

Infant Sleep - Birth to 6 months

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What is “Normal” for Babies and Toddlers? What sleep patterns should I expect?

Much of the available data is based on formula-fed, solitary sleepers with little night-time contact with parents, so this chart may not describe breastfed babies who room-share or bed-share. Also, this is based on the “average” baby, and may not address the range from kids who need the least sleep to those who need the most. Here’s one chart of approximate “averages”.

Age	Total Sleep (hrs)	Nighttime Sleep (hrs)	Naps (hours)
Newborn - 3 months	12-18	7 to 12 stretches of sleep in 24 hours (Rarely sleep more than 3 hours at a time. “Sleeping through the night” is defined as sleeping a five hour stretch, and many don’t.)	
At 3 months	14-16	9-11*	3 naps (1½ to 2 hours each)
At 6 months	13-18	9-11*	2-3 naps (1½ to 3 hours ea)
At one year	14-16	10-13*	2 naps (1 to 2 hours each)
At two years	11-14	9.5-12	1 nap (1 to 2.5 hours)

* with intermittent wakeups – sometimes soothe themselves back to sleep, sometimes need to be soothed or fed.

Why doesn’t my child’s sleep pattern match the chart above, or the charts in books I read?

When you evaluate what’s physiologically normal, it depends on several things: the age of the baby, feeding method, sleeping location, parent’s responses during the night, and the child’s temperament.

Age: as he gets older, total amount of sleep decreases, the length of each stretch of sleep increases. A baby who was born prematurely or has health challenges may sleep less or more than average.

Feeding: Breastfed babies wake more often than formula fed, but the total hours of sleep is similar.

Sleep location: Babies/children who share a bed or share a room with their parent(s) wake more often and feed more often, but tend to have milder wakeups and be easier to soothe back to sleep. Solitary sleeping babies wake less often, but they’re more intense wakeups with more crying, and may take more work to soothe back to sleep. Parents of room-sharing babies get more total sleep per night.

Temperament: Think of all the people you know... there are night owls; restless sleepers who never settle; power nappers who sleep whenever possible; and the hard to transition (have a hard time falling sleep, but then sleep soundly). You can work to guide our child’s sleep patterns, but you may never be able to change her sleep temperament.

Why does my child’s sleep pattern keep changing?

All children go through phases. Just when their parents think they’ve got sleep issues mastered, something changes. Sleep patterns can be disrupted by illness, discomfort from teething, separation anxiety, nightmares, stress, disruption to routines, and environmental changes. Sleep is especially disrupted when a child is going through major developmental changes, and mastering new skills.

Does our family have a “sleep problem”?

Don’t listen to outsiders: it doesn’t matter what your friends, neighbors, or mother-in-law thinks. It matters how you feel! If things are working for YOU, then no, you don’t have a sleep problem. However, if you, your partner, or your baby are miserable, stressed, sleep-deprived, frequently ill, or just tired of the situation, then you do have a sleep problem, and should take steps to fix it. Once you’re aware of baby’s health / safety needs, you need to do whatever works for your family to allow you to do your life’s work, stay healthy and happy, and stay connected as a family.

There’s a range of sleep “solutions”. Here is general advice that most experts agree on. There is no one right way to parent, so heed the advice that feels right to you, and ignore what doesn’t feel right.

What are some ideas I can try to help my child sleep well?

Have a Stable but Not Rigid Daily Schedule

Having some predictability in your day, with meal times, activity times, and rest times can help regulate your child's biological rhythms. Try to find a balance of stimulating activity and quiet periods.

Help Your Child Learn the Difference Between Day and Night

You can help her learn by varying the environment, and how you respond. During the daytime, the house is light, there are noises, and we are interactive and playful when she wakes up from a nap. As it gets toward evening, turn down the lights, the noise, the heat. Change baby into pajamas and go to the room where baby sleeps for bedtime routine. Overnight, the house is dark, and quiet, and although our responses to baby can be loving, they're dull, boring and predictable, not entertaining.

Watch for your child's tired cues and then help her settle. Here are some signs:

- losing interest in people or toys; eyes glazed; yawning, rubbing eyes, turning head side to side
- asking to nurse or for snuggle time
- becoming hyperactive or just escalating to louder, more jittery, disorganized behavior
- clenching fists, fussing, crying

When you see these signs, begin a settling down routine. Either: snuggle and soothe him through light sleep until he settles into deep sleep (may take 20 minutes) and then lie him down to sleep, OR: Lie her down when she's just drowsy, pat her back till she reaches light sleep, then slowly move away.

Try swaddling your baby. Babies sleep more soundly and for longer stretches if swaddled. (Search on YouTube for videos of "how to double swaddle" or "super swaddle.") A few cautions: Use a light-weight blanket so your baby won't overheat (a risk factor for SIDS). *Never* lay a swaddled baby down on her tummy. Once your baby is able to roll over while swaddled, or able to wiggle out of the blanket so there's a loose blanket in the crib when you wake, it's time to give up swaddling.

Have a consistent environment for night-time sleep:

When your child wakes up in the middle of the night, if the sounds, smells, and signs are familiar, it will be easier for her to settle back to sleep. Babies sleep best (and safest) in a room that is 64 – 69 degrees. Having consistent white noise can also help a baby to sleep longer. Especially for nap times, many parents find it helpful to play quiet music, or run a fan, or turn a radio on to play static.

Respond consistently to night wakings:

For a young baby, under 6 months – if the baby is just making sleep noises (grunts, whimpers), leave him alone, or gently pat his back to see if he falls asleep. If he's really awake, especially if he starts to really cry, tend to his needs (feeding if needed), then help him re-settle.

Establish predictable and consistent bedtime routine

As your baby becomes a toddler, doing the same thing every night helps develop predictable sleep patterns. Some typical routines: bath time, story time, singing lullabies, story-telling, etc.

Sleep diary and paying attention to your baby's rhythms:

Before you try any sleep interventions, keep a sleep diary. What is actually happening? What does a 24 hour cycle look like? What is baby telling you does / doesn't work for him?

Sleep Safety

Here are reminders of steps you can take to reduce the risk of SIDS (Sudden Infant Death Syndrome)

- Breastfeed your baby. Don't allow anyone to smoke near baby. Avoid overheating baby.
- For sleep: Lay baby down on his back, on firm surface. No thick blankets, soft toys, or pillows.
- Have baby sleep in the same room as you.
- If you are bed-sharing: don't use alcohol, medication, or drugs which make you sleepy.
- Make sure the crib, bassinet, or shared bed is safe and in good condition.
- For more information on crib safety: www.sidsalliance.org
- For information on bed-sharing: www.mothering.com articles archive or www.askdrsears.com/topics/sleep-problems/sleep-safety/safe-co-sleeping-habits