Settling your baby

From birth to 12 months
New revised edition 2013

The contents of this book are based on current evidence and the knowledge and experience of health professionals working for the Women’s and Children’s Health Network in South Australia.

The Women’s and Children’s Network follows the South Australian Safe Infant Sleeping Standards.

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Introduction

Many parents worry about their baby getting the right amount of sleep. Remember that sleep patterns are different for every baby, and can be different from one day to the next. The most important thing is that your baby is safe and you’re both happy and comfortable with your routine.

This book will help you to understand sleeping patterns, explain safe sleep environments, and give tips about how to settle and comfort your baby.

If you have any concerns or want to know more about a topic, have a look at “Where to go for help” on page 39.

Quick guide

This book is divided into the following parts:

> About sleep
> Safe sleep
> Development and sleep
> Sleep time
> Looking after yourself
> Where to go for help

We hope that this book will help you to feel confident and enjoy your baby.
About sleep

You, your baby and sleep

Sleep is important to you and your baby, but sometimes this does not go as planned. Many parents worry about whether they are doing the right thing if their baby does not sleep right through the night.

The important thing is that you and your baby are reasonably happy with how things are going. If your baby is crying a lot, difficult to manage, or if you are feeling tired and low, you may like to look at some different ways of doing things and see if they work for you. Attending to your baby may be difficult for you, if you are tired and need sleep. Some parents may need help with their own sleep needs during this time.

Babies’ brains develop best when you are there to care and respond to their emotional needs. Responding to your baby by smiling, touching, cuddling and talking to them helps them learn to develop trust and feel secure. This does not mean you are spoiling them.

As you get to know your baby’s tired signs you can help them settle (see “Sleep time” page 25 for more information). When parents respond to their babies they usually cry and fuss less. This is because both their physical and emotional needs are met.
You may have heard of settling practices such as “controlled comforting” or “controlled crying”. This settling method involves leaving babies to cry for increasing lengths of time, or until they get more upset before comforting them. This book does not promote this method but rather it promotes settling your baby by responding to their needs. If your baby is upset, they need you to respond to them, rather than leaving them to cry.

There may be times when you are feeling stressed, such as when you have major changes in your life, and your baby may pick up on this and become unsettled. If you are depressed or anxious, this will affect you and your baby and it may be hard for you to make decisions or seek help. See your local doctor or child and family health nurse for support.

How much do babies sleep?

In the first few weeks after birth babies sleep in short bursts for much of the day and night. Each baby is different. There are a number of reasons why your baby may wake such as hunger, discomfort or illness. Most wake two or three times during the night for feeds. By three months, many babies will have settled into a pattern of longer times awake during the day, and longer sleep times (perhaps four or five hours) at night. Most will still be waking once or twice during the night for feeds. Often, a baby’s sleep pattern does not match the parents’ expectations of sleep or the parents’ sleep patterns. Babies are individual and while some may sleep a lot, others will sleep less. The amount of sleep may vary from baby to baby, even in the same family.
Sleep cycles

Sleep periods for babies are spread throughout the day and night. Each sleep period consists of one or more sleep cycles. Within each sleep cycle there are two main stages of sleep; light and deep sleep. In babies, sleep cycles are quite short, around 45 minutes and contain more light sleep than deep sleep. Light sleep is called REM or Rapid Eye Movement sleep. In light sleep babies will wake easily, however in deep sleep, babies are unlikely to wake up even if there is a loud noise or they get moved.

As babies get older, sleep cycles get longer and sleep periods will contain more sleep cycles. After the first year toddlers tend to have a sleep cycle that lasts about 60 minutes and have about four or five cycles in each night time sleep period. Adults may have a cycle that lasts about 90 minutes and will have about five or six cycles in each night time sleep period. You will get to know your baby’s sleep cycle and day and night patterns.

Sleep cycles can be affected if your baby is unwell, uncomfortable, or has colic or reflux. Read more about sleep patterns in “Sleeping and feeding patterns” on page 7.
Sleep associations

Babies often learn to go to sleep by associating sleeping with certain things, such as:

> Patting, rocking, music, singing or having a bedtime story.
> Feeding or bathing.

Some babies can find it hard to go to sleep without their familiar sleep association. For example, a baby who will only fall asleep while feeding may want to feed every time they go to sleep. This may be a problem for some mothers, but not for others.

When your baby is young you can start developing sleep associations that you are happy to continue with when they are older. This makes it easier for your baby to continue to feel secure and comfortable at bedtime.

Sleeping and feeding patterns

It is normal and healthy for a baby to wake at night and need attention from their parents. This can be due to frequent infant feeding needs and shorter sleep periods, or external factors such as household noise. Unless there is a health, developmental or family issue, settling or night waking is only a problem if the parent or carer perceives it as one, or when it is hard for the parent or caregiver to respond.

However, many parents have unrealistic expectations about their baby’s sleep patterns and frequency of night waking. Knowing about normal infant sleep, feeding patterns and crying can help prevent misunderstanding and unrealistic expectations of your baby. Your child and family health nurse can help you with this.

Doing things in a similar way each day and night can help your baby to establish their feeding and sleeping pattern. Rigid routines like “feed–play–sleep” can create a problem. This is because it doesn’t help you to watch for what your baby needs. It is best to “watch the baby not the clock”. It is good to establish a pattern, but remember to be flexible and watch for cues of hunger or tiredness. Many babies establish their own feeding and sleep pattern appropriate to their age, but others can remain quite unpredictable.
Sleeping and feeding patterns (continued)

As feeding and sleeping patterns go together it is important to understand how often babies wake for feeds:

> Newborn babies breastfeed very frequently. They may need eight to 12 feeds in 24 hours. As breastmilk is easily digested babies continue to need plenty of breastfeeds in the early months, at least six to eight a day and sometimes more, especially when your milk supply increases.

> Bottle fed babies also need to feed fairly often at first, about eight times a day, gradually reducing to five or six feeds a day.

**Day time**

Having a pattern of doing things through the day can make it easier for both of you to predict what comes next.

> You will gradually learn to recognise the signs that mean your baby is ready for sleeping, feeding or play.

> Babies grow rapidly, so their signals and patterns will change over time.

> After the first couple of weeks babies do not need to sleep all the time between feeds. You may find you are spending a lot of time and effort getting them to sleep when they really need more time awake.

> Babies are often awake and alert after a feed, though they may doze for a few minutes first if they have fallen asleep while feeding.

> This is a good “get to know you” time for play (see “Playtime” on page 21 for more information).

> Babies may show signs of getting tired (frowning, grizzling, clenched fists, jerky movements) and do not want to continue playing. This is a time to settle for a sleep. Read more about “Tired signs and sleep cues” on page 25.

**Night time**

At night, feed quietly and help your baby get back to sleep as quickly as possible. Being put to sleep straight after a feed at night helps babies learn the difference between night and day. This is very important if you are going to get some rest yourself. Some babies learn this straight away, while others take some time.
Day and night confusion

Even though newborns feed fairly regularly around the clock, most start to sleep between night feeds and are more wakeful after day feeds. Some, however, get night and day confused and tend to have at least one really long day sleep with some lengthy periods awake overnight. Even quite young babies tend to have one longer sleep every 24 hours. If you want this at night, make sure your baby does not get in the habit of having this sleep during the day. It is OK to wake a sleeping baby if you are trying to change a pattern.

If you want to change your baby’s sleeping pattern you could try the following:

> Make sure your newborn baby has plenty of day feeds. If your baby is sleeping for long periods during the day in the first few months, for example more than four hours from the beginning of the last feed, you can wake them gently and offer a feed.

> Encourage play time before or after day feeds, when your baby is awake and alert.

> Keep night feeds “boring” by keeping the light low and not talking to your baby (a smile is OK). Only change the nappy if it is soiled, and get them back to bed and sleep as soon as you can.

> Exposure to daylight (not direct sunlight) with playtime during the day can help your baby to settle to sleep at night time.
Safe sleep

Your baby's sleep environment is very important. Deaths can be avoided by making sure your baby has a safe sleeping environment at all sleep times.

Items such as pillows, teddy bears or stuffed toys in the cot can cause suffocation if a baby turns their face into the pillow or toy or their head gets under the pillow. A pillow for sleeping is not recommended until your child moves from their cot to a bed by about two or three years of age.

Cigarette smoke is also harmful to babies. There is no safe level of passive smoke exposure for babies and children. The only way to fully protect babies from exposure to smoke is to ensure there is no smoking indoors anywhere. This is particularly important if your baby has been born early or has any breathing difficulties.

Also, look out for items in or around your baby’s sleep environment, particularly as your baby becomes more mobile, such as blind cords or electrical cords which can pose a risk of strangulation at any age.

Room sharing recommended

Safest place for baby to sleep is in a safe cot next to parents’ bed.
Room sharing (Highly recommended)

Room sharing is when your baby sleeps in a safe cot in the same room as you for the first six to 12 months of life and is a good way to keep your baby safe. This also allows you to respond to your baby more easily. Your child and family health nurse can check your baby’s sleeping environment to make sure it is safe.

Bed sharing is when you are awake and feeding or providing comfort to your baby on a bed without going to sleep. Once you have finished feeding or comforting your baby you then return them back to their cot and you go to sleep in your own bed.

Co-sleeping (Not recommended)

Co-sleeping is when a parent (or any other person) sleeps on any surface (bed, sofa, couch or mattress) with their baby, whether they intend to fall asleep or not.

Many parents may not be aware of the risks of co-sleeping. Even though some parents find sleeping with their baby works for settling, this is not safe and some babies have died. The adult sleep environment has risks that can be fatal for babies, for example:

> Being rolled on by adults or other children.
> Being suffocated by bedclothes or pillows.
> Becoming wedged between a bed and the wall.
> Becoming overheated.
> Rolling off a bed.

Co-sleeping with your baby (whether in a bed or on a sofa, mattress or chair) is particularly dangerous:

> If your baby is of low birth weight or premature.
> If you are very tired.
> If you or any of the other adults in the household are smokers or have been drinking or taking medication or drugs.

Co-sleeping is not recommended
How to keep your baby safe

SIDS and Kids recommendations

SIDS and Kids is an Australian not-for-profit, evidence-based organisation that aims to prevent the sudden, unexpected deaths of babies while they are asleep. SIDS and Kids offers information and support to parents and caregivers about safe sleeping environments for babies.

The following safe sleep messages are recommended by SIDS and Kids to make sure babies up to 12 months of age have a safe sleeping environment:

> Sleep your baby on their back from birth, never on the front (tummy) or side.
> Sleep your baby with their head and face uncovered.
> Position your baby with their feet at the bottom of the cot.
> Tuck bedclothes in securely so they are not loose, or use a sleeping bag that is the right weight for the season and has a fitted neck and arm holes (sleeves) and no hood.
> Sleep your baby without quilts, doonas, duvets, pillows, cot bumpers, or sheep skins.
> No toys should be left in the cot with babies under one year old.
> Keep your baby away from tobacco smoke before and after birth as this increases your baby’s risk of SIDS.
> Sleep your baby in their own cot in the same room as you for the first six to 12 months.
> Breastfeed if you can.
> Keep the cot away from blind or curtain cords and other hazards.
> Never use products or restraints to keep your baby from rolling on their side during sleep e.g. rolled up bunny rugs or pillows.
> Provide a safe sleeping place night and day in a cot that complies with the mandatory safety standard based on the Australian Standard for Household Cots AS/NZS 2172.
When buying a cot, look for a label or sticker that says the cot complies with the mandatory standard. If the cot does not have a label or sticker, ask the sales person. If the sales person cannot tell you if the cot complies with the mandatory standard, do not buy it.

A second hand cot can be used but ensure it meets Australian safety standards. Heirloom cots often don’t meet the standards and can be hazardous. For information on how to obtain the Australian Standard for Household Cots and the related mandatory standard please refer to “Where to go for help” on page 39.

What is safe

> Cot should meet Australian Standard (AS2172).
> Mattress should be firm and the right size for the cot.
> Baby on back with head and face uncovered.
> Feet to bottom of cot.
> Blankets tucked in firmly.
> No pillows, bumpers or quilts.
> No toys in the cot.
> A smoke-free environment.
What is not safe

- pillow
- cot bumper
- no hanging cords e.g. curtain cord
- soft toy e.g. teddy
- lambs wool
- doona
What is not safe
**Porta-cots**

If you cannot fit a cot which meets the Australian standards in your room, or are travelling, you can safely use a porta-cot that complies with the mandatory safety standard based on the Australian Standard AS/NZS 2195 “Folding cots – safety requirements”.

All porta-cots sold must comply with the mandatory standard.

A porta cot should only be used with the thin mattress which it comes with. No other mattress or padding should be added to the portacot. The mattress which the portacot comes with is designed to provide adequate comfort for the infant.

When buying a porta-cot look for a label or sticker that says the porta-cot complies with the standard. If the porta-cot does not have a label or sticker, ask a sales person. If the sales person cannot tell you if the porta-cot complies with the mandatory standard do not buy it.

It’s important to note that extended use of a porta-cot may cause problems to the caregiver’s back.

For information on how to obtain the Australian standard for folding cots and the related mandatory standard please refer to “Where to go for help” on page 39.

**Capsules and car seats**

Capsules and car seats provide necessary protection in the event of a car crash, but they are not safe alternatives to a cot.

**Babies and other children should not be left alone in a car.**

**Dummies**

The Australian Standard, AS/NZS 2432 “Babies dummies”, recommends that pins, ribbons, string or plastic chains not be attached to dummies as they may present a strangulation hazard. Strangulation can occur when dummies are attached to a cord or ribbon that can wrap around a baby’s neck.

Remember it is best not to use a dummy while breastfeeding is being established during the first six weeks. This is because the sucking action on a dummy is different and it may reduce the amount of time at the breast and the milk that you produce.

SIDS and Kids now recommend that if your baby has a dummy, then it should be offered for every sleep as there is strong evidence that dummies are associated with a reduced risk of sudden infant death when used.

For information on how to obtain the Australian standard for babies dummies please refer to “Where to go for help” on page 39.
Mobiles over the cot

The Australian Standard, AS/NZS ISO 8124.1:2002 “Safety of toys – safety aspects” recommends:

> A cot mobile should not be able to be grasped by a standing baby. Instructions for any mobiles intended to be mounted on a cot, wall or ceiling should be followed to make sure a baby cannot get caught and be at risk of strangulation.

> A mobile attached to a cot should be removed when the baby begins to push up on hands and knees.

> Fasteners, strings, straps, clamps, etc. should be frequently checked and be tightly attached to the cot according to the manufacturer’s instructions.

> No additional strings or straps should be attached to a cot.

Pets

Pets can be very special for children. However, pets do not understand babies. If you had a pet before your baby is born, this will mean some changes for you and your pet.

Cats have been known to sit on a baby in a cot, which can smother them. Even very friendly dogs can become jealous of a baby. If you have a pet, you can help them to feel good about your baby by feeding and petting them when your baby is with you. Make sure your baby is never alone with your pet (or anyone else’s).
Other environments

Bean bags, water beds, pillows, adult or child beds, bouncers, infant mattresses with built up sides (cot inserts), hammocks, sofas, baby rockers etc are potentially dangerous for babies to sleep in because of the risk of suffocation, strangulation or falls.

Prams are okay for short sleeps when you are watching your baby.

> When a baby is in a pram, stroller, bouncer or any other baby/toddler equipment always do up the straps. If the straps are loose a baby may become tangled or fall out.
> Make sure when using a pram or stroller that the footrest is secure. A loose footrest may give way and cause a baby to become trapped.
> Make sure the pram has good brakes even if you are next to it, especially on a slope.
   New prams now have straps for your wrist for extra safety.
> Avoid fully covering a pram or stroller with a blanket or sheet as this can stop the flow of air and create a hot environment for baby.
> Hats or bonnets should be removed when a baby is taken indoors.

When buying a pram, make sure it complies with the mandatory safety standard based on the Australian Standard for household cots AS/NZS 2088 “Prams and strollers – safety requirements”.

All prams sold must comply with the mandatory standard.

Make sure you look for a label or sticker that says the pram complies with the mandatory standard. If the pram does not have a label or sticker, ask a sales person. If the sales person cannot tell you if the pram complies with the mandatory standard, do not buy it.

For information on how to obtain the Australian standard for folding cots and the related mandatory standard please refer to “Where to go for help” on page 39.
Crying

A baby’s cry is their main way of communicating with you. Knowing why your baby is crying is not always easy. Babies cry very easily and there does not have to always be something wrong. If your baby is crying, try to find out what they need.

Babies can cry when they are:

- Hungry.
- Cold.
- Uncomfortable from wind or tummy pain.
- Tired.
- Unwell.
- Missing their parents.
- Stressed.
- Have just been immunised.

If your baby is distressed, their crying may be quite different to their normal cry or there may be other signs that they might be unwell (e.g. poor feeding, difficulty breathing, fever, vomiting or diarrhoea). If this is the case you will need to get your baby checked by your doctor.

You cannot spoil a baby by responding to their distress. Babies do not learn anything helpful by being left to cry. In the early months a baby needs to learn that their world is a safe place and that they can trust their carers to meet their needs. You may not be able to stop the crying every time but you need to be able to do what you can to provide comfort. This will help your baby learn to cope with their distress. It has been found that responding to crying when a baby is young may reduce the amount of crying when they are older.

Fortunately babies usually grow out of these early problems but they are often given a diagnosis, such as colic or reflux.

Some infants have increased levels of crying which is referred to as colic. Crying tends to increase in the first two months of life, peaking often at about six – eight weeks and then becoming less intense by about three – four months of age. Babies with colic are usually healthy and thriving and there is usually nothing wrong with what you are doing. A commonly used definition of colic is crying for at least three hours a day, for at least three days in any one week, for at least three weeks in the first three or four months of life.
Crying (cont.)

The late afternoon to early evening is a time of day for most babies when they seem to cry more. This is referred to as “evening colic”. Lots of babies have bouts of colic which can be quite severe with persistent and loud cries and it may be hard to settle your baby.

When nothing works you may feel frustrated or even angry, but your baby still needs you to care for them, even though what you are doing is not stopping them crying. If you are feeling stressed put your baby in a safe place, take a short break and seek help.

It is important to see your doctor if you are concerned about your baby at any age.

Spilling and reflux

It is important to know the difference between normal spilling and reflux.

Spilling

Spilling or bringing milk up is very common for babies, especially after feeds, and is not usually a problem.

Babies usually keep enough milk down so they are not hungry and grow normally.

Reflux

If some babies do cry after spilling and/or are very unsettled they may be labelled as having reflux.

Babies who cry continually with reflux can be fussy with feeds and hard to settle. They may spill large amounts so they have trouble keeping down enough milk for growth. On the other hand they may spill only a little and still be unsettled.

Again this problem is mostly due to the baby’s gut being immature, and most babies grow out of their reflux. It may take a few months longer than colic though.

All babies with reflux should be placed on their back to sleep. On a flat mattress, there is no need to raise the head of the cot.

Living with a baby with reflux is not easy. You can see your child and family health nurse for support. Medication does not always help. See your doctor who can help work out what the problem is and what to do about it.
Playtime

There are many things parents can do with their baby right from birth, such as talking, singing, reading or holding and stroking their baby. All of these things support a secure and strong bond between you and your baby and the beginning of talking and being social.

Newborns can see and hear although they do not have much control of their body. They can move their eyes and like to look at things. For example, your face, lights, movements or colours can attract their attention. They enjoy listening to your voice, music, and all the sounds of their new world. They like to feel your kiss and your touch.

All babies are different. Finding out what your baby enjoys and responds to can be fun. Here are some things to try:

> Hold your baby so they can look at your face (about 25 cm away). Talk to them. Your baby will try to respond from a very young age. Copy your baby’s facial expressions and wait for your baby to copy and respond. This helps them learn to communicate and take turns.

> Lay your baby on the floor with their nappy off so they can kick freely. Some very young babies do not like being undressed - if they object, try again in a week or two.

> Put your baby on their tummy for some tummy time each play time. This can help them develop their muscles ready for sitting and crawling. Always watch your baby to keep them safe.

> Take your baby outside in a pram in the shade to see and hear different things - or take them for a walk. Remember to be sun smart.

> Read to your baby as often as you can as this is important for their brain development.

> Give your baby a bath, perhaps followed by a gentle massage. It is best not to bath babies just before a feed as they may be too hungry to enjoy it. It is much better to bath them half an hour or so after the feed as part of the playtime. If your young baby does not enjoy being naked, undress them, and then wrap them in a nappy and put them in the bath like this. Let the wet nappy gradually float away. It is not necessary to bath babies every day.

> When your baby is on the floor you can hang toys or shapes from a toy-frame. By five or six weeks your baby will certainly enjoy this, and soon will start attempting to hit the toys by waving their arms. To keep your baby safe the mobile should not be on stretchy elastic and always watch your baby when they are playing (see “Mobiles over the cot” on page 17).
Playtime (cont.)

> Carrying your baby with you in a sling or baby carrier as you do your household tasks is usually very enjoyable and comforting for babies. It is important to follow safe sleep practices as they may fall asleep in the sling. Read more about slings in “Settling tips” on page 26.

> The length of playtime varies from feed to feed and day to day and increases as the baby gets older. The best guide is to learn and watch for tired signs so you can settle your baby to avoid them getting overtired.

Separation anxiety

From about six months of age babies notice when their parents are out of their sight. This may happen during the day and at night and is called “separation anxiety”. Your baby will become upset when you leave but will be happy again as soon as you return. Separation anxiety can continue until your child is around three years or older and can be noticed more when:

> You are returning to work or their normal pattern is changed.
> Your baby has started going to child care.
> At stressful times e.g. moving house.
> There is a relationship issue or other family stresses.
> You or your baby are sick.

Your baby will pick up how you are feeling. If you are calm they are more likely to be calm.

Day time

When your baby is clingy or needy, it may be harder for you to get things done, but this is a normal stage and does not last forever.

What parents can do:

> Calm your baby before you leave.
> If leaving your baby even for a short time e.g. going to the toilet, make sure they are safe.
> Tell them where you are going and that you will be back soon. In some cases you may need to take them with you or get someone else to care for them.
> Spend plenty of time with your baby during the day play times as this can help both of you cope with the separation at night.
Night time

When your baby is experiencing separation anxiety, they may start waking more at night and become upset and need extra comfort. Waking is not the problem - babies will still wake at night, but if they feel safe and secure, they may be able to go back to sleep themselves.

What parents can do:

> If you are calm this will help your baby to be calmer too.
> Calm your baby by holding, talking, or patting them.
> Use settling tips that are helpful. Read more about “Settling tips” on page 26.

**Parent story**

Jack is six months old and he is room sharing with his parents Kylie and Tom at night. He will normally sleep five hours at night. He has started to wake at night and needs comfort from Kylie. To help Jack to settle, Kylie responds to him by giving more comfort after feeding and returning him to his cot. She spends a little longer reassuring him that she is there so he can return to sleep.

Kylie has also noticed that he gets upset when she is out of his sight during the day. When Kylie is doing things during the day she makes sure he can see her. For example when she has a shower, she takes Jack with her into the bathroom, putting him in a safe place such as a baby chair/rocker. In this way Kylie is helping Jack to know she is always there for him when he needs her.

**Your baby’s Wonder Weeks**

Babies go through times when they need you more than other times. These are referred to as “Wonder Weeks”. During these more difficult weeks babies are making big steps forward in their development. For example, at around the age of eight weeks, a baby can begin to recognise more of the people and things that they can see around them.

Even though Wonder Weeks can seem like difficult times when babies are clingy and unhappy, these are very special weeks because the babies are making a new big step forward.

After a Wonder Week, there may be several weeks when your baby is happier. These times have been called “sunny times”. They can happily try out new skills. They may be less easily upset, less temperamental, go off to sleep more easily and allow you to be out of their sight more often.
## Wonder Week

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<th>Wonder Week</th>
<th>What’s happening</th>
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<tbody>
<tr>
<td>5 weeks</td>
<td>A world of changing sensations</td>
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<td>8 weeks</td>
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<td>12 weeks</td>
<td>A world of smooth transitions</td>
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<td>19 weeks</td>
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<td>26 weeks</td>
<td>A world of relationships</td>
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<tr>
<td>37 weeks</td>
<td>A world of categories</td>
</tr>
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<td>46 weeks</td>
<td>A world of sequences</td>
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### How to help your baby during Wonder Weeks

> During these times, babies seem to manage the developmental changes more easily if they have more care from you, get held more often and have extra comforting when they go to sleep.

> For more information about Wonder Weeks visit www.cyh.com.
Sleep time

Tired signs and sleep cues

As you get to know your baby you will start to learn when they are tired and need to be put down for sleep. Long before they can talk, babies have tired signs or sleep cues that show you what they need. Your baby will have their own special sleep cues but here are some that most babies have:

> Yawning.
> Jerky movements.
> Clenched fists.
> Becoming quiet, not wanting to play.
> Grizzling or fussing.
> Rubbing their eyes.
> Facial grimaces i.e. pulling faces.
> Waving arms and legs about.
> Crying.

If you miss the tired signs or cues and do not realise your baby is tired, your baby may become more alert and overtired and it may be very hard to get them to relax and sleep. Signs your baby is getting overtired include being overactive, starey-eyed, and quick to cry.

During sleep babies wriggle, squirm, snuffle and even cry out from time to time. This really worries parents who are not aware of it. They think their baby is not really asleep so they tend to pick them up and worry about them unnecessarily. See if your baby will resettle themselves before intervening.

If your baby is snoring during sleep or you are worried about your baby’s sleep noises see your doctor.
Settling tips

Ideas to help with crying

> You could write out a list of ways to settle that sometimes work with your baby and put it where it is easy to see. When your baby is upset go through the list one at a time. Do not rush - give each one time to work (e.g. 10 minutes or more) before trying another.

> Prepare for “that” time of day when you expect your baby will need more attention. If you can:
  – Get the evening meal started beforehand.
  – Arrange for someone else to help with the baby or with other children e.g. your partner, family member or friends.
  – Get some extra rest at other times.

> If nothing works to quieten your baby the best thing you can do is to hold them securely and be with them in their distress. Even if your baby continues to cry you are meeting their needs by comforting them as well as you can. A rocking chair is very nice for both of you but be sure you do not fall asleep when your baby does.

> You may find the baby’s crying really getting to you, and feel angry and frustrated. This is more likely if you do not have much support for yourself, or you are very tired or depressed. In this case the best thing is to make sure both you and your baby are safe. Never shake your baby as this can damage their developing brain. Leave your baby securely in their cot and take a break. Even five minutes to yourself is enough to give you the energy to go back in and try settling again.

> Keep your energy levels up by looking after yourself. Try to plan some regular time out when someone else can care for your baby.

What parents can do

If your baby is crying a lot, check with your doctor so you know that your baby is well. Find out what works best for you and your baby. As you get to know your baby you will find it easier to recognise when they want a feed or a cuddle or to be settled to sleep.
You can try the following tips that seem to fit best for you:

> You can calm young babies (before they are rolling) by wrapping. Once they are rolling from their back to their tummy, wrapping is no longer safe and a sleeping bag is recommended. See “Sleeping bags” on page 32.

> Try a warm bath followed by a baby massage before settling time.

> During the day there is no need to darken the baby’s sleep area. When you are out you can use the hood of the pram to shelter the baby from direct light. It is good for babies to sleep during the day when there is daylight to help them know the difference between day and night sleep. At night darken the room ready for sleep.

> Rock your baby in a pram, cot or your arms for a short period and then settle them into their cot (a baby should not be left to sleep unsupervised in a pram). To rock the cot, it helps to have castor wheels on at least two legs or if the cot has four wheels make sure that at least one pair of castors has brakes. Otherwise you may be able to “jiggle” your baby’s cot slightly (depending on how heavy it is).

> Slings or baby carriers are particularly useful for those times when your baby is fussy and needing your attention but you also have other things to do. In a sling your baby is close, can hear your heart beat and you can still do things like hang out the washing, wash dishes or go for a walk. Make sure your baby’s head is supported and their face is not covered and is visible at all times when they are in the sling. If feeding your baby in a sling, change their position when finished so their head is facing up and is clear of the sling and your body. Parents and caregivers should check their baby’s breathing frequently when their baby is in a sling.

> Try patting, by settling your baby in the cot on their back and then pat them on their tummy with a cupped hand. Start patting quickly and then slow down as they calm. Pat at about the pace of your heartbeat.

> A constant noise such as humming, singing a little song, relaxing music or household noise such as the washing machine or dryer can help babies relax.
Settling tips (cont.)

> Offer baby another feed.

> You may choose to offer a dummy or your baby may self soothe by sucking their thumb. Dummies should not be used for about six weeks until breastfeeding is established.

> There are lots of ways to hold babies that help calm them, and most of us do some of these naturally. One way is to keep baby in a “C” position and pat their bottom in a regular rhythm. Babies tend to like movement and the slow rocking motion of your body. Dancing gently or swaying with the baby in your arms may be helpful. When babies cry vigorously they tend to straighten out and even bend backwards, throwing their heads and arms back. If this happens you may need to check this out with your doctor.

Here are some different ways to hold babies:

“C” Hold

Over your arm
Over your lap

Over your shoulder
Resettling

If your baby has not been asleep very long, try to resettle in the cot rather than picking them up straight away. Try to ignore the wriggles, but do check if your baby really starts crying. If they are very upset you may need to pick them up, calm them, then resettle them in their cot and replace their dummy if used. Tuck your baby in firmly and rock or pat as before.

Some babies need less sleep than others, and resettling can get really frustrating. If it is not working for you, you could set yourself a limit, say 10 minutes of rocking or patting, and then try something else. Or try putting your baby in the pram and go for a walk, use a baby sling, or get them up for a playtime then resettle them for a short nap again before the next feed. Your baby may need the next feed a bit earlier than usual.

If resettling is not working it may be best to pick your baby up and feed them or play with them.

Wrapping

Wrapping can help newborns to settle for sleep. Not all babies like to be wrapped, so follow your baby's cues. If your baby doesn't like to be wrapped, you could choose a safe sleeping bag instead. These can be used from birth (see “Sleeping Bags” on p.33).

The recommended fabrics for a baby wrap are muslin or light cotton. Bunny rugs and blankets are not safe because your baby can overheat. Babies must not be overdressed under the wrap. Dress them in a singlet and nappy in warm weather, or a light grow suit in cool weather.
Here are some steps to follow to wrap your baby. You can ask your midwife or child and family health nurse to demonstrate this for you.

1. Place baby on the wrap at shoulder level. Make sure the wrap does not cover your baby’s face. If your wrap is square you can fold one corner towards the centre.

2. Bring your baby’s arms together across their chest, you can bring both arms together or one arm at a time.

3. Bring one edge of the wrap over either both arms or one arm and tuck under your baby. Make sure it is not too tight so they can breathe and have full chest and leg movement.

4. Bring the other side over arms and then tuck under the body.

5. Fold the end of the wrap or any extra length to one side so their legs can remain flexed (bent up in their usual position) to promote normal hip development.

It is a good idea to wrap with their arms out around three months so they can learn to find their hands and self soothe. Once your baby can roll from their back to their tummy, usually around six months, it is no longer safe to wrap. A well fitted sleeping bag is a safe alternative.

Baby should be wrapped with arms in until around 3 months. Arms should be across chest and there should be room for legs to remain flexed.
Sleeping bags

Sleeping bags can be used from birth, but are recommended to replace wrapping once your baby is rolling from back to front.

Evidence suggests that sleeping bags can help reduce the risk of SIDS by helping to keep babies on their backs. A safe sleeping bag is made in such a way that the baby cannot slip inside the bag and become completely covered. Sleeping bags can prevent legs from dangling out of the cot rails. Babies in sleeping bags can be positioned anywhere in the cot if no extra bedding is used.

The sleeping bag should be the correct size and material weight with a fitted neck, armholes and no hood. Dress your baby according to the room temperature and do not use doonas or quilts. Check the Thermal Rating of Garment or ‘TOG’ level on the label, as there are summer weight and winter weight bags.

If additional warmth is needed a light sheet is usually all that is required, but take care to tuck it in firmly so it cannot ride up and cover baby’s head during sleep. If your baby is too hot they may be restless and flushed in the face and sweating.

For information about choosing a safe sleeping bag go to the Frequently Asked Questions on the safe sleeping section www.sidsandkids.org, or visit www.kidsafe.org.au.
Settling older babies (6 – 12 months)

Day time

During the day spend time with your baby playing, walking, shopping or visiting. However, if your day is too hectic your baby may not sleep as well as usual, just as you may not either.

By seven to eight months most babies are having three meals of solid food meals a day, with at least three or four milk feeds, and are gradually learning to cope with the family diet. Try a regular time for meals and keep feeds separate from sleeping by playing with your baby after feeds, before they go to sleep. Expect two sleeps a day until 12 – 15 months, then you can gradually move them to one sleep around the middle of the day. Make sure they are getting enough day feeds and solids (see next page for an example of a feeding and sleeping pattern).

Remember to watch for sleepy signs so they do not get overtired.

Night time

Many babies wake several times a night at this age. Some still wake one or two times a night past the first year. They may, as most adults do, turn over and go back to sleep, or they may cry because they are uncomfortable, afraid, or unsettled in some other way. Sleeping through the night is when babies sleep up to five hours or more a night.

Each family needs to respond to night waking in the way that best suits them. We know that room sharing (sleeping in their own cot in the same room with parents for the first six -12 months) is safest for babies. Many babies will sleep better if they know that someone is close by (see “Safe sleeping” on page 10). If you are happy with the way things are at the moment, do not feel pressured to change.
Feeding and sleeping pattern for an older baby 6 – 12 months

This pattern is an example only and will change as your baby grows. When your baby is closer to 12 months old, less feeds may be needed and the amount of solid foods and wake times are increased. This pattern is flexible in response to your baby’s individual needs.

> Breastfeed on waking or infant formula.
> Breakfast.
> Playtime.
> Breastfeed according to need.
> Morning sleep.
> Lunch with sips of water in a cup.*
> After a break - breastfeed or formula in a bottle or cup.
> Playtime.
> Afternoon sleep.
> Breastfeed according to need.
> Dinner and sips of water in a cup.*
> After a break - breastfeed or formula in a bottle or cup.
> Quiet play.
> Settle for the night.
> Breastfeed or infant formula overnight according to need.

* Lunch and dinner time is a good time to practice drinking from a cup with a few sips of water.

As your baby grows they become more regular in their sleep patterns, with one long sleep at night and perhaps a nap during the day. However, they can still have unsettled sleep patterns up to the age of four or five years and need help from parents.

If you are having problems with settling your older baby see your local child and family health nurse.
Tips for partners

If you are the partner or father of an unsettled baby, things may be hard. You may be having issues such as changes in your life, supporting your partner and trying to help care for your baby. It may be useful for you to read other parts of this book so you and your partner can support each other when caring for your baby.

Your partner may be more used to settling your baby and your baby may be more comfortable with her. Do not take this personally but realise if you do spend time with your baby it will be easier for you to settle your baby and for your baby to be comfortable with you. Take time to get to know your baby when they are awake and learn to do other things with them such as:

> Playing.
> Bathing.
> Changing nappies or clothes.
> Settling.

Using a baby sling can also be a good way you can settle and become closer to them. Read more about the safe use of slings on page 27.

Make time to go for a walk with your baby and partner each day. This helps everyone feel better.

Parent story

Brian was frustrated because he could not settle six-month-old Liam but his partner Julie could. He felt he was not doing enough with Liam and wondered if Liam did not like him. This created tension because Brian thought he would be better off at work. However, he was able to talk about his feelings with Julie and together they worked on building Brian’s confidence and skills in bathing, changing, wrapping and settling. Over time Brian learned to settle Liam for the night and he is now working on being able to settle Liam when he wakes.

Be patient with your baby and yourself. Over time you can learn to settle your baby. You can then take turns with your partner getting up to settle them or you may be able to bring the baby to your partner for feeding. Sharing the load will make it easier for everyone. It may help to get some coaching from your partner on the stages of settling and then, with support, try it out. Take small steps to develop confidence.
Tips for partners (cont.)

As you get to know your baby you will start to notice when they are sleepy and need to be settled. Long before they can talk, your baby will give tired signs or sleep cues that show you what they need (see “Tired signs and sleep cues” on page 25).

Some babies get unsettled and do not respond even when you do all the right things. If you are starting to feel frustrated or angry with yourself or your baby when you are trying to settle them, remember that the unsettled behaviour is not you or your baby’s fault. Get your partner or someone else to care for your baby and take a break.

If you do not seem to be able to settle your baby then try to focus on other times when you can interact with them and other ways to support your partner, for example doing some washing, preparing the family meal or caring for your other children.

If you are able to stay calm and gentle when caring for your unsettled baby, this will build their trust in you as their father. How you build your relationship with them in the first 12 months, including when they are unsettled or upset, will be the foundation for your relationship in the years ahead.
Looking after yourself

The most important person in your baby’s life is you. If you are tired and feeling low your reserve for coping may be reduced. Taking care of yourself is important. Spending time with other people who are helpful and supportive is a positive step towards taking care of yourself.

Tips for looking after yourself

> Try to be flexible with looking after your baby so that you can also get out if you need to. Get some exercise and fresh air. Take your baby for a walk in the pram every day if possible.

> Eat well. Have quick-to-prepare, healthy snacks around like bread, cheese, nuts and fruit.

> If you can, rest for at least half the time your baby sleeps. Spend the other half catching up on housework or other things if you need to. If you can afford it get some household help or ask a family member to help out for a month or two.

> Make sure you have some time to yourself - do something nice for yourself each day, however small (e.g. relax with a cuppa for five minutes, go outside, ring a friend).

> Get a break every now and then. Find a trusted person to mind your little one, even if it is only for half an hour.

> If you have a partner, spend some time together as a couple. Talk about something other than the baby for a few minutes or have 15 minutes in the evening to talk to each other about your day.

> Seek some professional help if you are feeling particularly low, tearful and depressed. Post natal depression is common - it is not your fault and treatment can help you feel better a lot quicker. If you are crying every day and not coping, see your doctor or talk to your child and family health nurse.
Other ideas

> You could join a support group; there are lots of groups around for new parents. Or you may prefer something less involved with babies, like a craft group. Ask your child and family health nurse for ideas. They will know what is available in your area.

> When you have a new baby most people genuinely want to help and may feel hurt if you do not allow them the privilege of giving you a hand. Let them know what you need. Get to know your neighbours. If someone else with a baby lives nearby you may be able to support each other.

> You could join the local gym, many of these provide a crèche for day time sessions.

Caring for a new baby is one of life’s great adventures. There will be much joy, as well as lots of work and some problems to solve. Ask for help when you need it.

Remember, your baby is new to the world and they have an enormous amount to learn. They learn best when they feel safe and loved and when their parents are feeling positive and strong.
Where to go for help

You can get help from your midwife, child and family health nurse or local doctor. Here are some other services which may help you to care for your baby.

In South Australia call 1300 733 606 to make an appointment to see a child and family health nurse.

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<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Contact</th>
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<tbody>
<tr>
<td>Australian Breastfeeding</td>
<td>Mum2Mum helpline, provides one on one counselling over the phone for breastfeeding issues</td>
<td>Ph. 1800 686 2686 <a href="http://www.breastfeeding.asn.au">www.breastfeeding.asn.au</a></td>
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<tr>
<td>Association</td>
<td></td>
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<tr>
<td>Beyond Blue</td>
<td>For help with depression and anxiety</td>
<td>Ph. 1300 22 4636 <a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a></td>
</tr>
<tr>
<td>Health Direct helpline</td>
<td>24 hour call centre for non-urgent health advice</td>
<td>Ph. 1800 022 222 <a href="http://www.healthdirect.org.au">www.healthdirect.org.au</a></td>
</tr>
<tr>
<td>Immunisation Australia Program</td>
<td>Provides information for a number of agencies, organisations and groups related to immunisation and vaccination</td>
<td>Ph. 1800 671 811 <a href="http://www.immunise.health.gov.au">www.immunise.health.gov.au</a></td>
</tr>
<tr>
<td>Kidsafe</td>
<td>Tips to keep your baby safe</td>
<td><a href="http://www.kidsafe.org.au">http://www.kidsafe.org.au</a></td>
</tr>
<tr>
<td>Mental Health Emergency</td>
<td>24 hours, 7 day support</td>
<td>Ph. 13 1465</td>
</tr>
<tr>
<td>Multicultural Health</td>
<td>For information about infant health in many languages</td>
<td><a href="http://www.mhcs.health.nsw.gov.au">www.mhcs.health.nsw.gov.au</a></td>
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<tr>
<td>Service</td>
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<tr>
<td>National Poisons Information Centre</td>
<td>Trained staff can provide information about what to do if a child swallows something that might be dangerous</td>
<td>Ph. 13 1126</td>
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<tr>
<td>Pregnancy, Birth and Baby Helpline</td>
<td>Provides support to women, their partners, and friends and family</td>
<td>Ph. 1800 882 436</td>
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<tr>
<td>Quit SA</td>
<td>Provides state-wide programs to help smokers quit smoking</td>
<td>Ph. 13 7848</td>
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<td><a href="http://www.quitSA.org.au">www.quitSA.org.au</a></td>
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<tr>
<td>Raising Children’s Network</td>
<td>Parenting and child health information, email updates</td>
<td><a href="http://www.raisingchildren.net.au">www.raisingchildren.net.au</a></td>
</tr>
<tr>
<td>SIDS and Kids</td>
<td>Safe sleeping information</td>
<td><a href="http://www.sidsandkids.org">http://www.sidsandkids.org</a></td>
</tr>
<tr>
<td>South Australian Parent Helpline</td>
<td>Information on child health, behaviour, nutrition, parenting</td>
<td>Ph. 1300 364 100</td>
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<tr>
<td>South Australian Multiple Births Association</td>
<td>Provides information about all aspects of multiple births and living with multiples</td>
<td>Ph. 08 8364 0433</td>
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<td><a href="http://www.communitywebs.org/samba/">www.communitywebs.org/samba/</a></td>
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<td>Women’s and Children’s Health Network</td>
<td>For information on child health and parenting</td>
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