



Your Baby's Sleep Is
NORMAL

AND YOU'RE
AN AMAZING PARENT!

CERTIFIED BABY-LED SLEEP AND WELL-BEING
SPECIALIST

LAUREN HEFFERNAN

Your Baby's Sleep Is *Normal*,
And You're an Amazing Parent!

Written by Lauren Heffernan

@ 2019 Lauren Heffernan
All rights reserved. Published in Canada.

Toronto, Ontario
www.islagrace.ca

No part of this book may be used or reproduced in any manner whatsoever without the prior written permission of the publisher, except by a reviewer who may quote brief passages in a review.

Issued in electronic format.
ISBN 978-1-XXXXX-XXX-X (epub)

Table of Contents

Introduction

My baby can't self-soothe

At four months old, my baby is up all night long

My baby only takes thirty-minute naps

My baby is up sometimes for an hour in the middle of the night

My baby will only nurse to sleep

My baby won't go to sleep drowsy but awake

My baby will only nap on me and won't sleep in their crib

My baby sometimes cries for no reason

My baby will not sleep independently

My doctor is telling me that night waking is a problem and I better sleep train

My baby will only nap on the go

My six-month-old baby only wants me

My baby's wake windows are not the same as the books say, and my baby seems to be fighting sleep

I am trying to train my baby to sleep and it is not working

My baby was only waking twice at night, and now they are waking up four times

My baby wakes up every two hours all night long

Conclusion

References

Introduction



Most baby sleep problems are not because babies sleep like babies but because we expect them to sleep like adults.

—Sarah Ockwell-Smith, *The Gentle Sleep Book*

I love Dr. Gordon Neufeld’s message to new mothers: “You are not alone. Nature has been doing this for eons and is only looking for a helping hand. We are worrying about way too much” (2013).

I am dedicating this mini-ebook to all the mamas out there who feel like they are somehow failing their little ones because they aren’t sleeping the way that the books and experts are telling them they should be sleeping.

I am dedicating this book to all the mamas who have been shamed into believing that the natural things they do, the instinctual things they do, such as nursing and snuggling to sleep, are somehow bad habits or negative sleep associations.

I am dedicating this book to all the mamas who are seeking support and

therapy for the anxiety they now feel around this need to control their baby's sleep and the failure they feel when they can't.

This ebook is for every mama out there who just needs real facts about what is normal in the first year of having a baby.

I have always dreamed of writing a baby sleep book. But I decided that instead of writing the typical "you are failing, there is a problem with what your baby is doing, you need to read more books" type of book, I would create the opposite. Because remember back in the day when we didn't have experts and books, and our parents and their village absolutely knew what they were doing? Well, you do too!

If this ebook gets into the hands of anyone working with new mamas, then use it to help validate mothers. Why is this so important? Dr. Neufeld explains this beautifully in his video *Introduction to New Parents*. We need to encourage parents and let them know that they know what they are doing, that they are their child's best bet. When the parent finds their confidence in knowing that they are the answer to their child (not that they have to have all the answers), we engage the instincts needed to care for the child. When parents believe they are the answer to their child, it is true.

We need to matchmake with mothers, letting them know how lucky their child is to have them, and then they will absolutely become what their child needs. Telling parents that they are failing, that they are doing everything wrong, makes them feel like failures, and in turn, they fail. If they don't believe they are the answer to their child's needs, the instincts to care for the child will not be engaged. Matchmaking a parent and child is one of the most beautiful gifts you can give to that child.

"This confidence is the most important thing of all. We are eroding this confidence. We are bombarding mothers with information after information, with warnings after warnings, and in bombarding them, we are scaring the hell out of them and taking them out of the place that they need to be. They need to be in this alpha place...where you have this confidence and you know you are that baby's best bet. It doesn't matter what the challenges are, the mother has to believe this" (Neufeld 2013).

I am the founder of Isla-Grace, where I work as a Certified Baby-Led Sleep and Well-Being Specialist. I earned a Bachelor of Education at McMaster University and Queensland University of Technology. Four years of teaching junior kindergarten through grade four inspired a passion in me for education and play-based learning.

After giving birth to my first daughter, Grace, I learned the many challenges of navigating motherhood. These included the multitude of books, information, and people with strong opinions on the right way to be a mother. I quickly learned that the best parent to my child was me and that in trusting my instincts, I would never go wrong.

With this belief, and after completing two sleep certifications, Mohawk College's Breastfeeding Program, and two intensive courses on the attachment-based developmental approach through the Neufeld Institute, I launched Isla-Grace. Now I provide information and support to women at different stages of motherhood by walking them through each of their personal journeys to become more confident mothers.

For over four years, I have helped more than 1,000 families to get sleep without using sleep training. Instead, I focus on the science behind infant sleep, attachment, and emotion. I also run a [Facebook group](#) with over 5,000 sleep-deprived mamas, and I read their posts daily. All I want to say to each and every one of them is that your baby is normal, and you will get through this.

This ebook is a compilation of the common sleep concerns that I hear in my Facebook group and how I wish that I could respond to all of them. It is my hope that you can get rid of all your baby sleep books, which are adding undue stress to your life and making you feel like a failure, and use this ebook as a daily guide and reminder that you are doing an amazing job!

As a final note, please remember to consult with your doctor or other health-care professionals before following the advice offered in this book to be sure that it is the best course of action for you and your family.

Lauren Heffernan

My baby can't self-soothe



Yes, you are right. Your baby can't self-soothe. The term “self-soothe” actually makes me so mad as it is completely misunderstood and tends to be the reason why most sleep training advocates tell families to sleep train—so that their baby can self-soothe. When I had my oldest, and I decided to sleep train, it was because I believed that she needed to learn how to self-soothe.

“Self-soothing” is often used interchangeably with “self-regulation,” but they couldn't be more different. The idea of self-soothing was created by Dr. Thomas Anders in the 1970s to mean the opposite of signalling. It was certainly never meant to be used to promote the idea that a child could calm down from a state of extreme stress and relax, eventually falling asleep peacefully.

He never intended for the term to be taken out of context to suggest that it is a skill that could be taught. This idea needs to be put to rest.

The fact that we let anyone convince us that it was important to teach “self-soothing” still leaves me angry and resentful. Resentful of medical

authorities of any kind using such estranged and adult-centric beliefs and values as weapons against trusting parents and their infants. They do not realize that the practice of “crying it out” is entirely a western, cultural construction, and nothing less than a form of abuse. Such ways of thinking only illustrate all too well mistaking social ideology for science. A mistake that continues to pervade western pediatric sleep advice in general. What remains true is that every infant and child will eventually—and without any instruction—learn how to put themselves back to sleep. There is no need whatsoever to be “taught” this behavior.

—Professor James McKenna

Why can't a baby self-soothe?

A baby has six arousal states: asleep, drowsy, hypo-aroused, calmly focused and alert, hyperaroused, and flooded. When a baby gets to the point of being hyperaroused or flooded, they are burning a lot of energy. The only way out of this state is to help them down-regulate, and this involves *parental contact and support*. This can't be done by leaving a baby or child alone. They can't up-regulate or down-regulate themselves. If a parent or caregiver does not help them down-regulate in their hyperaroused state, they will go up the arousal scale, become flooded, and, at this point, burn so much energy that they may fall asleep—*not because they soothed themselves*, but because they are passing out from sheer exhaustion. “It is the brain's last mechanism for protecting itself from severe energy depletion” (Dr. Stuart Shanker 2016).

Why would leaving a baby alone at night send them into a hyperaroused state?

According to Dr. Gordon Neufeld (2013), “facing separation is one of the most wounding experiences of all.” He explains that “once you know that attachment equals survival and that separation is the greatest threat [and] [o]nce you recognize the signs and symptoms of the impact of separation [you experience] elevated alarm (and cortisol), elevated frustration, elevated pursuit, signs of defensive reattachment, defensive dominance and a flight from vulnerability.”

This is what happens with separation.

As clinical counsellor and educator Deborah MacNamara points out, “Young children don’t do separation. Separation is alarming for them. When you leave their room, all they feel is your absence.” Dr. Gordon Neufeld says, “There is a high cost to playing the separation card: insecurity...If we as adults feel hurt when ignored or when shunned, how much more do our children? Separation attacks the child at his most vulnerable point—his need to stay attached to the parents. Sooner or later the child will be forced to protect himself against the pain of being wounded in this way. He will shut down emotionally—or more correctly, his attachment brain will.”

Separation sends babies into a flooded state. They may stop crying, which may lower the stress and cortisol levels of the parent, but the baby’s levels are still high. As Tracy Cassels, PhD, mentions, “What all parents need to know is that ‘cry it out’ and all modified forms of it are based on early behaviourist beliefs that if you stop the crying, you stop the distress. But what we now know is that this is not at all close to the truth. Infants and children often have a behaviour-physiological mismatch. For example, a child that is upset, but is being held and comforted by an attached caregiver, may not show physiological signs of distress. Whereas a child that is silent can be experiencing huge internal distress.”

So if we know all of this, why are we asking a six-month-old baby to self-soothe when left alone?

It seems that this so-called very important skill of self-soothing is teaching them to stop signalling, which is a very important need for them to know that their parent or caregiver is close. We are basically asking them to stop communicating because no one is coming and no one is going to respond to their need with a snuggle or a hug. We are waiting for the brain to kick in and shut the baby down.

What is an alternative to self-soothing?

We can support babies as they learn to self-settle or down-regulate with us. They

can co-regulate with a parent. “Self-settling” is a term used to describe a baby or child’s ability to calm down. When a baby is in a state of distress, and they are working from the sympathetic nervous system, we can help them to calm down by being with them, remaining calm, and allowing them to mirror back how we are feeling. Often you will see the baby suck, whether that is on their fingers or their fist or the breast, and what that is doing is stimulating their digestive juices and activating the parasympathetic nervous system, bringing them to a place of calm.

At four months old, my baby is up all night long



Yes, it is also *very normal* for a baby to be up all night long and one of the most common times that parents reach out for sleep support. The concerns are always very similar: “My baby was sleeping well and all of a sudden they are up every two hours. I can’t put them down. I am struggling to get them to fall asleep. All the things I was doing are no longer working and they aren’t napping.”

Yes, this is exactly what happens during the four-month sleep progression. It is a really difficult time, and the best advice I have for parents is to *do whatever you have to do* to get through it. A few things to note about what happens at four months:

1. There is a permanent change to the baby’s sleep architecture. Your baby will now start to go through different sleep stages, which will all add up to a sleep cycle lasting between sixty and ninety minutes. At the end of each of these cycles, babies will often wake, and this is why sleep seems so fragmented. This wake is protective. Your baby is meant to wake and make sure that everything is OK in their environment. If you were there when

they fell asleep, they want to make sure that you are still there.

2. Babies are born with a stimulus barrier, and this protects them from getting overwhelmed by their external environment. This is why most babies can sleep anywhere in the first few months. This slowly starts to disappear, and by four months, it is completely gone. I have been looking into those highly sensitive babies (my oldest included) because I really think that stimulus barrier never existed for them.
3. If you are breastfeeding, then before six to eight weeks, your supply is hormonally driven. It does not matter how many times your baby empties the breast, your body will continue to produce milk. After this point, if your baby is not emptying the breast (usually the case with an undiagnosed tongue-tie), or you are not getting the six to eight feeds in twenty-four hours, then your supply will be impacted, and this will show up by twelve to sixteen weeks. So if this is a concern for you, then be sure to book an appointment to see a lactation consultant.
4. Usually this time is marked by some new developmental milestone, such as rolling, and any time your baby meets a new milestone, their sleep will be interrupted. Hang in there.

My baby only takes thirty-minute naps



Photo credit: Alisa Sawyer @the.love.bubble

Oh, the joy of short naps. I am guessing most of you with babies get frustrated by those pesky thirty-minute naps. As I always say, every baby is unique, and for some babies, a thirty-minute nap is all they need. If they wake and seem well rested, that is enough. A thirty-minute nap, or catnap, is completely normal for young babies. Some babies, even at eight months, are only taking thirty-minute naps all day, and that is working for them. Follow their lead, look for their natural rhythm, and take some pressure off yourself to stop fighting them to sleep.

We always want to make sure that sleep is a pleasant place to go to and a safe place to remain. Leave your frustrations and anxieties at the door when putting your baby to sleep. Know that if your baby has always taken short naps after four months, then this is likely just their norm, and therefore, you need to accept it. If they are well rested and happy, then find a way to adjust your expectations.

Often the biggest frustration with catnaps is the parent can't do what they need

to do around the house. Ask your village for help to accomplish some of the things you are feeling bad about not getting done during the day because of the short naps. Your baby doesn't know you have a laundry list of tasks to do.

If your baby is waking from the nap upset, and you can't support them back to sleep, here are a few tips:

1. Try shortening the amount of time between naps. They may be overtired going to sleep. The funny thing is that the opposite can be true as well: they may not be tired enough and may not have built up enough sleep pressure.
2. Use motion naps or naps in the carrier to get in at least one nap. This helps most babies to sleep a bit longer.
3. Try moving next to them at the twenty-five-minute mark, and see if you can place a hand on them to support them through the thirty-minute wake. You can also breastfeed (if you are breastfeeding) or hold them back to sleep to see if you can extend the nap and build a new pattern with a longer nap.

My baby is up sometimes for an hour in the middle of the night



Yes, it is *completely* normal for a baby to wake for an hour in the middle of the night, and as much as it is really frustrating, it is usually a sign that your baby is learning a new skill. They are so excited by their new skill that they are practising in the middle of the night. For most little ones, they are not happy to practise on their own and will likely want you close by. This will usually last a week or two, and then things will go back to the way they were. If your baby is sleeping in their own room, you may want to consider camping out on their bedroom floor so that they know you are there. Make sure they are getting lots of daytime practice and time to explore.

A study published in 2015 by Scher and Cohen in *Society for Research in Child Development* noted that “the associations between the onset of crawling and changes in sleep were examined in 28 infants who were followed from five to eleven months of age. Motor development and sleep (actigraphy) were assessed at two- to three-week intervals. Along with the overall improvement in sleep consolidation, periods of increased long wake episodes were also

manifested; the rise in sleep disruption was temporally linked to crawling onset. The results of the study highlight the dynamic interrelations between domains of development, indicate that emerging motor skills may involve periods of disrupted sleep, and point to the moderating effect of age.” This study was specific to crawling but these changes to sleep and middle-of-the-night parties, as well as difficulty falling asleep, can be linked to all motor skill and developmental milestones.

My baby will only nurse to sleep



Photo credit: Alisa Sawyer @the.love.bubble

Yes, most babies fall asleep at night by nursing. This is completely *normal*. If you are loving it, and it is helping your baby to fall asleep, then you should absolutely keep doing it. It is important to remember that breastfeeding is designed to help your baby to sleep. Breastmilk contains sleep-inducing hormones, and for really young babies, it can actually help to establish their own circadian rhythms.

I want to take a moment to address the ridiculous nonsense I hear all the time about nursing to sleep being a bad habit. I can't believe this myth is still circulating. I hear all the time that "how your baby falls asleep at night is how they expect to return to sleep in the middle of the night." Says who?! I have worked with over 1,000 families, and I can say with 100 percent confidence that this is just nonsense. You *do not* need to stop nursing your baby to sleep so that they sleep through the night. I have only ever recommended removing nursing to sleep in a small number of families because they either no longer want to do it,

or when they put their baby down asleep, they woke up, so we needed to find a different solution.

As babies get older, they can get very distracted, and they will need these really drowsy nursing sessions in order to get their daily milk intake. These nursing sessions can be really critical for not only keeping up mom's supply but for getting the extra calories to the baby.

Pay attention to mommy groups, where you will often hear “my baby goes down drowsy but awake, or my baby falls asleep on their own but they are still waking every two hours all night long.” Removing the nursing does not guarantee that your baby will wake less overnight.

Keep the pieces of your nighttime parenting that you love, and change the pieces that you don't. There is no need to change something that is working for you and your baby.

But our baby's need for us and our need for our baby are so powerful and interwoven that we can overcome almost any rough start. In fact, the oxytocin we release when she starts to nurse is “the triggering hormone for maternal behaviour.” So your baby's nursing behaviour helps you fall in love with her. Because you come hardwired to respond to her, the sound of her crying cuts to your core. When you respond by nursing, the hormones in your milk help her digest her food...and they make her sleepy...and they make you sleepy. It's another hormonal synchrony between the two of you that encourages rest and relaxation. Those who advise “Don't let the baby fall asleep at your breast” are fighting nature on both ends—your baby's and yours—with no research at all to support them.

—La Leche League International, *Sweet Sleep*

My baby won't go to sleep drowsy but awake



Yes, that's right, babies don't go to sleep drowsy but awake. I remember reading all the books about this so-called critical skill that all babies must be able to do or they will not sleep well. I was told to lay my baby down awake, and then they should just drift off into a beautiful slumber, and all my sleep issues would be solved. Well, my first question was how drowsy to make her. Apparently they are not supposed to be "too awake," so then how on earth am I supposed to know the exact state of drowsy that is going to solve all my sleep problems?

I spent a lot of time trying to figure this out and ultimately realized that no matter how drowsy she was, my baby was going to scream every time I put her down. She was so comfortable in my arms, warm and snug, that when I would put her down on the cold, hard mattress, on her back (a very vulnerable position to be in), she would start screaming and wake fully. Then I had to start again. I soon learned that "drowsy but awake" was a code word for screaming and crying, pick up and put down for hours. I hated it, she hated it, and ultimately she still woke up two hours later.

If you absolutely feel the need to do this, don't use the crib as a barrier. Practise during the day with the baby next to you so you can snuggle and cuddle them back to sleep with nothing in between the two of you. Some families I have worked with have decided to sidecar their crib (safely) or set up a floor bed. Your baby will still show emotion if this is the new way they are falling asleep, but being there to hold, snuggle, cuddle, and look at them, without a physical barrier, will allow you to comfort using your instincts.

My baby will only nap on me and won't sleep in their crib



Photo credit: Alisa Sawyer @the.love.bubble

It is *completely normal* for a baby to only want to nap on their caregiver. Very rarely do I meet a family who has their baby napping in the crib before six months, and even then, it's usually just for the first nap. Babies attach through the senses in the first year. They need to feel you, smell you, and hear you. The younger the baby, the more critical that is. Being in your arms reminds them of the womblike environment they just came from. It is warm, they can hear your heartbeat, they feel tightness and closeness, and they are close to the smell of milk. They will nap the best and longest in your arms.

If you are trying to put them down on a cold, flat surface, which is often the case, they are going to wake up. If you absolutely want to start working on crib naps and sleep, then you still need to meet their attachment needs, and you can do this by making sure they can still smell you. Depending on the age of the baby (note: there should be nothing in the crib before twelve months), you can use a lovey (a comfort blanket that smells like you—wear it in your shirt for a

few days) or sleep on their sheets so they smell like you. You can also help with the change in temperature from being in arms to in bed by making sure their sleep space feels warm. You can use a warm towel from the dryer to warm the mattress before transferring them to the crib (make sure you take the towel away before laying them down).

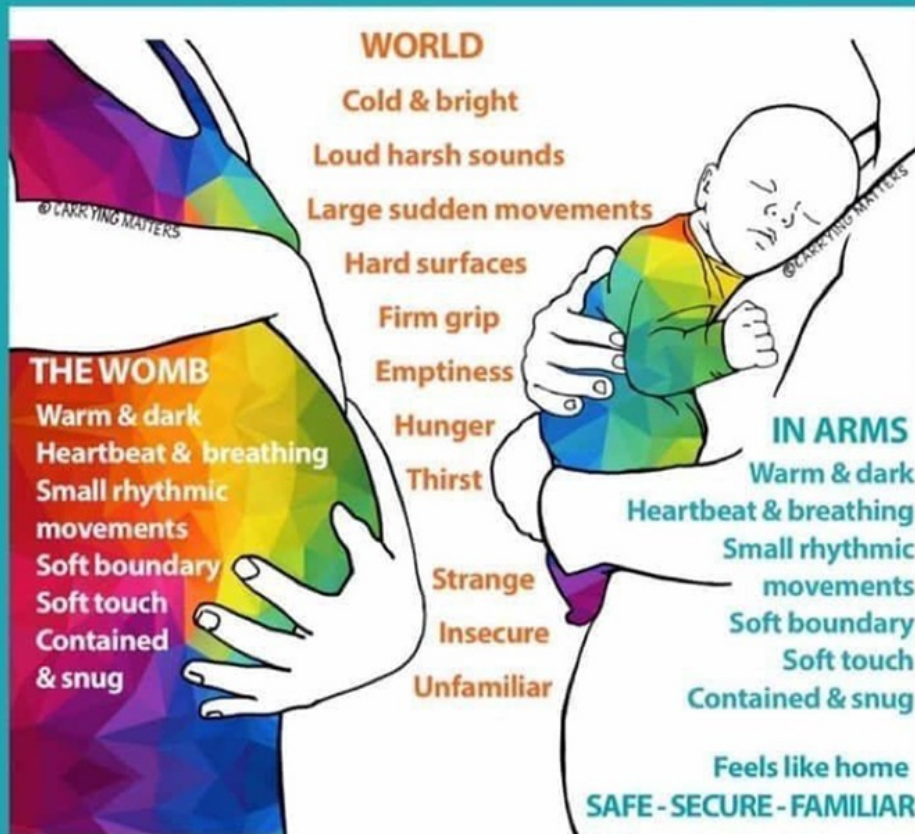
If you are feeling like you can't get any space and are overwhelmed with the need to sit with baby all day, try thinking of that time as your self-care. Download some podcasts or ebooks that you have always wanted to read. Remember that this too shall pass. Once your baby is one year old, they will (provided all their attachment needs have been met) follow to the next stage of attachment, which is sameness. Sameness is nature's way of allowing your child a bit more space away from you while still feeling attached. If you can be patient, and focus on attachment versus independence, you will get there.

I love how the following image explains this point:

THE FOURTH TRIMESTER

Your baby loves to be close to you.
This builds trust and develops secure attachment relationships.

Hold your baby. It will be worth it.



A safe and comfy sling will keep your baby close
and your hands free. #buildahappybrain

www.carryingmatters.co.uk

Image credit: Carrying Matters, Dr. Rosie Knowles

My baby sometimes cries for no reason



Yes, babies do cry. As parents, we often only think about their physical needs: more food, a dry diaper, a warm blanket. What we forget to think about is that babies have emotions too. They have bad days, just like us. They went through a traumatic experience (birth), and they are going to have feelings about that. Babies and children have a lot to cry about in the first five years. They wake up to a new reality every day. They may just have had a really bad day—maybe too much stimulation, maybe mom was not around as much, maybe they can see something new in their environment and it is now unfamiliar. Just like we might have a bad day, so too do babies, and they should be allowed to tell their parents about it.

So what can we do to help them? We sit and listen, offering physical contact (ideally holding and touching) and eye contact. We don't need to try to stop it; we just need to hear them in the same way we would hope our partner would listen to us after a bad day. Just because your baby cries, it does not make you a bad parent. It means that your baby is feeling safe expressing emotion with you

—way to go! Hopefully this continues until well into adulthood. The key here is, again, how we respond to their tears.

As author and parenting expert Sarah Ockwell-Smith reminds us, “You can very much be an attachment or gentle parent and both allow your child to cry and (shock horror) *make* them cry. In addition, it’s very normal—and pretty common—to be either an attachment, or gentle, parent and have a child who cries, sometimes a lot.”

She helps us to imagine how we would hope to be treated in the following example:

The easiest way to explain this is by asking you to imagine yourself very, very upset. Imagine that whatever is causing the upset is so great to you that you just can’t stop crying. Imagine sobbing uncontrollably, unable to stop your tears and soothe yourself. Imagine those big heaving sobs that wrench your whole body upwards and shake you to your core.

She then gives two different scenarios:

Scenario one would be that your partner checks in to see that you are okay, gives you a quick hug, tells you that you are going to be fine and then leaves the room, closing the door. He may even choose to sit across the room in a chair but not touch or look at you. You would still be crying, you would still feel alone and isolated.

Scenario two would be that your partner sees you upset, knows that you are so upset that you cannot even respond and then wraps their arms around you, telling you that they are here for you and that they are not going to go anywhere. As Sarah mentions, “Their arms tell you that they care enough and are strong enough to remain present through your tears. They don’t belittle you or try to tell you it’s OK. You still cry. The pain (whether emotional or physical) is so big and all-consuming you can’t stop. Knowing that somebody who loves you is strong enough to contain your tears makes you feel loved, and although you can’t stop crying that knowledge helps. The oxytocin you release from the cuddle only adds to the feeling of comfort and reassurance.”

She goes on to explain that, “as parents we need to realise that our aim is not

to always stop the crying. Our aim is to be present and empathic with our children...to act as an external regulator at a time when the child is too immature to regulate their own emotions (aka self-soothe or self-settle). Our worth as a parent should not be measured by our ability to 'stop the crying.' Our role as a parent is to be big enough, mature enough and calm enough ourselves to contain our child's tears and still remain present to comfort them when they do eventually stop."

I want to end this section with some food for thought by Deborah MacNamara:

What does it mean for a child when their brain must suppress emotional expression for the sake of preserving a parental relationship? What is the price to emotional health and maturity when expression is thwarted in a system that was built for movement? The cost is to the relationship they form to their emotions and how they evolve as an emotional being. As a parent responds to a child's emotions, they convey which ones are acceptable, and the landscape of a child's heart is carved into being. If the child desires a relationship with the parent, their brain will unconsciously shape their emotional expression to match the invitation given.

Unwelcome emotions are pushed into the darkness, outside of the parameters of what is deemed acceptable, leaving the cookie-cutter outline of their heart to come into view. For example, if a child sees that their father doesn't like it when they are sad and tries to get them to think positively, the child's brain may come to press down on sad feelings in order to make their relationship with their dad work...Thwarted expression can also lead to alpha problems and a host of emotional problems. It is a perfect recipe for depression.

Do you allow all your baby or child's emotions, or do certain emotions trigger you? Does your baby or child feel that you love them the same when they are happy *and* sad *and* frustrated? Do you spend your whole day trying to keep your child happy and teaching them that other emotions are not OK?

I am in no way advocating for not meeting your child's needs and leaving them to cry. If your baby is waking up at night, and they are hungry, feed them.

We still want to take the time to reflect on the tears, understand that the tears are a form of communication, and think about whether there might be physical needs that have not been met: a clean diaper; too cold, hot or hungry. We want to meet and address those needs. But sometimes there are emotions that just need to come out, and you are that safe place for them to release those. It is absolutely OK to hold your baby, to kiss and cuddle them, and to listen to them when they are crying.

As Tracy Cassels, PhD, points out, “Infants and children often have a behaviour-physiological mismatch. For example, a child that is upset, but is being held and comforted by an attached caregiver, may not show physiological signs of distress. Whereas a child that is silent can be experiencing huge internal distress. This is why responsiveness is key in our parenting. Responding to our children is paramount in building a sense of security and later independence for our children.”

My baby will not sleep independently



A child does not have to separate to grow up. This was the predominant thinking in the 1980s (unfortunately, this is still at the root of most sleep training methods). Can you imagine us thinking this of a plant? In order to grow up we have to uproot you? *No*. We know the answer is the deeper the attachment, the more the plant can find what it is seeking, the more naturally that maturation is there. The idea that one had to separate was again confusing the outcome with the process. The outcome is that the child becomes a separate individual. The outcome is that the child becomes independent. The process is that the child is able to depend. The process is that the child is able to find the answers to what they are seeking.

—Dr. Gordon Neufeld

The deeper the attachment, the more a baby or child is able to hold on when apart. Young babies are *not meant* to sleep apart from their parents. They are only attached at the level of the senses, which means if you are not next to them, if they are not close, they do not feel good. It is not until a baby moves up into

the deeper attachment of sameness and significance that they can handle more separation. We need to foster deeper connection so that they can handle more separation; we do *not* force separation and destroy building deeper attachment.

Yes, it is hard. Yes, you likely will not be getting a lot done around the house, and you will have a baby with you day and night. But if you put the energy into accepting this in the beginning, even when your friend's sleep-trained baby is sleeping through the night in their own room at four months, you will be building that ever-so-critical root system that will carry you all the way through their childhood and adolescence.

The key to activating maturation is to take care of the attachment needs of the child. To foster independence we must first invite dependence; to promote individuation we must provide a sense of belonging and unity; to help the child separate we must assume the responsibility for keeping the child close. We help a child let go by providing more contact and connection than he himself is seeking. When he asks for a hug, we give him a warmer one than he is giving us. We liberate children not by making them work for our love but by letting them rest in it. We help a child face the separation involved in going to sleep or going to school by satisfying his need for closeness. The story of maturation is one of paradox: dependence and attachment foster independence and genuine separation.

—Dr. Gordon Neufeld

So in order for a child to become independent, they must first be securely attached, and for babies, this starts by being in constant close contact with their primary caregivers and *not* by forcing separation.

Dr. Neufeld goes on to say that “attachment establishes a home base so that the child is able to venture forth. Independence will come with that sense of security. If you can't take home base for granted, everything becomes about home base.” We need to remember this when we are making changes around sleep. If the child can't take for granted that their parents are coming or that they will respond, then the child will be obsessed with whether a parent is coming or not. We always want children to be able to take attachment for granted, which is why it is called “secure attachment.” When your home base is secure, you can

take it for granted and venture forth on a path toward independence.

My doctor is telling me that night waking is a problem and I better sleep train



Photo credit: Alisa Sawyer @the.love.bubble

I hear a lot from families that they feel pressure to sleep train, not only from family but from their trusted pediatrician. It is frustrating that sleep training is still being pushed on parents in 2019 (often full extinction or cry it out methods), even though we know so much more about the impact of separation.

[I]solation and separation...is the prescription of today's paediatricians. This was formally accepted by the American Pediatric Association in 1998 and informally adopted by the Canadian Paediatric Association. That is the prescription. You use isolation to extinguish undesirable behaviour. You use consequences to shape behaviour. I am not faulting the experts. They do not understand child development...we have been using practices that are completely uninformed by the impact of separation, by attachment, and by developmental processes.

—Dr. Gordon Neufeld

The only person that gets to decide whether the night waking is a problem is you. I can work with two different families in the exact same situation, and they both see the nights completely differently. For example, I recently spoke with two mothers, both had twelve-month-old babies, both were bed-sharing. Both babies were waking up three times overnight to eat, and for one mother, this was a big problem because she could not return to sleep after each feed. Her baby was sleeping through the night even though she would lightly rouse and return to sleep (therefore *not a problem for the baby*), but the mother could not fall back asleep. The other mother barely woke and was not at all bothered by the feeds.

I am in no way saying that a good night of sleep for babies and children is not important—it absolutely is important—but know that if your baby is lightly rousing, rolling over, and feeding, they are sleeping through the night. Even if they are fully waking to eat, or just checking that you are there, in the first year, and you are getting up to make a bottle and then feeding them, they are going to be *absolutely fine*.

My baby will only nap on the go



Yes, just like babies only want to nap on you, they also love those naps on the go. It is a really good thing that motion is good for brain development!

Did you ever notice that when you were pregnant, your baby slept all day when you were up and moving around and then had a party at night when you were trying to sleep? This is because from the time your baby was in utero, motion has been lulling them to sleep. It is no wonder that they love those daytime naps in the stroller or the carrier.

Again, if it is not a problem for you, it is *not a problem*.

There was an interesting study done on adults by Omlin et al. 2018, which analyzed the brainwaves of sleeping subjects and revealed that a slow swinging motion helps us fall asleep faster and slip into a deeper sleep than in a stationary bed. This study showed that the participants who fell asleep in a slow moving bed fell asleep more easily and spent more time in a deep sleep than those in a stationary bed.

"This research supports that rocking movements affect human sleep, helping us transition from wake to sleep and boosting slow oscillations and sleep spindles (sudden bursts of brain activity) due to rocking during sleep. Sleep spindles are involved with stage N2 sleep, when you relax in preparation for deep sleep, and help with memory. These sleep spindles are seen through infancy and childhood and affect development, including learning ability and word associations."

Motion naps (in a carrier or stroller) often happen outside the home, and there are so many benefits of getting outside. Kait Vanosch, ECE, of Connection Kind (2019) and a Forrest School teacher, says that when we go outside, our metabolism increases; our digestion is better; our immune system is better; we get access to vitamin D; we can interact with others and feel less isolated; we experience a *huge* reduction in stress levels, which go down the minute we step outside; we experience decreased anxiety; and we restore our concentration. You will also get the benefits of moving your body, which we know is so beneficial to be doing every day. When we understand all of this, we see that naps on the go actually benefit the mother or parent as well.

Pinky McKay, International Board Certified Lactation Consultant, mentions that, "movement helps develop [a baby's] vestibular apparatus, a series of canals inside the inner ear that, as fluid moves over them (with movement), send out messages to the nervous system. This helps with development of speech and language, balance and sensory integration (making sense of all the sensations of sound, movement, taste, smell and visual stimuli)" (2019).

My last point on this is, again, a reminder that rocking and swaying our babies to sleep is instinctual, and if you love it, do it!

My six-month-old baby only wants me



Somewhere between the five- and seven-month mark, yes, your baby will wake up one day and show a clear preferred preference for their primary caregivers. One of the best pieces of advice is to build up your village of attachment, both prenatally and once your baby arrives. Get your partner and your village involved. *You can't do this alone.*

The father who is physically involved with his infant will become more and more attracted to the child, enjoying strong paternal feelings and becoming more in tune with the mother as well. Everyone benefits from his enhanced role as a father and husband. He will reap heart and health rewards as well as a better future relationship with his child.

—Dr. Linda Folden Palmer, *The Baby Bond*

Get your partner involved from the start. A great time to do this is during bedtime routines so that baby expects it. Before the age of three months, babies are indiscriminately attached (they are predisposed to attach to anyone), and

most will respond equally to any caregiver. This is nature's way of protecting the baby because so many mothers died in childbirth, and babies needed to be able to attach to anyone. At four months a baby will usually be able to distinguish between primary and secondary caregiver, and by seven months they will show a definite preference for that primary caregiver (Neufeld 2013). The sooner your partner, mother, nanny, or babysitter gets involved and is part of the patterns and routines at the end of the day, the more open your baby will be to this continuing, and the more likely it is that mom can get a bit of a break.

If your baby is older now, try a family bedtime routine, then slowly have your partner do the first element of the routine alone, and then the next day a little more, then a little more. If you have a highly sensitive baby, you may need to move a little bit slower. Most importantly: *do not* criticize your partner for how they do things or they will stop helping! Let them figure out their own way.

My baby's wake windows are not the same as the books say, and my baby seems to be fighting sleep



Just a little reminder from before: we can't force our babies or children to sleep. What leads to a baby falling asleep? The buildup of sleep pressure and the circadian clock. It is always good to have a look at the general guidelines around wake windows, *but do not obsess about them*. More important than wake windows is looking inward. How do you feel at naptime? Do you hate naptime because it has become an obsession and frustration? Are you tense and stressed because you spend all day trying to get a nap? Your baby mirrors *everything* you feel. I will often hear families describe their babies or children as hyperalert, stressed, and anxious. They are picking that up from their primary caregiver. If you are seeing these traits, have a look at yourself and how you are feeling around your baby.

Sleep books and schedules are just guidelines. There is *no way* that adults, children, or babies who are the same age need the exact same amount of sleep. It is just not possible. Babies are not robots; they are not machines that have a

how-to manual that is going to perfectly describe what they need at each age and stage of development. When I see sleep coaches do this, and then talk about how they respect emotional wellness and babies, it makes me so angry—you are not respecting babies or their uniqueness by putting them into a box and assuming that they are exactly the same as another baby at the same age.

If you were to put all these books side by side, you would notice that they all have different recommendations and guidelines. If you are still feeling that you would like to see the sleep schedules and wake windows, head over to [my website, Isla-Grace](#), and check out my blog post on sleep schedules and wake windows.

My advice: find what works for your unique baby. Slow your day down, limit stimulation and outings, and just tune in to your baby. Spend a day finding their perfect wake windows, and then know that those will change in another three weeks.

As for napping, imagine trying to relax when your partner or your boss is stressed out. It doesn't happen. Imagine you were trying to go to bed, and there was someone standing overtop of you who is stressed and annoyed that you won't sleep, which only adds more stress and tension to the situation. When your baby isn't napping, look inward.

So how do you remove this stress around naps? First of all, let it go! Your baby is going to be fine. Your number one job as a parent when it comes time to sleep is to teach your baby that sleep is a pleasant place to go and a safe place to remain (and not that it is frustrating and stressful).

Next, stop and take a walk. The greatest stress reliever is when we are in nature. The colours of blue and green and the sounds of the birds and the wind rustling are physiologically soothing. The role of the limbic system and the amygdala is the alarm system. Our brains were designed to be in nature and to pick up on threats in nature, *but* the brain is equally designed to pick up on the slightest signs that it can relax and that it is safe and at peace and calm. These soothing elements of nature will reduce and shut off the limbic system. They will reduce that stress for both you and your baby (yet another reason why I love motion naps and getting out versus staying home all day to force a crib nap). The

best way to reduce stress before a nap (if your baby doesn't relax and sleep during a walk) is to be in *nature* (Shanker 2017).

Remember, *your* mental health is *so important*. Healthy caregiver, healthy baby. Stop stressing about naps and everyone will feel better. Getting out of the house will make you feel so much better than spending all day in a dark room trying to get your baby to nap.

This is my favourite reminder to all parents who have babies that are fighting sleep. How do you feel at bedtime and naptime? Do you feel anxious or stressed? If you do, then so does your baby. Are you bouncing for hours in a dark room so that you can get your baby to sleep? This is going to create a lot of frustration and stress for you, and if you feel frustrated, so do they. The best thing to do is stop, take a few breaths, go on a walk or leave the room with your baby, and come back when you are feeling more calm. We always want to make sure that we are sending the message that sleep is a *pleasant* place to go and a safe place to remain.

I can't tell you how often I hear parents tell me that they spend *hours* in a dark room trying to get their baby to sleep. They are frustrated, their baby is frustrated, and no one is sleeping. Did you know that there is a reflex in children to care for their primary caregiver when they are not OK (Shanker 2017)? So when the parent is sitting in the room, getting more and more frustrated and upset, the baby does not know that the parent is upset because they are not sleeping; they just know that the one person who is meant to take care of them is not OK. This is not exactly an environment that is conducive to sleep.

So let go, take a break, go for a walk, or call it a snuggle session instead of a nap. Everyone will be better off, and hopefully you will have both enjoyed a few days of beautiful weather outside instead of in a dark room.

I am trying to train my baby to sleep and it is not working



Falling asleep is not within our conscious control. I can't tell you to fall asleep right now and have you fall asleep (unless you are really tired). According to sleep expert Dr. Simon Kyle, "Sleep is an automatic process and therefore out of our own direct, voluntary control. Whether awake or asleep we are at the mercy of two biological processes: sleep homeostasis, commonly known as 'sleep pressure'; and the circadian rhythm, otherwise known as the 'body clock.' These two processes work in harmony to promote good consolidated sleep at night."

If it is not within your control, how on earth do we think that we can train someone else to do it? This is the problem with all the books we read on sleep, listing techniques for training a baby to do anything. They have been sleeping in utero just fine. They didn't need anyone teaching them or training them on when and how to sleep. Can you imagine if we started tracking their sleep through all these apps from the minute we could feel them?! The only thing that dictates whether your baby (or anyone) will fall asleep is sleep-wake homeostasis (the buildup of sleep pressure) and your circadian clock (governed by light and

darkness). Sleep-inducing hormones build up sleep pressure until we reach a point where we absolutely need to fall asleep. The little nap your baby takes, which may only be thirty minutes, is likely just fine for them to take the pressure off and go on with their day.

Spending all day training and teaching your baby to sleep on a schedule or to sleep longer or sleep in a different way is only going to add stress to a very natural process. Instead of teaching them to sleep, we are teaching them that sleep time is stressful and that mom and dad feel anxious when they sleep. As we know, babies mirror back everything we are feeling.

We can't teach or train our babies to sleep. What we can teach them is that sleep is a pleasant place to go and a safe place to remain.

My baby was only waking twice at night, and now they are waking up four times



Yes, a change in the number of times your baby wakes during the night is normal. Baby sleep is not linear, contrary to popular belief. It is not something that just keeps getting better, and this is true of all of us, for our whole adult life.

Whenever a baby is meeting a new milestone, this leads to night wakings. Teething, illness, separation anxiety, daytime overstimulation, a lack of connection and contact, and growth spurts are all going to lead to more night wakings. This is *normal*. If you have practised responsive parenting and your baby knows that when they need you, you will come, then they will call when they are going through something. Even toddlers go through developmental periods where they have fears or where they have faced too much separation, and they too will wake more.

As adults, we may be the best sleeper in world, but if we make a change in our lives, such as a new job, or have a stressful day, or lose someone we love, then this might lead to difficulty falling asleep and staying asleep.

What I like to remind parents is that we need to stop catastrophizing the situation. Just because your baby is waking more this week does not mean it will continue for the next year. I know that this is one of my biggest struggles as a parent—to blow everything out of proportion and think that one bad day (or night) means an entire year of bad nights. If this is you, then here is some advice from psychologist John Grohol:

You can do things to help yourself stop catastrophizing and learn to accept a situation for what it is, both for things happening to you right now, as well as things that will happen to you in the future.

The first step to dealing with catastrophizing is to recognize when you're doing it. The sooner you start tracking this, the quicker you'll be able to start focusing on stopping it. It may be helpful to start recording your negative thoughts to yourself on a pad of paper, journal, on your smartphone, or in an app. Write down what happened as objectively as possible, what you thought about the situation, and then what your reaction or behaviors were.

Over a week's time, you'll begin to see a pattern emerge of when you're most likely to catastrophize, and some of the thoughts or situations that most likely lead to it.

My baby wakes up every two hours all night long



Yes, this is very normal and common for many babies, especially early on. Since babies attach through the senses, they need to be close to us, and they need to check in to know if we are there.

This is also true of many breastfed babies, who may seek their contact and closeness through nursing, or who may be going through a growth spurt.

So when is it not normal?

I often get asked about when it is not normal for a baby to wake every two hours throughout the night. First of all, even if your baby is waking a lot at night, this is still not abnormal behaviour, and it may just be a sign that something else is going on and that you may want to consider reaching out for support. And by support, I do not mean sleep training support!

For me, the time when I like to look for possible other causes is when I see a baby waking hourly (or even every thirty minutes), all night long—especially

when you are not getting even a two-hour stretch at the beginning of the night. That is usually when the family will find a cause of the increased number of wakes. Two of the more common reasons that I have found are undiagnosed tongue-ties and food sensitivities.

Undiagnosed tongue-ties are surprisingly common, and we have now learned so much about how tongue-ties impact sleep and breathing. With an undiagnosed tongue-tie, a parent may notice some or all of the following: pain when breastfeeding, baby is very gassy, a clicking noise when feeding, a drop in supply or being told there is not enough milk and this usually happens around the three- or four-month mark, a diagnosis of reflux and the meds do not help, mouth breathing, sleeping with their mouth open, milk residue on tongue long after a feed, and milk spilling out the sides of the mouth when feeding.

The reason why a tongue-tie will impact sleep is because instead of the baby's tongue sitting at the palate when their mouth is closed, helping the palate to form nice and wide, their tongue is tethered down. The result is that the palate forms high and can come up into the nasal cavity. When this happens, the baby can't breathe through their nose, and they start breathing through their mouth. When we sleep, if we can't breathe properly, and through our nose, our body will wake us up every time we start to get into a deep stage of sleep. This leads to *very* frequent night wakings and is something I see all the time. If you suspect this is going on, the best thing to do is to see a certified lactation consultant (they can't diagnose it, but it is a good place to start) or a pediatric dentist who specializes in tongue-ties and understands their impact on not just feeding but breathing (this is *really important*, so ask questions). If you are looking for more information on this, please see the handout [*A Checklist for Evaluation of Potential Airway and Breathing Disorders*](#) by DeWitt C. Wilkerson, DMD.

Food sensitivities, especially to dairy that may be in either mom's or baby's diet, is very different than an allergy, so you may not see mucus or blood in the stool but instead see skin rashes or gassiness or general fussiness. When this happens, there is no harm in experimenting with cutting out dairy, for example, for two weeks from your diet and see if this improves. Along with this, if the frequent wakings happened when you started feeding solid foods, this can also be an indication of a sensitivity, or if you give too much solid foods, that your

baby is not taking the milk they need during the day and is up all night getting the milk they need. In any of these cases, speaking with your pediatrician or a naturopath will help you to determine what is best for you and your baby.

Conclusion



I would like to leave you with this final thought: *We need to shift the focus from sleep to attachment.*

The biggest predictor of how well a child turns out is that they have a secure attachment with at least one primary caregiver (Tina Payne Bryson, *Brainious*), *not* whether your baby slept through the night at six months old, *not* whether you breastfed or formula fed, and *not* whether your child could read at five.

To really reinforce this, let's hear from the experts:

The relationship your infant has with you, their parent or primary caretaker, has an enormous impact on their future mental, physical, social, and emotional health. In fact, the strength of this relationship is the main predictor of how well your child will do both in school and in life. It is not founded on the quality of your care or parental love, but on the nonverbal emotional communication you develop with your child, known as the attachment bond. While it's easiest to form a secure attachment bond with an

infant, it can be formed at any time or at any age—and can ensure your child has the best possible start in life.

—Jeanne Segal, PhD, Marti Glenn, PhD, and Lawrence Robinson, Helphguide.org

Attachment is an emotional bond with another person. John Bowlby, psychologist and creator of attachment theory, believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. He suggested that attachment also serves to keep the infant close to the mother, thus improving the child's chances of survival.

In the early years, you're not trying to teach your baby, or your infant, or your toddler self-control. What you're trying to do is keep them warm, keep them fed. You're trying to keep them safe and secure. That's always been the secret to our species. That's the reason that we are all still here. The fact is that there are all kinds of stressors in the modern world that are making it even more imperative that we become aware of what the stressors are and what we can do as caregivers to ensure that we meet the infant's first and most important need. So what is that first and most important need? Is it food? It is the fundamental need to feel safe and secure.

—Dr. Stuart Shanker

Feeling bonded with one's mother is the cornerstone of mental-well-being. A child's brain develops best only when there is constant and positive interaction with its primary caregiver.”

—Professor Allan Schore

When we keep this in mind, we can shift our focus away from sleep to attachment, and this will help us to make any difficult decision in parenting. We become so obsessed with the things that we can't control, when in reality, we can control our relationship with our child, so let's shift our focus.

Lastly, if you are really struggling, or just want some support, feel free to reach out to me at any time. See [my website, Isla-Grace](#), for more information about how I help families one-on-one and the courses I offer to parents, as well as for my blog and additional resources and contact information.

References

- Brillant, Stéphanie, director. *Brainious* documentary film. 2018.
- Gillett, Tracy. *The Lost Art of Natural Parenting*. Vancouver: published by Tracy Gillett, 2017.
- Grohol, John. 2018. "What Is Catastrophizing?" *PsychCentral*. Accessed on July 18, 2019, at <https://psychcentral.com/lib/what-is-catastrophizing/>.
- Kyle, Simon. "What Controls Our Sleep Pattern?" *Sleepio*. Accessed on July 18, 2019, at <https://www.sleepio.com/articles/sleep-science/what-controls-our-sleep-pattern/>.
- La Leche League International. 2014. *Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family*. New York: Ballantine Books, 2014.
- McKay, Pinky. 2019. Instagram account accessed on July 18, 2019, at <https://www.instagram.com/pinkymckay1/>.
- MacNamara, Deborah. *Rest Play Grow: Making Sense of Preschoolers*. Vancouver: Aona Books, 2016.
- Neufeld, Gordon and Garbor Maté. *Hold On to Your Kids: Why Parents Need to Matter More Than Peers*. Toronto: Vintage Books Canada, 2005.
- Neufeld, Gordon. 2013. *Neufeld Intensive 1: Making Sense of Kids*. The Neufeld Institute. Vancouver, BC.
- Ockwell-Smith, Sarah. 2015. "Why It's OK to Let Your Baby or Child Cry (sometimes)." Sarah Ockwell-Smith website. Accessed on July 18, 2019, at <https://sarahockwell-smith.com/2015/01/13/why-its-ok-to-let-your-baby-or-child-cry-sometimes/>.
- Omlin, X., F. Crivelli, M. Näf, L. Heinicke, J. Skorucak, A. Malafeev, A. Fernandez Guerrero, R. Riener and P. Achermann. 2018. "The Effect of a Slowly Rocking Bed on Sleep." *Scientific Reports* 8(1), 2156.

Scher, Anat and Dina Cohen. 2015. "V Sleep as a Mirror of Developmental Transitions in Infancy: The Case of Crawling." *Monographs of the Society for Research in Child Development* 80: 70–88.

Segal, Jeanne, Marti Glenn and Lawrence Robinson. "What Is Secure Attachment and Bonding?" *HelpGuide* website. Accessed on July 18, 2019, at <https://www.helpguide.org/articles/parenting-family/what-is-secure-attachment-and-bonding.htm>.

Shanker, Stuart. 2017. Transcripts for Foundations 1. The MEHRIT Centre. Peterborough, ON.

Vanosch, Kait. 2019. Baby-Led Sleep and Well-Being Specialist Certification. See www.islagrace.ca.

Lauren Heffernan

Certified Baby-Led Sleep and Well-Being Specialist



Lauren earned a Bachelor of Education at McMaster University and Queensland University of Technology. Four years of teaching Junior Kindergarten through Grade 4 inspired a passion for education and play-based learning.

After giving birth to her first daughter, Grace, Lauren learned the many challenges of navigating motherhood. These included the multitude of books, information, and people with strong opinions on the right way to be a mother. She quickly learned that the best parent to her child was herself and that in trusting her instincts, she would never go wrong.

With this belief, and after two sleep certifications and Mohawk College's Breastfeeding Program, Lauren launched [Isla-Grace](#). She provides information and support to women at different stages of motherhood, and walks each one through the personal journey to become a more confident mother.