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A Parent's Guide to Eight Peaceful Hours

There is no greater gift to parents than a good night's sleep. There are many times when we are so desperately tired that we are willing to do most anything to get some of that precious commodity. It is therefore not surprising that some of our well intended schemes backfire. Sleeping problems seem to follow four common scenarios: 1) The infant who has not yet slept through the night when all his parents' friend's babies have done so; 2) The infant, or toddler, who gets off to sleep on time but who gets up and cries once or several times during the night; 3) The older child who crawls in with one or both parents during the night; and 4) The child who won't go to bed.

These are some basic facts and principles that govern all advice on all matters of sleep. This is true for parents who wish to avoid problems as well as for those who find themselves caught up in a problem and want a way out.

- 1) Half of the normal infants are sleeping about eight hours and skipping one feeding by six weeks of age.
- 2) By three months of age half the babies are sleeping ten to twelve hours and skipping two feedings. By six months of age well over 90%, perhaps 95% are going through the whole night without waking.
- 3) There are no hunger pains when you are asleep. Hunger also does not wake your infant from sleep. He or she awakens because of the sleep rhythms in the brain. We all know that we will, under normal circumstances, wake up within minutes of our usual time even if the clock is not set. Getting hungry happens after you are awake. Infants are no different.
- 4) Feeding the baby during the night may get him or her back to sleep fairly easily but it may also act as a psychological reward for his or her waking and crying. The feeding reinforces the behavior and therefore discourages any chance of change.
- 5) The infant or child must know and realize that he or she is going to bed.
- 6) Going to sleep in one place and waking in another place causes alarm, confusion and sometimes panic in the child.
- 7) Going to sleep is something everyone at every age must do for himself or for herself.
- 8) Whatever ritual, habits, practices or helpful objects you use to get the child to fall asleep at the evening bed time will most likely be necessary again every time the child awakens during the night.
- 9) Most infants and some children normally wake up one or more times during the night. It is a fact that children with sleep problems do not really wake up any more often than those who seem to sleep through the night! The ones with sleep problems simply do not or cannot put themselves back to sleep.

In view of the above ideas the best advice one can give for sleep problems is that they should not be allowed to start in the first place. Most, though not all, of these problems and these situations are truly preventable. These problems start with our permission. Sometimes we actually create these sleep problems not realizing how persistent they can become.

This is our advice: Don't fall prey to that convenient and easy habit of putting a young infant to sleep on the bottle and do not use the pacifier as a "sleeping pill". If a baby over the age of three months conveniently falls asleep on the bottle or while in your arms, do not take advantage of this opportunity to put him or her into bed while asleep. Do not, for the same reasons, rock your baby to sleep and then put him or her into the crib. If the older child falls asleep on the couch, avoid the temptation to pick him up and carry him to bed asleep. In both cases you will have to waken that baby or that child just enough to let him know that he is in his or her own bed. When young infants (under the age of three months) drop off to sleep in your arms it is probably harmless enough. The problems start when parents purposely take advantage of these accidental happenings and cultivate them as a habit for their own convenience.

You really should stop the use of a "pacifier" (really a "sucker") when an infant is about five months old and competent enough to put his own hands or a toy in his mouth. Certainly do not use a pacifier as a sleep inducer ("sleeping pill")! It very quickly becomes more than a habit; it becomes a dependency. Every time the baby wakes you will be the one who needs to go and find the binky and the one who puts it back in the child's mouth. Although this is a book about sleep, please realize that binkies of every type, including so called orthodontic ones, cause great alteration of the jaw bone and distort the bite. The end result of a binky or of a thumb in the mouth is exactly the same. You cannot tell them apart. Older infants, toddlers and children usually enjoy some sort of "transitional object" such as a Teddy Bear, doll or blanket. These are excellent. They provide familiarity and security. They cannot get lost and are easily found by the child when he or she awakens.

If you find that your infant or toddler is regularly falling asleep at the breast or on the bottle in spite of your best intentions, just move the feeding time back a half hour or so and add some other quiet activity to fill the time remaining before putting him to bed. This may be a lullaby, a quiet game or a book with pictures. Older toddlers and children always love story books at bedtime.

For those unfortunate few parents whose infants do not drop one feeding by three months of age or two feedings by six months of age, there are two simple choices. Either you

continue to get up every night or you quit! It is really up to you. To quit, you must stop feeding the baby who is still getting up at night well beyond a reasonable age (as defined above). You must stop rewarding his behavior! Unfortunately this means letting him cry, and cry he will. The technique for both success and survival is given a little further on.

Your insistence on establishing a bed time routine for the older infant, toddler or child or your attempts to change the existing routine will not be accepted easily. There may be a great deal of testing and much noisy protesting. What do you do now? You just hold your ground. And that will undoubtedly mean letting the baby, or child cry! But how much and for how long? The answer to this ageless question cannot be reduced to any mathematical formula as some have suggested. Certainly 5 to 10 minutes is not too long for the first round of crying. You can usually make it longer each time. But, each child is a little different. Let your own child cry until the tone of the crying gets just a little too desperate, a little too heart breaking or a little bit out of control, or simply until you can't stand it any longer. Then go into the bedroom, gently quiet the child and leave again. DO NOT scold, yell, punish or spank! (Do not barricade or lock the door for an older child.) And DO NOT stay until the baby or the child is asleep, just until the sobbing ends or the crying subsides to a whimper, and then LEAVE. Expect that you will have to do this a number of times the first night. It may seem like a revolving door. Soon the child will get the idea you are trying to convey: that you are there and that you will bring comfort and security, but that you will not bring food or drink. It is no time to have a party! Make sure he or she knows that you will not be part of the process of falling asleep. This could take quite a while the first night, but it will be worth the investment because it will definitely take less and less time over the following nights. It is a very, very rare child who is not getting themselves off to sleep alone or back to sleep during the night after only three or four nights of this "behavior modification". Consistency is the word! The greatest non-believers have come away amazed at how easy it was and how quickly and painlessly it was all over and settled. Children, even little ones, are remarkably adaptable and respond well to fairness and consistency.

Remember that things will never succeed if you do one thing at bed time and try another approach in the middle of the night. You must also deal with nap time and bedtime in the same way. What we have said about bottles, pacifiers and other tricks we use to get junior off to sleep at bedtime is important enough to repeat. You cannot expect the child to understand your inconsistency if you put him to bed or to nap with the bottle (or other tricks) and deny him the same thing at 2 AM. You will have to establish the same good habits and avoid the same dependencies both day and night. You may have to let him cry at all of these times to solve the problem! It is much kinder to do it all at once and it won't work if you drag it out.

The frightened child is the very special exception to some of this tough-love approach. This kind of child usually starts off doing very well with bed time at a

younger age and at the age of two or more begins to rebel at going to bed. Or he may begin to waken at night crying in bed or coming to the parents' room. Sometimes they just slip into your bed. The child then sleeps soundly but the parents don't! The frightened child may or may not be able to identify the cause of his fear. His fears may be of real or imaginary creatures. He may say he has bad dreams but may not be able to describe them. It is very often a separation anxiety. He may express a fear of going upstairs alone, even by day, or of being alone anywhere. The solution here takes a bit of diplomacy. Explanations and reassurance are certainly the first approach. "Monster spray" liberally applied will convince some of these children that they are no longer in danger. A whistle, a weapon such as a fly-swatter or a prayer may make him feel secure. If he is out of his room try marching the child back to his bedroom and repeating your reassurances. Do this several times. Avoid extremes. Forcefully confining a frightened child in the bedroom will only increase his sense of panic. Lying down with him will only create a new problem of dependency which will not go away easily and which must be addressed sooner or later.

The recommendation is that the parents first need to make quite clear to the child what they consider to be out of bounds. This should include two basic things. Parents' bed is out of bounds and parents should have a right to end their child caring day with some time free for other things. The child has already indicated that, for him, his own bed or bedroom is also out of bounds. We now have what appears to be a stand off. The diplomatic solution is simply to insist that the child goes to sleep but not to insist on where (with exception of the parent's bed). Therefore if the child will go to sleep, without a big scene, on the floor of his room, in the hallway, on the parents floor or (in desperation) even on the couch, then that will be his "bed". But do not get involved in making a comfortable nest for him in these alternate places. If he is big enough and physically able to drag his own blanket, and perhaps pillow, to what ever site he chooses let that be his or here responsibility. Do not get involved in any conversations or other interaction and do not provide any entertainment. Let him know that the day is done! In the middle of the night any frightened, anxious or lonesome child will be immediately satisfied if you suggest that he get his things and make himself at home on your floor.

It never fails! Everyone gets the thing he or she want most and there's no price to pay. No penalty! The floor is not the most comfortable place and junior will often put himself or herself back to bed after a few hours. Sometimes it takes weeks and sometimes even longer but the problem does come to an end all by itself. Even in the worst case scenario, the unidentified fears and anxieties eventually resolve themselves and the night visitations will stop just as mysteriously as they started.

These general ideas can be easily adapted to most any situation. There are many extra little ideas which will provide help in a special case. Please feel completely free to talk with the doctors in the group if you are having any problem with your child's sleep patterns and habits.

Pleasant Dreams!