Improving Sleep with Mom (and Baby) in Mind: Strategies for Clinicians

DEVELOPMENTALLY-FOCUSED, SYSTEMS-BASED APPROACHES

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Infant Variables

Normative sleep development

Sleep develops as the brain develops...

- Windows of **"awake time"** starts small and grows slowly across the first three years.
- Exceeding the child's awake window can result in a **"second wind"** which can make ALL sleep more difficult.
- Frequent **"regression periods"** are normal sleep disruptors as new skills emerge and brain development surges (Chugani, 1998; Sadurni, Pérez Burriel, & Plooij, 2010; Schore, 2003).
- The **4-month sleep regression** can cause even previously good sleepers to wake frequently at night.

Self-soothing skills and sleep regulation <u>also</u> develop as the brain develops...

- ✓ The ability to self-soothe once upset **depends on a toolbox of cognitive and motor skills** that are limited at young ages.
- ✓ The amount of distress an infant can manage without help is highly **dependent on age and temperament** (Kopp, 1989).

Sleep Targets in the First Year

Age	Awake Window	# of Naps	Daytime Sleep	Nighttime Sleep
0-5 mos	60-90min	4-5	Varies	8-1/2-11 hrs
6-8 mos	90-min-2+hrs	3	3-1/2 hrs	11 hrs
9-10 mos	2-3 hrs	2	3-1/2 hrs	11 hrs
11-12 mos	3-4 hrs	2	2-1/2 hrs	11 hrs

Adapted from "Good Night, Sleep Tight" by Kim West, LCSW-C

Physiology

Silent reflux
Can cause pain that keeps babies awake and uncomfortable without visible "spitting up."

Symptoms
- Persistent fussiness/crying
- Intense crying on being laid flat (especially after feeding)
- Back arching during nursing
- Sleeps best on an incline
- Nurses best when drowsy
- Doesn't sleep well anywhere (in arms, carrier, seat)

Obstructed breathing/Apnea

Symptoms (rare in infants)**:**
- Snoring, mouth breathing (not associated with cold)
- Sweaty head upon awakening
- Very restless sleep

Feeding issues
Check with Lactation Consultants to rule out:
- Tongue/lip-tie
- Feeding problem
- Dietary intolerance or allergy

Low ferritin stores
Also uncommon, but can cause disrupted sleep architecture and later symptoms of Restless Legs Syndrome (Peirano et al., 2010).

Intense/Sensitive/Alert Temperament

Related ***strongly to depressive symptoms*** via fatigue, but also due to the ***violation of expectations*** and ***challenges to self-efficacy and self-concept.***

Low sensory threshold - Can't buffer out sound/activity. Easily overstimulated.

Intensity/Reactivity - Cries vigorously; difficult to soothe.

Alertness - Very aware, often has subtle or no sleepy signals.

Persistence - Does not easily give up. Doesn't respond to distraction.

Sleep is more than just behavior

Parental Variables

Expectations vs. Reality

Information from books, websites, etc. can raise expectations, as well as worry that they are not "doing it right" or "have blown it already."

- Advice on expectable sleep for infants is not consistent with developmental science.
- A majority of sleep books recommend starting sleep training by 4-months or earlier.
- Advice promoting crying-based sleep training techniques on infants under 6-months is not evidence-based.

Mental Health and the Transition to Parenthood

Research has shown that just providing support improves sleep ... by reducing stress/anxiety and increasing self-efficacy.

Known mental health contributors to infant sleep difficulties
- Depression
- Anxiety
- Traumatic birth
- Low self-efficacy
- Childhood trauma/ "ghosts in the nursery"
- Lack of social support
- Level of partner support
- Marital conflict
- Maternal sleep issues

Strategies for Clinicians

"Easy" sleep skills for babies under 6-months.

Get sleep in any way that works. "Habits" can be easily shifted when the baby has the cognitive and regulatory ability to manage sleep transitions more independently—after 6-months.

Room-share or use a cosleeper to make nursing and getting back to sleep quick and easy.

Gently experiment with drowsy-but-awake without crying at bedtime. See if the parent can put the baby down still a tiny bit awake. If not, parents shouldn't worry. They can try again later.

What to do when it's a "sleep crisis"...
(infants under 6-months)

- ✓ **Dad/Partner to the rescue:** Have a partner take a block of nighttime.
- ✓ **Marshal social support:** Anyone who can help and/or give mom some extra sleep.
- ✓ **Night nurse/doula:** Get some professional support to get a night or two of solid sleep.

Sleep strategies for over 6-months

1. **Fill up the nap bank.** Make sure naps are adequate and bedtime is early.
2. **Rule out physiological difficulties and assess temperament.**
3. **Suggest a very gradual approach to scaffold sleep skills**. Parents can stay with the child and pick up if too upset. In a stepwise way, reduce the amount of input, or physical proximity.
4. **If parents are exhausted, work only on bedtime.** Then add middle of the night. Tackle naps last.

How can sleep consultants help?

As a point of entry. Parents come to sleep consultants with problems that may actually be psychologically or physiologically rooted.

As "boots on the ground". Trained consultants can work in concert with mental health clinicians. Consultants provide ongoing support and modifications as they track progress.

Not all coaches are the same. Check training, credentials, and philosophy/approach.

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