SLEEP WRECKED KIDS

HELPING PARENTS RAISE HAPPY, HEALTHY KIDS, ONE SLEEP AT A TIME

BY SHARON MOORE

Contents

How much sleep do you need?

	Number of hours sleep	Percent of day
Newborns: 0–3 months	14–17	58–71%
Infants: 4–2 months	12–16	50–67%
Toddlers: 1–2 years	11–14	45–58%
Preschoolers: 3–5 years	10–13	42–54%
Children: 6–12 years	9–12	37.5–50%
Teenagers: 13–18 years	8–10	33–42%
Adults: 18+	7–9	29–37.5%

SLEEP HISTORY SCREENING: SSS DISTURBED REST

Parent Questionnaire: Answer **yes** or **no** to each question exploring your child's sleep habits

Name: Age: (years/months) Date:

			yes	no
S	Sleeping	can you hear your child breathing while they sleep?		
	While sleeping does your child ever...	snore?		
		appear to hold breath or stop breathing?		
		gasp or wake with a startle?		
		'work hard' to breathe		
		have their body in odd positions?		
		have their head extended back?		
		grind their teeth		
		breathe with their mouth open?		
		leave drool on the pillow?		
S	Sleepless Does your child...	have difficulty getting to sleep?		
		have difficulty staying asleep?		
		wake middle of the night and have trouble going back to sleep?		
		sleep lightly and are they easily roused		
S	Sleepy Despite adequate hours of sleep does your child...	wake slow?		
		wake groggy and moody?		
		wake with a headache?		
		experience day time sleepiness?		
		appear lethargic or hyperactive during the day?		
D	Disturbed sleep Does your child...	have nightmares?		
		have nightmares and not remember next day?		
		sleep walk or talk?		
		wet the bed?		
		toss and turn?		
R	Restless Does your child...	have fidgety legs?		
		growing pains?		
		wake in a tangle of bedclothes? Or on the wrong side of the bed?		

Q	Sleep quantity How many hours sleep does your child get, on average, in a 24-hour period including naps? Circle the number closest to the usual sleep hours your child gets	**15–17**	**13–14**	**11–12**	**10–11**	**9–10**
		8–9	**7–8**	**6–7**	**Less than 6**	
		Do you believe your child is getting enough sleep?				
Q	Sleep quality	Do you believe that your child has good Sleep Quality consistently?				

NIGHT-TIME SHENANIGANS						
TRAITS at night		My child is like this:				
		never	rarely	occasionally	often	always
In the lead-up to bed time – my child	gets a second wind: is wound up or wired					
	is unable to follow easy instructions					
	becomes teary or grumpy					
	refuses to get ready for bed					
	falls asleep in places other than bed					
Going to bed and to sleep – my child	refuses to go to bed					
	becomes agitated					
	uses delay tactics and excuses					
	is unable to go to sleep without being held or having someone in the room					
	is unable to wind down					
	is afraid to go to sleep					
	takes more than 10-15 minutes to go to sleep					
	has difficulty falling to sleep					
Once asleep – my child	wakes and calls out at night					
	wakes and gets into someone else's bed during the night ('musical beds')					
	wakes and is afraid					
	gets into strange body positions					
	wakes numerous times					
	sleeps lightly/easily roused					
	wakes and is unable to go back to sleep					
	wakes or talks during sleep					
	has nightmares					

DAYTIME SHENANIGANS							
TRAITS during the day – my child		My child is like this:					
		never	others see it	rarely	occasionally	often	always
Emotional	is grumpy						
	is a worrier						
	is irritable						
	is scared/fearful						
	is sad						
	is short tempered						
	is sensitive						
	is unable to see 'reason'						
	has sudden mood swings						
	has emotional outbursts						
Social	is uncooperative						
	is prone to fights						
	appears not to listen						
	is clingy						
	is argumentative						
	interjects/interrupts a lot						
	does not like the word 'no'						
	has difficulty making or keeping friends						
	is oppositional or defiant						
Learning	is easily distracted						
	is unable to focus, concentrate or pay attention						
	is 'spaced out', a dreamer						
	does not communicate as well as other kids the same age						
	is 'behind other kids of the same age						
	is not doing as expected for ability level						
	is challenged by problem solving						
	can't follow instructions						

DAYTIME SHENANIGANS							
TRAITS during the day – my child		My child is like this:					
		never	others see it	rarely	occasionally	often	always
Behaviour	is whingey and whiney						
	is unmotivated						
	is agitated						
	is easily frustrated if unable to do something						
	is wired						
	is disruptive						
	can be aggressive or a bully						
	is forgetful						
	behaves like a child with ADHD						
	appears not to listen or hear						
	is unable to regulate undesirable behaviour						
Physical	avoids activities like swimming/running						
	falls asleep at inopportune times						
	can't sit still						
	constantly on the move						
	fidgets excessively						
	is lethargic						
	is sleepy						
	has a lot of energy						

MY CHILD'S SLEEP ENVIRONMENT					
ENVIRONMENTAL FACTORS My child or my child's...	**The environment is like this:**				
	never	**rarely**	**occasionally**	**often**	**always**
room is noisy at sleep time					
sleeps with a light on					
room is hard to keep cool or warm (season dependent)					
goes to bed upset					
sleeps with a pet					
says they get cold during the night					
says the bed covers are too hot					
kicks off the bed covers					
says they can't get warm					
goes to bed in a 'hyper emotional' house					
room has no blinds to keep summer light, street light or early morning light out of the room					
complains her/his pyjamas are uncomfortable					
says he/she feels scared going to bed					
has screen time within an hour of their bedtime					
has a TV or screen in the bedroom					
seems affected by our current family challenges					
alert at bedtime, there's a lot going on in the house					
appears upset by events going on in the family at the moment					
shares their room when we have visitors					
shares a room with a restless or noisy sleeper					

MY CHILD'S SLEEP ROUTINE					
My child...	**The routine is like this:**				
	never	**rarely**	**occasionally**	**often**	**always**
goes to bed at a different time every night					
chooses their own bedtime					
has a snack right before bed					
drinks barely any or no water during the day					
has an unpredictable routine in the leadup to bedtime					
has no 'wind down' activities before sleep, e.g. bedtime story, bath, meditation					
is not sure how to get ready for bed by him/herself					
refuses to go to bed when asked					
resists going to bed					
is revved up and energised at bedtime					
demands a drink before bed or during the night					
insists on 'lights on' at bedtime and during the night					
stalls or uses delay tactics at bedtime					
falls asleep in places other than their own bed					
needs lots of help and coaxing getting ready for bed					
calls out asking for things once in bed before sleep					
takes more than 15 minutes every night to fall asleep					
takes more than 30 minutes every night to fall asleep					
wakes in the middle of the night and comes into parent's or sibling's bed					
wakes in the middle of the night and cannot go back to sleep without a parent to help					
has to be woken in the morning					
is grumpy and slow to wake in the morning					

AIRWAY RED FLAGS						
TRAITS		My child is like this:				
		never	rarely	occasionally	often	always
Once asleep: what do you **hear**? – my child	appears to hold breath or stop breathing					
	gasps for air					
	snores					
	wakes with a startle or gasp					
	makes choking sounds					
	has short, fast breathing					
	has to be upright to sleep					
	has audible or loud breathing					
	grinds their teeth					
Once asleep: what do you **see**? – my child	works hard to breathe (see chest or tummy straining)					
	has their body in odd positions					
	has their head extended back					
	appears to be 'breath-holding'					
	sweats					
	wakes sitting up in bed					
	tosses and turns or has fidgety legs					
	breathes with an open mouth					
	drools on the pillow					
Once asleep: what **happens**? – my child	has nightmares					
	sleeps lightly/easily roused					
	has parasomnias (walks or talks in sleep)					
	wets the bed					
	sleeps in unusual positions (e.g. snail)					
	has strings of saliva on their shoulder or pillow					

AIRWAY RED FLAGS						
TRAITS		My child is like this:				
		never	rarely	occasionally	often	always
On waking: what **happens?** – my child	has morning headaches					
	wakes slowly					
	is moody					
	looks tired					
	has to be woken					
	wakes in a tangle of bed clothes					
	is groggy					
	is tired in the day, despite long sleep hours					
	avoids physical activities					
	has poor morning appetite					

MYO FUNCTIONAL & DENTAL RED FLAGS

TRAITS	How does your child look? How does your child sound? How do your child's muscles work?	My child is like this: Yes	No	I don't know
How the face mouth and throat look – my child has	puffy eyes			
	dark circles			
	dry lips			
	short upper lip that barely moves			
	a lower lip that dominates or sits out from the upper lip			
	tongue sits low and forward or is out of the mouth			
	tongue is always visible			
	tendency to drool, has a wet mouth or lips or rash around the mouth or wet shirt			

If you are not sure about the following, have a professional examination. Ask your dentist, orthodontist or orofacial myofunctional practitioner.

Examination found:

Face:	long, narrow face shape			
	lower jaw looks 'set back' or small			
	middle face bones or cheeks are flat/under-developed			
	weak or droopy facial muscles			
	small face, small mouth			
	lower jaw growing down and back rather than forward			
	found facial 'thirds' (horizontal, not in harmony)			
	found facial 'fifths' (top to bottom not in harmony)			
Mouth:	inside the mouth looks crowded and 'full of tongue'			
	tongue tie or other tethered oral tissues (TOTs)			
	a cross-bite			
	an open bite			
	an over jet			
	an overbite			
	an upper jaw that is high arched and narrow			
	scalloped or geographic tongue			
	'missing' teeth (agenesis)			
	late teeth eruption			
	unexplained tooth decay			
Throat:	elongated uvula			
	examination found enlarged tonsils (not necessarily tonsillitis)			
	found enlarged adenoids (X Ray)			
	narrow faucial arches			
	'low hanging' velopharynx			
	distance from back of tongue to pharynx appears restricted			

MYO FUNCTIONAL & DENTAL RED FLAGS					
TRAITS	How does your child look? How does your child sound? How do your child's muscles work?		My child is like this:		
			Yes	No	I don't know
How the face mouth and throat **sound** – my child	**Speech:**	sounds 't', 'd', 'n', 'l', 's' and 'z' are made with the tongue too far forward			
		speech distortions because of tongue position; 'sh', 'ch', 'j', 'zh', 'r'			
		unexplained speech delays			
	Resonance:	blocked 'stuffy' nose sound			
		sounds like air is escaping through the nose during speech			
	Voice:	rough deep or hoarse voice			
	has a coughing and throat clearing habit				
	has audible breathing				
	becomes breathless with activity				
How the muscles of the face mouth and throat **work** – my child or – my child's	breathes through their mouth				
	chews their food fast				
	barely chews				
	chews with an open mouth				
	has food left over in the mouth after swallowing				
	chews noisily				
	avoids eating chewy/crunchy food				
	eats mostly soft texture food				
	swallows noisily				
	makes a facial grimace or tightens their lip/chin muscles while swallowing				
	has a tongue thrust swallow				
	tongue is visible while talking/eating				
	has their tongue out a lot while playing or concentrating				
	has a forward head posture				
	has a slumped posture				
	dribbles and drools				
	drinks regularly from a spouted/sippy cup				
	drinks regularly from any spout or baby bottle				
	sucks their thumb/finger/dummy or other objects				

MEDICAL RED FLAGS				
These are things your GP or medical specialist may have diagnosed or you may consult with them about your child. Does my child have...	**My child is like this:**			
	Yes	**If yes, describe**	**No**	**I don't know**
Structural abnormality of the upper airway with underlying medical diagnosis				
Predisposing conditions including: any airway tissue inflammation				
Atypical or non-ideal airway growth and development (not syndrome) **(see myofunctional and dental red flags)**				
Cranio-facial syndrome				
Neuromuscular disease				
Genetic disorder				
Connective tissue disease				
Metabolic storage disorder				
Other medical or dental red flags				
Other upper airway issues				
Nasal obstruction, frequently blocked nose				
Middle ear fluid (effusion)				
Coughing at night				
Reflux or history of reflux				
Stuffy, nasal voice				
Hoarse or deep voice				
Sinus				
Habitual cough/throat clearing				
Other medical				
Weak immune system, always sick, seems to catch everything, 'out of sorts'				
High blood pressure				
Eczema				
Obesity				
Your paediatrician diagnosed				
Delayed milestones				
Difficulty with pre-literacy and numeracy				
Difficulty with literacy and numeracy				
Bedwetting continues, even though day training is successful				
General developmental delays				
Height and weight not as expected for age				
Autism spectrum				
ADHD or other behavioural issues				
Eating difficulties/restricted diet/sensory issues/ food intolerances				
Family history				
Ethnicity (Asian or Afro-American)				

Appendices

Appendix A: Building good sleep habits for babies

'When babies don't sleep, seventy per cent of mothers have aggressive thoughts and fantasies.'

– DR O. BRUNI[232]

Sleep is essential to babies' brain development, helping babies learn to develop memories, rejuvenate from the day before and prepare for the day to come. Growth hormone (somatomedin) is released while babies are in deep sleep, ensuring they grow well. A well-slept baby is a happy baby.

However, overnight waking is a reality with babies, at least for a while. Newborns and young infants require a lot of attention through the night, as they need frequent feeding and nappy changes. 'The books' say that once your child is six to twelve months old they should be able to sleep through the night on their own, but many babies don't sleep through the night for the first twelve months. It's not uncommon for babies to have night-time feeds for their first year, with some continuing up to eighteen months.

When a baby is not sleeping well, it affects not just the baby but also family dynamics and parents' mental health. New mums are often exhausted and have limited support systems. Some even feel guilty if their child doesn't fit with the textbook or expected norms. It's hard to function at our best and be the parents we want to be when we are not getting the sleep we need, but with babies this can be a real Catch-22. How do you get the sleep you need when your baby is not sleeping?

232 Bruni, 'Insomnia: Clinical and Diagnostic Aspects'.

How to help your bub get a good night's sleep

Good sleep for a baby follows the same formula as everyone else's: quality plus quantity.

In a twenty-four-hour period, the ideal quantity is as follows:

AGE	SLEEP REQUIRED	
Newborn–2 months	16–18 hours	8–9 hours at night
		7–9 hours in naps throughout the day
2–4 months	14–16 hours	9–10 hours at night
		4–5 hours across 3 naps
4–6 months	14–15 hours	10 hours at night
		4–5 hours across 2–3 naps

How can you help with this? Setting up your baby's sleep environment and their routine, along with gentle nurturing, will help a lot.

Your baby's sleep environment

Sleep is not black or white, and babies wake for so many different reasons. When looking at baby's sleep, not only is it important to note what's typical for their age and how to set up and establish positive sleep habits and associations but also to consider and be respectful of their sleep environment.

Tracy Newberry is a sleep coach with a passion for helping babies learn to sleep well in a kind, loving way without using any crying. She has taught hundreds of parents how to help their littlies sleep well gently.

If you think babies are unaware of their environment and should be able to sleep anywhere, think again! Once Tracy helped a mum with her little boy who wasn't sleeping very well. On walking into the baby's room, the reason for his troubles was plain to Tracy. The family lived in a large house with the baby's room on the top floor. It was a massive room with a huge floor-to-ceiling window spanning an entire wall. Before the baby

was born, this room was used as a storage room. However, this baby arrived early, and his parents didn't have the time to get it in order. They had even less time to work on it after his arrival, so the room was still a storage room. There were pots of paint on the floor, spare tiles piled high, tools and building equipment shoved in corners and a tall ladder leaning against a wall. While he was still too young to crawl and get into trouble with all the dangerous objects around him, the atmosphere in his room was not conducive to sleep at all.

Tracy moved this poor bub's nursery to a better room in the house, setting it up to be conducive to sleep with Feng Shui principles and introducing white noise and blackout blinds. She added a nap time and bedtime routine, making both easier. Tracy and his mum also looked at his awake times to find the ideal time he needed to be put down for a nap before becoming overtired, which was then making it harder to sleep. Mum invested in a high-quality mattress and bedding, corrected the temperature in the room, she chose the appropriate tog sleeping bag to use and dressed him in 100 per cent organic cotton for sleep times. Mum also doubled up on the nappies as often he would leak through (which then woke him up).

After this, he slept like a baby!

The environment in which your baby sleeps plays a significant part in how well they sleep. Often this is overlooked, but when we think about it logically, everything that affects an adults sleep affects a baby's sleep in just the same way.

You want your baby's room to feel peaceful, comforting and safe – a place to unwind. Here are some tips to achieve this:

Light

Light stimulates a baby's eyes to tell them it's time to wake up. Use blackout blinds on the windows and roll up a towel or blanket and place it outside at the foot of your baby's door to block out any light streaming in.

Make sure no visible lights are coming from your electrical appliances, such as your baby monitor, and cover any lights that could disturb your little one's sleep.

Noise

Just like us, surrounding noise can disturb a little one's sleep. Use white noise to mask your everyday household sounds as well as outdoor noise (dogs barking, sirens wailing), which could disrupt your little one's sleep.

White noise is repetitive and calming, often mimicking sounds of the womb, which can be incredibly soothing and help babies stay asleep for longer. An example of White Noise is sounds of a womb, heartbeat, fan, vacuum cleaner, rain, ocean, seashore, shushing or hushing and noise of a hairdryer.

White noise is helpful both for naps and to use all the way through the night. You can use a phone app like White Noise, or buy a dedicated white noise machine. Whatever you use, it should be played at a volume that masks both indoor and outdoor noise, but it shouldn't be so loud that it disturbs your baby's sleep.

Bedding

We all like to sleep in a comfortable bed on soft bedding. Make sure your baby's sheet is pulled tightly over the mattress and that it's not crumpled up or bunched anywhere. Your baby's cot should be sturdy and stable. Do not place your baby to sleep in a travel cot unless you are travelling.

Invest in a high-quality foam mattress covered with a waterproof mattress protector. Use 100 per cent organic cotton or bamboo cot sheets.

Sleepwear

The best type of material to dress your baby in for sleep is 100 per cent organic cotton. It's breathable, soft on baby's skin and is passed through several processes to remove germs and bacteria, helping to prevent dust mite growth.

One hundred per cent organic cotton also helps absorb moisture from your sleeping baby, keeping them dry and comfortable, helps regulate their temperature and gives them a sense of comfort.

Make sure there are no labels, which could aggravate sleep. Cut all the tags off. Also, make sure to dress your baby appropriately for the room temperature.

Resource for parents: the Gro Company in the UK makes some suggestions about what to dress your baby in, depending on the room temperature:

https://gro-store.com.au/blogs/news/how-to-dress-baby-for-sleep
http://gro.co.uk/what-to-wear/

Temperature

The ideal temperature for a baby's room is between 16–20°C. Dressing your little one appropriately for their room temperature is crucial for their sleep.

When a baby's room is too warm, or they are dressed too warmly, melatonin (the sleep hormone) is inhibited, and your little one may find it much harder to fall asleep and stay asleep.

No one likes to feel stuffy and hot when they are trying to sleep, especially babies who can't move and kick the covers off or stick a leg out of bed to help themselves cool down, like we adults can. The room should not get too cold either, as that will affect sleep also.

Other sources of discomfort

If your baby is experiencing pain or discomfort somewhere in their body, they will struggle to fall or stay asleep. They might be suffering from reflux, silent reflux, eczema, allergies or food intolerances, which might be coming through from mum's diet or other foods a little one is eating.

Environmental allergies can also create skin, upper airway or digestive discomfort. Actively seek medical help to relieve their symptoms and discomfort as soon as possible, making this your main priority.

Finally, when it comes to preparing your baby's room, start early. In an ideal world, your baby's room will be ready before the baby comes.

Your baby's sleep routine

As night falls, signals of dark and quiet kick in. Babies start to settle into a concept of night and day and a twenty-four-hour rhythm. Establishing a routine (along with improving the sleep environment) will facilitate this.

Here are some ideas to improve your baby's sleep routine:

In the morning

Open the curtains on waking to allow daylight to stream through your house, helping your little one's brain and body to begin to distinguish the difference between night and day.

During the day

Engage in age-appropriate activities, get plenty of fresh air and daylight, establish a gentle structure to the day which allows both you and baby to know what comes next, such as a feed, nap or activity.

Resource for parents: Try to spot your baby's tired signs before they become overtired:

https://www.facebook.com/HappyBabyAndMe/photos/a.571281069598295.1073741828.570781012981634/1618242978235427/?type=3&theater

Nap time

Naps are imperative, and it's so important to learn what your little one's tired signs are and get them to sleep when their sleep window is 'open'. It becomes much harder to put a little one down to sleep when they are overtired because their bodies begin to secrete cortisol and adrenaline (the stress hormones) to help them cope. It can also be challenging for a baby to fall asleep and stay asleep if you try and put them down to sleep too soon, as they haven't yet built up enough sleep pressure to allow them easily to drift off to sleep again.

Resource for parents: knowing your baby's awake time is key to calm, restful naps:

http://www.happybabyandme.com/why-knowing-your-babys-awake-time-is-key-to-calm-restful-naps/

Once you spot your baby's tired signs, reduce stimulation and start getting your baby ready for his nap by doing a short nap routine. Having a nap routine will help your baby understand what comes next (sleep). It also establishes positive sleep associations for the future, helps transition from 'play mode' to 'sleep mode' more easily, making it easier for your little one to calm, settle and fall asleep.

Here is Tracy's guide for 'awake times' between naps, according to the age of your baby:

Age	Awake time
0–12 weeks	45 minutes –1 hour
12–16 weeks	1 hour 15 – 1 hour 30
17–25 weeks	1 hour 30 – 2 hours
6–8 months	2 hours
9–12 months	3–4 hours
13 months–2.5 years	5–7 hours

Resource for parents: Tracy's sleep progression pyramid:
http://www.happybabyandme.com/sleep-in-the-first-year-whats-normal/

Feeding

Growing babies are often hungry at least every three hours in the day. Breastfed babies often need to feed more frequently because the body digests breast milk faster than formula. Feeding your baby before sleep ensures a full tummy, which will help them settle. A good feed also helps your baby become sleepy and go to sleep more readily.

Resource for parents: Tracy's guide '39 Tips to help Your Baby Sleep Well': http://www.happybabyandme.com/free-resources/

If your baby is waking frequently and feeding to resettle, the question is why. There are so many factors that influence sleep and cause a baby to wake such as medical issues, discomfort, temperature or environment. Working out the reason for waking is paramount to both yours and baby's sleep. A rough guide for night feeds: at six months, two to three feeds; at twelve months, up to three feeds.

Preparing your baby for bedtime

Introducing a little bedtime routine helps to set the scene for sleep, show your baby what's coming next and end the day beautifully.

It should be one smooth flowing process made up of predictable steps which you repeat every single day, for example, bath, get dressed, massage, cuddle, story, lullaby and feed.

Lullaby

A lullaby acts as an excellent sleep association. By using the same lullaby every night, you help signal to your little one that it's sleep time.

Bedtime routine

Even from the very early days, a bedtime routine helps to establish positive sleep associations and will benefit both you and baby in preparing for the night ahead, but you may not see the desired results straight away. It takes up to four months for a baby's circadian rhythm (body clock) to establish and for them to fully differentiate between night and day.

Going to sleep

Babies' bodies are sensitive to light cues. Use this to your advantage in setting the scene as part of your bedtime routine.

Either after your little one's dinner or before you run the bath, do a walk around your house and set the scene, creating an ambient, calm feeling as you prepare your baby's body for sleep and bedtime.

Take it all down a notch by closing all the blinds and curtains and dimming the lights. Prepare your baby's room thoroughly, making sure it's all ready for bedtime so that when you take your little one out of the bath you have everything you need already set out, such as pyjamas, nappies, cream, sleeping bag and so on. The room should be dimly lit.

Once your baby is dressed and ready for bed, switch off all lights and feed your baby. A feed will help your baby get calm, relaxed and sleepy. It will also ensure your little one is full before going down to sleep. After your baby has fed and is sleepy, you can gently pick them up and put them down into the cot. Hopefully, at this point, baby will still be sleepy and will continue to fall asleep easily. Gently shush-pat or stroke baby's head, hair or cheek to help with falling asleep if you need to.

Babies wake for many reasons. One such reason is that baby is going through a sleep regression or about to reach a developmental milestone.

Babies go through many developmental leaps and phases that affect sleep in different ways. One is the four- or five-month sleep regression. This is the age where babies go through an incredible and massive developmental leap, and this regression is likened to that of a newborn's sleep.

Your baby may fuss a lot and seek a lot of reassurance and attention from you. With more broken nights than usual, a cranky baby who only wants to be up in your arms all day and naps that may prove tricky, it can be one of the hardest developmental leaps you'll go through in the first year.

This phase is often tiring for parents, but it is incredibly important for babies. It's really as if, during this time, they are awakening. No more the sleepy newborn baby, their senses are heightened, they can see further and are beginning to recognise faces and voices. You may find your little one less comfortable being passed around to loving friends and family and instead seeking your reassurance and comfort, making the room know it until reunited with you. Their sense of touch improves as well as their ability to move and communicate through speech (babbling) and facial expressions. It's a whole new world for them, and one that can be overstimulating and overwhelming to the senses. Once you understand this, you can more easily find understanding, compassion and empathy for your baby and see the world through his eyes, giving him all the love, reassurance and comfort he needs to get through this big leap, while he learns and makes sense of so much more.

Another phase that can often feel challenging to parents, is the eight- or nine-month separation anxiety phase. Separation anxiety peaks at around eight months. It will then come and go throughout a baby's first two years where it eases. During this time sleep is often affected, resulting in babies needing more reassurance and comfort for both nighttime sleep and daytime sleep.

Night weaning

When feeding at night, keep feeds quiet and keep lighting to a minimum. It is common for a baby to have a night feed up until eighteen months, and sometimes longer depending on the child. You can attempt to gently night wean between twelve and eighteen months, but if it's a struggle, it may just mean your baby is not developmentally ready. You should wait and try a few months later.

Managing sleep when there are siblings or new babies in the house

When there are other toddlers or older children in the house, bringing a newborn into the home has additional challenges for everyone. Often the second baby (and others to follow) has to cope with more noise and excitement, and naps may happen in the pram or a sling while parents juggle the demands of the new baby and the other children. It is, without a doubt, more challenging for those with more than one little one. However, the same routine and environment tips still apply. Wearing your baby in a sling or doing naps in the buggy can be helpful when you're on the move with other children.

Go with the flow as much as possible until your youngest is a little older and sleep is more controllable.

Life is super exciting for little ones, and they need a chance to be able to transition from awake to sleep. You can't just expect them to go down for their nap or at bedtime without any pre-warning. Encouraging the right activities in the day and establishing a nap time and bedtime routine will allow your little one some time to calm and relax before sleep. Daytime sleep and night-time sleep work hand in hand. The better the daytime sleep, the better the night-time sleep.

More advice for new mums and bubs

These tips have been adapted from Tracy Newberry's blog, and she has many more gems where these came from. Visit happybabyandme.com for more tips.

Appendix B: Bedtime stories to help your kids sleep

A bedtime story before sleep can help a child feel safe, set the scene for sleep, settle daytime challenges, anxieties and bad moods and help a child build emotional literacy.

As discussed in Chapter 4, you can get creative and construct your own story for your child that will interact with their dreams, integrating resilience and coping into their thinking when they are faced with real-time problems.

You can also find books that have been written to address sleep issues or things that could be hampering good sleep routines. Here's a list of stories I recommend.

Emma Yarlett, *Orion and the Dark* (Surrey, UK: Templar, 2015).

- This story creates an opportunity to talk about bedtime fears and how to quell them.

Mylisa Larsen and Babette Cole, *How to Put Your Parents to Bed* (New York: HarperCollins, 2016).

- Once your kids practise putting you to bed, then it's your turn to put them to bed. It works like magic – be prepared to participate.

Karma Wilson and Jane Chapman, *Bear Snores On* (New York: Margaret K. McElderry Books, 2002).

- When kids watch others sleeping, being sleepy or going to sleep, it helps them feel sleepy too.

Deborah Sosin and Sara Woolley, *Charlotte and the Quiet Place* (Berkeley: Plum Blossom Books, 2015).

- Finding quiet and focusing on breathinghelps Charlotte feel better, and it will slow down your littlie too.

Mary Logue and Pamela Zagarenski, *Sleep Like a Tiger* (Boston: Houghton Mifflin Books for Children, 2012).

- This is another story that mirrors an animal slowing down and getting ready for bed.

Linda Smith and Marla Frazee, *Mrs Biddlebox* (New York: HarperCollins, 2002).

- We can all relate to being cranky and the relief once it's turned around by sleepy time. This is great story for putting daytime tensions to rest.

Margaret Wise Brown and Clement Hurd, *Goodnight Moon* (New York, NY: HarperTrophy, 2010).

- This sweet book takes bunny through the ritual of saying goodnight to everything one by one, with lovely references to the quiet, gentle sounds and the soft light – all triggers for winding down to sleep.

Sandra Boynton, *The Going to Bed Book* (New York: Little Simon, 2012).

- This book is just right for winding down the day as a joyful, silly group of animals scrub, scrub, scrub in the tub, brush, brush, brush their teeth, and finally, rock and rock and rock to sleep.

Ole Risom and Richard Scarry, *I Am a Bunny* (New York: Golden, 2010).

- A sweet, gentle story about snuggling up for winter (night-time) and waking again in spring (morning).

Lisa McCourt and Cyd Moore, *I Love You, Stinky Face* (New York: Scholastic, 2004).

- This is a vividly illustrated bedtime story that shows how the unconditional love of a mother can be tested through the relentless questions of her little boy.

Georgiana Deutsch and Ekaterina Trukhan, *10,9,8… Owls up Late!: A Countdown to Bedtime* (San Diego, CA: Silver Dolphin Books, 2017).

- One by one the little owls all fly to the nest, with lots of suggestive, sleepy words along the way and the repetitive phrase, 'It's time to rest'. It's a warm and loving story.

Chris Haughton, *Goodnight Everyone* (Somerville, MA: Candlewick Press, 2016).

- The little bear tries very hard to stay awake, but sleep becomes way too hard to resist.

Dr. Seuss, *Seuss's Sleep Book* (New York: Random House, 2012).

- The kooky drawings of billions of creatures drifting into sleep are highly suggestive, and many kids won't make it to the end of the book. This is a good one for school-aged kids.

Betsy Childs and Dan Olson, *The Girl Who Got out of Bed* (United States: Childpress Books, 2013).

- The clever dad in this story teaches the age-old counting trick to bring on the morning. Read it – as long as it does not give your little one ideas for more excuses to get out of bed!