Treehouse Pediatrics

INFANT SLEEP

IN THE FIRST 3 MONTHS by Matrescence OCCUPATIONAL THERAPY

NORMAL SLEEP PATTERNS

Newborns (0-1 month): Sleep 14-17 hours per day, often in short bursts of 2-4 hours.
1-3 months: Total sleep decreases to around 13-16 hours. Nighttime sleep starts to lengthen with more alert periods during the day.

Sleep cycles: Infants have shorter sleep cycles (~50 minutes) compared to adults.
• Newborns enter REM (active sleep) first, which transitions to non-REM (quiet sleep) and back. This cycle gradually gets longer as babies get older.

SLEEP CHANGES AS BABIES GROW

By 2-3 months, babies start to be able to tell the difference between day and night. Exposure to natural light during the day and a consistent bedtime routine can help.

Newborns will eat every 2-3 hours, which affects sleep patterns. As they grow, the time between feedings will get longer, allowing longer sleep periods at night.

SLEEP CHANGES AS BABIES GROW

White Noise: Babies may be soothed by white noise that mimics the womb environment.

Dark: Reduce artificial light and keep the room dark during night sleep.

Cool: Keep the room at a comfortable, cool temperature (68-72°F)



Encourage the baby to develop positive sleep associations, such as nursing, gentle rocking, or using a pacifier if breastfeeding is well established and not causing issues.

Establish a bedtime routine that includes feeding, changing, and soothing activities to help signal to the baby that it is time to sleep.

SAFE SLEEP PRACTICES



COMFORTABLE TEMPERATURE
Avoid overdressing the baby and keep the room at a comfortable temperature.

CLEAR SLEEP SPACE
Nothing else in bed with Baby. Avoid soft bedding, pillows, toys, or bumpers in the crib.

FIRM SURFACE
Use a firm, flat sleep surface with a fitted sheet.

BACK TO SLEEP
Baby should always be placed to sleep on their back (Face Up). If they roll onto their tummy **on their own**, they can remain sleeping that way.

ROOM SHARING & MONITORING
Keep the baby's crib in your room for the first 6-12 months. After 6 months you can consider moving baby to a crib in their own room as long as you can hear your baby at all times.

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BREASTFEEDING & SLEEP

IN THE FIRST 3 MONTHS by Matrescence OCCUPATIONAL THERAPY

NORMAL SLEEP PATTERNS

Breastfed babies may wake more frequently to nurse.
Frequent night waking to feed is normal, especially in the first 6 month, and helps maintain milk supply.

Nighttime nursing promotes bonding and offers comfort to the baby. Skin-to-skin contact can soothe and help regulate the baby's body temperature and breathing. Responsive feeding, where the baby is fed on demand, is crucial during the early months. It supports both nutrition and emotional needs.

IMPROVING SLEEP FOR PARENTS

Co-sleeping arrangements, such as room-sharing or using a side-car crib or bedside bassinet, can make nighttime feedings easier and support maternal rest.
• Practice safe sleep guidelines *(see other side)*
To make night feeding easier, consider having everything you need in your bedroom or at the bedside including everything for parent (hydration, snacks, phone charger etc.) and for baby (burp cloth, dry diapers, wipes etc.)
Consider sharing caregiving shifts at night for routine newborn care such as diaper changes.
Have the non-breastfeeding parent or caregiver bring the baby to the breastfeeding parent and settle them after if needed.
•Ensuring the breastfeeding parent receives adequate support is vital. This includes sharing nighttime duties where possible and allowing opportunities to rest during the day.

PROMOTING SAFE & HEALTHY CO-SLEEPING



PROXIMITY
Keep the baby within arm's reach to easily respond to their needs during the night.



PROTECTIVE C
The breastfeeding parent faces toward the baby, with their arms and legs curved in a C.



AWARENESS
Parents should be able to respond to their infant when co-sleeping.

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SAFE CO-SLEEPING GUIDELINES

Co-sleeping refers to the practice of sleeping in close proximity to your baby, which can include bed-sharing or using a co-sleeper bassinet or crib that attaches to the parents' bed.

Safe Co-Sleeping Practices:

Clear Surrounding: Clear your bed and surrounding area of anything that dangles or tangles, such as cords, chargers, or strings; tie up long hair

Secure: Secure seperate baby sleep surface to the parent's mattress. Make sure there are no gaps between the baby's sleep surface and the parent's.

Firm and Flat: The sleep surface should be firm and flat. Avoid soft mattresses, sofas, or armchairs.

Baby on Back: Always place the baby on their back to sleep.

Clear Bedding: Keep pillows, blankets, and other soft items away from the baby's sleep area

Parents' Condition: Ensure that parents are not under the influence of alcohol, drugs, or medications that cause drowsiness.

Non-smokers: Co-sleeping should only be practiced in a non-smoking environment.

Appropriate Clothing: Dress the baby in light sleep clothing to prevent overheating.

Do Not Share a Bed With Your Baby If:

- You or Your Partner Smoke
- You Have Recently Drunk Alcohol or Have Taken Any Drugs or Medications That Make You Sleepy Or Less Aware
- Your Baby Was Born Pre-Term and has not reached their due date, or is Very Small