gone for her two-year-old checkup with the pediatrician, I went in with my tail between my legs, waiting for a lecture about what I was doing wrong. The doctor and I went over her milestones—she was hitting all of them right on schedule—and then talked about her overall health.

“I know she’s overweight,” I said.

“She’s fine,” the doctor said. “Look here.” He showed me a growth chart that displayed the average trajectory of a child’s height and weight. “She’s over the 100th percentile for weight, but she’s also over the 100th percentile for height. You don’t need to worry. She looks heavy now, but she’ll grow into it.”

Oh.

Well, that was reassuring. I was not altogether sure that the fat rolls I was seeing bunching up in unexpected places were okay, but this man was a well-regarded pediatrician, and he’d been dealing with children for a long time. I figured he would tell me if there was something that needed to change, so I just forged ahead as I’d been doing. I continued to feed Breanna everything Dan and I ate, and I gave her lollipops and sugary snacks whenever we were out together. After all, she was a kid, and that’s what kids like.

For a brief time, I enrolled Breanna in a dance class. She

seemed to enjoy it, and I got a kick out of watching her point her toes and twirl around with a class full of adorable girls. It didn't escape me, though, that Breanna seemed much heavier than the rest of the class.

She'll grow into it, I reminded myself. *The doctor said so.*

But almost a year later, she wasn't growing into it. If anything, the problem was getting worse. And then I got pregnant again. If there was a tipping point, that was it.

• • •

At three years old, Breanna could have kept up with dance class and started eating healthier and maybe slimmed down. But what happened instead was that I got miserably sick right from the beginning of my pregnancy, and Breanna was just about on her own.

I was so ill that I pretty much spent the first five months of my pregnancy shuffling from the bed to the bathroom. I was not only physically sick but also an emotional wreck. Up until that point, I had loved being a stay-at-home mom and spending time with Breanna. But now I was just about absent from her life.

I'd been just as sick when I was pregnant with Breanna, but I didn't have a child to take care of then. Now I managed to pull myself together enough to get her dressed, make her meals, and give her a bath, but that was about it. I'd microwave something for her and sit her in front of the television in my room, and then I'd go back to bed. That way she was safe and close to me, even if I couldn't be actively involved with her.

Those months were a blur for me. I knew what time it

was based on the television theme songs that played in the background: if I heard *Dora the Explorer*, it must be two o'clock. If I heard, "Whose clues? Blue's clues!" then it must be three o'clock.

There was no more dance class. We didn't go to the park. Breanna didn't even play in the yard. She just sat on the chair in my room, watching TV.

That's when things went from bad to worse for Breanna. It was the perfect storm: a kid who was already overweight and preferred sitting to running around, plus a mom so incapacitated that the three-year-old was left to watch television and eat whatever she wanted out of the cupboards all day. And boy, did she ever. Doritos, cookies, chips—and one day I found that she'd eaten an entire bag of Hawaiian rolls that I was planning to serve with dinner. Twelve rolls! She had no stopping point; she'd just keep eating until someone physically took the food away from her. And then she'd throw a fit.

"Please, Mommy. Please. *Please!* I'm so hungry. Mommy, I'm hungry!"

It was like a cartoon—one that would have been funny if it weren't so frustrating.

"Please, please, *please!*"

"No more, honey. We'll be eating dinner soon. Just watch your show."

"But I'm *so* hungry! Please!"

"You've already had a snack. That's enough."

"But I'm still hungry! Please, I need one more snack. One more, please! Please, Mommy!"

How much of that can a person take? For me, it was about two minutes. Then I'd give in, and everything would be quiet

again. When I didn't cave, I could expect the tears to follow. Breanna wasn't rude or bratty, but she was persistent—an unstoppable beggar with a laser-beam focus on food. She would cry for several minutes if she didn't get the food she was asking for, until I was genuinely worried that this child was going to physically suffer if I didn't give her the bag of chips *right now*. My mother's heart believed my child was in need, and I thought I had to respond to that by giving her what she was pleading for.

Dan and I both gave in a lot more often than we should have, but we kept hoping the problem would work itself out as she got older. Maybe she'd learn more self-control as she matured, or maybe we'd find an explanation for her never-ending appetite.

But then we began noticing a disturbing trend whenever Breanna slept: she would periodically stop breathing and then gasp for air.

"What do you think that's about?" I asked Dan.

"We should get it checked out," he agreed.

It was scary to watch. Whenever Breanna would stop breathing, I'd hold my breath too, trying not to panic while I waited for her next breath. Although her breathing was always heavy, those episodes, which seemed to occur several times a night, struck terror in me.

The doctor asked us to record Breanna while she slept so he could hear what was happening. It didn't take long to get what we needed; within about an hour, she had one of her episodes. When we went back to the doctor, his diagnosis shook us. She had sleep apnea.

At three years old?

“We’ll need to remove her tonsils and adenoids,” the doctor explained.

“You mean surgery?” I asked.

“Yes, but it’s pretty routine. Just a one-night stay and then she can recover at home.”

“Do we need to do it now?” I asked. “I’m going through a very difficult pregnancy.”

“You really should schedule it as soon as possible,” he said. “Sleep apnea is a dangerous condition, especially for someone so young.”

So a couple of weeks later, Breanna was in her little blue gown in the cold hospital room. As a parent, you always try not to pass your fears on to your children. But it was hard; I was terrified to send my daughter off to be anesthetized and to have a surgeon operate on her. Even worse, we had to sign a paper agreeing that we wouldn’t sue the doctor if she died on the table. If she *died*? It wasn’t a comforting thought as she headed to the operating room.

The nurses put her in a red wagon in place of a gurney, and we waved at her, forcing big, fake smiles. But as soon as she was out of sight, Dan and I broke down. I’m sure the surgery didn’t take long, but every minute your child is in surgery feels like an eternity. The only thing left to do was pray and pace the waiting room.

Please, God, guide the surgeon’s hand, Dan and I prayed. Let her be okay.

• • •

Dan and I were still new Christians then. I hadn’t been raised with faith, except for a summer at a Christian camp where

I accepted Jesus as my Savior, but after getting married and thinking about starting a family, I knew I wanted a spiritual foundation that I hadn't had as a child.

When I got pregnant, I felt an emptiness—a yearning for something more. I didn't know exactly what it was, but I thought maybe the best place to start was to go to church. Dan didn't really want to “waste” his day off like that, but he went anyway because he loved me.

Later I read a quote by Beth Moore from *Breaking Free* that explained where I was: “The most obvious symptom of a soul in need of God's satisfaction is a sense of inner emptiness. The awareness of a ‘hollow place’ somewhere deep inside.”

I wanted to experience the kind of community I'd heard about from people who attended church. *A church family*, I thought. *That's what we need*. My original thought was that this would be for Breanna—that she would develop a moral grounding and have something to believe in. But the more we learned each week, the more God pulled on our heartstrings. I wasn't just going for my child's sake anymore, and Dan wasn't just going for me. The truth of Scripture resonated in our souls, encouraging us to wholeheartedly adopt God's ways as our own. As an unexpected benefit, Dan and I were growing in our marriage. We'd always had a solid relationship, but now it was stronger.

Dan joined men's groups at church, and I joined women's Bible studies and volunteered in various ministries. To our delight, we found a family in our church community—like-minded people who wanted to grow spiritually and raise their children to know and love God. Our pastor frequently came over for dinner, and it was at the dinner table where my husband accepted Jesus

Christ as his Lord and Savior. Shortly after Breanna was born, when I was twenty-nine, Dan and I were baptized together.

We learned that we liked God's way a lot more than we liked our own way, and having a baby made us feel profoundly thankful to our Creator. We believed that she was made in his image and that although she had been entrusted to us, she was truly his child—precious and valuable in his sight. And now, as she was behind closed doors in a surgical room, she was in his hands. It was the first time my faith had to face a real test. My daughter was facing a critical moment, and I was powerless to do anything but remain in constant prayer.

I was feeling especially sick on the day of the surgery, and the stress was not helping my nausea one bit. Finally, just as it felt like I would burst into pieces without some kind of news, a nurse came into the waiting area.

"All finished!" she said. "It went fine. She's crying for you in the recovery area, but you can't go in there yet. We'll let you know when it's time."

It was all I could do not to bolt right past the nurse and burst into the recovery room. How could I stay put when I knew my little girl was hurting? I had no idea if there were any nurses or doctors soothing her, but even if so, she didn't know them. She needed *us*.

At last we were allowed to see her as they pushed her gurney to the elevator, ready to go to her room. The moment she saw us, she threw her arms out. "Mommy!"

That's when I knew how scared she was. Typically Breanna is Daddy's girl. She doesn't run for me; she goes straight to him. So the fact that she flung herself at me told me she was

desperate to be comforted by whoever she saw first. My heart broke for her, and as soon as she was in the room, I crawled into bed next to her. A few minutes later, though, I had to get up, tripping over her IV lines as I made my way to the bathroom to throw up. Morning sickness has no sense of decorum.

“Maybe they should admit me, too,” I told Dan with a wry smile. Too bad it was a children’s hospital.

Breanna’s recovery involved a lot of Popsicles and rest. In fact, it didn’t look a whole lot different from our regular routine at the time, since I was still basically confined to bed, and she watched TV all day anyway.

A typical day for us went something like this: she’d watch *Monsters, Inc.* for the eighty-fifth time, until I had all the words memorized even in my half-asleep state, and when she got hungry, she’d make her way to the pantry or refrigerator. I had no strength to argue. She helped herself to juice, ice cream—whatever she wanted. I was just grateful she was able to swallow and thought it would help her recover faster.

When I was feeling up to it, I wrote letters to Breanna, for her future self to read one day. I’ll never forget one of the letters I wrote around that time.

You are three years and six months old now. . . .

I feel scared sometimes when I think about having to send you to school, because I know how cruel this world can be. . . . You are now forty-one inches tall and weigh fifty-two and a half pounds.

Most three-year-old girls weigh twenty-five to thirty-eight pounds. Already, my little girl was clinically obese. By some

definitions, she was morbidly obese. This was terrifying territory, because it meant that her life might be cut short because of her weight.

• • •

Breanna was four when Nathan was born in May 2006, and she was thrilled to be a big sister. I loved seeing the two of them together. In the same way that I was protective of Breanna, she was protective of her little brother. She felt a special bond with him from the first time she saw him in the maternity ward.

“If anyone ever hurts you, Brother, I will punch them,” she said with all the seriousness of a four-year-old. And really, how could I argue with that? So violent, yet so sweet.

Nathan was six pounds, eight ounces, and 19.5 inches long, with hardly any hair. We all declared him the cutest little boy we’d ever seen. I felt like myself again as soon as he was born, but of course I was consumed with the around-the-clock care a baby needs.

One day, not long after we’d come home from the hospital, I took a good, hard look at my little daughter’s ever-growing body and knew I had to do something to make up for all those months of inactivity. The fat rolls were multiplying. Now they were bunching up around her wrists, her knees, and her feet. It was difficult to shop for clothes for her because the regular sizes didn’t fit, and she developed sensitivities to fabric where it chafed against her skin.

We signed Breanna up for T-ball, thinking it would be a good way for her to get some exercise. But T-ball, it turns out, is not all that active. It involves a lot of standing around, followed by very short bursts of jogging for twenty feet. She also played

soccer at preschool. Dan and I watched as she ran around the field, and we cheered her on. But she pooped out after just a few minutes while the other kids were just getting started.

“Get in there!” I’d yell. “Get the ball! Go! Kick it!”

Dan encouraged her too. “Go, Bre! Look, the ball’s right there! Go for it!”

Afterward the parents would give out juice boxes and sugary snacks. That was easily Breanna’s favorite part.

I worried as the numbers on the scale rose, and I no longer believed the doctor when he told me that Breanna would “grow into it.” She would have to be a giant to accommodate an appetite like hers. By the time she entered kindergarten, she weighed ninety pounds—more than twice what most of her peers weighed—but the pediatrician still waved off my concerns.

“Is there some kind of diet pill she can take to curb her appetite?” I asked.

“No, don’t be silly,” he said. “She’s fine. She’s too young for you to worry about this.”

“I just feel like something is wrong. She’s hungry all the time.”

“She’s a growing girl,” he countered.

“But couldn’t it be a thyroid problem or something?”

“No. She’s fine.”

It was hard to argue. Aside from occasional sore throats, Breanna was rarely sick. And thankfully the surgery had cured the sleep apnea, so she seemed to be healthy. Still, the doctor’s words didn’t reassure me this time. I was sure there was some underlying medical condition, and I wanted him to send her for tests to find out what was causing this.

I probably could have been sold on just about anything at the time. To me, Breanna was as beautiful as ever, but I worried that it couldn't be healthy for her to weigh double what other kids her age weighed. I was ready for someone to tell me she had a thyroid problem or a hormonal problem or something that was mixing up her brain signals. I wanted a prescription—a quick fix that would make this go away.

TOOLS TO DETERMINE BMI

BMI stands for body mass index. It takes into account height and weight, and it's a reliable indicator of body fat for most kids and teens. Some pediatricians check BMI at annual well-child exams, but here's how to figure it out for yourself:

Step 1: Get an accurate measurement of your child's height.

1. Have your child stand on a hard floor (not carpeted) in bare feet, against a wall or door. He or she should look straight ahead with arms at sides and shoulders level.
2. Use something flat, such as a hardcover book, to place on your child's head at a right angle to the wall or door. The book should rest on the crown of his or her head.
3. Mark the spot where the bottom of the book touches the wall or door. (You can use pencil or chalk and erase it afterward if you want to.)
4. Using a measuring tape, measure from the floor to the mark to the nearest .1 centimeter or $\frac{1}{8}$ inch.

Step 2: Get an accurate calculation of your child's weight.

1. Remove your child's shoes and any heavy clothing.
2. Weigh your child on a digital scale that's resting on a hard surface (again, no carpets).

3. If you want to keep track over time, have your child wear the same type of clothing each time you weigh him or her (for example, a T-shirt and shorts), and do the weigh-in at the same time of day—preferably first thing in the morning.

Step 3: Calculate your child's BMI.

1. Use an online calculator to determine your child's BMI based on these measurements. The CDC has a good one here: <http://nccd.cdc.gov/dnpabmi/Calculator.aspx>. (Note that adult BMI charts and calculators are not the same as those used for children.)
2. You'll get two results: a BMI number and a percentile. The number tells you what the BMI score is, and the percentile tells you where your child falls in relation to other kids who are the same age. Here's what the percentiles mean:
 - Underweight: less than the 5th percentile
 - Healthy weight: 5th percentile up to the 85th percentile
 - Overweight: 85th to less than the 95th percentile
 - Obese: equal to or greater than the 95th percentile

No matter where your child falls in this chart, it's important to make healthy lifestyle choices. If your child falls into the overweight category, it's time to take steps toward healthier eating and exercise and to continue to monitor your child's weight. If your child falls into the obese category, you should take immediate action toward helping your child lose weight.

