



The Sensible Sleep Solution

A guide to sleep in your baby's first year

Sarah Blunden and Angie Willcocks



The Sensible Sleep Solution

A guide to sleep in your baby's first year

Sarah Blunden and Angie Willcocks

Wakefield Press
1 The Parade West
Kent Town
South Australia 5067
www.wakefieldpress.com.au

First published 2012

Copyright © Sarah Blunden and Angie Willcocks, 2012

All rights reserved. This book is copyright. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the Copyright Act, no part may be reproduced without written permission. Enquiries should be addressed to the publisher.

Edited by Julia Beaven, Wakefield Press
Designed by Mark Thomas
Images on pages 5, 47, 71, 81, 88, 96, 132
copyright © iStockphoto
Images on pages 44, 61, 68, 114, 122, 142, 150
copyright © Shutterstock
Printing and quality control in China by Tingleman Pty Ltd

National Library of Australia Cataloguing-in-Publication entry

Author: Blunden, Sarah.

Title: The sensible sleep solution: a guide to sleep in your baby's first year / Sarah Blunden and Angie Willcocks.

ISBN: 978 1 86254 947 0 (pbk.).

Notes: Includes bibliographical references and index.

Subjects: Infants – Sleep.

Other Authors/Contributors: Willcocks, Angie.

Dewey Number: 649.122

This publication contains the opinions and ideas of its authors. Although differing opinions abound regarding the information contained in this book, all the information herein is based on recent research and is therefore evidence based. All efforts were made to ensure the accuracy of the information contained in this publication as of the date of writing. It is sold on the understanding that the authors and publisher are not engaged in rendering professional advice or services in the publication. If the reader or user of the publication requires personal advice or services a competent health professional should be sought.

The authors and publisher specifically disclaim any responsibility for any liability, or risk, personal or otherwise, which is incurred, as a consequence, directly or indirectly, of the use or application of the contents of this book. This book is not intended to provide a complete and exhaustive treatment of the subject; nor is it a substitute for advice from your medical practitioner, who knows your circumstances best. Seek medical attention promptly for any specific medical condition or problem that your child may have. Furthermore, it is an understanding that all products discussed in this book should comply with Australian national safety standards.

Dr Sarah Blunden and Angie Willcocks



Acknowledgements

This book has been a long time in the making and there are many people to thank.

Thank you to all the parents who have contributed case studies and insights, some names have been changed as requested.

Thanks to our friends and families who have proofread and formatted the manuscript at various points, and who have been positive and encouraging along the way.

Special thanks to Dr Ramona Chryssidis, general practitioner, for her helpful insights and advice on the gastro-oesophageal reflux section.

Many thanks to Julia Beaven from Wakefield Press for her patient and supportive editing.

And of course many, many thanks to our families, Philippe and Kelly, Gary, Matilda and Hazel for being supportive, encouraging and (most of the time!) patient over the writing and editing of *The Sensible Sleep Solution*.

Contents

Introduction	1
--------------	---

Part One 5

Everything you need to know about your baby's sleep

+ Definitions of active and quiet sleep	6
+ Circadian rhythms and the development of night sleep	7
+ Why a baby wakes	8
+ Sleep associations	9
+ Where will my baby sleep?	17
+ SIDS and safety	21
+ Temperament and sleep	25
+ The crying baby	34

Part Two 47

The Sensible Sleep Solution

+ What is it?	48
+ Self-soothing	49
+ The Sensible Sleep Solution and controlled crying	50
+ Attachment	53
+ Brain development	58
+ Learning, controlled crying and the Sensible Sleep Solution	65
+ Routines and rituals	66

Part Three 71

Taking care of yourself

+ Coping with less sleep	72
+ Diet	72
+ Exercise	73
+ Rest and relaxation	73
+ Housework	75
+ Partnership/Relationship	76
+ Balancing your baby's needs with your own	76
+ How are you going?	77

Part Four 81

Age groups and routines

+ Birth to Four Weeks	82
+ Four to Eight Weeks	92
+ Eight to Twelve Weeks	98
+ Twelve to Sixteen Weeks	105
+ Four to Six Months	115
+ Six to Eight Months	124
+ Eight to Ten Months	133
+ Ten to Twelve Months	144

Conclusion	155
------------	-----

Glossary	156
----------	-----

Resources	160
-----------	-----

References	162
------------	-----

Index	164
-------	-----

Introduction



Did you know that by 12 months of age 15 to 30 per cent of babies are likely to have a sleep problem? The good news is that most sleep problems in toddlers are preventable, and this book tells you how.

Unlike other books on baby sleep, this book is based on a middle road of baby sleep advice that lies somewhere between the extremes of giving in (i.e. having your baby share your bed when you'd prefer not to) or leaving your baby cry for increasing periods (controlled crying). The information in this book is based on the latest evidence and research around infant sleep. Look for a number at the end of a sentence to indicate the source of the information; all books and research papers referred to are listed at the back of this book.

There is no shortage of advice about baby sleep. Some people will tell you that you can quickly get your baby into a routine and back to normal life without too much fuss; others will tell you that your life (and sleep) will never be the same again. Some 'experts' will try to convince you of the need to teach your baby to sleep; others will tell you that letting your baby cry will result in long-term psychological damage. With a lot of information available and with so much supposedly hanging in the balance, it is no wonder that many new parents feel anxious about their baby's sleep and what to do about it. This book is a realistic and sensible guide to your baby's development and how this relates to sleep, and provides practical information and tips for the first year.

In reality the first year of a baby's life is a time of great adjustment and it is important that you know that your sleep will, without a doubt, be affected by the arrival of your baby. This is inevitable even with the best-behaved baby in the world. The good news is that there are steps you can take to minimise the likelihood of normal sleep

disruptions becoming sleep problems. To do this, it is important to be aware of the facts on infant development, how this may affect sleep, and what you can do to help your baby develop healthy self-soothing and sleep habits at different stages throughout their first year.

The aim of this book is to outline a road map of what your baby's sleep patterns will probably be like in the first 12 months, and provide some tips on how to head in the direction of a happy and well-rested family.

This book is for parents who:

- + want to know *factual* information, based on evidence from research on the how and why of baby sleep
- + want to have the knowledge and understanding about their baby's sleep so they can make their *own* decisions about how they settle their child, based not on hearsay nor value judgments, but on facts and research in simple language
- + don't want to leave their baby to cry in distress
- + want to understand where their baby is at developmentally over the first year and the importance of *self-soothing* for baby's sleep
- + would like their baby to be sleeping well in their own bed, in their own room (or in a room with a sibling) by the age of 12 months.

We encourage you to see this as a map or a journey outline rather than a quick-fix book. It is important to have realistic expectations and goals. While it is not necessarily realistic or fair to expect your baby to fit in with you and your life in the first few months, it is reasonable to expect that you and your baby will be fitting in with each other by the end of the first year.

This book has four parts. **Part 1** provides information about sleep (where your baby might sleep, characteristics of baby sleep), about how babies differ, crying and keeping your baby safe when sleeping. **Part 2** explains in detail our method – the Sensible Sleep Solution; how and why it helps your baby develop good sleep patterns over the first year, and how it differs from other methods. You will find information about taking

care of yourself in your baby's first year in **Part 3**. We have included this important section to highlight that parents' wellbeing is imperative for children's wellbeing; put another way: you can't look after your baby if you don't look after yourself. In **Part 4** we discuss realistic expectations for sleep in relation to development for specific age groups, provide sleep tips and practical help.

A series of icons throughout the book will alert you to interesting information and advice on particular topics. There are four icons:



Of interest: Information relevant to sleep and settling that we think you'll find interesting.



Our thoughts: Our ideas, thoughts and advice on particular topics.



In a nutshell: A summary or important snippet from the information discussed.



Tips: Practical tips and advice for frequently encountered problems or concerns.

It is our hope that this book, which introduces you to the Sensible Sleep Solution, will help you feel more knowledgeable and in control in your first year as a parent, reassure you and, most importantly, allow you to enjoy your time with your new baby without the stress of sleep issues!



Part One

Everything you need to know
about your baby's sleep

Most people realise that there are different types of being awake, such as actively thinking, relaxing and exercising. Not everyone realises that there are also different types of being asleep. When we sleep we go through different stages of sleep. In adults two of these stages are 'rapid eye movement sleep' (REM) and 'non-rapid eye movement sleep' (NREM). In babies the different types of sleep are called 'active' and 'quiet' sleep, and at birth babies spend equal time in these types of sleep. At about eight months of age, as the human brain develops, active sleep becomes rapid eye movement sleep (REM) and quiet sleep becomes non-rapid eye movement sleep (NREM).



Sleep is a natural state that babies will acquire on their own when the conditions are right. Staying asleep happens when babies learn to soothe themselves to sleep.

Definitions of active and quiet sleep

Active sleep, like the REM sleep it will become, is very light sleep. If you are watching your baby during active sleep you will see her squirm, jerk, grimace and move around. She is sleeping lightly, and at the end of the active stage she will wake slightly. Adults and older children also rouse slightly, but when babies do they are often unable to get back to sleep without help, and they may cry or fuss.

Young babies spend a lot of time in the active sleep stage; much more than older children and adults spend in REM. Active sleep is light sleep so babies wake often during this stage, and it is also normal to wake after a cycle of active sleep. Another reason why they wake is because babies have tiny tummies and need to be fed small amounts often. Waking is actually a normal part of the sleep process. What your baby needs to learn throughout their first year is getting back to sleep.³

Quiet sleep, as the name suggests, is a quieter and calmer sleep. During this phase your baby will be sleeping peacefully, not jerking or moving around as much as in the active sleep phase. Quiet sleep develops over the first year into non-rapid eye movement sleep and eventually differentiates further into four stages of quiet sleep known as stages 1, 2, 3, and 4. Of these, stage 4 is the deepest sleep.³

Circadian rhythms and the development of night sleep

Sleep is regulated by many bodily systems. One of the most important is the circadian system. This system helps us fall asleep when we are tired and plays an important role in the pattern of sleeping and waking.

The development of the circadian system is influenced in part by light (day) and dark (night), by cultural and social factors and, most significantly, by brain development. At birth, the circadian system is not fully functional. What this means is that it is not possible for a newborn's brain to register that it is day or night, or to understand that night-time is the right time to have the longest stretch of sleep.

Research shows that the 24-hour circadian system does not start to develop until ten or 11 weeks after birth.² The good news is that there are things that can be done to encourage and support the development of the circadian system; that is, to help your baby learn that night-time is the time that we humans like to have our longest sleep! Once your baby's circadian rhythm is well developed her longest sleep will naturally occur during the night, and you will find it much easier to establish a routine.

So what can you do to encourage the development of the circadian rhythm?

Allow your baby some time outside in the bright light when she is awake.⁴ (Remembering to protect her from direct sunlight, of course.)

Start to establish a routine by putting your baby to bed at about the same time every night and getting up at the same time each morning. As we will see later in this book, some babies are easier to guide into a routine than others, but focusing on the circadian rhythm is a good place to start.

Why a baby wakes

It is natural and normal for babies to wake regularly from sleep. Adults wake as well, but are normally unaware of this because, over time, we have learnt to settle easily and readily to sleep. Babies wake more because they spend more time in light sleep and because their tiny tummies require frequent feeding. Many babies do not know how to get back to sleep, and this skill needs to be learnt.

There are many reasons why a baby may wake from sleep. These include:

- + a natural wake after a REM or active-sleep stage
- + hunger
- + wind
- + an uncomfortably wet or dirty nappy
- + a need for comfort and closeness
- + something external (such as noise or temperature)
- + pain or discomfort (from teething, an illness or a medical condition).⁵



A sleep-disturbed baby is defined as 'one who is unable to settle back to sleep without the parents being aware of the waking'.¹

Sleep associations

A sleep association is a behaviour that comes, over time and regular use, to be associated with the process of falling asleep. Adults and children may have sleep associations, using, for example, the television, a particular pillow, thumb sucking, hair twirling or even the presence of a partner in the bed to help them fall asleep. However, if those sleep associations are missing, falling asleep can become difficult.

In babies a sleep association often develops around something that the parent introduces to aid sleep, such as wrapping, a dummy, or a lullaby toy. Other sleep associations that commonly develop in infancy are rocking, patting, breastfeeding and the presence of a parent in bed with the baby. These sleep associations become problematic if they are used so frequently and consistently that the baby becomes *reliant* on the association to fall asleep, and *unable* to fall asleep without it. Let's say, for example, that you consistently rock your baby to sleep. Over time, rocking will become a sleep association for your baby; he will grow reliant on rocking to fall asleep, and will cry whenever he wakes slightly because he won't be able to get back to sleep until he is rocked again.



our thoughts

It is important to note that even when parents have the best of intentions babies frequently do develop sleep associations that are not ideal in the long term. Some habits, which suit everybody in the beginning (such as breastfeeding to sleep or wrapping), may turn out, a few months later, to be less than ideal for parents. If this happens it is not the end of the world, there are many opportunities to undo unwanted sleep associations over the first year. It is important to realise though, it is unlikely that removing a sleep association will be stress free – or cry free. Try to avoid parent-dependent sleep associations.

Many parents offer their babies a sleep aid in an attempt to help them fall asleep initially, and then to settle again after waking. If the sleep aid provides comfort in the absence of the parent – encouraging self-soothing – they can become an effective sleep association. Examples of sleep aids that may be comforting in a parent's absence are a soft toy or a lullaby toy and, eventually, a dummy (see Sleep Associations Table 1, p. 2).



You can introduce a soft and soothing toy to your baby's bedtime routine before six months of age. The object will – over time – come to be associated with feelings of calm and relaxation, and will eventually become comforting to the baby in your absence. However, it is not recommended that infants under 12 months of age take any toy to bed with them because of the risk of suffocation.

Should sleep associations be avoided?

Not all sleep associations should be avoided, just those that rely on a parent's input. To minimise the likelihood that your baby will develop a sleep association that requires your presence, two things are important:

- + Use a range of settling techniques, avoiding reliance on one settling technique to the exclusion of others.
- + Allow your baby to calm down and grow sleepy and relaxed with whatever settling/calming technique works best, and then change the technique or leave the baby to see if they can continue to fall asleep without help. For example, calm your baby with rocking or patting, and then when the baby is calm and drowsy, stop the rocking or patting, and sit still or place the baby in their bed.

Sometimes babies develop their own sleep habits and associations quite independent from the ones their parents offer them. Such habits may be hair twirling or thumb, finger or hand sucking. The types of sleep associations that babies use and prefer may change as they grow older due to individual preferences and what is available or offered to them. For example, a four-month-old who is wrapped with both hands tucked in will be unable to use her thumbs, fingers, or hands to suck on and so may come to prefer her dummy and lullaby toy as her soothing object. Older babies may prefer a soft toy or piece of material as their soothing sleep object.