

Newborn Sleep Show Notes

Newborn sleep physiology

- 0-4 weeks - little predictable sleep cycle, can sleep in bright, noisy environments easily
- 8-12 weeks - sleep rhythms are more established, will require quiet, dark, calm environment to sleep
 - White noise machines, black out curtains can be helpful
 - Short sleep cycles lasting 50-60 minutes, 50% REM and 50% NREM
 - Lack muscle paralysis so can be very active while in REM sleep
 - Learning to connect sleep cycles but rely on the sleep associations that helped them get to sleep in the first place

Safe sleep practices and recommendations

- 0-6 months, baby in caregiver's room, in own crib/bassinet
- Put baby down on their back
 - If they roll over on their own, it's ok to leave them on their belly
- If swaddling, keep mouth and nose clear and leave legs loose for healthy hips
 - Stop swaddling when baby starts to roll, around 3 months
- Bed sharing can be safe if:
 - Bed is on the floor
 - Mattress is firm
 - Blankets are away from baby
 - No extra pillows
 - Everyone in bed is aware baby is there
- Bed sharing is not safe if
 - Baby was premature or less than 2.5kg at birth
 - Anyone in the house smokes or the gestation parent smoked while pregnant
 - Any use of substances that lead to heavier sleep (medication, alcohol, cannabis, recreational drugs)
- Babies should be removed from the car seat when you arrive at your destination

Sleep training

- Very personal decision for the family, some sleep train and some don't
- Safe to start sleep training at 4-6 months if baby has had a normal development trajectory and no underlying health concerns
- A quick google search can give you an idea of appropriate wake and nap window lengths based on infant age
- Sleep begets sleep; look for tired cues to help get baby to bed before they get overtired and may resist sleep
 - Eye rubbing, staring off into space or avoiding eye contact, and yawns
- Bedtime rituals help set the tone for nighttime sleep
- Many sleep training resources exist! They share similar themes and can be boiled down to a basic approach
 - Caregivers pick a time interval that feels right to them, e.g. 2 minutes
 - After the nap or bedtime routine, put baby down in their crib/bassinet slightly awake, turn out the light and leave the room
 - Baby will fuss and this will be distressing, but baby is also safe, comfy, fed
 - Caregivers wait their time interval, e.g. 2 minutes, then go in and comfort baby, ideally without picking them up and without nursing, and as briefly as possible
 - Caregivers leave the room and double their time interval, e.g. now wait 4 minutes
 - Caregivers go back in, comfort baby as they did before, leave the room

- Caregivers now add another interval, e.g. now wait 6 minutes
- This is repeated until a) baby sleeps or b) baby's next feed time comes around, then the process is started again
- The first two nights can be very tough, generally parents see big improvements in subsequent nights
- Sleep training, sleep associations, and self-soothing are something babies learn and re-learn.
 - During illness, teething, immunizations, travel may involve going through some or all of the sleeping training process again as baby readjusts
 - Babies should NOT be left to cry during these times, as they may not be feeling well and may need extra comfort.
- Sleeping and self-soothing are lifelong skills
- There is huge variation in sleep training approach and success, and many families chose to not sleep train at all, all of these options are safe and reasonable

Resources and references

- <https://www.healthlinkbc.ca/babys-best-chance>
- <https://www.caringforkids.cps.ca/handouts/pregnancy-and-babies/swaddling>
- https://www.caringforkids.cps.ca/handouts/pregnancy-and-babies/safe_sleep_for_babies
- Lui, A. 2020. Sleep Training. Pediatric Annals, 49(3); e101-e104
- Dr Breagh Phipps, personal communication. May 2021