

Teaching Sleep: Tried and True Techniques from a Mom Patricia Rappaport, MD, FAAP, Town Pediatrics, PC

Newborn babies sleep on average 16-18 hours per day. Why then do we parents feel exhausted in these first months of life? Because they don't sleep through the night. Newborn sleep instead is broken up in even periods throughout the day with interruptions by normal wake cycles. Gradually, the wake-sleep cycles take on a day-night 24 hour cycle, but this doesn't occur until 6-8 weeks of age. If your baby is premature, it will take even longer. In addition, a key factor to remember is that babies do not innately know how to fall back asleep from a normal period of wakening; It is something they have to learn. Furthermore, how a baby learns to fall asleep establishes lifelong patterns of sleep hygiene. As a parent helping your baby sleep through the night, you are giving them a gift for life.

My son is now 17 years old and taking college entrance exams, but I still remember spending nights with him as a newborn infant, bassinette beside my bed. He was the easy one. Back then I was a first year resident. I was just learning about pediatrics and at the same time was a first time mom, stumbling through the basics of parenthood. The advice given for teaching a baby to sleep through the night was what the pediatric community referred to as "the Ferber method." Dr. Richard Ferber is the director of the Center for Pediatric Sleep Disorders at Children's Hospital of Boston. He is responsible for some of the original sleep studies ever done with children, a new field of study in the 1980's, and considered an expert in his field. Back in 1991 I purchased his book, "Solve Your Child's Sleep Problems" and read the basics on theories about how much sleep children need and how to help them achieve it. The interpretation was that if the baby cries, check on him at certain intervals and try to soothe him back to sleep. Over time you prolong the intervals by small amounts and the idea is that by progressively increasing times between checking him your baby will learn to fall back asleep on his own and be sleeping through the night within days to weeks. My senior colleagues at the time, male pediatricians with years of experience, were in full agreement with this approach, firm and paternalistic in style. With my son, this approach actually worked quite well and I was convinced that this was not only the correct advice to use with my own children but to share with my pediatric patients and their families as well.....then my daughter came along.

Around 9 months of age I decided I was tired of night wakings and knew she should be able to achieve the same restful nights my son had achieved by this age. I promptly decided I would initiate "the Ferber method" to help her learn to sleep through the night. While just a few nights of this approach had my son sleeping the night, my daughter would have none of it. After about 2 or 3 weeks of trying, I realized we weren't making any progress. Every time I went to check on her, the crying was getting louder instead of settling down. She would work herself up into near hysteria and soon neither of us was getting much sleep. It finally occurred to me that this wasn't working. I wanted to be comforting her but not holding her 24/7. I decided that if I was in the room with her I could talk to her and soothe her and/or just be there for her, but not actually be cosleeping with her which for us, was the goal. I set up a mattress on the floor and would talk to her when she fussed or sometimes just soothe her with a "shhhhh". She'd then lie down and feel secure enough to fall asleep in her own room. Over time as she learned

how to soothe herself to sleep and felt secure in her own room, I was able to leave the room. Since our room was a very short distance from her's, we were able to hear her if she cried and respond to her quickly before she got really upset. During my time in her room I had discovered another very important clue to helping her sleep. She had 2 different cries, one was a short little whining cry, sort of rhythmic in nature and not really fretful. The other was an all-out wail. The first, I learned, was her way of soothing herself to sleep. If I disturbed her at this point and left, she'd break out into a full wail from which it was hard to settle her back down. If I left her alone during this phase, she'd often fall back asleep!

In retrospect, I can now understand why my two children reacted so differently to the same sleep solution. My son is a very organized, regimented kind of guy. He likes order and predictability. It is in his nature and he is happiest when he has a pattern and this comes very naturally to him. Once I provided some structure to the night, he took the ball and ran. For my daughter, structure is much harder to achieve. She did not nap on her own. No matter how I tried, she wouldn't settle into a pattern. She is more a person in tune to her own needs rather than those imposed by the external environment. She required a more sensitive approach to helping her learn to achieve sleep.

And that is the point...there is no one right way for everyone. Over the years working with families, I know this to be true. Much like breastfeeding, there is lots of advice but all the information has to be shaped into a plan that works for the individual and the family.

Not to despair, there are good books to read and get the basic ideas. Work from these and tailor the approaches to you and your baby's own style. Dr. Ferber himself has better defined his approaches to helping babies sleep. In the preface to his new, revised, and expanded 2006 second edition (Simon and Schuster) "Solve Your Child's Sleep Problems," he himself describes how his original version was oversimplified and misinterpreted by readers. His new edition better details the how's and why's of sleep and describes approaches to work with the baby and child at different developmental stages of sleep. He even discusses later problems in childhood sleep like sleep terrors and nightmares as well as some sleep disorders. For new parents who need to get to some good advice fast, I recommend Elizabeth Pantley's "The No-cry Sleep Solution," McGraw-Hill, 2002. Exclusive of her section in Chapter 1 which describes "Safety Factors for Co-sleeping" and one paragraph in Chapter 4 called "The Sneaky Way" which advises slipping a sleeping baby into their bed after they are already asleep, I found the information and advice in this book to be extremely straightforward and helpful from the perspective of a first time parent. There is a chapter on the normal sleep cycles of babies and how this matures, a sleep chart showing average hours of day and night sleep for ages 0-5yrs., and how to develop a personalized sleep plan for your baby. Other resources include: "What to Expect the First Year" by Arlene Eisenberg, et. Al., Workman Publishing, 1996; "Your Baby and Child, From Birth to Age Five" by Penelope Leach, Knopf, 1997.

Sleep will happen. Using a few of the basic ideas offered in the resources mentioned above and creating your own sleep plan will get you there sooner. Sweet dreams!

A policy statement from the American Academy of Pediatrics reissued in January 2009, recommends against sharing the same bed because of the association with cases of suffocation and the association of soft or excess bedding with SIDS. Refer to www.aap.org under Policy Statements on Co-Sleeping and SIDS.