Newborn - Sleep Patterns

What are the sleep patterns of a newborn?

The average newborn sleeps much of the day and night, waking only for feedings every few hours. It is often hard for new parents to know how long and how often a newborn should sleep. Unfortunately, there is no set schedule at first and many newborns have their days and nights confused - they think they are supposed to be awake at night and sleep in the daytime.

Generally, newborns sleep about eight to nine hours in the daytime and about eight hours at night. Most babies do not begin sleeping through the night (six to eight hours) without waking until about three months of age, or until they weigh 12 to 13 pounds. Newborns and young infants have a small stomach and must wake every few hours to eat. In most cases, your baby will awaken and be ready to eat about every three to four hours. It is not necessary to wake a baby for feedings unless you have been advised to do so by your baby's physician. However, do not let a newborn sleep longer than five hours at a time in the first five to six weeks. Some premature babies need more frequent feedings and must be awakened to eat.

Watch for changes in your baby's sleep pattern. If your baby has been sleeping consistently, and suddenly is waking, there may be a problem such as an ear infection. Some sleep disturbances are simply due to changes in development or because of overstimulation.

Never put a baby to bed with a bottle propped for feeding. This is a dangerous practice that can lead to ear infections and choking.

What are the sleep states of a newborn?

Babies, like adults, have various stages and depths of sleep. Depending on the stage, the baby may actively move or lie very still. Infant sleep patterns begin forming during the last months of pregnancy - active sleep first, then quiet sleep by about the eighth month. There are two types of sleep:

- REM (rapid eye movement sleep)
  This is a light sleep when dreams occur and the eyes move rapidly back and forth. Although babies spend about 16 hours each day sleeping, about half of this is in REM sleep. Older children and adults sleep fewer hours and spend much less time in REM sleep.

- Non-REM sleep:
  Non-REM has 4 stages:
  o Stage 1 - drowsiness - eyes droop, may open and close, dozing
  o Stage 2 - light sleep - the baby moves and may startle or jump with sounds
  o Stage 3 - deep sleep - the baby is quiet and does not move
Stage 4 - very deep sleep - the baby is quiet and does not move

A baby enters stage 1 at the beginning of the sleep cycle, then moves into stage 2, then 3, then 4, then back to 3, then 2, then to REM. These cycles may occur several times during sleep. Babies may awaken as they pass from deep sleep to light sleep and may have difficulty going back to sleep in the first few months.

What are the different alert phases of a newborn?

Babies also have differences in how alert they are during the time they are awake. When a newborn awakens at the end of the sleep cycles, there is typically a quiet alert phase. This is a time when the baby is very still, but awake and taking in the environment. During the quiet alert time, babies may look or stare at objects, and respond to sounds and motion. This phase usually progresses to the active alert phase in which the baby is attentive to sounds and sights, but moves actively. After this phase is a crying phase. The baby's body moves erratically, and he/she may cry loudly. Babies can easily be overstimulated during the crying phase. It is usually best to find a way of calming the baby and the environment. Holding a baby close or swaddling (wrapping snugly in a blanket) may help calm a crying baby.

It is usually best to feed babies before they reach the crying phase. During the crying phase, they can be so upset that they may refuse the breast or bottle. In newborns, crying is a late sign of hunger.

Helping your baby sleep:

Babies may not be able to establish their own sleeping and waking patterns, especially in going to sleep. You can help your baby sleep by recognizing signs of sleep readiness, teaching him/her to fall asleep on his/her own, and providing the right environment for comfortable and safe sleep.

What are the signs of sleep readiness?

Your baby may show signs of being ready for sleep when you see the following signs:

- rubbing eyes
- yawning
- looking away
- fussing

How can you help your baby fall asleep?

Although it is surprising, not all babies know how to put themselves to sleep. When it is time for bed, many parents want to rock or breastfeed a baby to help him/her fall asleep. Establishing a routine like this at bedtime is a good idea. However, be sure that the baby does not fall asleep in your arms. This may become a pattern and the baby may begin to
expect to be in your arms in order to fall asleep. When the baby briefly awakens during a
sleep cycle, he/she may not be able to go back to sleep on his own.

Most experts recommend allowing a baby to become sleepy in your arms, then placing
him/her in the bed while still awake. This way the baby learns how to go to sleep on his
own. Playing soft music while your baby is getting sleepy is also a good way to help
establish a bedtime routine.

**What sleeping positions are best for a newborn?**

Research has found a link between sudden infant death syndrome (SIDS) and babies who
sleep on their stomachs (in the prone position).

Experts now agree that putting a baby to sleep on his/her back is the safest position. Side-
sleeping has a higher risk for SIDS than back sleeping. Other reports have found soft
surfaces, loose bedding, and overheating with too many blankets also increase the risk for
SIDS. When infants are put to sleep on their stomachs and they also sleep on soft
bedding, the risk for SIDS is even higher. Smoking by the mother is also a major risk for
SIDS, as are poor prenatal care and prematurity. Since the American Academy of
Pediatrics (AAP) made the "back-to-sleep" recommendation in 1992, the SIDS rate has
dropped more than 50 percent.

Back sleeping also appears to be safer for other reasons. There is no evidence that babies
are more likely to vomit or spit up while sleeping on their back. In fact, choking may be
more likely in the prone position.

A task force of The US Consumer Product Safety Commission (CPSC), the American
Academy of Pediatrics (AAP), and the National Institute of Child Health and Human
Development (NICHD), offer the following recommendations for infant bedding:

- Place your baby on his/her back on a firm, tight-fitting mattress in a crib that
  meets current safety standards.
- Remove pillows, quilts, comforters, sheeepskins, stuffed toys, and other soft
  products from the crib. Also remove any soft, pillowlike crib bumpers.
- Consider using a sleeper as an alternative to blankets with no other covering.
- If using a blanket, put your baby with his/her feet at the foot of the crib. Tuck a
  thin blanket around the crib mattress, only as far as the baby's chest.
- Make sure your baby's head remains uncovered during sleep.
- Do not place your baby on a waterbed, sofa, soft mattress, pillow, or other soft
  surface to sleep.
- Offer your baby a clean, dry pacifier at sleep times, but don't force the baby to
take it. Some studies have shown a lower rate of SIDS among babies who use
pacifiers. (Breastfeeding mothers should wait until the baby is 1 month old or is
used to breastfeeding before offering a pacifier.)
According to the task force report, bed sharing or co-sleeping may be hazardous for babies in certain conditions. The report advises the following:

- Parents should consider placing the infant's crib near their bed for more convenient breastfeeding and parent contact for the first six months.
- Infants can be brought into the parents' bed for feedings and comforting, but should be returned to their own crib for sleep.
- Other adults, children, or other siblings should not share a bed with an infant.
- Parents who choose to bed share with their infant should not smoke or use substances such as drugs or alcohol that may impair their ability to awaken.

To prevent overheating, the report recommends that the infant should be lightly clothed for sleep and the room temperature kept comfortable for a lightly clothed adult. Avoid over bundling and check the baby's skin to make sure it is not hot to the touch.

Additional research has found that infants should not be put to sleep on a sofa, alone or with another person, as this practice increases the risk for SIDS.

While babies should sleep on their backs, other positions can be used during the time babies are awake. Babies can be placed on their stomachs while awake to help develop muscles and eyes and to help prevent flattened areas on the back of the head.