

Reframing what we tell parents about normal infant sleep and how we support them

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Sleep is an issue with which parents of new babies often struggle, particularly when contemporary lifestyles, parental sleep needs and infant biology conflict (Meltzer & Montgomery-Downs, 2011). Recent historical trends in Western infant care have led to misperceptions of normal infant sleep development. When we enquire whether a young baby ‘sleeps through the night’ this reinforces the idea that prolonged infant sleep is important and should be achieved early. It also does not recognise the role of night feeding in successful breastfeeding as breastfed babies wake more frequently during the night than non-breastfed babies (Galbally, Lewis, McEgan, Scalzo, & Islam 2013). Consequently, what we tell parents about normal infant sleep, and how we provide support, requires reframing.

Parental sleep disturbance can be profound in the early months of infant life and the associated prolonged lack of sleep may have negative consequences for parental health and well-being. This can be exacerbated if, in the transition to parenthood, expectations fail to match reality. When this occurs new parents may doubt their own care-giving competence or question whether their infant’s night-waking is normal — with some even seeking clinical help for their infant’s ‘sleep problems’ (Loutzenhiser, 2011). Interestingly, responses to infant night-waking have been found to be strongly influenced by cultural attitudes and beliefs, with parents in some societies perceiving infant night-waking as normal and not problematic (Giannotti & Cortesi, 2009). This would indicate that the provision of more realistic information to parents around what is normal in relation to infant sleep behaviours is likely to help them better accept and manage infant night-waking.

What parents need to know is that sleep is a developmental process driven biologically to mature throughout the first years of life and that sleep behaviour and development are hugely variable between individuals (Galland, Taylor, Elder, & Herbison 2012). Infants are not born with functional circadian rhythms. Their body clocks and hence their sleep patterns only begin to consolidate into a diurnal pattern from around 3 months of age, with maturation occurring between 6–12 months (Jenni & Carskadon, 2009; Meltzer & Montgomery-Downs, 2011). Night-waking is a characteristic of infant sleep that comes and goes throughout the first year, irrespective of prior consolidation and with no clearly consistent pattern (Gallard et al., 2012; Scher, Epstein & Tirosh 2004). Therefore, instead of approaching infant night-waking as a pathological issue requiring treatment for the baby, clinical effort could be more effectively employed in helping parents to anticipate and cope with this normal aspect of infant sleep behaviour.

Interventions involving education and support offer the promise of both realigning parental expectations with the realities of infant sleep and providing parents with the opportunity to consider strategies for coping with and managing anticipated sleep loss. Programs designed to manipulate infant sleep patterns or to ‘train’ infants to self-soothe have been extensively reviewed and may have a clinical role in late infancy and early childhood (Meltzer & Montgomery-Downs, 2011; Mindell, Kuhn, Lewin, Meltzer, Sadeh, & Owens, 2006), but their effects are contested (Middlemiss, Granger, Goldberg, & Nathans, 2012), and altered sleep outcomes appear to be short-lived (Price, Wake, Ukoumunne & Hiscock 2012).

Such programs are not recommended for use with young infants and few have been tested outside clinical settings. Clinicians can help parents evaluate their reasons for considering sleep training and the appropriate options available.

Finally, it is important that new parents are made aware that research demonstrates no difference in the sleep duration of mothers or babies by feeding-mode, as a common parental response to infant night-waking is to give supplemental food and/or cease breastfeeding (Ball, 2003). Although it is normal for breastfed infants to wake regularly to feed in the night and for their mothers to experience more frequent night-waking than those who feed formula, the latter experience longer periods of wakefulness and the net outcome in terms of sleep duration is the same (Meltzer & Montgomery-Downs, 2011). When health professionals promote the desirability of prolonged nocturnal infant sleep they are undermining breastfeeding promotion and creating false parental expectations for infant sleep. Interventions offered for use with parents should be culturally-appropriate and evidence-based, should have been tested in the settings in which they are being applied and should guide parents towards realistic expectations for normal (particularly breastfed) infant sleep.

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