

Five reasons your baby didn't sleep last night

Sleep expert **Lucy Wolfe** goes through the reasons your little one (and by default you) didn't sleep last night



BYOND six months of age, it is not unreasonable for parents to anticipate longer stretches of unbroken sleep, which is what your baby requires physically, emotionally and developmentally at some point within the first year of life; however, sleep problems manifest and can be challenging for the family unit. Here I will unpack five of the most common reasons behind why your child didn't sleep for you last night.

1 – Bedtime is too late

Young children are designed to wake up relatively early and to have a relatively early bedtime as well. Typically small children need to be asleep somewhere between 6pm and 8pm in an effort to match their biological template. All children will have an individual, optimum time to be awake and an optimum time to be asleep. If you haven't identified this sweet spot for sleep, then sometimes the child can be out of sync with their natural body rhythm. It is important for parents to become efficient at being able to recognise the start of your child becoming tired. Typical sleep cues that indicate that the body is in harmony for sleep may be a brief yawn, a discreet rub of the eyes, starting to become quiet and to zone out of focus. These signals are your baby's way of telling you that their body is starting to get tired and, given the skill set and the opportunity, they can fall into a deep restorative sleep with relative ease. Learning the difference between getting tired and becoming overtired can be a significant skill for any parent. Intense eye rubbing, bleary yawning, beginning to get agitated and maybe whiny and moany; these are definite indicators that you have entered overtired territory. When your child's body crosses into this zone, the body has a chemical response: we are not designed to fall asleep, we are designed to stay awake, so the body goes into fight or flight mode. The stress hormone cortisol enters the system and serves two main functions – it can make it hard to fall asleep and, more importantly, it can make it hard to stay asleep. In essence, it is a stimulant that can increase nighttime arousals. So, it is essential that your child's bedtime is not too late. It can help to start the day off at a regular point like 7.30am as this can really help to regulate the day and their little bodies.

2 – Your child may not be getting enough daytime sleep

Daytime sleep is not to be underestimated. It is an age-appropriate necessity and, although independent from nighttime sleep, if your child is not getting enough day sleep at the right time for their body, then you may be inadvertently creating nighttime awakenings. As parents, it is important to become informed. Find out how much sleep your baby may need for their age and try as best as possible to meet that quota. Don't be fooled into thinking that if you limit daytime sleep, the night will begin to improve; rarely is this a long-term solution and potentially will make things worse. The quality of the daytime sleep can also have a negative impact on the night. Quality of sleep may be defined by where it happens: the best place for any of us to sleep, including our children, is in a cot/bed in a suitably dark, sleep environment. Motion sleep does not allow the brain to go into a deep restoring function and typically children are designed to move about when they are sleeping in order to get into comfortable positions. When harnessed in a car seat or buggy this is not possible. Be

respectful of your child's day sleep need and make it happen – you will benefit wholesale if you do.

3 – You may have put your child to sleep

This is the most common cause of typical sleep problems, although often I will see a combination of all of the five reasons that I will outline. At some point in the first year, typically beyond 16–18 weeks, your child will need to become a little less dependent on you to put them to sleep. If you teach your child that they need a bottle, to be nursed, to be walked, rocked, patted or all of the above to go to sleep, they will really struggle to get beyond the first three to four hours of nighttime sleep before calling on you to help them back over into the next phase of sleep. This will repeat throughout the night with regularity each time the brain comes up to the surface to have a partial arousal. If the sleep has been assisted at bedtime or at any other time beyond bedtime, then your presence will be required all night long. If you crave some solid sleep, then the first thing you must do is help your child to learn how to go to sleep at bedtime, then you can work on perfecting the skill for the rest of the sleep period.

4 – You are inconsistent

You will have heard people say you need to be consistent with sleep, but what you may not understand is why. Due to the behavioural component of sleep, a child will need the parent to be consistent so that they actually understand what it is you are expecting of them in the context of their sleep. If you operate the 'sometimes' sleep model of doing a variety of techniques and strategies to help achieve sleep, then in essence you will be sending out some very mixed messages that your child will find confusing. If you sometimes give them a bottle, sometimes try to settle them, sometimes try not to feed them but invariably end up nursing them, sometimes let them cry, sometimes bring them into the family bed, sometimes rock them, then uninterrupted sleep will be hard to achieve. Replace 'sometimes' with 'always' and then do that consistently for long enough to start reaping the benefits.

5 – Underlying medical conditions

There are plenty of variables that affect sleep – hunger, temperature, outside exercise, fresh air, developmental stages and milestones, teething, and common sicknesses, to name but a few. Sleep is a work in progress and even the most efficient sleepers will go through phases of not sleeping well. During these times it is how we respond that is important (back to consistency!). There are also many medical reasons that may affect your child's sleep quality – for example, obstructive sleep apnea, asthma, allergies, intolerances, deficiencies, restless leg syndrome, upper respiratory issues and recurrent ear infections. If you are in any doubt, consult your GP and discuss your concerns with them to help you try to get to the bottom of your sleep issues. It is worth mentioning that even with most underlying medical issues it is still possible to

achieve better sleep hygiene for the whole family unit.

Have a critical look at the sleep within your household and keep in mind that sleep issues can be addressed and rectified, often with some subtle, practical and child-centred changes.

AVERAGE SLEEP REQUIREMENTS*

AGE	NIGHTTIME SLEEP	DAY SLEEP
6 months	11 hours	3.25 (3 naps)
9 months	11	3 (2 naps)
12 months	11.25	2.5 (2 naps)
18 months	11.25	2.25 (1 nap)
2 years	11	2 (1 nap)
3 years	10.5	1.5 (1 nap)
4 years	11.5	

* may vary

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