

What to expect - Infant sleep

Information for parents and caregivers

As a Parent and Infant Relationship Service we believe in following your infants' cues and responding to needs sensitively to support sleep. There are many resources around infant sleep, however much of the advice given to parents is contradictory, confusing, and out of date with what we now know about infant brain development.

It is important to remember that all infants and parents are unique and that there are many factors that can affect sleep in the early years. Sleep strategies may therefore need to be tailored to individual families and their needs.

Advice in this leaflet is based on findings from research.



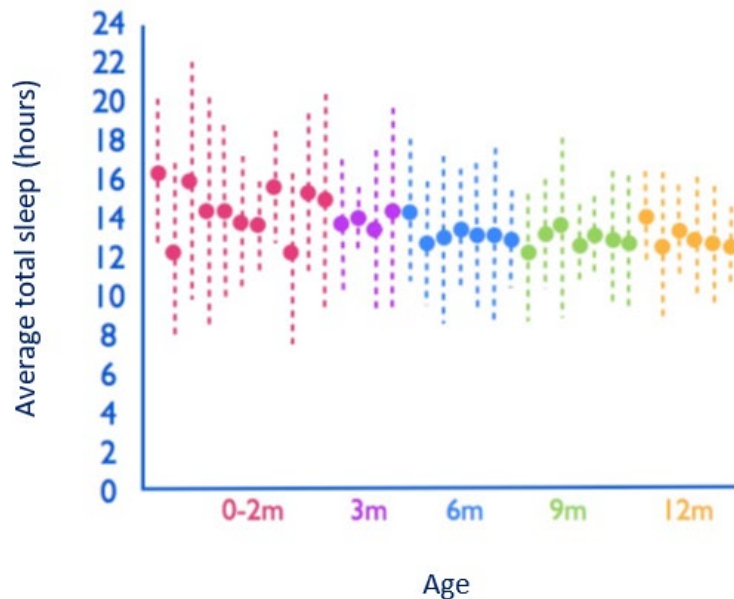
Lothian **P**arent and **I**nfant **R**elationship **S**ervice (PAIRS)



What we know helps infant sleep during the first 12 months of life

- Parents understanding infant's need for sleep, tiredness cues, and infant sleep cycles
- Establishing a positive bedtime routine and implementing positive sleep habits
- A secure attachment – a positive, safe, and secure relationship with a caregiver
- The infant being given the opportunity to practice falling asleep and maintaining sleep on their own.

Variation around sleep duration in the first year



This graph illustrates that even for infants of the same age there is big variation in how much sleep they appear to get. Some infants may sleep more, some infants sleep less. Both is okay.

We would encourage parents to trust that they know their infants best in terms of what is the optimum amount of sleep for them and recognise this may vary over time.

Understanding the impact of development on sleep

When a child reaches a development leap, it can lead to a period of disorganisation. This sometimes presents as a change in your baby's sleep, mood and interactions. They may have more frequent night wakings, they may become more unsettled and no longer show an interest in the things that once soothed them. This is in response to the huge physiological, emotional, and mental changes your infant is going through.

There are several development points where a period of sleep disruption can occur. These are:

- Newborn
- Three Weeks
- Six to Eight Weeks
- Four Months
- Seven Months
- Nine Months
- Twelve Months
- Fifteen Months
- Eighteen Months
- Two Years
- Three Years

Not every child will experience this disruption to the same degree but if your infant has had a sleeping pattern and then suddenly it changes, it could be related to them learning new skills associated with each of these development points. This is normal and the period of disorganisation is temporary.

The universal health visiting pathway is set out so that your child's health visitor will make contact around or in between these points. If you would like support outside these times, you can contact your Health Visitor.

Sleep practice recommendations for children aged 1-12 years

Strong evidence for what helps:

- Ensuring that children nap, go to bed, and wake up at times that allow them to obtain age-appropriate amounts of sleep
- Establishing bedtime routines
- Limiting access to electronics during and after bedtime by removing them from children's bedroom
- Children learning how to settle to sleep in their own beds without parents, so that they do not become dependent on parental presence to fall asleep at bedtime or after night wakings.

Moderate evidence for what helps:

- Bedtimes no later than 9pm
- Maintaining a regular sleep schedule with consistent naptimes, bedtimes, and wake times
- Establishing a positive atmosphere in your child's living environment
- Ensuring children's emotional needs are met during the day, e.g. such as the need for connection, play, attention and physical comfort etc.

Cry It Out

We do not recommend controlled crying 'cry-it-out' techniques for any age. There are a number of reasons for this:

- The theoretical basis for controlled crying is not clear and as a practice it may work against what is known currently about the impact on children's long-term emotional and social development.
- The effectiveness of controlled crying is not clear, with research showing that results may be short-lived.
- Recent research recognises that controlled crying may have a negative effect on parental mental health.
- Controlled crying is not appropriate with older children. One issue with controlled crying as a strategy for infants is that it leaves parents with no skills or resources once their children are too old for it. This can have a significant effect on parental confidence. Alternative strategies can be adapted as children grow, allowing parents to follow a consistent approach and feel able to meet their child's needs at any age.
- Controlled crying is not appropriate for children with additional support needs (ASNs). As many ASNs do not present until after the early years, it is not possible to make an informed decision about using the controlled crying technique during infancy.

Summary

What does this mean for me as a parent/caregiver trying to support my infant with sleep?

- Follow your infants' cues
- Establish a consistent bedtime routine
- Respond to distress in your infant
- Stay calm and try to use co-regulation to settle your infant
- Draw on your support system around you
- Remind yourself that variation and changes in sleep are normal and biologically required due to the huge physiological, emotional, and mental changes that your infant is going through.

Further support

Sleep tips can be found here:

<p>Sleep Scotland:</p> <p>https://sleepaction.org/sleep-support/children-families/gateway-to-good-sleep/how-to-get-a-good-nights-sleep/</p>	
<p>Basis:</p> <p>www.basisonline.org.uk</p>	
<p>Cry-sis:</p> <p>www.cry-sis.org.uk</p>	
<p>Parent Club:</p> <p>www.parentclub.scot/topics/sleeping/sleeping-tips</p>	

References

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