

## MGH Doctor-Mom: Managing Child-Related Sleep Deprivation, Part 2

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In Part 1, I described how I fell asleep driving on 93 South due to chronic sleep deprivation, after 15 months of waking up multiple times a night with our toddler, Maria.

We weren't quite sure how we'd ended up there, but that's what everyone says. Our oldest, Gio, had been magically sleeping through the night from age three weeks or so. We didn't do anything special to make that happen, so we figured Maria would eventually follow suit.

Um, no. Doesn't work that way. To make that part of the story short, my brush with a potential serious car accident scared the crap out of me, and we got serious about sleep training our baby girl.

So, how do you do that? Specific instructions can be difficult to find, and everyone's situation is different. Erin Flynn Evans, PhD, sleep researcher at NASA, mother of two young children, and sleep consultant at ISIS parenting offers the following advice:

*“When you have a young child who isn't sleeping well, it is always good to make a game plan and take action. For some parents this will mean sleep training, but for others this just won't be realistic or feasible. I think that some parents can't face a sleep intervention, because they are far too tired to implement anything with any consistency. Inconsistency can lead to moving from a situation that is barely manageable to disaster. I would offer the following tips:*

- 1. Make sure the sleep environment is cool, dark and quiet. Darkness is critical for circadian entrainment. Making these changes is easy and in some cases can make a big difference.*
- 2. Write down a plan. It can be something restrictive and fast or it can be something gradual and incremental. In either case, you need to write it down in order to remember what to do and to stay motivated.*
- 3. Start the plan when you and your partner have the greatest number of consecutive days available to commit to the plan.*
- 4. It usually gets worse before it gets better. It is hard for children and babies to accept change, so even if you are taking a gradual approach it may be very difficult to get over the initial hump of learning.*
- 5. Stay consistent. Your plan is your way of communicating a new way of doing things to your child. Think of interaction you have at night as part of a non-verbal dialog. If you change your response during the night, then your child will have a very difficult time understanding what you are asking him/her to do. Consistency is the most important factor in any plan.*
- 6. Seek help. If you just don't have time to do the research or are so tired that you can't face making a plan, then consider working with a sleep consultant to help you develop a plan that fits your parenting style. It's important to find a reputable resource for assistance.”*

For resources, she suggests the phone-based sleep consultations at Isis Parenting (she is a consultant) or in-person evaluation at the sleep clinic at Children's Hospital in Boston. She also advises that while there are many individual sleep consultants listed on the internet, it is wise to look into credentials, as some of those folks do not have any meaningful qualifications.

Back in February, while my husband and I didn't have this advice, we did research the heck out of the issue, and we also asked our intrepid pediatrician what to do.

We learned that it was not only us, the parents, who really, desperately needed a predictable bedtime and a good, full nights' sleep. Maria, the baby, needed it as well. We weren't helping her growth and development by allowing her to have poor sleep. Once we came to that realization, it all clicked.

Our pediatrician outlined our main options: establish order quickly, or establish order slowly. Either way, our baby was likely going to cry. He mentioned that a recent long-term study looking at different sleep methods found that there were no long-lasting bad outcomes.

We chose the simplest, fastest method there is to establish bedtime and nighttime order: Cry it out.

I had been firmly set against letting her cry it out, mostly because I couldn't believe that it wouldn't have some sort of bad outcome. But, it doesn't. It's ongoing chronic sleep deprivation that probably has the worse outcomes. According to the October 2012 study in Pediatrics,

“Behavioral sleep techniques have no marked long-lasting effects (positive or negative). Parents and health professionals can confidently use these techniques to reduce the short- to medium-term burden of infant sleep problems and maternal depression.”<sup>1</sup>.

Fortified by this *scientific* data, we attacked the overnight awakenings first. We just stopped going in to her when she cried, and miraculously, she started sleeping through the night. It took approximately three nights. And yes, it was messy (she vomits when she gets upset) and painful (who wants to hear their baby cry?). It was very hard, those first few nights, NOT to go in to her when she cried, and then to clean up a mess after she was asleep. I admit, I cried. But we stayed consistent.

AND it worked. After only a few days of a full nights' sleep Hubby and I felt like we'd started antidepressants. Or uppers. And Maria herself was much better rested, more peaceful and cheerful. We were punching ourselves for suffering for so long.

Then, we attacked bedtime. We decided to establish a nice routine and a set bedtime, and to hold firm. The routine is a warm bath, followed a warm bottle, rocking in a chair and reading some books; then we put on bedtime music, turn on a night lite, put her to bed and walk away.

Yes, there have been relapses. She has gotten sick, and when your baby is coughing up phlegm, you just have to go in to her. Then there was a family trip... Yes, we have had to re-sleep train, and yes, there was more puking. Overall, we all sleep through most nights.

Hearing Dr. Flynn-Evans advice now, and looking back on our own experience, I can see that while everyone may need a slightly different approach, consistency is the key. Kids thrive on predictability, parents need a plan to follow, and everyone needs good sleep.

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<sup>1</sup>Price AM, Wake M, Ukoumunne OC, Hiscock H. Pediatrics. Five-year follow-up of harms and benefits of behavioral infant sleep intervention: randomized trial. 2012 Oct;130(4):643-51. doi: 10.1542/peds.2011-3467. Epub 2012 Sep 10.