

Outline of client discussion on

Infant Sleep

What to cover when talking to parents about biological infant sleep.

Listening/responding to your baby is a good thing

You may have heard the saying "if you hold the baby too much you will spoil them", I am happy to share that this is simply not true. Infant research has found that being in close proximity to their caregivers helps babies to regulate their emotions, lowers their stress hormones and regulates their heartbeat.

Add any additional notes you want to say below.

Babies are incapable of manipulation

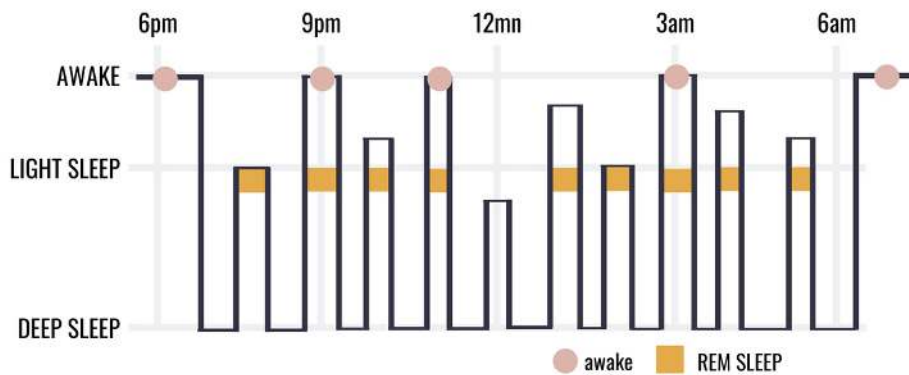
Another common myth/misconception is that when babies are crying they are trying to manipulate their parents. That is also untrue. The prefrontal cortex is the area of the brain that is capable of manipulation. The prefrontal cortex does not develop until much past infancy (0-3 years of age). A baby's brain is not developmentally mature enough to manipulate anyone. So responding to their cries and meeting their needs is a very good/normal thing to do.

Add any additional notes you want to say below.

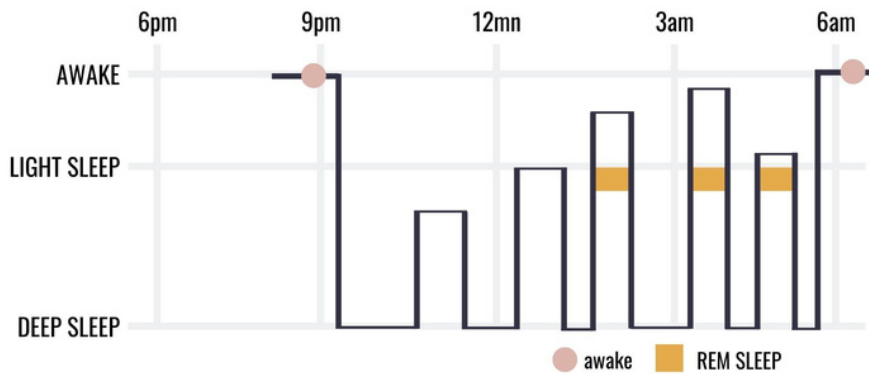
Infant sleep is different than adult sleep

Let's look at the two images below. There is a difference in REM sleep amounts when we compare babies to adults. Infants spend a lot of time in a sleep state where it is easy to wake up. You can see that there are different sleep cycles. The end of each sleep cycle is an opportunity to wake up which is why infants have night wakings. Finally, infants often need co-regulation to link sleep cycles while adults have the skill of self regulation and are better at linking sleep cycles.

TYPICAL BABY SLEEP (60 minute cycles)



TYPICAL ADULT SLEEP (90 minute cycles)



Add any additional notes you want to say below.

The true numbers for 'heathy' infant sleep

Parents want to do the best for the babies. We need to give them the data so that they can relax and scratch worrying about sleep off the list. There is so much misinformation out there and ensuring that you set them off on the right foot is key. Below is the chart outlining age, recommended hours of sleep, the pink flag outlier amount and the amount that would be cause for concern. Remember, it is sleep in smaller chunks rather than all together (see the images above).

Table 2
Expert panel recommended sleep durations.

Age	Recommended, h	May be appropriate, h	Not recommended, h
Newborns 0-3 mo	14 to 17	11 to 13 18 to 19	Less than 11 More than 19
Infants 4-11 mo	12 to 15	10 to 11 16 to 18	Less than 10 More than 18
Toddlers 1-2 y	11 to 14	9 to 10 15 to 16	Less than 9 More than 16
Preschoolers 3-5 y	10 to 13	8 to 9 14	Less than 8 More than 14
School-aged children 6-13 y	9 to 11	7 to 8 12	Less than 7 More than 12
Teenagers 14-17 y	8 to 10	7 11	Less than 7 More than 11
Young adults 18-25 y	7 to 9	6 10 to 11	Less than 6 More than 11
Adults 26-64 y	7 to 9	6 10	Less than 6 More than 10
Older adults ≥65 y	7 to 8	5 to 6 9	Less than 5 More than 9

Add any additional notes you want to say below.

Safe sleep is key

Parents should be taught a full menu available around their sleep options. It is also important that they understand safe bed sharing as it will for sure happen at some point in their parenting journey.

Bed SHARING



BODY FEEDING IS A SIGNIFICANT FACTOR IN THE PREVENTION OF SIDS

BABY IS PLACED ON THEIR BACK TO SLEEP (IT IS COMMON TO FALL ASLEEP ON THEIR SIDE DURING NURSING)

NO GAPS OR WEDGES IN BED

BED IS CLOSE TO THE GROUND

FIRM MATTRESS

A CONSCIOUS CHOICE BY BOTH PARENTS

BABY LESS THAN 1 YEAR OLD SHOULD NOT SLEEP NEXT TO SIBLING

BABY DOES NOT SLEEP WITH A PILLOW OR EXCESSIVE BEDDING

VERY LONG HAIR IS TIED BACK

Add any additional notes you want to say below.

Add any other notes here:

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