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South Austin Chapter

Nighttime Parenting

Babies and children have needs at night just as they do during the day; from hunger, loneliness, and fear, to feeling too hot or too cold. They rely on parents to soothe them and help them regulate their intense emotions. API encourages parents to respond to their children's needs at night just as they do during the day. Parents are also encouraged to explore the variety of different sleeping arrangements, and to choose the approach that best allows them to be responsive at night. This process is referred to as *nighttime parenting*.

Night Waking

Adults and infants sleep differently. Adults go from wakefulness into a state of deep sleep rather quickly. After about an hour and a half, adults enter REM sleep for a period, then may turn over or even fully waken and then descend back into deep sleep. Infants, on the other hand, go from wakefulness into a light REM sleep for about twenty minutes before reaching deep sleep. After about an hour of deep sleep, infants reenter light REM sleep and are vulnerable to waking. Some babies can resettle with little or no help, but many wake fully and have difficulty getting back to sleep.

These patterns of light and deep sleep are called sleep cycles. Infants have twice as much light sleep as adults. They are wired with this sleep pattern to awaken easily in the early months when their nighttime needs are most intense, but their ability to communicate them is most limited. This REM sleep is also a time to organize and solidify the many new skills learned during the day. It is very common for babies to wake every couple of sleep cycles and many even wake after every sleep cycle. Keep in mind that the medical definition of "sleeping through the night" is a five hour stretch.

As an infant grows, she begins to fall asleep more easily and sleep for longer stretches. This is called sleep maturity and the age at which it happens varies greatly. Even though the infant is now capable of better sleep, this does not mean frequent waking does not still occur. Many conditions remain that cause night waking and an infant is not neurologically or developmentally capable of calming or soothing himself to sleep in a way that is healthy. The part of the brain that helps with self-soothing isn't well developed until the child is two and a half to three years of age. Until that time, a child depends on his parents to help him calm down and learn to regulate his intense feelings.

Keep in mind these common causes of night waking: teething pain, wet or soiled diapers, irritating sleepwear, hunger or thirst, stuffy nose, too hot or too cold, illness, allergies, reflux, sudden or unfamiliar noises, travel/time changes, developmental milestones (e.g. starting to walk and talk) and emotional or stressful events during the day.

Sleep Sharing

Co-sleeping: sleeping in "close proximity," which means the child is on a separate sleep surface in the same room as the parents. This includes the use of a bassinet, co-sleeper, or "sidecar," which is a crib-like bed with only three walls, with the fourth side remaining open and pushed up against the parents' bed. For the older child, this can include sleeping in a separate bed in the same room as the parents, or two or more older siblings sleeping together in a separate room.

Bed-sharing: also called the "family bed," describes a sleep arrangement where the family members sleep on the same sleep surface.

Sleep-sharing: the general term encompassing both co-sleeping and bed-sharing.

Safety guidelines: <http://www.attachmentparenting.org/support/articles/safesleepguidelines.php>

Sleep Sharing Benefits and Criticisms

There are many benefits to Sleep Sharing. Studies show both parents and babies get more sleep. Because of close proximity, breastfeeding is easier and babies don't have to fully wake and cry to get their needs fulfilled. Sleep sharing reduces the risk of SIDS. Also, sleep sharing appears to promote confidence, self-esteem, and intimacy later in the child's life. Co-sleeping families tend not to see things in terms of habits that need to be broken, but as patterns that can be established and then continually evolve and change. For co-sleeping families, laying the foundation for security and closeness takes precedence over early independence.

Sleep Sharing Is Unsafe; Your Baby Can Suffocate

The Consumer Product Safety Commission (CPSC) finding that adult beds are inherently hazardous is both misleading and inaccurate. Parents should know that this recent campaign is sponsored and financed by the Juvenile Product Manufacturing Association (i.e. crib manufacturers), an organization that has everything to gain from parents choosing to buy cribs. Parents should also know that perhaps millions of parents sleep safely with their infants every year. A recent study persuasively documented that babies who sleep on their backs with a nonsmoking, non-drinking, parent who did not abuse drugs show no greater risk than solitary sleepers. (See CPSC and "How the Stats Really Stack Up" in Resource List)

If They Sleep In Your Bed, They'll Never Leave And They'll Be Dependent

This has never been studied or documented, and anecdotal evidence from co-sleeping parents does not bear this out. Many co-sleeping parents report that their children become willing to leave, with little or no persuasion, on their own around age two or three, as they mature physically, emotionally and cognitively. These families also report that there are many ways to help children find their own sleeping space.

Sleep Sharing Will Ruin Our Sex Life

For millennia, children have slept in close proximity with their parents and not interfered with their parents' ability to be intimate. Some anthropologists even suggest that being exposed to this intimacy during sleep may be a healthy part of human sexual development. While a sleeping baby is not consciously aware of nearby love making, if his presence makes either parent uncomfortable, you could consider putting the child to sleep in another room for the first part of the night and then bringing him into bed at first waking so that you and your partner can enjoy an empty bed for a few hours. Or get creative with locations for love making: there are other rooms in the house!

Naps

Children that are able to get the proper amount of rest during the day have better nights. When children get overtired, they become over-stimulated and have a hard time settling down. They also tend to wake more frequently once they are already asleep. A well-rested child is more alert and happier. Naps are also crucial to proper brain development and the release of hormones that help children deal with stress. During naps, parents are also able to get some much needed time to focus on their needs.

Average Hours of Daytime and Nighttime Sleeping
From Elizabeth Pantley's *The No Cry Sleep Solution*

Age	Number of naps	Total hours of nap time	Nighttime sleep hours*	Total nap and night sleep
Newborn**				
1 month	3	6-7	8.5-10	15-16
3 months	3	5-6	10-11	15
6 months	2	3-4	10-11	14-15
9 months	2	2.5-4	11-12	14
12 months	1-2	2-3	11.5-12	13-14
2 years	1	1-2	11-12	13
3 years	1	1-1.5	11	12
4 years	0	0	11.5	11.5
5 years	0	0	11	11

*These are averages, and they do not represent unbroken stretches of time.

** Newborn babies sleep 16-18 hours per day, disturbed evenly over six to seven brief sleep periods.

Establishing Multiple Sleep Associations

Sleep is not a state you can force a baby into. Getting your child to nap, fall asleep for the night, and stay asleep can be challenging. Establishing multiple sleep associations as early as possible can make this process much easier and help prevent mother burnout. Sleep associations are the things your child associates with falling asleep. As adults, our sleep associations may include brushing our teeth, getting into pajamas, or reading. To get back to sleep, we might flip the pillow to the cool side or pull a blanket up. Babies are taught to associate going to sleep with however they are put to sleep. If baby is always breastfed to sleep, she will learn to associate only her mother with sleep. Introducing alternative ways of falling asleep allows fathers/partners and other caretakers to put baby to sleep, giving mom a much needed break.

The strongest sleep association is sucking, which includes breastfeeding, bottle feeding, a finger to suck on, and pacifiers (bottles and pacifiers are not recommended until after breastfeeding has been well established, usually around 4-6 weeks). Consider pumping a bottle of breast milk and letting your partner nurse baby to sleep or back to sleep on occasion. Instead of nursing baby fully to sleep, try putting him down while he is still awake and let him suck on your finger, rub his back, pat his belly, scratch his head, or sing until he falls asleep. Alternatively, try rocking or bouncing her to sleep in a stroller, on a yoga ball, or in a baby carrier or take her for a drive. Plan returning from a walk or an errand to coincide with naptime. To help baby stay asleep try introducing a lovey or piece of clothing that smells like mom (place the item between you and baby while nursing and leave the item with your baby while she sleeps). When baby wakes up, the presence of the lovey and the smell of mom may be enough to resettle her. Showing your baby that there are many ways to fall asleep and stay asleep will give you more tricks in your bag when you're feeling tired and help to prevent burnout in the later months.

Setting Sleep Routines

Many parents confuse sleep routines with sleep training. Setting sleep routines is as simple as following your child's natural rhythm, watching for sleep signs, and initiating a series of events to encourage sleep. Start your routine as soon as you see sleepy signs (such as eye rubbing, loss of interest in people and toys, yawning) and before irritability ensues. Routines allow you and your child to wind down and prepare for sleep. They also allow your child to anticipate what is coming next, giving them a sense of control, which often prevents sleep time tantrums. You can start routines as soon as you and your baby have fallen into a

natural rhythm of feedings and naps, usually around four weeks. A routine could be as simple as dimming the lights and talking in quiet voices. Or it could be more elaborate involving a bath, a massage, and a few books.

It is also important to set reasonable and consistent nap and bed times. At first it may seem like your baby doesn't nap predictably, but as you become more aware of his sleep signs and implement your routine on a regular basis, you will most likely find that naps start to occur around the same time each day. Sticking to a nap schedule not only will help your child organize his day, but will allow you to make plans (like playdates and appointments) preventing that "trapped at home by naps" feeling. Bedtime is also important, but many parents resist putting baby to bed early for fear she will wake too early in the morning. Babies are actually wired to go to bed around 7pm or 8pm, which will allow them to get enough sleep at night. You will most likely find that even though you put your baby to bed earlier, he still sleeps until a decent time. An earlier bedtime will also allow you to get some much needed alone time and couple time so you can unwind, recharge, and get done all those things you put off during the day to meet the needs of your child. Once your routines are established, try not to deviate from nap, bed, or morning waking time by more than 30 minutes.

Balance

Parents should not ignore the eighth principle of balance when parenting their children at night. It is important to discover what sleeping arrangements and routines work best for the entire family. What is working may change as your child grows and matures; it is important to remain flexible. Focusing on maintaining balance prevents burnout. While a child's needs are the highest and most urgent, she is not the only member of the family. Moms and dads have needs, too! Meeting your own needs and nourishing your relationship with your partner are vital to being a good parent. Many parents are so sleep deprived from meeting their child's needs at night that they become physically and mentally exhausted and are less able to meet their child's needs during the day.

To regain balance, you can try several approaches. Surround yourself with other parents that parent similarly to you so that you gain support and empathy. Try not to compare your situation to others. Several night wakings may seem manageable to one parent and completely out of control to another. Change your attitude toward sleep, letting go of unrealistic expectations. If these strategies don't work for you and you are feeling frustrated with your nighttime parenting, follow the advice of Dr. Sears himself: "If you resent it, change it!" Experiment with different sleep associations or a new sleeping arrangement. If your child is older, consider night weaning or transitioning her to her own sleep surface.

Transitioning to a Crib or Own Bed

It is time to transition your child to his own bed when he indicates he is ready or when you have a need for more space and/or better sleep. If your bed sharing child is nursing less at night (or is night weaned) and sleeping longer stretches, she may be ready for her own bed. If your crib sleeping child is rattling the bars, trying to climb out of the crib, or waking herself up when she stretches out then she is ready for her own bed. If your child is squirming, kicking, and hogging the bed *you* may be ready to transition her to her own sleep space. If you have a frequent night nurser, consider working at reducing night feedings before transitioning to help reduce the stress of this move (see Night Weaning section). Co-sleeping, like breastfeeding, affects both parent and child. The concerns and needs of both must be met. If either party is feeling unhappy, adjustments can be made to help remedy the situation in a manner that is gentle and respectful to all involved.

Before making the move, consider other changes or disruptions that are affecting your child such as a new schedule, a parent returning to work, starting school, a new home, weaning, a vacation, an illness, or a

new sibling. Try to work around these events or be prepared for setbacks. It is also a good idea to make the change over a weekend (or when you don't have to worry about getting up for work) so that you can recoup during the day if the nights are not going so well at first. To further help facilitate the move of your toddler or older child, discuss the change with her and brainstorm ways to alleviate any concerns she has. Often nightlights or leaving on a hall light, a clock, nearby snacks and water, and familiar sleep associations (lovey, noise machine, etc.) can comfort and empower your child. It is particularly important during this time to maintain sleep routines.

If you are transitioning your baby (under 18 months old) from your bed, move him to a co-sleeper/side-car, crib, or bed with side rails for safety reasons. A toddler can be directly transitioned to a pallet, futon, or bed. When moving your child from your bed onto another sleep surface, it often helps to have that surface next to your bed or near by. Then as your child adapts to this new arrangement, move the sleep surface farther and farther away. Eventually, you can move the bed or crib into another room. Alternatively, you can sleep with your child in his own room until he becomes accustomed to it and then transition yourself out by staying in the room for less time each night. To make your older child's room more enticing have him help pick out her own "special bed" and consider new bedding, furniture, or decorations in the room. Once you have transitioned your older child into his own room, leave a small mattress or futon in your room in case he needs to return for comfort in the middle of the night. You might also consider a second mattress or larger mattress in your child's room for when you or your partner end up staying the night with your child in his room. If you have more than one child, it is often easier to transition younger children into a sibling's room and create a sibling bed. Whatever method(s) you choose, keep in mind that this process may take longer than one weekend so remain sensitive to your child's needs.

Night Weaning

Night weaning simply refers to the process where a child lengthens the time between nursing until she no longer nurses at night (for a period of seven hours or more), though she continues to nurse during the day. Night weaning may be child-led, happening gradually as your child matures, or it may be parent-led, happening as a result of strategies you introduce to discourage night nursing. Parent-led night weaning is not appropriate for babies under six months of age and not recommended for babies under a year of age. When weaning, let your baby be the barometer. If your child becomes clingy, whiny, or distant during the day take this to mean that she is not ready for night weaning or you need to slow down and proceed more gradually. Also keep in mind, when you night wean, you may become pregnant more easily since the ovulation-suppressing hormones are no longer being released by frequent night nursing.

If you are feeling out of balance because of all night nursing or a frequent night waker, working to increasing the time between feedings at night may be a helpful first step. Start this process by offering your child more food during the day- more frequent or "cluster" nursing for babies under a year and for older children, more solid foods. Increase day-time touch (more cuddle time, physical play, or time in a baby carrier), especially when your child is going through developmental changes. Frequent night nursing is often a child's way of reconnecting after a busy day. Introduce alternative sleep associations (a lovey may be of particular help) and get your partner involved in comforting baby back to sleep without nursing. Offer your child alternatives to nursing like water or a snack (keep non-perishable food or even a cooler stocked with fruit and sandwiches near the bed). Make the breast less accessible by wearing a secure shirt to bed, moving your child to the other side of the bed, or sleeping in another room entirely. For older children, try explaining before bed that mommy is going to sleep and your breasts (insert your child's word for nursing here) are going to sleep until the sun comes up again. When he wakes, gently remind him that you are asleep and so are your breasts until the morning.

If the above tactics do not work and/or you still feel overtired and out of balance, a full night weaning plan such as the Jay Gordon method may be right for you. Please see the resource list for a link to his website.

Resource List

- API's Nighttime Parenting Page: www.attachmentparenting.org/principles/night.php: Online source for an explanation of nighttime parenting, the benefits of sleep sharing, safe bed sharing guidelines, and sleep routine suggestions
- *The Baby Book, Chapter 15*, William Sears, MD and Martha Sears, RN: A thorough source of information (though more concise than *Nighttime Parenting* and *The Baby Sleep Book*) on sleep cycles, night waking, sleep associations, sleep sharing, and sleep routines as well as suggestions for getting better sleep and preventing mother burnout
- *The Baby Sleep Book: The Complete Guide to a Good Night's Rest for the Whole Family*, William Sears, MD, Robert Sears, MD, James Sears, MD, and Martha Sears, RN: A detailed table of contents for easy reference; an outstanding "Twenty-three Nighttime Fathering Tips" section; and sections on sleep associations, tips for toddlers to go to sleep, transitioning to a bed, and night weaning
- Changing the Sleep Pattern in the Family Bed: www.drjaygordon.com/development/ap/sleep.asp, Jay Gordon, MD: Online step by step guide for gentle night weaning
- "CPSC Warns Against Placing Babies in Adult Beds," Consumer Products Safety Commission citing a flawed study claiming co-sleeping is unsafe
<http://www.cpsc.gov/CPSCPUB/PREREL/PRHTML99/99175.html>
- *Good Nights: The Happy Parents' Guide to the Family Bed (and a Peaceful Night's Sleep!)*, Maria Goodavage and Jay Gordon, M.D.: An excellent resource for parents considering the family bed or needing advice for handling sleep sharing criticism
- "How the Stats Really Stack Up: Co-sleeping Is Twice As Safe," *Mothering Magazine*
http://www.mothering.com/articles/new_baby/sleep/kimmel.html : A rebuttal article to the 1999 CPSC media release, calculating co-sleeping to be 2.37 times safer than crib sleeping
- *Nighttime Parenting: How to Get Your Baby and Child to Sleep*, William Sears, MD: A detailed explanation of sleep cycles, night waking, sleep associations, sleep sharing, and sleep routines as well as suggestions for getting better sleep and preventing mother burnout
- *The No Cry Sleep Solution: Gentle Ways to Help Your Baby Sleep Through the Night*, Elizabeth Pantley: A concise book detailing sleep cycles, naps, sleep routines, sleep associations, and step by step plans for gently getting your child to sleep better. This book also includes a gentle method for transitioning to a crib or own bed, sleep logs, and a section on helping parents get better sleep.

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