

## PREVENTION OF SLEEP PROBLEMS

Good sleep habits begin in infancy. It is important for parents to understand normal sleep patterns and to know how to change patterns when necessary.

Newborn sleep is unique. Infants under two months require frequent feeding and usually wake every two to four hours to eat. (Once weight gain is well established, it is not necessary to wake your newborn to feed). By two to three months, your baby should be able to sleep four to six hours at night. By four to six months, he should sleep eight to ten hours with periods of deep sleep and periods of light sleep that include wakings, more like adults. Thus, sleep cycles change dramatically in the first months of life.

Hold your infant as much as possible during the day. This will not spoil an infant less than six months of age and will insure that he feels secure when separated from you during sleep. The last feeding of the evening is generally around 10 to 11pm. If the baby wakes in the middle of the night, wait a few minutes before going to him as he might fall asleep again on his own. If not, make middle-of-the-night feedings boring. Use as little light as possible and do not talk or play with your infant. Return the baby to the crib as soon as possible after feeding. It may take some time (up to twenty minutes) for the baby to fall asleep.

By four to six months of age, your infant should be able to fall asleep in the crib by himself. Create a bedtime ritual or routine consisting of a series of relaxing things which you repeat every night at about the same time. Bedtime is generally between eight and nine o' clock. A sample routine might be: last feeding followed by a bath, sing a song in a rocking chair, say goodnight to the stuffed animals in the room, hug and kiss "goodnight," go into the crib. Stimulating things should be avoided. There should be no TV and as little noise as possible nearby. The room should be dark and quiet, just as your baby will find it in the middle of the night. Parents should alternate responsibility for bedtime whenever possible.

If the baby is not used to going to sleep on his own, he will cry when placed into the crib. Allow crying for fifteen minutes. Then go into the room and check on the baby. Talk to him or stroke him but do NOT pick him up and do NOT feed him. After two minutes, leave the room even though he will probably still be crying. Repeat this in 15-minute cycles. Eventually, the baby will fall asleep and then realize he can do this without you. The ideal age for this method is four to six months, before the baby learns to stand up in the crib. However, the method can be used at any age.

There are two important points to keep in mind when this method is used. First, the baby does not understand the difference between bedtime, naptime, or middle of the night. You must treat every sleep occasion the same way. Therefore the 15-minute cycles must be repeated in the middle of the night if the baby wakes. Naptime must also be treated the same way. Second, in order for this method to work, you must let the baby cry until he falls asleep. If you do not think you can do so, do not use this method. Crying is not harmful to the baby but some parents would rather wake at night than allow their babies to cry.

Remember, though, that you are establishing sleep habits that will continue through childhood. A toddler who does not know how to fall asleep on his own will demand elaborate rituals of “one more story” or “one more drink,” or will require a parent to lie down with him in order to fall asleep. Your decision about teaching your baby to sleep will have a long-term impact.

Babies should always be placed on the back to sleep. This change in philosophy has resulted in a fifty percent reduction in the rate of SIDS or crib death. Side sleeping is not as good as back sleeping and should be avoided. This change in sleep position for infants has not resulted in an increase in choking and is appropriate for all full-term healthy infants. Do not over bundle since overheating can also be related to SIDS. Be sure to insist that your childcare worker provides a safe sleeping environment as well. (see our handout on SIDS prevention)

Try to encourage your baby to spend equal amounts of time with his head turned left and right, so as to avoid creating a flat spot on his skull from sleeping with his head in the same position all the time. Also, be sure to provide some “tummy time” each day so your baby can practice developing his neck muscles.

The crib mattress should be very firm and flat. Do not place anything between the sheet and the crib mattress. If blankets are used, they should be tucked under the mattress on three sides. It may be better to use a blanket sleeper or extra layer of clothes. There should be no fluffy toys that could fall against the baby’s nose and cause suffocation. If the baby can roll over, remove bumper pads since he could roll against them and block his breathing. Better yet, do not use bumper pads at all.

Smoking is also strongly associated with SIDS so do not smoke in your home or near your infant. (See Passive Smoking Handout).

The American Academy of Pediatrics recommends against allowing your baby to sleep in your bed. The soft bedding can cause problems with the baby’s breathing, and a sleepy parent can accidentally suffocate a small infant. This risk is even higher when the adult has used drugs or alcohol.

We will discuss sleep with you at your baby’s well visits, and we are always happy to answer any questions.

**Suggested reading:**

*Solve Your Child’s Sleep Problems* by Richard Ferber, MD (Simon and Shuster)  
*Guide to Your Child’s Sleep* (American Academy of Pediatrics)