

Sleep

The average wake period of a newborn up to 3-4 months is 1 hour – 1 ½ hour.

Watch that you aren't over stimulating the baby.

A newborn breast fed baby generally sleeps from 2-4 hours between feeds, if they are only cat napping 45 minutes to 1 ½ hours and they are very restless often winding or some form of reflux may be an issue.

Basic routine first 3-4 months.

Feed.

Wind.

Change.

Wrap.

Physical contact, talking and allowing baby to be held by others is important, as is tummy time. Be aware that as they develop and mature more wakeful periods and interaction will naturally occur. However watching for the early signs of tiredness is very important.

The signs of tiredness.

Yawning.

Jerky movements.

Looking tired.

Fretful crying.

Sleeping position and where.

Newborns need to be close to Mum, sleep them in the room with you in a bassinet or co-sleep. Many disagree

with sleeping baby in bed with parents; it's still your choice either way.

It is recommended by Plunkett and health professionals to sleep baby on there back, however research shows lying on there side is perfectly safe, especially if they aren't settling or begin developing flat head.

Co-sleeping the risk factors.

1. Smokers.
2. Drug and alcohol use.
3. Overweight.
4. Restless over active movement during sleep.

These excluded having baby sleep with, on or near you is rewarding for both parties for the initial bonding process.

Generally keeping a newborn in a bassinet for the initial 4-6 weeks in the parent's room is healthy.

Transferring baby to there own room in a bassinet with a monitor for peace of mind is generally encouraged.

Working toward Self-settling.

Initially newborns need a parent to feel secure especially to settle to sleep, the familiar heart beat of Mother and there smell creates a secure environment.

Gradually over a period of days or weeks introduce baby to going to sleep awake rather than falling asleep on you then transferring to a cot. Start trying during the day. Often a short period of crying will occur.

When babies cry it's usually due to.

1. **Hunger.** When did they last eat?
2. **Gas.** Did they wind after there feed?
3. **Full nappy.** Smell will often give it away.
4. **Overtired.** If you miss the early signs of tiredness it can become very hard to settle them. They may not resettle until the cycle of feeding restarts.
5. **Unwell.** Often if they are unsettled, windy or have reflux they may be hard to settle. Have they got a temperature, a Snuffle or are they coughing. Speak with your GP.

Obviously if you are unhappy with the tone of the cry go see a GP for evaluation.

Babies need markers towards good sleep habits.

Remember sleeping is a learned response, getting into bad sleep habits happens and can be sorted out fairly quickly with patience and courage. During periods of illness, change and growth spurts sleep pattern change and can be normalised quickly.

The goal posts to sleep.

Dinner, at a reasonable hour or overtiredness will take hold, 5-6pm.

Bath time.

Stories or if young baby quick feed, wind, change and wrap.

Controlled crying.

1. Start with normal bedtime routine, dinner, bath, and story.
2. Place child calmly reassuringly into bed stay for several moments to pat and soothe.
3. Quietly withdraw.
4. When crying starts wait 2-5 minutes before entering, don't pick up, don't make eye contact. However gently rock and pat until things calm down, withdraw.
5. Wait a little longer each time before re-entering repeat this cycle until child is asleep.

Alternative use the rule of three.

Slightly less stressful for all concerned after 3 visits re-enter, pick up and reassure briefly then put back down. This is helpful if the intensity and pitch of the cry gets too much.

Some attachment based theories disagree with this approach, however if your not leaving the baby to cry for more than 10-15 minutes at a time and you are re-entering the room to reassure no detrimental effect to baby will occur.

Conclusion.

Remember sleep is learnt behaviour if they only experience falling asleep on a parent or sleeping in with the parent that will become there normal. A process will eventually have to occur where the child learns another way of falling asleep. That process can be stressful, however children adapt to change very quickly as neural patterns in their central nervous system are not as fixed as adults.