

Sleep deprivation in the first three to six months of parenthood is notoriously brutal, but there are ways to soften the blows, writes LANA NOWAKOWSKI.

A woman with blonde hair is lying in bed, yawning with her mouth wide open. She has her hands near her face, one resting on her cheek and the other near her mouth. She is wearing a white tank top. The background is a simple, light-colored room.

*Sleep like  
a baby*



Many expectant parents feel exhausted and overwhelmed just thinking about the sleepless nights they have ahead of them. And with the Internet overflowing with sleep tips at both extremes of the spectrum, we sought some balanced, evidence-based expert advice on what you can expect on the sleep front in the first six months, and ways to weather the storm.

### **THE EARLY MONTHS: WHAT TO EXPECT**

The first three months are universally regarded as the toughest in terms of sleep. “Getting routines sorted out and having a life outside baby can be very tricky in the first three months,” says Professor Sarah Blunden, a sleep psychologist and researcher at Central Queensland University, founder of the Australian Centre for Education in Sleep, and co-author of *The Sensible Sleep Solution*.

During these first 12 weeks, newborn babies are still developing their circadian rhythms, which help them to distinguish between night and day, establish sleeping patterns and take their longest stretches of sleep at night. Also, babies need to feed frequently in the early months, right across the day and night.

There are heavy social and cultural expectations on mothers to bear the brunt of the sleep interruptions. Even if we disregard those expectations, babies are still dependent on their mothers and need to sleep close to their mothers for at least the first six months, says Prof Blunden. “In the early months you will be very tired because of feeding overnight, sleep debt, fragmented sleep and disrupted sleep patterns,” she says.

Nightmarish as that may sound, the biological context and safety reasons offer some comfort. “Mother and baby are attuned to each other, and Mum’s biology serves her to be in a light sleep when her baby is around. When the baby makes little noises or cries, Mum wakes up and responds; that is attachment behaviour for the mother and a survival mechanism for the infant.”

### **SURVIVING THE FIRST SIX MONTHS**

Prof Blunden’s number one strategy for surviving the first six months is self-care. “It’s not about asking, ‘What if I’m



woken up and I'm tired in the first few months?" she says. "You will be woken up and you will be tired; that expectation needs to be very clear. Then it is about acceptance and figuring out what you're going to do about that." So what can you do about that? Here are some suggestions.

### **STRATEGY 1: SOMEBODY SLEEPS IN ANOTHER ROOM**

Many parents sleep in separate bedrooms in the early months to give at least one parent the opportunity to have a good night's sleep. Perceived by many people as a relationship no-no, those who have done it (like our case study, Kate) often say it improves sleep and helps relationships.

Dr Blunden says she doesn't advocate for or against separate bedrooms, and the right answer depends on an individual family's situation. "There is no easy answer," she says. "If couples choose to go

into separate bedrooms, then it's about being okay with that and realising that it will not be forever; at about six months of age, most sleep interventions can be implemented. There is hope after six months."

At around six months of age, babies begin to grasp the concept that a parent exists even when they are out of sight. "While this results in transitory separation anxiety, it may also be a point where you might consider moving the baby into another room," says Prof Blunden.

### **STRATEGY 2: DON'T TRY TO DO IT ALL YOURSELF**

Get help. This is the simplest but the hardest strategy of all. It may be difficult to admit that you're not Wonder Woman, but it is not a sign of weakness or failure to have help. It is a sign of strength, says Prof Blunden.

So accept all offers of help and ask for the help you need. Have groceries or pre-prepared meals delivered to free up some time. Sleep in shifts. Nap when the baby naps. Consider all sources of help and support, including extended family, babysitters, day care, night nannies, community centres, mothers' groups, and specialised support groups such as breastfeeding groups and mental health groups. Even a break or a chat every now and then can work wonders.

Remember that both parents need rest, not just the one who goes to a paid job. Consider your partner giving the baby a bottle in the night (but if you're breastfeeding, wait until breastfeeding and milk supply are established).

If you're taking care of the nights, consider whether your partner can give you a break at some point in the day. "Increasingly in my clinic I'm seeing dads take care of the baby every second night



exhausted. You need to get some sleep. How are you going to do that?”

Prof Blunden says it is important for parents to have ongoing dialogue about sleep strategies, sleep safety and how they are managing the sleep interruptions. “We can plan and talk for hours about what we’re going to do when the baby comes, and things blow out of the water when the baby comes because we don’t understand how hard it’s going to be until we get there, or how wonderful it is.”

### WHERE SHOULD YOUR BABY SLEEP?

The prevailing recommendation in Australia is to have your baby sleep in their own safe sleep space next to your bed for at least the first six months. Research shows that room-sharing (but not bed-sharing) can reduce the chance of sudden infant death syndrome (SIDS) by up to 50 per cent compared with babies who are placed in a separate bedroom to sleep. The protective effect of room sharing is not achieved when a baby sleeps in a room with siblings or other children.

Many expectant parents vow not to bed-share; the reality is that many sleep-deprived parents make the switch to bed-

sharing in an unplanned, brain-numbered haze at 3am. The general manager of Research Advocacy and Change at SIDS and Kids, Jill Green, says it could be that the baby is unsettled, perhaps with a cold, and you bring them into bed to try to settle them. Next thing, you fall asleep. “There are pillows on the bed,” she says. “It’s not short-sheeted. There’s a doona. There’s nothing to stop the baby falling off the bed.”

If you think there is any chance you might consider bed-sharing, even for a night, research the facts ahead of time, assess your risk factors and make an informed choice. If you choose to proceed, follow SIDS and Kids’ safety checklist on its website (called the ‘Information Statement on Sharing a Sleep Surface with a Baby’).

Green says that despite having no risk factors and following the checklist, bed-sharing poses risks to the baby. “You can take away all of the risk factors and go through the checklist but we still can’t conclusively say that in an unsupervised sleep environment – in other words, when you’re asleep – there’s not a risk of SIDS or a sleeping accident. The research has shown that there is.”

or go to work an hour later if he has a flexible job,” says Prof Blunden.

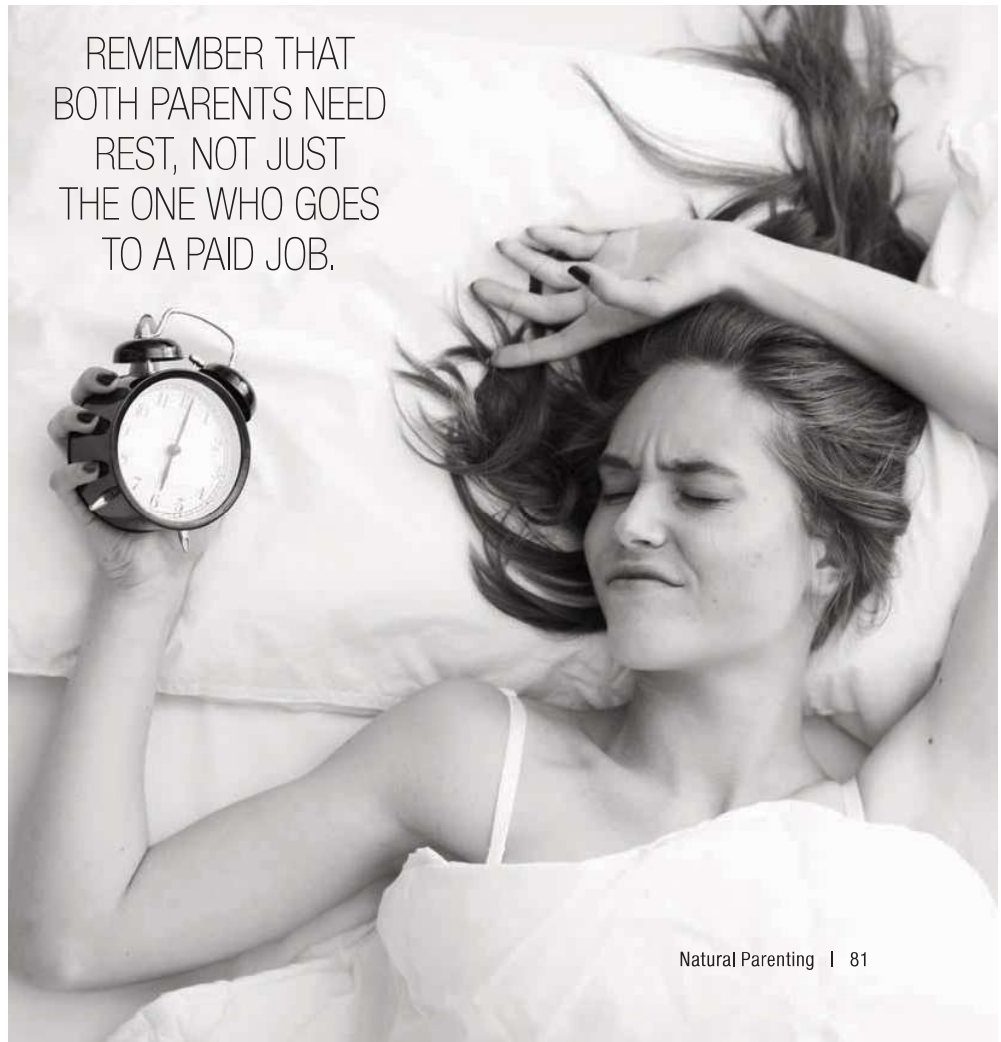
### STRATEGY 3: MANAGE YOUR MIND

On long sleepless nights when you feel like you’ll be lying awake forever, Prof Blunden suggests remembering that:

- Things always seem worse at night (and saying to yourself, “Things are always better in the morning”);
- Although cumulative sleep loss is very hard to endure at the time, the sleep debt will wear off and you will recover;
- When you are in sleep debt, your body will automatically go into extra-intense and efficient sleep.

Then recognise and accept the need for support, and get planning in practical ways. “You might be saying ‘I can’t do this anymore,’” she says. “What does that mean, I can’t do it? I’m tired. Yes, you’re

REMEMBER THAT  
BOTH PARENTS NEED  
REST, NOT JUST  
THE ONE WHO GOES  
TO A PAID JOB.





### BASSINET VS COT

Some parents opt for a bassinet instead of a cot for the early months given that bassinets are so compact and handy (especially those with wheels, which are portable). However, a baby will need to be moved to a cot within a few months of birth, as soon as he or she can roll over. “When a baby starts to roll, they’re giving you the indication that it’s time to move to what we know is the safest option, which is a cot that meets the current mandatory Australian standard,” says Green.

The mandatory Australian standard for cots applies to manufacturers, importers, distributors, retailers and hirers. But did you know that there is no standard for bassinets? If you opt for a bassinet, you will need to carefully assess it for safety. SIDS and Kids provides recommendations on the essential safety features for bassinets – see the ‘Frequently Asked Questions: Sudden Unexpected Death in Infancy (SUDI)’ section of the [sidsandkids.org](http://sidsandkids.org) website or phone SIDS and Kids on 1300 308 307.

Baby beds (sometimes called nests) that sit on top of adult beds do not have a mandatory Australian standard, either. Green says that parents need to think very carefully about what their baby might do in that type of product. If a baby can roll and the product has a soft

side, there are suffocation and carbon dioxide rebreathing hazards to consider.

“The carbon dioxide rebreathing hazard is the same as what can occur when a baby rolls towards a soft toy or a bumper, or goes underneath a blanket,” says Green. “We breathe in oxygen, out carbon dioxide. Heavy gas hangs around. The little one can’t move away from it, so they start rebreathing their carbon dioxide. If too much carbon dioxide builds up in the blood, this can be very dangerous and may lead to death.”

### SAFE SLEEPING RECOMMENDATIONS

SIDS and Kids provides these safe sleeping recommendations to reduce the risk of SIDS and sleeping accidents:

1. Sleep baby on the back from birth, not on the tummy or side
2. Sleep baby with head and face uncovered
3. Keep baby smoke-free before birth and after
4. Provide a safe sleeping environment night and day
5. Sleep baby in their own safe sleeping place in the same room as an adult caregiver for the first six to 12 months
6. Breastfeed baby

These recommendations apply regardless of where you put your baby to sleep.

### KATE'S STORY ON SEPARATE BEDROOMS

My first child was a solid sleeper. My second child, Frankie, was a solid sleeper for the first few weeks. Then he started waking up every hour for breastfeeds. He wouldn't take a dummy or a bottle. He would scream unless he was breastfeeding.

My husband and I struggled through the first three months and things weren't improving. I was starting to lose my patience. There's nothing more frustrating than being awake all night when your husband is snoring next to you.

On the flipside, if he was woken up all through the night, we had to think about safety. He's a diesel mechanic who has his hands full of heavy parts and power tools all day. The nature of the work means he cannot go to work exhausted.

We realised we were going to have to do something, so my husband slept in another room until Frankie was sleeping more. That was definitely a positive step for us. We both got more sleep, and slept better. It saved a lot of arguments, and it saved me watching him sleep and feeling resentful.

If it means you're getting more sleep, I'm all for separate bedrooms when you have a newborn. Obviously you'll miss your partner, but quite frankly, at that point you just want to sleep. Remember that it's not for long. It's only ever a phase. You just have to ride it out. What's the point of struggling through, both of you being absolutely exhausted?

It makes things 10 times easier if you both catch some sleep whenever you can. You can cope a lot better with whatever situation is thrown at you. ■