**Research Update September 2020**

1. Sleep plays a predominant role in infant development as newborns sleep up to 18 hours a day (Waters, Suresh, & Nixon, 2013). Newborns do not experience a circadian rhythm. Instead, they have a ‘flip-flop’ switch which controls rapid transitions between sleep and wakefulness (Blumberg, Gall, & Todd, 2014). Strengthening of bidirectional interactions between the brainstem and the forebrain leads to the consolidation of sleep (Blumberg et al., 2014). Development of circadian rhythms and entrainment follows. This usually happens after two to four months of age (McGraw, Hoffmann, Harker, & Herman, 1999). By the age of six months, most infants begin to have more consolidated sleep, developing a more consistent sleep pattern by two years of age (El-Sheikh, 2011).
2. Sleep quality, highly variable during the first year of life, also starts to improve by the second year (Paavonen et al., 2020).
3. A steady decrease in night-time awakenings is observed after two and a half years of age, while sleep efficiency continues to increase between the ages of two to four years (Dubois-Comtois, Pennestri, Bernier, Cyr, & Godbout, 2019). While parents do report getting less sleep after the birth of their child (Meltzer & Westin, 2011), they usually experience better sleep once the infant develops a better routine.
4. Sleep disruptions in mothers can increase their psychological distress (Rowland, 2017; Shimizu, 2013) -is a risk factor for the development of postpartum depression (Kempler, Sharpe, Miller, & Bartlett, 2016).
5. Parasomnias and nightmares are common in these age groups (Proserpio & Nobili, 2017).

circadian rhythm abnormalities, developmental delays and health problems in children with neurodevelopmental disorders (Owens & Weiss 2019). – need a section on NTD children

1. Sleep reactivity is a concept that defines the degree of sleep disruption in response to stressful events (Palagini et al., 2016). Stress-related sleep reactivity can result in both hyperarousal and persistence of sleep-related insomnia (Drake, Richardson, Roehrs, Scofield, & Roth, 2004), which may be present in parents of children with sleep disturbances.
2. Bei and colleagues (2019) recently published a scalable protocol for a CBT-I intervention for first-time mothers, where mothers were either randomised into a treatment or an active control (healthy diet) condition. The protocol included tests on maternal sleep quality, mood and quality of life, among other well-being indicators. The therapist-assisted intervention involved evidence-based therapeutic practices, along with mindfulness-based strategies for targeting physical discomfort, pain, and cognitive arousal. The intervention was reportedly delivered through a combination of a 50-minute standardised telephone session, a series of emails, and an option for mothers to contact a psychologist using email or telephone if they experience difficulty applying the intervention material.