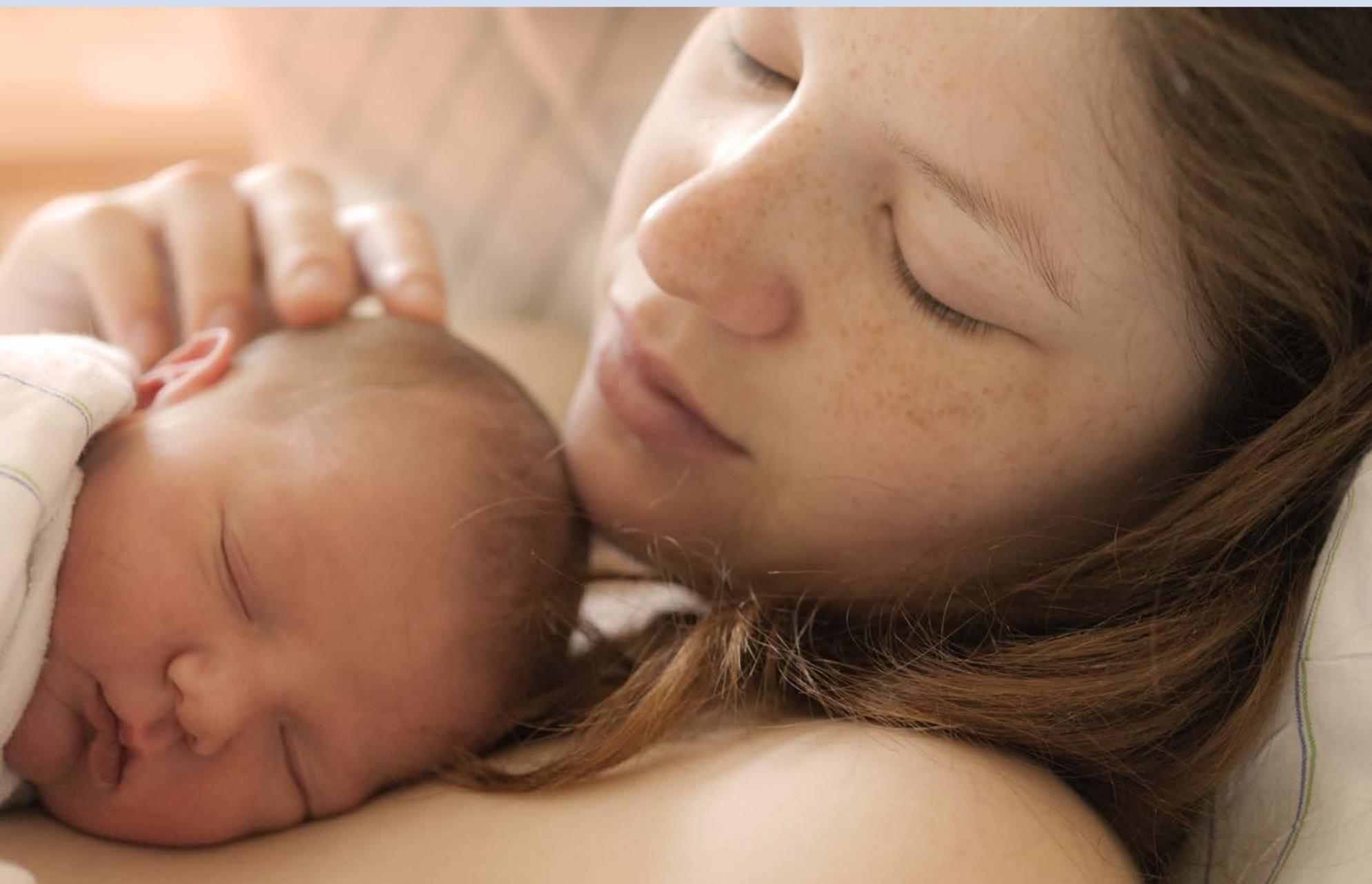


# Sound Sleep

*Calming and helping your  
baby or child to sleep*



*Sarah Woodhouse*

# *Sound Sleep*

*Calming and helping your  
baby or child to sleep*

***Sarah Woodhouse***

***Series Editor, Patrick Tomlinson***



***Together we can create a secure and loving  
environment for our children***

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# *Acknowledgements*

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*Sarah Woodhouse. October 2014*

## *Picture credits*

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*'Have you ever met a new baby before?'*

## *Foreward*

The *Right from the Start* charity was launched by George Alagiah and Kate Adie in 2003 with the first publication of *Sound Sleep*. This welcome new edition of *Sound Sleep* comes a decade after the second edition in 2004. The original sense of urgent, unmet needs which inspired Sarah Woodhouse to write it came from some of the research findings published in the NSPCC Annual Report in 1985, the Government's Three Year Research Programme based at the Coram Family Centre during the early 90's which looked at the root causes of neglect and abuse in families and the Calouste Gulbenkian Report, 'Children and Violence' published in 1995.

During the four years that Sarah spent exploring these research findings she interviewed many people – parents, grandparents, midwives, Health Visitors, doctors, community nurses and perinatal professionals. She collected memorable experiences and stories, in their own words, from a multitude of people. She also attended many conferences and read and distilled books, papers and other impeccable research materials.

In the time that has passed since the first edition, the world has seen an explosion of research, especially in the field of neuroscience and into the details of what babies and young children really need for their whole and healthy development. While there are continuous new breakthroughs in knowledge and understanding, especially about brain and 'memory' development in the womb (and at such a stunning pace during the first three years after birth) little of the first edition has needed to be rewritten. Everything Sarah has changed or added has been positively confirmed by further research.

The need to give greater emotional, spiritual and practical help and support to expectant and new parents has never subsided. In many and new ways the loneliness, confusion, worry and sadness faced now - perhaps especially by mothers - and the threats to warm and strong family life are on the increase. There are many causes of this,

all of which further books in the *Right from the Start* series will look at seriously and try to address.

It is now vital to give the adults who are nurturing, teaching or working with children the vision and impetus, as well as the courage, to start bringing about the changes needed so urgently. By doing so, we can protect children from those harming and dehumanising influences that can last a lifetime and be passed on from generation to generation.

The aim of this revised edition of *Sound Sleep* is unchanged. It is to inspire a recognition and deeper thinking and understanding of the fundamental mental, emotional and spiritual needs of parents and their babies, whatever their circumstances, and whatever their culture or faith. It is about how we might help each other respond most practically to these understood needs with warmth, intelligence and commitment.

I feel very privileged to write the Foreword to the revised edition of a book I've always admired and sincerely hope it finds the wide readership it deserves.

***Sue Palmer***

*Childhood campaigner and author of **Toxic Childhood: how the modern world is damaging our children... and what we can do about it.***



# *Introduction*

This book is about how to understand your baby's crying and respond to it as calmly and peacefully as possible! It is also about how to settle babies, toddlers and young children and help them sleep.

The early chapters look at why babies cry, what it might mean and how you can comfort them. It is never wrong for a baby or child to cry. When they cry, they need to cry. It is their way of calling out for help, especially when they have no words yet they can use. It is also a way new-borns, during the first few weeks can get rid of the tension and stress built up in their little bodies during their birth.

The same goes for older babies and toddlers. The triggers for crying or for screaming are always sudden and acute feelings of loss, upset, fear, shock, pain - or hunger pangs.

For a baby, crying is as natural as breathing and sucking. It is meant to break into our thoughts and attract our attention. It is up to us to accept the crying and do all we can to give help and comfort as quickly as we can. But this is far from easy. What does our baby want? Why do some babies go on crying even after we have fed them, burped them, changed them, rocked them and cuddled them?

This book looks at crying and screaming both from the baby's point of view and from that of parents' and carers'. What does this crying do to us? How can we help to calm and steady ourselves as well as comfort our babies? Here are insights, tips, tactics and remedies drawn from the experiences of parents and professionals from different communities and cultures, which can help you compare your experiences with theirs and try out different ways to stop the crying and settle your baby. Only repetition and perseverance will help you to discover what works best for you both.

A newborn baby is full of courage, intelligence and the longing to be loved and to love you back. Giving birth and caring for your baby, and watching her grow and develop can be one of the most magical wonders in your life. The purpose of this book is to help make this

magic happen, through sharing all kinds of ideas and special skills and offering every kind of encouragement.

Later chapters of the book focus on toddlers and older children. Learning how to settle themselves and sleep through the night is important for every child's future health and happiness. Enough sleep in every 24 hours is critical for every adult, baby and child. Go for it! Work at it faithfully! It will make such a big difference to how you feel and how you cope with family life.

Every baby is different. Every child changes as it grows. Every experience of being a parent is unique. Put aside those parts of the book that don't suit you. Like clothes on a rack, find what fits and feels comfortable. Choose what is right for you and your child.

It was John Bowlby, psychologist, psychiatrist and psychoanalyst of world renown, who said:

*'A society that values its children must cherish its parents'.*

This book is part of that cherishing.

***Sarah Woodhouse. October 2014***



- ▶ Every baby throughout the world is born into a home with a unique cultural background. Inevitably this book is influenced by my own background, but it respects the huge variety of different beliefs and customs involved in parenting. My hope is that the messages and stories carried in this book are of value to parents and those who support them, wherever they may be.
- ▶ In order to avoid the awkwardness of using 'he or she' throughout the book, we have chosen to use 'he' in one chapter and 'she' in the next.

# *Reviews and Endorsements of Sound Sleep*

*I feel a great affinity with your approach, based as it is on such great respect for both parents and children... This book is written from the heart and will appeal to parents on an emotional level. It is as concerned with creating loving relationships between parents and babies as it is with advice for sleep problems.*

*Eileen Hayes, Parenting Adviser to the NSPCC*

*Whether you have a baby who cries more than you can bear, or an endlessly waking-and-wailing child in the night, get this book! It's fantastic. It paints so many useful pictures and tells stories you'll never forget. It gave me hope and got me smiling again.*

*Diana, single mother with a two-year-old*

*By far the best book I've come across on children and sleep is Sound Sleep... Woodhouse is thoroughly child-centred in her approach, but also sensitive to the dreadful effects of long-term sleep deprivation on parents. Her methods for establishing good sleep patterns don't involve draconian treatment... and are highly effective for babies and children.*

*Rebecca Abrams, Daily Telegraph*

*This book is unbelievable... it's wonderful... there's nothing else like it!*

*Members of the Bounty Advisory Team*

*Reading the wonderful warm tone in which Sound Sleep is written with its non-prescriptive attitude, the variety of different approaches that are considered in the book and the way it is written make this book exceptional. The author allies herself with the suffering parent... and dares to talk about spirituality.*

*Hetty Einzig,  
Former Research and Development Director  
of the Parenting Education and Support Forum.*

*I found Sound Sleep caring, well written and researched, immensely reassuring and I love the illustrations – they spoke volumes.*

*Rita Marchant, Founder of the Coram Family Centre.*

*I found such a sense of peace and tenderness in this book – it makes me feel completely balanced and able.*

*Chandra, A new mother*

*I wish I had seen this book when I first became pregnant. I would have been prepared for anything – even the worst! The best thing about it is that it helps you stay calm and try out new ways of coping. Some of the ideas did wonders for me.*

*Ruth, A 29 year old mother*

You can find more reviews and endorsements on the Right from the Start website [www.right-from-the-start.org](http://www.right-from-the-start.org)

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*New Babies*  
*(up to 6 months)*



*One hour old*

## CHAPTER 1

# *Calming And Helping Your Baby to Sleep*

In this chapter we will look at your new baby's need for sleep and explore ways to soothe him to peacefulness and sleep, helping him get used to his new world. We will look at ways to begin to introduce a day and night rhythm, which will help everyone in the family to get the rest they need. He will expect to sense you right there beside him whenever he wakes, for the first few months. Answering this biggest need of all will be what will help him fall deeply and easily asleep and find the world a good place to be.

### ***How much will a new baby sleep and when?***



Newborn babies usually sleep deeply for about sixteen hours a day. They may sleep more during the first week if the exhausting adventure of being born, learning to breathe, suck and swallow - and finding a breathing rhythm - has tired them out. The rest of their time is spent sucking, with little cries now and again as they try to cope with the newness of everything and get used to the light, the faces and the voices around them.

Gradually, usually some time between 2 and 6 months, the hours a baby sleeps will slip down to about fourteen, and more of that sleep will be at night. But the variations between babies can be enormous. Just occasionally - and it's very rare - a baby is born with much less need or less ability to sleep than normal. This can be tough for parents.

### ***There is no settled pattern at first***

A newborn baby has lived in the dark for nine months, waking and sleeping, wriggling, stretching and lying still, just as he feels like, without knowing the difference between night and day. So things are bound to be chaotic to begin with, until life after birth falls into some kind of clearer shape.

After a few weeks most babies settle into the habit of longer and deeper sleeps between feeds during the night, and more wakefulness and alertness during the day. This will happen for you as your baby begins to feel the contrast between his silent, barely-awake mum feeding and holding him in darkness at night and being surrounded, in the light of day, by new sights, sounds and sensations. When alert, he will stare and stare at smiling faces, especially those of his own parents. He will gaze in fascination at bright objects and colours as his eyesight develops. He hears familiar and now new voices loudly and clearly, and the clatter and stir of the day. Only slowly, as he gradually becomes more aware of daytime activities and begins to notice more, will his day begin to separate from night.

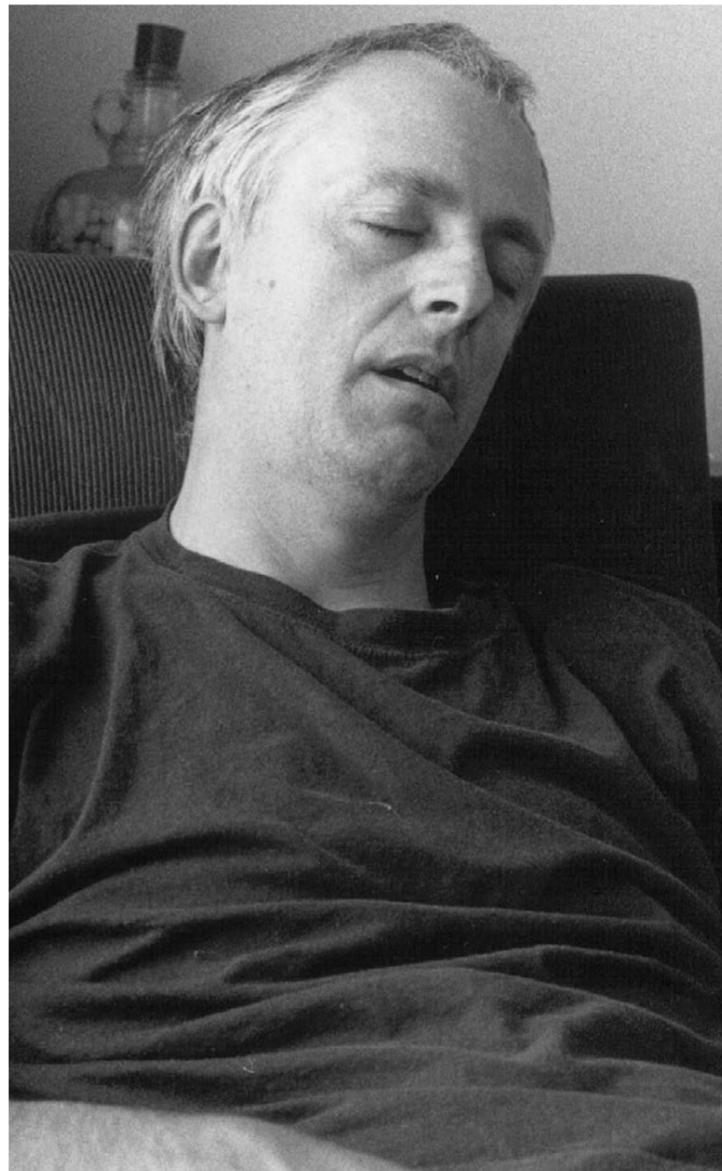
As this contrast between day and night becomes greater, he will move slowly into a pattern of sleeping for about four or five different periods, with two-thirds of this sleep being at night. By six to eight months most babies have settled into a pattern, and sleep for about twelve hours each night, with waking and disturbance now and again, perhaps still needing a quick feed. This is not necessarily a smooth process, however. With some babies the early months can seem like a whirlpool of unpredictability. This can be a difficult time for parents, so helping him, slowly but steadily, to develop a regular sleeping pattern will ensure that you all get much-needed rest and peaceful times.

### ***Protecting yourself from exhaustion!***

Helping yourself with a catch-up sleep at whatever time during the day your baby tends to sleep solidly can be a life-saver. It will help you recover from the broken nights and keep you sane! Motto: If you can't beat him, join him!



*This is risky! NEVER fall asleep exhausted in an armchair with your baby.*



*Morning after a night on duty*

## *Soothing your baby to sleep*

Most of us spend the first six months practising all kinds of gentle, soothing ways to calm, relax and help our babies to sleep. The aim in the end, of course, is to enable your baby to settle himself to sleep. However, during the first weeks and months he will need your help again and again during the day and probably in the night as well. When your baby reaches that half-year milestone, it is wise to begin slowly weaning him off soothing methods at sleep time so that he does not become dependant on you to get to sleep. But the soothing techniques described here to help a newborn baby sleep can still be used later on for relaxation, closeness and fun, or as part of the pre-bedtime routine.

Every baby is different. Things that may soothe one baby and help him sleep may stimulate another baby. So choose a few options that feel right to you, try them out and see what happens. Persevere for at least 10 days so that whatever soothing skill you are using has time to become familiar to your baby and have a chance to work. If it still does not seem to calm the crying and settle him to sleep, try something else. The aim is to find out what is right for YOU and YOUR baby. There is no right or wrong way. Problems can start when a parent keeps on and on trying different things in an effort to find just the right solution. There is then a confusion of signals and little chance that a soothing method can become a sleep trigger. Often it is consistency that is needed rather than efforts to find the perfect solution.

Once you have found some solutions that work for you, try to establish a pattern that can be followed every day when it is time to sleep. This repetition will help to give your baby a sense of security, of knowing what is coming next, and will help him understand that sleeping is just another part of his day. He will grow to know what to expect, and what is expected of him. For instance, if you choose to rock your baby to soothe him into sleep, he will begin to associate the rocking motion with sleep. The rocking movement would then become a 'trigger' to help your baby sleep. If you can establish such sleep triggers you are well on your way to a healthy sleep pattern.

A long, steady, loud shushing sound with loving touch is the universal language used most successfully, all over the world, to entice young babies to sleep. You can't beat it. The reason you can't beat it is that it echoes the swooshing sounds every baby has heard in the womb.

*It is often easier to relax and pacify a crying baby if you are on your own with him. A second person anxiously hovering can sometimes make matters worse. If you have help from your husband, your partner, your mum or someone else, taking it in turns for a time can be better than trying to do it together. It gives one of you a rest. You can knock off!*

*A Health Visitor in Cardiff*

***So, here we go with some soothing methods to try:***

- Let him suckle, even if he's recently had a feed. If this is not possible, give him a dummy, (pacifier) rubbing it gently first on his lower lip
- With your hand laid gently across his chest and tummy, take a deep breath and say 'sshhhhhhh...' steadily and loudly. Repeat this until you feel him grow calmer
- Stroke his head, tummy or legs with your fingertips in gentle, regular movements
- Darken the room
- Put a ticking clock near him - to remind him of your heartbeat
- Tuck him up well or swaddle him- like being back in the womb
- Try rocking him to sleep in your arms or in a rocking chair
- Carry him around in your arms or a sling, walking at a steady pace
- Hum or sing to him or play soft, lilting music (see Resources List)

***Let's look at some of these in more detail:***

Sucking comes completely naturally to babies; they do it even before they are born. Sucking and sleep go hand-in-hand for most of them. They literally suck themselves into drowsiness and sleep. Even if they don't suck themselves right to sleep, they suck themselves into contentment and peace. This happens because the action of sucking anything - whether milk is the outcome or not - stimulates the part of a baby's brain which secretes special chemicals called endorphins. Endorphins calm a baby and reduce stress and pain.



*Sucking himself into contentment and peace*

Sucking at his mother's breast is the best sucking of all for a baby, though this may not always be possible. Bottles, dummies and knuckles will do fine too! The bent knuckle of your little finger is just the right size and shape. Babies will need the comfort and the sustenance of sucking at regular and frequent times right through the day and the night for their first few months.

## ***The importance of touch***

*'How can you know you are alive if no-one touches you?'*

*Maureen Blackmore, a nurse from Scunthorpe, Lincs.*

For nine months, a baby has been totally encircled by his mother, feeling every movement she has made; and, during the last four months, hearing every word she has spoken, every beat of her heart and every trickle and rumble and surge of her circulatory and digestive systems.

Until birth, a baby has never experienced a single moment of complete silence or stillness, nor felt a rough texture or hard surface or cold air. No wonder he may sometimes feel sudden panic when he wakes up and finds there is silence and nothing around him but dry sheets instead of that velvety, wet softness of the womb. His only means of communicating his distress is to cry. He is crying for touch and movement, to hear your voice and to be able to see your face, the shine of your eyes and your smile.

A baby has a much smaller overall area of skin than an adult but he has just the same number of nerve endings in his skin. They are just bunched much closer together. Not only does he feel every touch on his skin with great intensity but every loving touch from your hands and from your lips as you kiss him causes an instant growth surge of hundreds of new brain cells and brain cell connections. The younger he is, the more time he needs of skin-to-skin contact and gentle stroking and rubbing by his mum and his dad.



*The importance of touch*

To be physically in contact throughout the night during the first six months at least will make a great difference to your baby's health, happiness and emotional development during childhood. It helps families to develop a special sense of belonging and sharing together. It prevents your baby crying from loneliness. This strong early bonding does a great deal to prevent relationship behaviour problems, including aggressive tendencies, from developing. Even jealousy of a new baby won't be overwhelming nor last long, because of the deep-rooted sense of being loved and secure that has been built into him by sleeping right beside you, within sight, breath and touch reach - able to be fed before he starts crying loudly with hunger. Once a baby starts to cry, it can be difficult for him to stop.

Dr Michel Odent, author of *Primal Health*, suggests that when you stroke a baby's skin this gives energy to the brain at an important stage in its development. He also describes in the book how babies will grow more understanding, sensitive and affectionate if they experience tenderness and love through being touched, stroked and cuddled by their parents as often as possible. He believes that boys need this touching stroking and cuddling even more than girls do. This is what may make them become wonderful lovers and more able to build warm and lasting friendships and relationships when they grow up. Also, the more babies are held, cuddled and talked to slowly and quietly during babyhood, the less they will be likely to suffer aches, pains and illness – including depression – later in life.

*[www.wombecology.com](http://www.wombecology.com)*

## *Baby massage*

You might want to learn how to massage your baby as a way of answering his need for touch. Massage is just a more precise and rhythmic way of extending the natural stroking and handling of a baby. It can bring great peace to a child and builds an especially close bond between parents and their children, which is not easily lost later. Many midwives and health visitors nowadays are trained to teach mothers how to do this and there are excellent books to help you too. See Useful Books in the Resource Lists.



*Baby massage*

*In the mid 1990's, an advertisement was put in the New York Times appealing to nearby business men to give an hour of their time in the children's ward of one of the city's busiest hospitals - on their way to or from work.*

*The nurses were desperate for help with caring for the ever-increasing number of babies born to drug-addicted mothers. Once born, these babies were suffering the torment of drug-withdrawal symptoms and screaming with the pain of it during their waking hours.*

*The only way their distress could be eased at all was to be held and carried around for an hour at a time.*

*The response to the advertisement was extraordinary. Immediately and continuously, teams of 'stand-in dads' arrived in the ward, coats off, sleeves rolled up, ready to pick up 'their' babies and start walking. Everyone's life was changed for the better and those babies were out of pain by the end of a week.*



## *Kangaroo closeness*

After birth, baby kangaroos live snuggled in their mother's pouch until they grow too big and active. Mothers and fathers can do the same! Kangaroo closeness is very soothing and helps tensions fall away. Here's how to do it:

Lie yourself back, really comfortably, and then lay your baby on his front, on your bare chest, with nothing on him but a nappy, your warm hands and a light cover if needed. Enjoy a time of peace and stillness together whenever and for as long as you possibly can. Or use a baby sling under a loose shirt to hold him in place if you need to walk about so that at least his face arms and chest are against your skin.

If a baby is held close in this way, the blissful feelings of velvety safety will come back to him, and the outside world will seem a less lonely and awkward place to be. The shocks and discomfort he may have felt during his birth will slip away

The womb was a warm place and very cramped. Your baby was curled up tight inside you and it will be new and strange for him to feel his limbs free and spread out. Though he may enjoy this new freedom, it can sometimes be comforting for him to feel held more snugly as he was in the womb, particularly if he is fretful when it is time to sleep. Carrying him in a sling-type carrier against your chest will give him a sense of being 'cocooned' close to you.





*Close enough to kiss*

If you are not able to carry him around in a sling at a particular moment and need to settle him down to sleep nearby, you can try swaddling him or using a sleeping bag... or simply tucking in his sheets and blankets firmly. Swaddling is designed for new-borns up to four weeks old only, and should be done with care to avoid overheating. (Please see Appendix A. at the end of this book for more information on the benefits and risks of swaddling).

Sleeping bags can be particularly useful for a slightly older baby who tends to kick off his covers at night. A chilly baby will be a wakeful one. A sleeping bag can also provide peace of mind if you are concerned that your baby may pull the covers up over himself in the night, or wriggle down under them.

### *Your special smell*

Some parents put a piece of soft clothing that they have worn and not yet washed into their baby's crib so they can have a familiar smell close by at those times when they are left alone to sleep. It is a good idea to choose a t-shirt or vest so that it can be stretched over the mattress to prevent the baby becoming entangled or pulling the material up over his face.



*Her touch. Her breath on my face. Her special smell*

## CHAPTER 2

*Back-to-the-Womb Comforts****Rhythm***

A baby in the womb is cocooned by all the rhythms of his mother's body, especially the steady beat of her heart and the swing of her hips as she walks. He feels all the little differences between your body at rest and your body in motion. He can feel quite lost without them after he is born if he is not being carried in someone's arms or in a sling. Mimicking the rhythms and the sounds of the womb can be very soothing to him. A ticking clock placed near his crib as a stand-in heartbeat also the rhythmic motion of a rocking chair can echo the sensation he felt inside you as you walked around.

***Darkness at night***

A baby is used to the dark so a break from daylight and a little time spent in womb-like darkness when he's sleeping during the daytime can also help to soothe him. Whether helping him sleep at night or during the day, darken the room. Try to make this darkness virtually complete at night if that is possible. Artificial light at night where a baby is sleeping is unsettling to him because the light penetrates his eyelids and his skin, re-activating his internal organs and glands just when they should be resting and recovering. Artificial light at night, especially sudden bright light, also interrupts the work going on in every baby, child and adult to repair and replace any worn-out cells and, in the case of babies and children, to grow millions of new ones every sleeping hour as their growth surges ahead, especially their brain growth.

This can result in a tense and perhaps crying baby the next day.

### ***Calming sounds, songs and music***

What about the sounds your baby heard in the womb? There are various ‘sleepy sounds’ (examples of womb sounds) on YouTube for you to listen to! You can then, if you want, download a longer mp3 version to play, to help your baby settle. This is one example:

[www.youtube.com/watch?v=rkFXBIN2-Hs](http://www.youtube.com/watch?v=rkFXBIN2-Hs)

We also highly recommend *Music for Dreaming*. These beautiful lullabies, researched, designed and arranged as one continuous piece by Cherie Ross, have a constant, calming effect on babies. They are played by members of the Melbourne Symphony Orchestra using flute, strings and harp to replicate most closely the sounds of the womb and the rhythm of the resting heartbeat. Used in the neo-natal unit of the Royal Children’s Hospital in Melbourne, Australia, it has proved itself, over the years, able to calm and bring sleep to premature, distressed or restless and upset babies. The woodwind instruments echo the body’s rhythms and the strings represent the ‘flow’ of the sensations in the womb. The sound of the flute is closest to the human voice. This pure, musical sound is comforting and nurturing. It brings peaceful sleep to adults as well as to babies!

[www.amazon.co.uk/Music-Dreaming/dp/B00006JR1H/ref=sr\\_1\\_1?s=music&ie=UTF8&qid=1414864068&sr=1-1&keywords=music+for+dreaming](http://www.amazon.co.uk/Music-Dreaming/dp/B00006JR1H/ref=sr_1_1?s=music&ie=UTF8&qid=1414864068&sr=1-1&keywords=music+for+dreaming)

### ***But you are the best music of all for your baby!***

Your own voice talking quietly, humming, chanting rhymes, crooning and singing lullabies to your baby can be more effective at calming, settling and tipping him into sleep than anything else you could do. The vibrations and rhythms of your voice which he heard, alongside your body sounds in the womb, are deeply familiar. Humming, especially if it is cheek to cheek, can be more soothing to newborn babies than singing because it is closer to womb sounds.

***Listening to sounds in the womb***

During the last three months in the womb, babies hear sounds very clearly because the amniotic fluid surrounding them leads right into their ears and the fluid carries the sounds directly to their eardrums. People often think that if they sink their own head underwater they will hear as well as a baby hears in the womb. This is not so. If we go underwater, a bubble of air gets trapped in the ear tube and cuts out some of the clarity. A baby in the womb actually hears much more clearly than we can with our heads underwater.

[www.today.com/parents/unborn-babies-are-hearing-you-loud-clear-8C11005474](http://www.today.com/parents/unborn-babies-are-hearing-you-loud-clear-8C11005474)

Music you enjoyed during your pregnancy could well have given your unborn baby the same feeling of relaxation and pleasure as it gave you. He was listening too. As you relaxed, he relaxed. Perhaps there was a song you sang, music you played or theme music you listened to again and again? These sounds will have ‘gone deep’ during his last few months in the womb and they may continue to relax and soothe him – and you too - after his birth.

***Music and Movement***

Humming or singing while you hold, rock or massage your baby or while you rub his back, does something very special for you both. It brings him not only the soothing melody of a familiar song, but also the comfort of hearing your voice and feeling your touch. Remember that he doesn’t mind whether you are a ‘good’ singer or not. Hearing your voice, the voice he has heard before and after birth, is what will soothe him, not the quality of the singing.

If you have laid your baby down in his sleeping place – instead of having him in a sling to sleep – you could also try stroking him slowly from head to toe using long, gentle downwards hand movements

while you hum or sing to him. Close your eyes so your baby will begin to notice and copy your body language.

There are also physiological reasons why the sound of your singing voice gives your baby safe and warm feelings. The vibration of singing and humming is different from the vibration of talking. It reaches parts of our brain that talking cannot. Singing can help us cope with physical difficulties and with emotional tension. Singing together is part of being human and can give us a greater feeling of belonging to each other and to our communities. Making music and singing can do wonders to draw people together and to prevent feelings of alienation, mistrust - even fear and anger - building up in children, families and communities. Singing to our babies is the start of something big!

What your baby hears of your singing voice will not only comfort and quieten him after he is born, but will also be a lasting memory, tucked away but able to surface again once he is old enough to talk and sing himself.



*Singing to her unborn child*

### ***A story to remember***

A music teacher in a London school told her friends how one of the best times of her life had been living in Indonesia when her husband was working in Jakarta. They were newly married and were soon expecting their first child. They lived in a hill village not far from the city. All the women in the village taught her Indonesian songs while they gathered together around the communal wash-tank in the market square to scrub and rinse their clothes and linen. One song they taught her, a love song, was so beautiful that she sang it again and again every day all through her pregnancy. It became her own theme song. She played the lilting tune on her flute too. It somehow encapsulated the deep happiness she was feeling.

Suddenly however, two weeks before their baby was due to be born, her husband was recalled to London and they had to leave Indonesia immediately. She decided she would never again sing the Indonesian songs she had learnt. She was missing her life out there so much she knew that singing anything in Indonesian would only make her feel more upset. She turned all her attention on the birth of her baby and the need to live a very different life back in London.

One summer morning, three years later, their little daughter was alone, sitting in the sandpit in the sun outside the kitchen window. She was very still and peaceful. Her mother was inside, out of sight, standing by the window. Suddenly she heard a little, hesitant voice starting to sing, just a few Indonesian words at first and then adding others and continuing to sing more and more clearly and steadily. She found herself listening in complete amazement, to her child singing, from beginning to end, the Indonesian love song that had meant so much to her. She knew she would have heard it many, many times in the months just before her birth but not once since.

## *Where to start?*

Most people instinctively want to sing to their babies but it can be difficult knowing how to start. Sometimes self-consciousness or not having the words or the tune of a song ready in our heads holds us back. We learn by listening to the same tune and words again and again until the shape and sound of it is in our heads strongly enough for us to take a breath and start to mimic it. For some help and encouragement see chapter 9, From Surviving to Thriving and find the Music, Riddles and Rhymes section in the Resource Lists at the end of this book. Maybe download favourites from the Internet?

Most people find that they have inside themselves one or two musical sounds that feel exactly right and are easier to sing strongly and well than other notes. By finding songs that repeat our 'best' note or notes and singing these often, we discover that those sung sounds coming out of our own mouths and heard by our own ears, can do something for us as well as for our babies. The vibration of those sounds can relax and steady us.

The vibrations of a cat's purr are composed of two main sounds, one higher and one lower. These two particular sounds woven together as a double vibration have a calming and healing effect on the cat and also on us when we stroke a cat and listen to its purr. This purring has a purpose. All the cat family - from tigers to house cats - hunt wild prey, sometimes quite big creatures and they can get scratched, knocked about, bitten and even gored in the hunt. They need to heal their cuts and bruises and recover from the shock as quickly as possible. They need to calm down quickly, especially if they have a family to feed and lick clean. Purring speeds up this healing and calming process and re-ignites their maternal instincts - to replace their hunting instincts. This protects their cubs from being clawed about too roughly!

Playing simple musical instruments can have a marvellous effect on young babies and children - and you don't need to be a musician to do it. Even if you have never picked up an instrument before, you can improvise, perhaps on a recorder, a xylophone or keyboard. Just playing notes as they come to you can mesmerise your baby, and be relaxing for you too. As your baby grows he may well develop a fondness for the instruments you have played to him and will probably want to experiment with playing them too. Playing music together can be a wonderful experience for parents and children to share as part of family life. A few notes played on a simple instrument can be the start.

Luis describes how he bought a lyre for his baby and played it to her before she was born. *I played to her at night just before we went to sleep. When she was newborn, it was amazing to see how relaxed she became when I played to her at bedtime. It was like she remembered. She would go really still and just listen. Now she is a toddler, everyone in the house gets serenaded – visitors, the toys, even the dog.*

In his book *Coping with the Electronic Media*, author Martin Large talks about the effects of more chaotic, or electronic, noises in the home:

*Babies' ears are very sensitive to noise and can be damaged by loud sounds. They become restless and edgy if there is constant background noise from TV, videos, radios and sound systems. They may react by crying, attention-seeking - or even shutting off. Some react by going into a deep or restless sleep as a defence against loud electronic noise. The noisier the home, the more sleep problems there may be. Babies need a calm, peaceful home, especially a quiet place to sleep.*

Dr Sally Ward is a speech therapist from Manchester who tested 1000 children: first when they were nine months and then when they were two. She found that a quarter of the children who came from very noisy homes had serious

listening and speech problems. It took longer for them to learn to talk (Andrew Hobbs, Observer, 1st August 1993). She recommends calming the home by turning down the volume or switching off, and by a parent taking time to play, talk and sing quietly with their baby or child over bath and bedtimes. So one thing you can try if your baby or child has sleep problems is to firstly take stock of noise levels at home. You may be surprised at how much there is! Then, see what happens to your baby's ability to sleep by switching off or turning down the radio or TV. Could you try switching off altogether an hour or two before nap and bedtimes? See what changes happen!

### ***In a nutshell***

Some of the key points we have covered in the last two chapters:

- A new baby will sleep for about 16 hours a day, gradually reducing to about 12 hours or so by around 6 months. There will be no settled pattern at first; these early months will be a gradual adjustment for the baby into a pattern of sleeping mostly at night and being awake mostly in the day.
- There are many ways we can try to soothe a baby to sleep; here are a few:
  - ▶ allow him to suckle
  - ▶ shhushh him loudly for a few minutes, hand on his tummy
  - ▶ stroke his head, tummy or legs
  - ▶ darken the room
  - ▶ put a ticking clock near him
  - ▶ swaddle or tuck him up well

- ▶ rock him
- ▶ walk around with him in your arms or in a sling
- ▶ hum or sing to him or play soft, lulling music
- Find a solution that works for you and your baby and stick to it. The method will then become a ‘sleep trigger’ for your child.
- One person settling a crying baby at a time works better than two. Take turns perhaps?
- The importance of touch, baby massage, kangaroo closeness, sounds and music.
- Your new baby will be following his own sleep pattern at first. In these early days, he will wake in the night and expect to find you there. This can be an exhausting time for parents, so try to look after yourself and devise a coping strategy.

***Helpful tips:***

- sleep when your baby sleeps or plan for catch-up sleep
- have everything you need for bottle night feeds ready to hand
- make sure you are comfortable while breastfeeding, and in a safe position for him should you fall asleep
- if you have someone to help you, consider taking it in turns to feed at night
- if you are breastfeeding and need a good night’s sleep, consider expressing some milk and allowing someone else to feed the baby

## CHAPTER 3

# *Night-Time*

### ***Your baby's needs at night***

It's dark. It's quiet. Your body tells you it's time to sleep... unfortunately the same can't be said for your baby. In their first few months, babies wake and open their eyes in the night more fully and often than older children and adults. It's natural for them at that age. They expect to find you right beside them!



Newborn babies sleep for a few hours, wake and feed, are alert for a while perhaps then sleep again, in a continuous cycle, day and night. Breast-fed babies sometimes begin to sleep for longer periods at around five days old when their mother's milk begins to flow in abundance, but by and large this waking-feeding-sleeping cycle will continue for at least the first eight weeks of life. And while, after two months, your baby will gradually begin to sleep for longer periods at night, he will still be awake fairly regularly in the night, following his own pattern as often as not. And change is seldom smooth. He may start to sleep for five or six hour periods at night, only to revert suddenly to a spate of nights when three-hour sleeps and ravenous feeds make you think you've been catapulted back to square one.

### ***Your needs at night***

Each of us has our own individual sleep needs and habits. It usually takes about three weeks to develop a new habit - in this case to get used to being woken up several times every night to feed your hungry baby and, at the same time, developing the skills to do this silently, slowly and in darkness as this will make it much easier for you both to get back to sleep again quickly. Your brain will have barely woken up. You may also need to develop another new habit of grabbing every chance throughout the day to have short naps or a longer catch-up sleep. This can take a bit of engineering. Could you try sleeping when your baby usually sleeps for quite a long period during the day? Turn off the telephone? Lend your toddler if you have one to a good friend or neighbour? Hang 'please do not disturb' notices, writ large, wherever they will be seen, and dive back into bed? It could take a little getting used to, particularly if you have been a very active person, not accustomed to leaving the chores to look after themselves - but this is not laziness, this is survival!



*Diving back into bed*

Most new mothers find it hard to imagine or make plans for coping with night-time waking and feel anxious about the lack of sleep they will soon experience. If you are reading this book before the birth of your baby, it is worth thinking it out in advance and having some ideas at the ready.

It's also worth remembering how important those night feeds are. Your milk becomes richer at night when you are lying still. It will nourish your baby so well that he will be less likely to have crying episodes the following evening and need to 'cluster feed'. And the more you suckle your baby during the night, the more you will be ensuring that your future milk supply will be plentiful – exactly the right amount for your baby, week by week and month by month as he grows.

### ***Jolted and shocked***

Forced, sudden waking in the middle of the night sends a rush of adrenalin into our systems and our heart rate goes up. This can be an exhausting experience until we learn to accept it and handle it calmly.

*To begin with, I used to jerk awake at the first loud cry of the night as if someone had thrown a bucket of water over me. My heart would still be banging against my ribs minutes later, even though Josh was now in bed with me and sucking peacefully. His 3 am feed, as often as not at 2.15 am, would mean another heart-banging session, and the dawn screams three hours later for his breakfast would give me the worst jerk of all as I was usually even more deeply asleep at that time. Severe hunger pangs were overwhelming him again and again each night and I was going up the wall!*

*I tried all sorts of ways to calm myself down quickly and then to get myself back to sleep again as soon as possible. Probably your own ideas work best because only you know yourself, however mine were singing 'Here - I - come - Josh' inside my head as a four note tune as I slowly got out of bed*

*and reached to pick him up from his crib. Or I rubbed my hands over my whole face and head, especially my forehead. That felt surprisingly comforting, and my heart rate began to slow down. Or I would kiss his hand or the top of his head more and more slowly as he suckled. It was as if my mouth and his mouth were the two bridges between us, and he was giving me his contentment and peace. After a few weeks, even if the waking up was still hard, it stopped shaking me up so much. Feeding Josh during the stillness of the night became more of a treat and gave me less grief.*

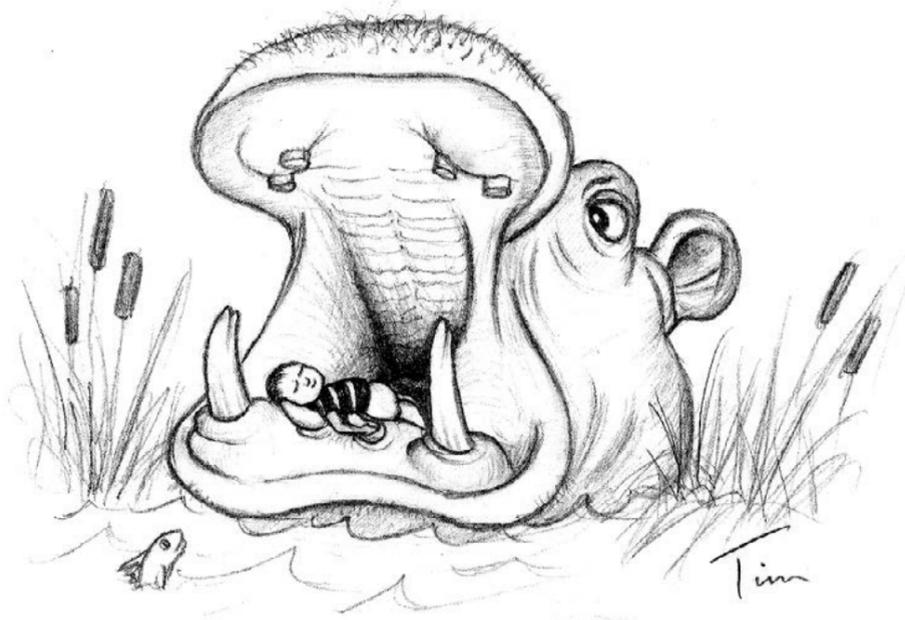
*I began to feel proud of myself instead of resentful!*

*Lisanne*

There will be no jolt or shock if you are sleeping within arm's reach of your baby. If you don't have to get out of bed. If you don't have to switch on a light. If you can feed your baby as soon as he stirs and before the crying starts.

This brings us to the next big question:

### ***Where should your baby sleep?***



*Babies can sleep anywhere*

The question of whether or not to have your baby sleep in a crib close up against your bed... or the far side of the room... or sleeping with you in the same bed... or even in a separate room, must be an individual, family decision and must take into account the needs of your baby and of you both. There is no right or wrong decision, just what feels best for you to try out when your baby is born – then change the plan if that seems wise.

If both parents are good sleepers and want to have their baby very close at night, then sleeping all together in the same bed may do wonders. It builds a baby's sense of security to overflowing and therefore his contentment. It can be a time of gentle loving and joy for everyone. However, one or both parents may feel anxious about sleeping right next to a newborn baby.

Let's first explore all the different possibilities:

### ***Bed-sharing***

Midwives now explain and teach bed-sharing 'good practice' for mothers, and UNICEF (United Nations Children's Fund) has developed a Baby Friendly Initiative for hospitals to adopt. This initiative encourages breast-feeding and bed-sharing at night. Nurses are able to directly help mothers to know what to expect and how to cope with various night care situations when they get home.



Whether they had planned to or not, many parents find themselves sleeping in bed with their baby. Here are some of the benefits:

- The crying and screaming usually stops. A baby on his own at night may be roused to wakefulness not only by hunger - or perhaps a drop in temperature - but also by the release of stress hormones in his brain because his mother is missing.
- Lying down to breastfeed in bed is easy and peaceful for most mothers. The disruption of a night feed is often so slight that mother and baby barely wake up.
- Breastfeeding tends to continue for longer in bed-sharing families, which is a major benefit to mother and baby.
- Being in physical touch with his mother helps to regulate a baby's temperature, digestion, sleep cycle, heart rate and breathing, and helps build his resistance to infection. Premature or ill babies need this continuous human contact most of all.
- Research by Dr Michel Odent suggests that post-natal depression is less likely because the close bonding at night can speed up the rebalancing of a mother's hormone levels after birth.

*[www.amazon.co.uk/Oxytocin-Factor-Tapping-Hormone-Healing/dp/1905177348/ref=sr\\_1\\_1?ie=UTF8&qid=1429267821&sr=8-1&keywords=The-Oxytocin-+Factor-Tapping-hormone](http://www.amazon.co.uk/Oxytocin-Factor-Tapping-Hormone-Healing/dp/1905177348/ref=sr_1_1?ie=UTF8&qid=1429267821&sr=8-1&keywords=The-Oxytocin-+Factor-Tapping-hormone)*

- A working mother, away from her baby during the day, has more chance to bond with him and to grow close and confident. It makes up for the hours apart.
- A baby in bed with you gets touched and stroked more. Touching and stroking a baby gives stimulus to his brain, which in turn encourages his healthy development.

Some studies have shown that when babies are deprived of physical contact, they are more likely to grow into aggressive adults. (See Deborah Jackson's book *Three in a Bed*.)

- No more dragging yourself out of bed in the middle of the night!
- You have the comfort of knowing you will feel his movements and hear his first whimper of hunger - and feed him before he starts to cry for you.
- Your baby will not need to be moved after falling asleep in your arms or while feeding.

Research by Dr James McKenna suggests that a baby who has slept with, or close beside a parent, may have fewer nightmares later.

In his book *'Sudden Infant Death Syndrome'* he writes: *'A baby's breathing rate slows down from about eighty-seven breaths a minute when she is new-born to about forty-seven breaths a minute when she is a year old... this delicate change takes place mainly between two and four months and she is considerably helped by sleeping close to a parent with the steadying effect of touch, warmth and a sense of an adult's slower breathing movement... carbon dioxide breathed out by parents and breathed in, in small amounts, by a nearby sleeping baby acts as a chemical stimulant for her to take the next breath, and so helps her find her own, slower rate, without difficulty or danger.'*

In her book *The Continuum Concept*, Jean Liedloff describes how the security of day-and-night contact in the earliest months helps a baby to grow naturally and rapidly towards trust and independence. She goes on to say that without sufficient physical closeness, babies can become stiffer, colder, more listless and less responsive in our arms. They may start to show little signs of frustration and petulance. Clinging, whining and tantrums may be more likely to start up later and they may make more demands on us rather than less as they become toddlers.



*Red Flag Waving!*

**BUT... BUT... BE VERY CAREFUL! *There are some circumstances in which you should not have your baby in bed with you.***

- Do not sleep with your baby in bed with you for the first two months if he was low birth weight or born prematurely.
- Do not sleep with your baby if you or your partner have been drinking alcohol or taking drugs - including over the counter medicines like cold remedies. All these substances make you likely to sleep more deeply than usual. You may be less sensitive to your baby's presence.
- Do not sleep with your baby if you or your partner are ill or severely overtired.
- Do not sleep with your baby if you or your partner smokes. Even if you do not smoke in the bedroom, lingering cigarette smoke on your skin and your hair can significantly increase the risk of cot death - Sudden Infant Death Syndrome or SIDS. (Please see appendix at the end of this book for more information on cot death.)
- Do not sleep with your baby if you are very overweight. Your body will cause a deep valley in the mattress and your baby could roll into this, almost underneath you.

## *How to organise sleeping together*

If you do decide to sleep with your baby, plan carefully. Below are some essential and useful details to consider.

### **Essential**

- A firm enough mattress to prevent him rolling into your 'valley' (no water beds).
- Make sure, and check every night, that there are no gaps opening up within or around the bed for him to slip into or where he might get wedged or squeezed. Check between mattress and wall, mattress and headboard, mattress and furniture, and between mattresses pushed together. An open rail headboard can be dangerous too - a baby could get his head caught in it.
- Keep him below or beyond the 'pillow line', with his head level with your breasts.
- A baby cannot respond to his rising body temperature by pushing down the covers. It must be carefully regulated for him, because he can't do this himself yet. You will need to take into account what he is wearing, the weight of the bedcovers and the body heat given off by his parents. If you plan to put your baby to sleep between you both, use a lightweight separate cover for him - unless your own duvet is very light. A thick, winter duvet is much too hot for a baby, especially with the build-up of heat from his parents lying either side of him. The solutions are: to use a lighter duvet or fewer covers, to wear warmer nightclothes yourselves, or to dress him only in a cotton top and only a nappy below.
- Never sleep with a baby on a sofa. It's too squashy with no space to move or turn over.

**Useful tips**

- A roll of towelling at your baby's feet can help keep him in position if he starts to wriggle his way too far down in the bed.
- If you are worried about your baby falling out of bed, you might consider taking the legs off the bed or putting the mattress on the floor?

It can take about three weeks to settle down to the newness of having a tiny body in bed beside you and to learn to relax and sleep through the little pantings and snufflings that start up occasionally. It's easiest of course if you never do anything else from the very beginning. After all, he's only moved a few inches away from where he has been for nine months! Allow for the settling-in period with patience. Talk to each other about any annoyances or problems that come up, and give each other extra loving attention.

*We had Noah in the bed with us from day one, and I never had any worries about rolling on him. People would ask me, 'Well, what if you roll on him?' I just think naturally you don't. But I think bed-sharing did have something to do with my fears - because of things like cot death, I wanted him nearby, I wanted him right next to me, I wanted to hear him breathing. Our system was that he slept above our heads, with his own covers, so that we could never smother him, and it was fantastic. I was really sorry to give it up, but the reason I had to was that after eight months of sleeping all together, I wanted Hamish and me to have some time together. Then Noah went in his own cot in our room.*

*The only problem I had with it was if my husband, Hamish, was drunk, he had to sleep on the floor. 'He' meaning Hamish, not Noah! But it didn't happen very often and Hamish was fine about it.*

*We went to New Zealand for three months when Noah was*

*four months old, and we hired a camper van and he slept between us there too...*

*It was much easier for me to feed Noah in bed – I'd turn over, feed him, and I'd be less likely to wake up fully than if I got out of bed. I remember hearing women talking about getting out of bed and sitting in a chair, and I just can't imagine that. I get really cold and it is just much cosier to stay in bed.*

*I loved bed-sharing and I'll do it with the next baby, but probably not for as long. Noah would go to bed before us and then when we would get into bed and it was such a treat. We'd say, 'Shall we go to bed now? There's a little man waiting for us...' And there he was, with his little squashed cheeks... lovely.*

*Caroline*



In some cultures, having your baby in bed with you goes without saying. It's considered the normal way to live and to grow more instinctively sensitive and close to each other. In some countries and cultures children sleep close by a parent or grandparent until they are six or seven years old and seem to develop a great sense of security

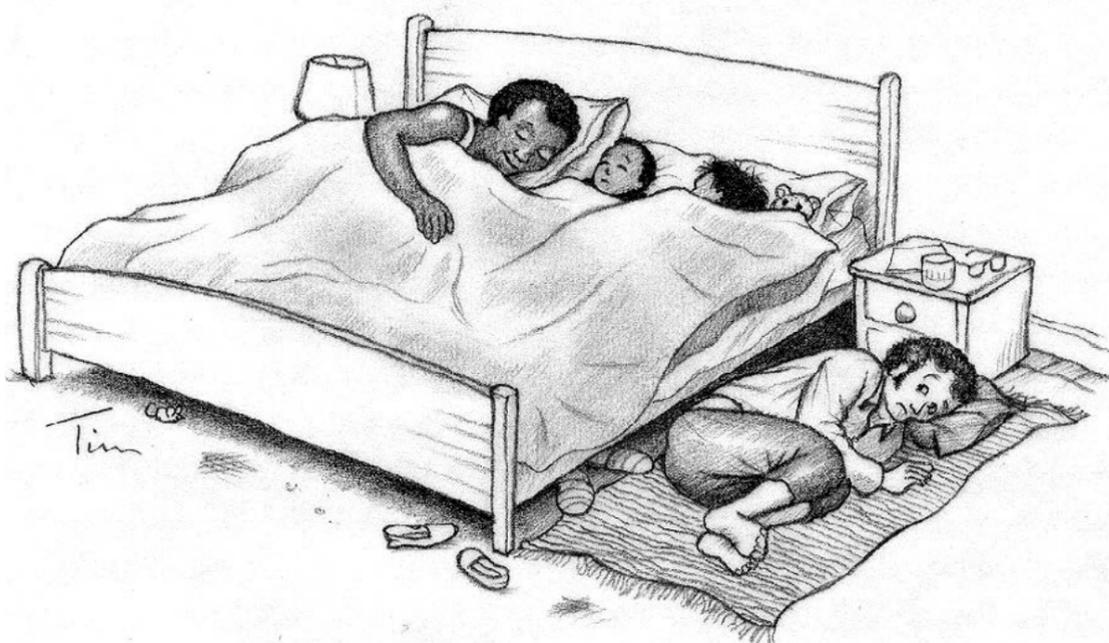
and confidence by doing so. When a child has had enough experience of being in the arms of loving adults, he will be less likely to become jealous of younger children and more likely to be happy to help care for them.

[www.drmomma.org/2009/07/co-sleeping-children-should-sleep-with.html](http://www.drmomma.org/2009/07/co-sleeping-children-should-sleep-with.html)

In *The Continuum Concept*, Jean Liedloff says:

*When a baby has had all he needs of experience in his mother's arms and parts with her of his own free will, it makes him able to welcome with no difficulty the advent of a new baby in the place he has voluntarily left.*

If you do have your baby in bed with you, by six to eight months he may be moving around much more during the night. He will already be better at controlling his own temperature and breathing and will probably have stopped having night feeds. You may decide that this is a good time to move him into a cot, close by at first then, when you think the time is right, into his own room may be. Some experts believe that making this first step towards a baby's independence at six to eight months is worth a lot. Around six months is often a turning point for babies in all sorts of ways, and they don't mind or notice change as much at that age as when they are older. If you go on postponing the move into a separate bed you could find yourself a year later with a much more alert and indignant toddler not wanting to leave your bed come hell or high water - and maybe another baby on the way.



Bed-sharing is not for everyone. For many good reasons, some mothers may not find it easy or practical to have their baby in bed with them:

- Some people feel very inhibited and unable to relax.
- One or both parents may be light sleepers – remember your baby needs you to be well rested.
- One partner would like to sleep with their baby but the other is not so sure.
- Having a baby in the bed may prevent you from making love in the one place where you feel warm and comfortable.
- Some parents look forward to the night-time separation from their baby as a respite and time to recoup their energies.
- Older children may get furiously jealous and try to insist on joining in too.
- Though precautions can be taken to ensure the baby's safety while sleeping in a shared bed, some parents still feel too anxious to sleep well themselves.
- There may be social pressures (from your midwife, family or friends) to have your baby sleep in his own cot, or even in his own room.

*We had always planned for Dylan to sleep in his own room, and the room was ready when he was born. At first he was in our room, but because our house is so small we actually had his Moses basket balanced on two chairs against the wall, which didn't feel that safe. So we knew he would go into his own room, we just never knew when. At six weeks he got a cold and he was snuffling all through the night, and every time he snuffled we woke up, so we were all exhausted. It then felt sensible to move him into his own room. We could hear what he was doing anyway because his room was so near - it's right next-door. Also, we had never intended to have him in the bed with us, and we didn't particularly want him in our room because we wanted time as a couple. We were a very short time together before I got pregnant, so we wanted to get to know each other after the baby was born without having him around. And the last reason was that I wasn't breastfeeding anymore at six weeks and so there was no practical reason to have him in our room*

*Rhiannon*

### **Halfway measures – the best of both worlds**

During the years of research undertaken towards the writing of this book, the findings strongly emphasised the need to design and develop a three-sided bedside crib which attaches firmly to the parent bed - and levels at exactly the same height as the parent mattress. The value of such closeness is immense. It keeps newborn babies within sight, touch, smell, and heartbeat reach of their mothers all night and when resting together in the day during the first critical six months.

Your baby is also protected and strengthened by the 'electromagnetic energy field' invisibly encircling him from your heart, preventing any separation stress and other risks to his health and contentment. Yet he has his own safe space. There are now several specially designed bedside cribs for this purpose.

The ‘*Bednest*’ we originally designed and marketed has more recently been redesigned in wood, for purchase or hire. It has a special tilting mechanism and doubles as a travel cot. There are also other designs of similar three-sided bedside cribs from which to choose.



*Sarah (one of the original ‘Bednest’ mothers) and her three-week-old son, with just the right distance between their faces for him to see her beautiful smile*

The special value of such cribs is that they give babies their own safe space, yet keep them so close that they develop a great sense of belonging and never feel the stress of separation. This does a great deal to prevent crying and sleeplessness for your baby and you and provides the best possible start for family life.

### ***Other possibilities***

You may already own a cot and have the space to stand it near your bed. You may decide to feed him in your bed at night and return him to his cot afterwards... or start with him in his cot when you settle him for the night but bring him into bed with you for his dawn feed and keep him there till morning.

- You may decide to take the side off the cot, tie it firmly to your bed and build up the mattress until it is the same level as yours (or put blocks under the legs.) Once he is weaned from night feeds, you can move the cot to another part of the room. He will still sense your closeness even when asleep. **There is a danger however in leaving your baby - once he can wriggle around and rollover - in a cot without putting up the fourth side every time you leave the room.**
- If there are space problems, could you put your mattress on the floor for the next few months, with a little padded extension if needed so he can't bump himself even if he does wriggle enough to slip off the mattress?
- You may decide to sleep your baby in a separate room from the beginning. Ideally this needs to be an adjoining room with the door open so you can hear him easily and instantly and he can hear you, at all times during the night. However, you will need to be prepared for much less sleep yourself every night until no more night feeding is required! You will also probably have to spend more time trying to calm and settle a baby crying for your close company in the middle of the night.
- Again, if you are reading this book before the birth of your baby, give yourself time to think and talk about all these possible night-time alternatives (and take some measurements?) so that, when the time comes, you can make a firm plan. All parents are different, with their own habits, needs and circumstances. Your own instincts are the best. Your own experiments will show you the way. Parents have been carefully nurturing their babies and bringing up their children long before there were childcare 'experts' and books! When all is said and done your baby needs you to be as rested and peaceful as possible. That is the top priority.

**To minimise exhaustion:**

- Make yourself very comfortable while breast-feeding, either lying in bed curled round your baby, or sitting up with pillows behind your back. So easy to snuggle down again.
- If dad or someone else is there to help you could you try to take turns at night with bottle-feeding and comforting? (With expressed milk if possible.) Doing whole, alternate nights on duty for a while can be a big support, especially if you are still recovering from the birth. If it is dad doing night feeds, father-and-baby bonding in the quiet of the night can be very special.
- If you are bottle-feeding using expressed or formula milk; have everything ready to hand including a safe bottle-warming method nearby.



*3:30 am! I give up! Let's sleep together!!*

***A bedtime routine comes next***

Developing a bedtime routine or rhythm, and following it doggedly each evening, is the first step towards helping your baby understand the difference between day and night and helping him settle into sleep. The process takes time and patience, but eventually he will come to associate the bedtime routine you use with him with the long sleep of night-time.

Below is Christina's description of the difficulties she had settling her sixteen-month-old daughter and how success only came when she developed a simple and steady bedtime routine.

*When Chloe was first at home, I was breast-feeding her and would feed her each night lying down until she fell asleep. This often took ages and I would be lying upstairs with her for sometimes a couple of hours trying to settle her. As long as I was lying next to her, she was happy, and since I was tired from the birth, I didn't mind a bit. Sometimes we would both fall asleep like that and she would sleep in my bed for the whole night. But as time went on, I wanted to have some time in the evenings with my husband and began to feel a bit stuck upstairs feeding and feeding the baby, and I think she picked that up. Going to bed started to be stressful for her, she never knew what to expect, except that I was always anxiously waiting for her to fall asleep. Something had to change. I knew that Chloe liked being in the rocking chair, so I began taking her upstairs each night, getting her ready for bed, taking her into her darkened room and then feeding her in the rocking chair. As she fed, I would sing her a lullaby and when she was finished, I picked her up, placed her in her cot and tucked her in, said goodnight and left the room. For the first few nights, she cried and cried as I left, so I began rocking her a little longer, until she was almost completely asleep, before putting her into her cot. Each night I did exactly the*

*same thing and gradually I was able to put her into her cot sooner and sooner, now she can be quite awake when I leave her and she doesn't cry. Now it takes fifteen minutes to settle her when it used to take hours. I think Chloe feels safe and secure going to bed now because she knows what is coming next. She knows when we sit in the chair she'll get fed, she'll be sung a song and then she will be put in bed and then she goes to sleep. Looking back, I wish I had started a routine much earlier with Chloe and stuck to it, even if it meant a few tears. I also wish I could have had a bed-level, attached bedside crib but they had not been invented when Chloe was born! I think we would have both been a lot happier.*



*The wooden Bednest with simple tilting mechanism*

See [www.bednest.com](http://www.bednest.com)

***In a nutshell***

Some of the key points we have covered in this chapter:

- Your baby's needs at night and your needs at night.
- Minimising exhaustion - balanced against the value of night feeds.
- Where should your baby sleep? Having your baby in bed with you is safe provided you take all the precautions listed. Considering the other options especially the 'best-of- both- worlds' alternative of an attached, level with your mattress, three-sided crib for the first six months offering the greatest benefits for you and your baby.
- Help your baby adjust to the pattern of day and night by establishing a bedtime routine.



## CHAPTER 4

# *Understanding a New Baby's Crying*

It can seem that a new baby does nothing except feed, sleep and cry - not necessarily in that order. Anyone who has heard a baby cry knows that it is hard to ignore, and can be downright distressing. But often the distress for parents comes from not knowing what the baby needs or how they can help. This chapter will help you understand why your baby might be crying and offer you practical advice to help you respond with confidence. Be gentle with yourself. These early days are all about learning for your baby and you. It takes time and patience to understand her needs, and occasionally earplugs!



### ***Why do babies cry?***

Crying is the only way your baby has to communicate with you. That is all it is – communication. When she cries, she is simply asking for help in the only way she can. It may mean she is uncomfortable in some way, or it may just be that she needs to be in close touch with you.

If, when your baby cries, you can remember that it is just her way of talking to you and asking you for something, it will be easier for you to respond calmly and confidently.

Nature designed a baby's cry to be impossible for us to ignore, so that she grows and thrives. It has to be loud enough to make sure we do not forget her for long, but help her at once when she suddenly feels hungry, lonely or uncomfortable. And it needs to be piercing enough to jerk a mother out of sleep, and start breast milk flowing. It really is a question of survival for babies.

*Is she good?* another mother may ask, meaning: *Is she quiet?* But ideas of good and bad cannot be applied to the way babies behave. Your new baby is not yet capable of doing something just to upset or to please you. She is not trying to manipulate you with her tears: she is just expressing a need. It is totally natural for her to cry, and it is equally natural for you to find it upsetting, especially when you are tired and are finding it difficult to soothe her.

Many parents will have found themselves at their baby's noisy cot-side at some deep hour of the night, their heart racing and their bodies having got there ahead of their minds. But some parents may find themselves waking up to such feelings of exhaustion and helplessness that they feel unable to move, despite the cries. They have been called back to their baby over and over again, night and day, racking their brains as to why she keeps crying so much and how ever to stop it.

### ***Every baby is different***

Each baby is born with her own, individual nature and therefore 'tastes', likes and dislikes. Some babies may not be bothered by noises, lights, feeling a bit hot or a bit cold, and the gurgles inside as their milk is digested, and will therefore be calm and sunny most of the time. Others will be disturbed by the slightest sensation and will call urgently for help and comfort in the only way they know. It's the way they are made. All human babies have been born 'three months too early' so their heads are not too big for the birth canal. This means

they are born very helpless and vulnerable and need all the sensitive and watchful care we can give them till they 'catch up' with themselves and are ready for the big world outside!

Different babies need different things. For example some babies are soothed by music or singing, other babies are stirred up by it and cry louder, as if it was a disturbance. Some babies need a lot of closeness and cuddling, others may need more space and quiet. Some prefer the room to be lighter or darker, quieter or with a buzz of background sound, wrapped up snug or with limbs free to wave around. It's also worth remembering that babies, like all of us, have different moods; and just because they were comfortable in one way yesterday doesn't mean that they feel the same today. When we recognise this, we can be more relaxed and flexible in our responses instead of becoming worried stiff every time she starts to cry at unexpected moments.

### ***Understanding your baby's cries***

Knowing that every baby is different and has different needs, and that her needs may change, can leave parents feeling bewildered. But don't despair. Take a deep breath, watch, and think: What is going on? Some kind of change is needed. What could it be? Here's an example:

You have just fed, burped and changed her. You pass her to her father who has been looking forward to holding her all day. There is music playing in the sitting room and some friends have stopped by with their two children to say hello and catch a glimpse of the baby. For a while she seems peaceful, happy to be held and to gaze up at the different faces around her. Then suddenly she begins to cry. '*She was fine a minute ago,*' someone says.

In this situation, the baby probably just needs a break from the crowds and commotion; perhaps she needs a time of peace and stillness in your arms for a while. Maybe she is a baby who needs quite a bit of space and quiet, or maybe it just became too much for her at that moment, on that day, and she'd be happy again after a little break from the noise. Only time, perseverance and experimenting will tell.



Listed below are some common causes of crying, and some suggestions for what you can do to help. One or another or several of them should work for you, especially if you persevere long enough for them to become familiar routines. If you find that any of the suggested responses do not work or even stir your baby up, move on and try something else. You will learn valuable things about your baby and yourself. You will probably end up adding your own ideas to this list as well, and crossing others out, as you discover your baby's needs and what soothes her.

***The main reasons why babies start to cry:***

Because they are so aware of their baby's very basic needs, most parents are quick to check these four possibilities:

- She is hungry.
- She is uncomfortable from trapped wind and needs to burp it up.
- Her nappy needs changing.
- She is too hot, too cold or suddenly tired and can't fall asleep.

If your baby seems hungry but is not due to feed, consider these possibilities:

***If you are breast-feeding ...*** the milk of breast-feeding mothers reflects their diet as well as their state of tiredness or well-being. Breast milk can become less rich and plentiful at the end of a busy day; therefore, babies who cry in the evening may just be crying from hunger because they have digested their last feed faster than usual. She will then want to feed more frequently to 'top up'. (Cluster feeding) Frequent feeding also helps to stimulate your milk supply.

If your baby cries directly *after* a feed, she may be suffering from wind or she may still be hungry! Wind is less likely to be the cause if she is breastfeeding and has 'latched on' properly. It's bottle-fed babies who really do need regular burping.

And, some babies react badly to feeds after their mother has eaten things like curry, ginger or large amounts of acid fruit - or has drunk stimulants like coffee, tea or cola. If your baby suddenly cries more than usual, think – what did I eat today? Is there any pattern?

Very rarely, an older baby grows sensitive to cow's milk protein and will become colicky after her mother has drunk milk or eaten cheese. For more details see section on colic in Chapter 5.

***Things to try:***

- Rest whenever you can and eat well.
- Breast-feed your baby more often in the evening if she is crying.
- Breastfeed on demand during the night if you can manage to, even if the going gets tough for a while.

***If you are bottle-feeding...*** the quality of the feed is always the same but a baby who is very hungry or who is distressed because the milk is slightly too hot or too cold, may gulp at the teat and swallow air. If your baby starts to cry after a bottle-feed, she will almost certainly be feeling 'windy'.

***Things to try:***

- Give her two sips of water before the bottle feed.
- Carefully check the temperature of the bottle.
- Burp her before and after a feed and sometimes in the middle.

**Simple burping techniques:**

1. Hold her more or less upright on your lap, so the bubbles can rise. Make sure her chin is not right down on her chest, as that can block the passageway a bit.
2. Slowly rub up and down her spine or give very, very gentle pats on her back.
3. Alternatively put her over your shoulder, with a cloth to catch any overflow, and walk about, or do *The Thumping Heel Sway*, described in the next section. (This is also a brilliant way to calm a crying baby!)

Burping like this usually works to release trapped air within half a minute... so there is no need to start crying.

***Your baby needs changing...*** babies vary enormously in their sensitivity to being wet. Some cannot bear a wet nappy, while others seem unaffected. Some will develop a rash at the slightest hint of wetness, and others do not. If your baby seems very sensitive to wetness, change her often, particularly if you are using washable nappies.

Most babies will not tolerate a dirty nappy. It is good practice to change nappies immediately they are dirty to prevent discomfort and skin irritation. A quick, close sniff will tell you.



**Other possible reasons for the crying and how you can help:**

- **She is feeling lonely**, cut off for too long from the sound of her mother's heartbeat and voice, her touch and her smell.
  - ▶ *Gently stroke your baby or snuggle her against you, especially against your face, your neck and your chest. Try holding her in your arms longer and more often or carrying her around in a sling 'close enough to kiss'.*
- **She may just need soothing.** Babies need help to regulate their emotions, and to begin with cannot easily calm themselves. When a parent soothes a crying and distressed baby, the baby also gradually learns how to soothe herself.
- **Her eyes ache** - Her eyes might need a rest from indoor lighting or from sunlight. Also, research shows us clearly that babies need as complete darkness as possible at night to allow their sight, their immune and all other systems to develop strongly and well.
  - ▶ *Try turning off the light and closing the curtains.*
  - ▶ *Block out street-lighting at night with a blanket.*
  - ▶ *Make sure she is shaded while in a pram or buggy.*
- **She is too hot or too cold.** Feeling her neck with two fingers will tell you whether she is chilly or sweaty.
  - ▶ *Add or remove a layer of clothing.*
  - ▶ *Open or close the window.*
- **She is too tightly wrapped up**
  - ▶ *Loosen her blanket or sheet so she can stretch her arms and legs and get her fist to her mouth.*
- **Alternatively, she feels insecure and exposed.** Maybe she would feel happier to be swaddled up. (See Appendix A at the end of this book for more information on the benefits and risks of swaddling.)



*Wrap her up securely in little parcel as if she was back in the womb*

- Wrap her up securely like a little parcel, as if she was back in the womb.
- **Too much loud or continuous noise is hurting her ears.** Loud or constant television, radio or shouting may cause her to cry at once in discomfort or take refuge in an exhausted sleep to blot it out - then cry later to release the stress inside caused by the vibrations in her head.

- ▶ *Have some restful quiet time. Protect her from loud noise.*
- **She is over-stimulated.** When awake and alert, a baby is facing new experiences non-stop and needs to be allowed to practise focusing on objects and absorbing the changing sights and sounds from the safety of someone's arms. Too much talking, playing, tickling and efforts to get her to smile at us too often or for too long at one time could begin to exhaust and tense her up. She may start crying. Watch her eyes and expression carefully also any turning-away movements she makes with her head during 'play-time' and stop the stimulation as soon as there are signs that say '*Enough!*'
  - ▶ *Try giving your baby some space. Sit down peacefully. Let her lie gently in your arms or on your lap without paying her any attention, or do The Thumping Heel Sway for two minutes and put her down to sleep. (Find this in the next page or two of this chapter.)*
- Her head and neck are still uncomfortable after the stresses of her journey through the birth canal.
  - ▶ *Allow her to suckle as this will trigger the release of special chemicals in her brain that reduce pain and stress. If her distress continues, you might want to consider Cranial Osteopathy. (See Resources lists)*
- **She is ill.**
  - ▶ *Refer to the section entitled Illness in the next chapter for a simple 'look and listen' list of ways to tell if your baby is ill. With a young baby, it is always best to seek medical advice if you suspect she might be ill.*



*Going outside*

## *Going outside*

Some times just carrying a baby out of the door into the fresh air and daylight for a few moments is all that is needed to stop the crying. Sometimes walking a crying baby outside can relieve your tension too! This is a time when dad can most valuably take over and share in the care by providing his familiar, gruffer voice, a fresh pair of strong arms and legs to hold and walk her into calm or sleep. It's a fine way to develop a sense of belonging.

Babies put to sleep outside in a pram or buggy are often quietened and fascinated by watching the shifting leaves on a tree if you can park up close to one. They also seem to sleep extra peacefully and deeply when they are outside. However you may be living somewhere where you encounter more traffic fumes and noise outside than fresh air and trees! If so, open a window wide on the quieter side of the building to have the sky almost overhead, and fresh air filling the room.

Carrying a crying or restless baby in a sling or pushing her – even jogging with her – in a buggy or pram usually puts her to sleep within a few minutes. It can also be great for your lungs, your muscles and your spirits, especially if you can do it with a friend!



***Precaution:** It's not sensible to leave a baby outside unattended with no one keeping an eye on her. Some mothers, for their own peace of mind, also like to use a pram net if there are cats or squirrels around.*

## ***Rhythmic movement***

It is human nature to love rhythm and movement! While inside you, your baby experienced all your movements and was carried along in the swinging rhythm of your walk. Moving rhythmically is the most natural thing for all of us, and can be a deep source of comfort for her. You may well find your tension slipping away as well. Rhythmic movement can be as simple as walking at a steady pace with her in your arms, or just swaying from side to side or dancing together.

If you need some help getting started, try *The Thumping Heel Sway* or *The Swing and Dip Dance* described here, and then change, simplify or extend those movements in any way you want - as long as there is smoothness, steadiness and no sudden swerves or jolts. She will love sharing movement with you, just as she did in the womb.

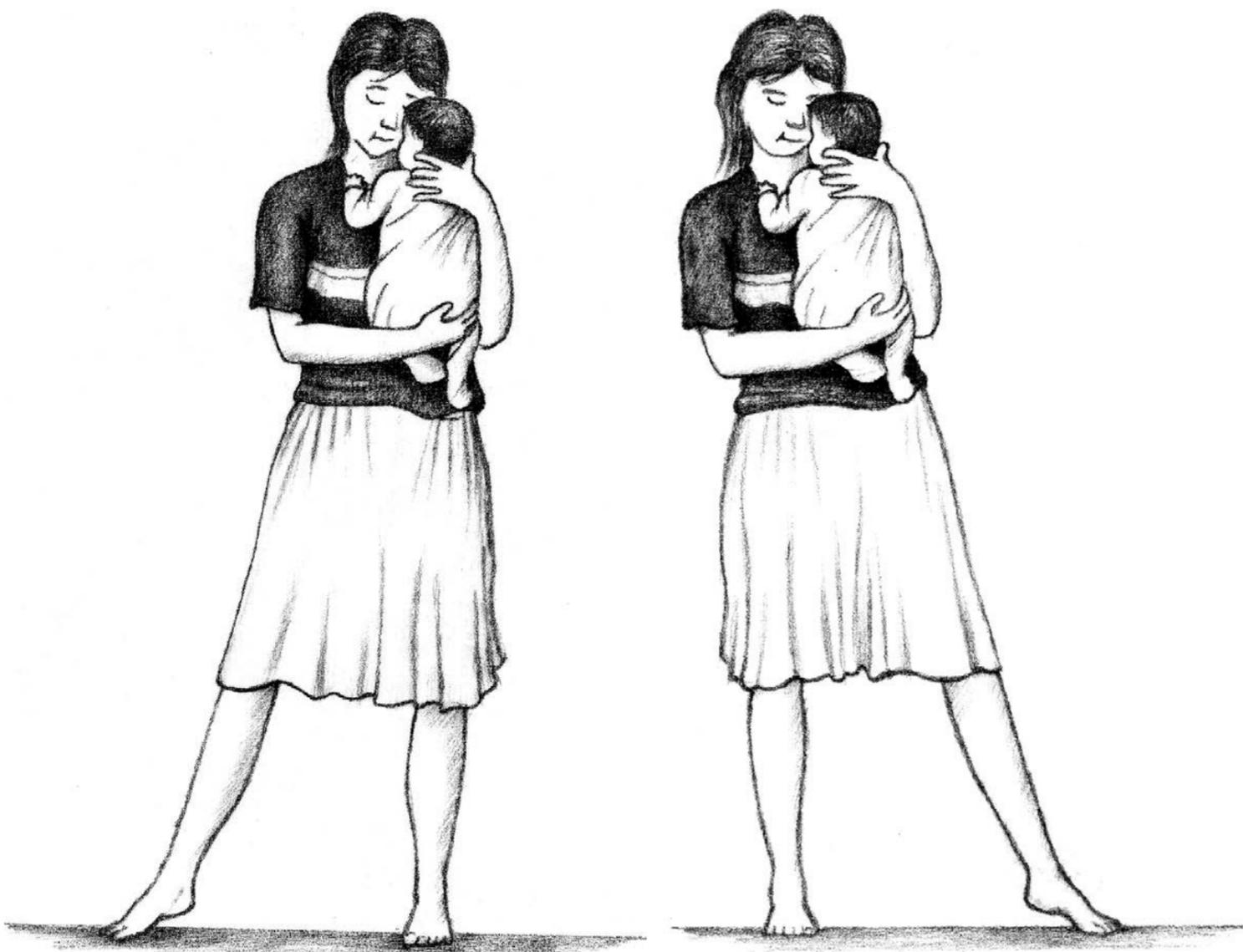
### ***The Thumping Heel Sway***

*The Thumping Heel Sway* is a simple and easy way to 'burp' a baby as well as to calm her if she starts to cry. It is a skill used by parents and carers all over the world.

Because this is a graceful, rhythmic movement it is less tiring for you than walking anxiously up and down the room or sitting jiggling her in all sorts of different positions, to try to stop the crying.

1. Stand with your feet planted firmly and comfortably apart, just wider than your hips.
2. Hold your baby upright against your left shoulder at whatever level feels easy for you. If your shoulder is very bony or your baby is hiccoughy or sickuppy, lay a pad over your shoulder first. Left is best because she will feel your heartbeat more strongly that side.
3. Have one hand under her buttocks like an egg in an eggcup, and your other hand, with fingers spread, across her shoulders (or across her head and shoulders if she is still tiny and wobbly.)

4. Now, keeping the soles of your feet on the same spot, begin to sway your body slowly and rhythmically from left to right to left again, with stiff straight legs. Lift each heel in turn up off the ground enough to be able to thump it down again firmly with each body swing and send a heart-beat-like tremor up through your body into her. This slow, steady thump... thump... thump of your heels bumping on the ground is mesmerising and comforting for both of you.



Because this is a graceful, rhythmic movement it is less tiring for you than walking anxiously up and down the room or sitting jiggling her in all sorts of different positions, to try to stop the crying. Your own heartbeat and the extra 'heart-thump' of your heels on the floor have a doubly calming effect. Practise this until it becomes an easy and automatic movement. You will find yourself doing it without thinking.

When your baby is a little older, try holding her so that her head is pressed gently against your cheek and do some humming - mmmm... mmmm... - as you rock from heel to heel. Just two notes will do fine if you haven't a tune in your head at that moment. The sound vibrations fill her little body, which can give comfort too.

*I used to bounce Ellie up and down on my lap when she cried and change her position in my arms all the time. The more she cried, the faster I jiggled her and the more often I turned her to face in another direction.*

*One day my auntie took her from me when she was screaming her head off. She just held her close over one shoulder and started a swaying movement as if she was beginning to dance in slow motion, with her heels clicking down on the kitchen floor. Ellie went quiet in half a minute. I couldn't believe it! Just watching them calmed me down too. I just stood there with a grin on my face feeling like an idiot. It's such an easy knack and hardly ever fails. I just never thought of it.*

*Morag*

If there are times when *The Thumping Heel Sway* fails to calm your older baby, try this next dance movement instead. It needs more daily practice and more energy but is usually well worth the extra effort:

### ***The Swing and Dip Dance***

*The Swing and Dip Dance* comes from the work of nuns and parents training in baby and nursery care in Holland. It is based on a spiritual dance in India called Kirtan and versions of it are now practised in many different countries.

It is one of the most loving and effective techniques taught for calming a distressed baby. When it works, it brings peace in a way that is wonderful to experience for the parent as well as for the baby. It lifts your baby down and up, as if from sky to earth and back again, like a game with gravity, and it swings her from side to side too. It gives her the same sensation she had in the womb when her mother was walking around and she, herself, was still small enough to swing and bob in the amniotic fluid 'like a ballet dancer in a swimming pool' as one gynaecologist described it, after watching ultrasound pictures of babies in the womb.

1. Stand with your feet comfortably apart, holding your crying and probably struggling baby firmly but gently in your arms, across your chest with her head on whichever forearm feels most comfortable for you.

*Try to gather your thoughts and be as calm as you can.*

2. Stand still in this position for a few seconds, breathing quietly, listening with as much sympathy as you can to the noises of her crying, and feeling the jerking of her muscles against your arms and ribs.

*Look into her face even if her eyes are closed up tight up with the crying.*

3. Now, start the dance. Swing your weight across from your left foot onto your right foot. As you do so, lift your left foot off the ground and bring the tip of your big toe down beside your right foot.
4. As your left toe touches the floor, bend both your knees to make a little bob, like a curtsy, down and up again.

5. When you have straightened up, step and swing left, shifting all your weight onto your left foot. Then, bring your right foot to touch down, big toe first, alongside your left foot, bending your knees to make a second bob at the same time.
6. Keep going, stepping, swinging and bobbing from left to right again step... bob... up... step... bob... up in a steady, rhythmic dance.

*Watch her eyes all the time.*

7. If your baby is still crying loudly and desperately after two minutes, increase the depth of your bob and also swing the top half of your body around as you shift your weight from one foot to the other. Your baby will be making a curving movement in the air as well as swinging from side to side, and being dipped and lifted. Maintain a steady rhythm.

Keeping going is quite hard work at first until your knee and thigh muscles get stronger, which they will in a few days. If, at times, you feel too tired to lift your feet off the ground, don't worry, cut out the toe tapping and just swing your weight from one foot to the next without moving either, and let the dip slowly get smaller.



There may be a good reason for the toe-tapping part of the dance. There are nerves all over our feet that connect directly to all the other parts of our body. The nerves at the top of our big toes connect directly to our brains. When the nerve endings in our big toes are stimulated by rubbing and pressure, they send a wake-up-and-do-your-best message in particular to the three small glands in the centre of our brains. These, together, act rather like the conductor of an orchestra bringing everything in the body into harmony through the hormones they secrete. When we have a baby in our arms who cannot easily be pacified, we need a bit of extra harmony and bodily ease ourselves to be able to cope.

As soon as the swinging and dipping have become a steady automatic rhythm - so you don't have to think about it anymore - see if you feel able to start humming or singing quietly at the same time, regardless of whether or not your baby is still crying. If you are feeling tired and silent, is there a possibility of playing some gentle music? That can be comforting for both of you, and take the edge off the sound of the crying until it stops.

***Now watch and see what happens***

As this *Swing and Dip Dance* becomes familiar to your baby, after a week or so of practice it will comfort her more quickly. Each time you practise, keep an eye on the clock to see how long it takes before the crying begins to tail off and then stops (usually three or four minutes). After a week of practising, you will know whether this is something that helps like magic or isn't working at all. Just occasionally a baby needs stillness more than quick swinging movements, with continuous direction changes, this is particularly the case when a baby is in real physical discomfort or is ill.

When *The Swing and Dip Dance* does work, your baby will not usually fall asleep directly. She will suddenly relax in your arms and start gazing at your face, quite alert and happy. Keep swinging and dipping, but more slowly maybe. She will then usually slip into a half-waking, half-dreaming state with flickering eyelids, half-shut eyes, shallow breathing and little, twitching half-smiling, half-sucking movements round her mouth. She is not fully asleep yet. She is lost in her own enchantment of being alive and loved.

The next step is very important. Slowly stop the swinging and bobbing until you are standing still. Then either walk around or sit down quietly but keep holding her in your arms. Don't put her down until the flickering eyelid and shallow breathing state ends, and she either sinks into deep sleep with full breathing or opens her eyes wide, alert again and peaceful, ready to look around and enjoy life. Try not to break up the blissful, 'flickering' state by putting her down during it. This is likely to jerk her out of her bliss into feeling suddenly upset all over again - just what you want to avoid.

All you need do is to watch her face closely and listen to her breathing. Only when all the flickering and little twitches have stopped and her breathing has become deeper should she be put down somewhere, to free you for someone or something else.

It seems as if the combination of this particular swinging and dipping movement, along with being held against your heart, with eye contact - and maybe humming or singing as well - make up such a parcel of good things for a baby that a kind of wonder can envelop parent and child. If *The Swing and Dip Dance* does work for you and your baby, you will have developed a very special skill.

*I once stayed with a family in Holland. Their third son, two months old, had had a difficult birth and you could see he was still 'wound up' because he did a lot of twisting about and crying, even when he was being held. Comforting him seemed almost impossible. His mother began to use the 'Swing and Dip Dance', which she had learnt from the nuns running the Sunrise Nursery where she had worked. It didn't make much difference at first, then suddenly, after about a week, the movements had become really familiar to him and started to have a wonderful effect. He would stop crying almost immediately and lie there as if mesmerised, able to relax at last.*



### ***Wheels***

You may sometimes find yourself too tired to hold your crying baby in your arms any longer or you may need a free hand to do something else. Or she may simply be getting more distressed and wound up the more you hold her. Sometimes babies get over-stimulated by being held, usually because, like a sponge, they absorb some of your anxiety as you try to rock or jiggle them in your arms to quieten them. And sometimes you just need to be at arms' length from the crying spasms!

If this is the case, however loudly she is crying, wrap her snugly and lay her down in the familiar nest of a pram or buggy. Find enough space wherever you are to push it at arms' length. Stand or sit down comfortably. You may have to push and pull for quite a while, because, if you stop before she is completely calm, she may redouble her crying, in protest.

If wheeling on its own fails to do the trick, try this: put a ruler or a cloth folded into a narrow strip on the floor for one of the back wheels to run over every time you push and pull. The little wobbly jolting it makes will often send a baby quickly to sleep, when all else has failed.

There may be times when all of your efforts to soothe your crying baby fail. The crying may get worse and worse until it sounds more like screaming, and it is then time to look for a deeper cause for the distress. We'll look at this in the next chapter.

***In a nutshell***

- It is totally natural for your baby to cry. It is her way of communicating with you. She is simply telling you that something in her environment needs to change.
- It is totally natural for you to find the sound of your baby's cries upsetting. Nature designed it that way so that you would go to her at once to give help and comfort.
- Every baby is different. Some like to be soothed in one way; some in another. It is a matter of finding out what works for you and your baby. Experiment.
- Your baby's needs can change over time and in different circumstances, so try to be flexible.
- There are lots of different messages your baby may be trying to give you by crying, and there are lots of things you can do to soothe her.
- The five big causes of crying:
  1. She is hungry
  2. She needs burping
  3. She needs changing
  4. She needs help to get to sleep
  5. She needs soothing

*Other possible causes of crying:*

<b>Cause:</b>	<b>What to do to help:</b>
She is lonely	Hold her longer and more often
Her eyes ache	Turn off lights Close curtains Shade the buggy
She is too hot or too cold	Add or remove a layer
She is too tightly swaddled up	Give her legs and arms room to move
She feels insecure and exposed	Wrap her securely
Her ears hurt	Have some restful, quiet time
She is over stimulated	Give her some space, quiet things down and dim the light
She is hungry for touch and smell	Stroke, cuddle and snuggle her
Her emotions are overwhelming	She needs soothing and calming
She has birth pain in her head and neck	Allow the baby to suck to release pain-reducing chemicals in the brain. Consider Cranial Osteopathy.

- Going outside if you have a balcony, garden or yard can be very soothing for your baby and for you. Enjoying nature together can relieve stress. Walking together across grass, with trees around can draw you closer as a family.
- Babies are soothed by fresh air and often sleep more peacefully outside or by an open window... with an adult close by.
- Babies love rhythmic movement. It is a good stress-reliever for you too. Rhythmic movement can be as simple as walking at a steady, rhythmic pace with your baby in your arms, or you can try swaying from side to side, or dancing together. If you need some help getting started, try *The Thumping Heel Sway* or *The Swing and Dip Dance* described earlier in the chapter.
- Movement on wheels can often soothe a baby. This is particularly helpful if you are feeling too tired to carry your baby around.



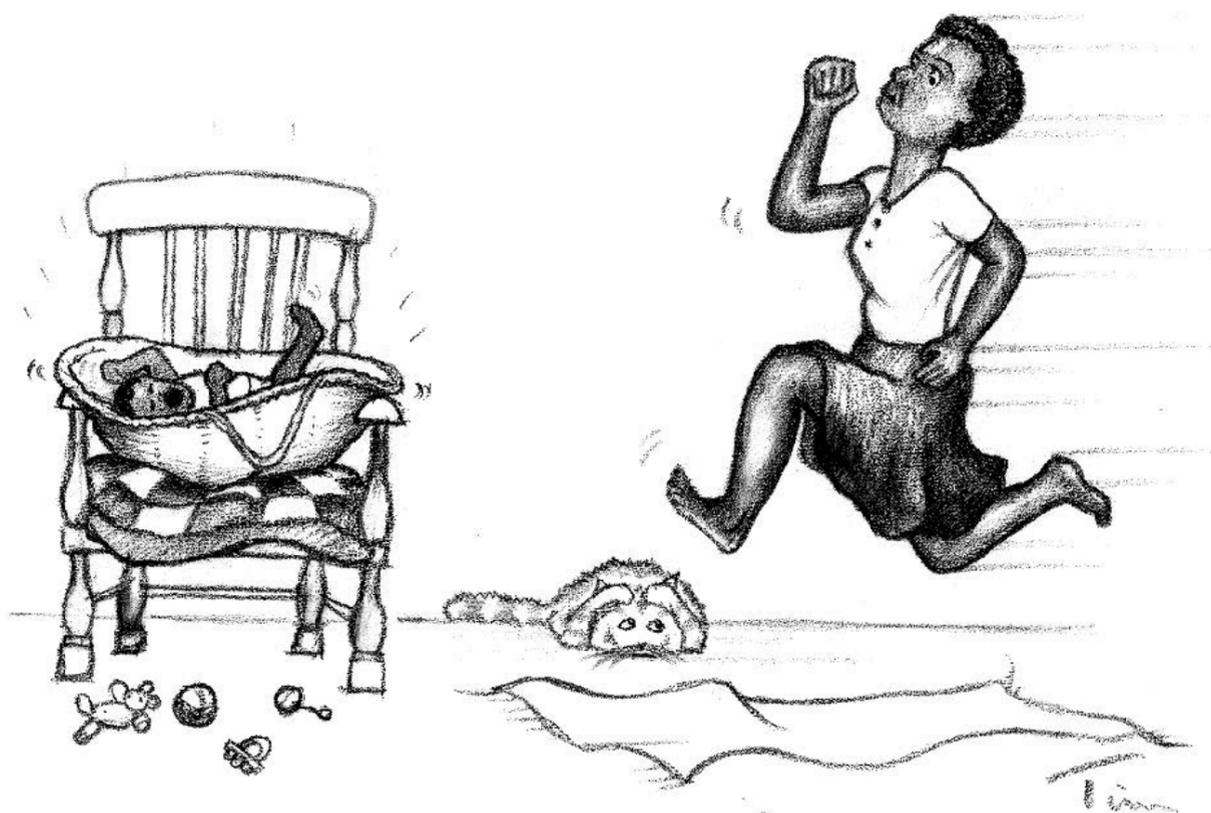
*Dancing with your baby*

## CHAPTER 5

# *When Crying Becomes Screaming*

Screaming is crying that has gone into the next stage. Here are some ways to recognise the difference:

- Screaming is a panicky sound.
- Screaming intensifies as it goes on.
- Screaming may start off at an alarming pitch, or may begin as crying, grow into more determined crying, then turn into screaming.
- Some babies have a regular time for screaming, like the early evening.



A young baby who is distressed has no means of comforting himself. He relies on his parents to do it for him. At this very young age he is unlikely to ‘cry himself out’. On the contrary, the anguish of a baby left alone builds up rapidly. Because he has no sense of time, he cannot wait with any expectation that his mum will come back and rescue him. The feeling that she has gone forever overwhelms him. He feels alone and frantic with sensations of stress and loneliness.

Of course there are times when the baby must be left for a few minutes while you look after other children or if you are in the middle of a task you can't abandon instantly. But in these early days it is best to attend to him as quickly as possible. 'Now' is still the only sense of reality he has. Once he is several months old he will have lived long enough to experience and remember that you always do come back to him when he needs you, and that his panic or pain do always come to an end. He will begin to develop his own ways of managing his feelings when you are not right there.

### ***Physical causes***

Colic, dirty nappy and soreness are the most common physical causes of screaming. Check them all. Don't assume that because one thing made the baby scream the last two times, it will necessarily be the same again. However, your baby may have tendencies towards certain things like nappy rash or colic: if so, consider those possibilities first.



## **Colic**

Colic is the word we use to describe an acute digestive spasm, a sudden tummy ache which hurts in waves and makes a baby writhe, draw his knees up over his tummy, tense and jerk, and start to scream as if he was in a great rage. Though wind is a normal part of digestion, the discomfort of what is suddenly happening inside makes the task of comforting and quietening him particularly difficult. It can be equally distressing for you, especially if there is no-one close by to help and reassure you.

- **Colic is often due to the immaturity of a baby's bowel.** Take heart because this will right itself quite soon as he grows and develops.
- **Colic is sometimes caused by gulping in too much air with the milk.** Some babies, as they grow stronger and hungrier during the first weeks, suck so fast and furiously at the start of a feed that this air-intake is difficult to avoid. Here are some suggestions that may help if your baby is swallowing air:
  - ▶ If you are breastfeeding, make sure that the whole of your nipple is far enough into the back of his mouth. Ask your midwife or health visitor to help you.
  - ▶ Try starting a feed before he has begun to cry with hunger.
  - ▶ If you are bottle-feeding, make sure you tip the bottle steeply enough to keep the air inside it away from his mouth, and remove the teat every now and then so a vacuum does not build up in the bottle to make the baby suck furiously and so swallow air.
- **If you are breastfeeding, colic can be caused by something you have eaten.** Elements of the foods you eat reach him through your milk. Some babies react badly to elements in certain foods. For example, occasionally

babies get colicky pains and scream because they cannot easily digest the cows' milk protein that passes directly to them through their mother's milk. If you suspect this is the case it might be worth cutting out cows' milk, butter, cream, cheese and margarines which include whey, from your own diet for a few days to see if there is an improvement. But talk to your health visitor or doctor first to make sure you know how to replace the calcium, proteins and vitamins you need in your diet.



*Redundant!*

Other foods that commonly cause colicky pains include, as we said earlier, curry, ginger, large amounts of acid fruit, and drinks that contain stimulants like coffee, tea or cola. If you think your baby may be suffering from food-related colic, try to identify and limit 'problem' foods in your diet.

***Here are some possible remedies for colic:***

- If his colic is caused by something you are eating or his inability to digest the lactose in his milk, a drop or two of a remedy called ‘Colief’ will work wonders. (Obtainable from pharmacies). Drinking fennel tea yourself may also help him.
- Unless there is a medical reason to do so, try not to feed more often than two-hourly and give a sip or two of cold water a short while before, to bring up any wind.
- Lie the baby face down, along one arm, with his head near the crook of your elbow so that the ‘heel’ of your hand is pressed up against his tummy. Lay your other arm alongside him, your hand spread around his ribs. Walk about like this or rock gently. You may not know whether this helps until you have tried it several times over a week, and the position has become familiar to him.
- Try flexing his knees gently towards his chest.
- There are baby massage techniques to ease colic. Ask your Health Visitor or find a good book on the subject. See Useful Books list at the end of this book.

***Nappy needs changing***

Leaving the nappy off for a while may help. Being able to kick freely can help to get rid of the stress.

***Sore bottom***

This may be the cause of the screams, whether or not the nappy needs changing. Washing with plenty of water, drying carefully and leaving the nappy off for a while to let air reach his skin will help. (And maybe a little sunshine for not more than five minutes.) If you are using washable nappies, apply cream to protect from the next wetting. Too much cream can interfere with the absorbency of disposable nappies and so leave the baby wetter than without cream. Fine however if only a very little cream is used and it is well rubbed in.

***Hunger pangs and thirst***

This can drive some babies to the screaming stage too. And screaming itself can dehydrate a baby quite quickly.

***Illness***

A baby may well scream and cry when he feels ill, or go floppy and unresponsive. It is always best to seek medical advice if you feel your baby is unwell and you are unsure of the cause.

When a baby is crying, parents urgently want to know what the signs are which will tell them that their baby is unwell. If this is their first baby, it can be especially difficult to judge whether or not illness is the cause of the crying.

The easiest look-and-listen checks are these:

- Is it an unusual cry - more high-pitched, frail or moaning than normal?
- Has your baby sicked-up most of his last feed(s)?
- Are his eyes withdrawn, not watching you and not looking out at anything, even when he is not actually crying?
- Is he drawing in his breath in a tense or wheezy way - even when he is not crying - instead of breathing easily as babies should?
- Has he got a rash - over quite a big area of skin?
- Has he got a temperature?

It is important to note that perfectly healthy babies can exhibit any of these symptoms as well, but if you sense he is unwell it is best to seek medical advice. BabyCheck has been scientifically developed by a team of paediatricians based in Cambridge. It describes nineteen simple checks for different signs of illness in a baby and helps you decide, through a scoring system, whether or not your baby needs to be seen by a doctor. [www.nicutools.org/MediCalcs/BabyCheck.php3](http://www.nicutools.org/MediCalcs/BabyCheck.php3)

***Birth trauma and cranial osteopathy***

Another cause of screaming in the early weeks could be birth trauma. Birth can be one of the most physically traumatic events of our lives. Huge forces during birth cause a baby to twist and turn as it travels through the bony pelvis and down the birth passage. In all normal deliveries, the baby's head takes the strain and is moulded and shaped by the pressures of birth – this protects the baby's brain. A newborn baby's head is made up of membranes, cartilage and areas of growing bone which are still pliable and are able to bend, shift and even overlap to make the birth journey possible through such a narrow pathway. In the first few days, as the baby suckles, yawns and cries, the forced moulding of the head gently rights itself.

The hands in this photograph belong to Stuart Korth, who developed infant cranial osteopathy in the UK and set up the Osteopathic Centre for Children in London.

Cranial Osteopathy is a specialist technique that has been found to give valuable help to newborn babies and young children who are unsettled and difficult for no apparent reason, during the first weeks, months or years of their lives. The thinking behind it is that sometimes the head does not have enough elasticity to recover its right shape after birth and there are hidden stresses left behind for the baby to



bear as best he can. When this is so, the delicate balance between the structures forming the baby's head and the central nervous system is upset, causing discomfort. This can result in many different problems such as crying, fretfulness, breath holding, colic and sucking problems in babies. Later on it can show in skin problems, hyperactivity, bed-wetting, tummy aches, headaches and all sorts of nervous upsets in older children.

*[www.parentdish.co.uk/baby/cranial-osteopathy-can-it-help-your-child-sleep](http://www.parentdish.co.uk/baby/cranial-osteopathy-can-it-help-your-child-sleep)*

***Babies who may be helped by cranial osteopathy are those who:***

- have had a difficult birth, perhaps being delivered finally by forceps
- have had births which have been too quick, not allowing sufficient time for moulding to take place
- have had a caesarean delivery
- suffer from colic, sickness and wind or have feeding difficulties
- are very withdrawn; who seem to sleep all the time, never crying or moving much
- can't sleep for any length of time
- also older babies who head-butt or head bang

The therapist applies very gentle pressure around the head, neck and spine; barely more than a steady touch on exactly the right spots. This can help the baby's natural self-healing processes to start working properly again so that the stresses that have been left behind and become 'habits' since birth, are finally released.

Cranial osteopathy treatment is very gentle, safe and effective for babies and children. It works fastest and best of all for children under five but can help people at later stages of life, if help is still needed.

Cranial osteopathy is carried out by trained practitioners. There are addresses and details for you about cranial osteopathy in the Resources list at the end of this book.

*Our son and his wife had twins last year, both fine, strong babies, but one of them had difficulty breathing and was in intensive care for a few days. When they came home from hospital a week later, he was still restless and he cried a lot. A Cranial Osteopath treated him twice, only for ten or fifteen minutes each time. He relaxed at once under her fingertip touch and just gazed at her, then slept deeply for hours. The change was instant and wonderful to watch. The tension in him just seemed to fly out of the window.*



*I can do it too!*

### ***Emotional causes***

Even if you have found a physical cause for the screaming and put it right, your baby's distress may continue to mount. Or you may have checked everything you can think of and can't find anything immediately wrong - he just seems to be desperate and desolate. This can be confusing and exhausting for parents.

It isn't always the parent's job to stop the screaming as soon as possible. Your baby may *need* to scream. Screaming *can* be a *good* thing. Babies have an emotional life as well as a physical one. They undergo stresses just like adults do; only sometimes their reactions can be all the stronger because they can't talk and tell you what they are feeling. Releasing now, through screaming, whatever tension the baby is holding, may prevent the misery becoming bottled up and flaring up later in childhood as grief and tantrums.

In his book; *The Child, the Family and the Outside World* Donald Winnicott, (psychoanalyst and paediatrician) describes how *A baby in a rage is very much a person!* And how he would *rather have a baby that cried like billy-ho than a baby that doesn't cry at all.*

It is important to remember that crying and screaming needn't be anyone's fault, and needn't have a physical cause that you can do anything about. A baby can become panic-stricken by his own reactions. He may begin to cry or scream because of a physical pain of some kind, then the crying and screaming quickly escalates as he frightens himself with the sound of his own screaming. It becomes a spiral of distress. Some babies who keep crying for hours, despite all our care, may be suffering from 'prenatal trauma' or 'birth trauma'. It is worth considering these causes.

***Prenatal trauma***

The term 'prenatal trauma' refers to feelings of anxiety and distress experienced by the baby before birth. This can happen because babies, even before they are born, are very sensitive to their mother's emotions, as the chemicals from the activity of her brain feed into them through the umbilical cord. If, for example, something really sad or horrible happens to a pregnant mother, particularly during the last few months of her baby's development in the womb, her baby can become affected by her sadness or fear. An unborn baby can also pick up feelings by listening to his parents' voices - their kind tones, their happy chattering and singing, or their angry shouting. His crying and screaming now helps to release the tension that built up in him then. He can't look back and talk his way through the sadness or worry as his mother can, so he just bawls his head off until the tension begins to fade away and life begins to feel good. There are all sorts of ways to help this happen for him. (See the 'How to help' section which follows.)



*Screaming away built-up stress*

**Birth trauma**

Earlier in the chapter we discussed the physical effects of birth trauma, but there can be emotional ones as well. Mothers giving birth know what is happening and they have people around to encourage and comfort and help them through it. The baby is alone, suddenly experiencing a long, and maybe frightening, exhausting and painful time. If it has been a prolonged or a hard birth, if there were complications, or the hands receiving him were rough and hurried, the noises loud, the light bright, he may have suffered extreme strain and stress.

If a mother guesses that her baby is carrying some degree of after-shock from the birth, it is easier to accept, without too much anxiety, the crying that may follow for the first few weeks, sometimes even months. The stress must be released bit by bit.

**Bearing the anguish**

Coping with a young baby who seems to cry and scream for hours every day can be devastating for parents. Not knowing the cause of the distress or how to help can leave you feeling confused and powerless.

*My baby never stops crying - I just feel sick and exhausted all the time.*

*Fintje*

*What can we be doing wrong?*

*Steve*

*It makes you feel a failure - it's as if it's your own fault somehow.*

*Annice*

*Please help me before I do something terrible!*

*Roberta*

*For four months, it was like having a relative come to stay who hated us!*

*Fernando*

Try to remember that this is a phase; it won't last forever. The question is how to survive yourself and comfort your baby, somehow, through this challenging time.

*I once watched a wonderful dad bring complete peace to his screaming baby in just a few minutes through his own matter-of-fact acceptance and love for his child. This is what he did: He lolled right back in an armchair so his chest was just a gentle slope. Then he laid his baby, screams and all, on his front on his chest, so that the baby's heart and his heart were 'in touch'. The baby had his head turned sideways just under his dad's chin and was crying with every breath. Dad's hand was cupped under his bottom so he could not slip down or sideways. Dad kept absolutely still. He was completely calm and just let the baby carry on crying without fuss or interference. All the time he just went on talking to us, two visiting friends, as if nothing was wrong or awkward. He had to talk quite loudly! In what seemed no time at all the crying stopped and the baby slipped into a calm and blissful sleep. The conversation just carried on. We couldn't take our eyes off the two of them.*

*Maggie*



*Sharing the struggle and sadness*

### **How to help**

Once you have checked your baby for physical discomforts, you may just be left trying to guess what is causing all the crying. In a way, it doesn't matter whether you know or not, because the same responses are needed for any unhappy baby, whatever the cause.

Most of all, he needs to be in someone's accepting and loving arms (someone wearing ear plugs if necessary!), so that his tension can begin to drain away through their body. He needs your understanding that he is helpless and needs to be held, maybe even for many hours each day, over the next few weeks. *His skin needs to be touched, stroked and, if possible, his whole body gently massaged as a regular habit. Just with fingertips only, if he is still only a few weeks old. Ask your midwife or doctor about this massage.*

In earlier chapters we looked at lots of different ways to soothe your crying baby. These same methods can be used to soothe a screaming baby and can even act as healers of past traumas. Things that remind him of the womb may be particularly useful such as: rhythmic sound or music with a beat in it, like a heart-beat; or swinging and rocking movements.

- Try the rhythmic movements of *The Thumping Heel Sway* and/or the *Swing and Dip Dance* described in Chapter 3.
- Use distraction techniques such as showing your baby something interesting to look at, perhaps some flowers or the wind blowing the leaves on a tree. Take him into a different room or outside. Sing or hum your favourite tune to him.
- If it is possible, you could try getting into a warm bath together.
- If you have help within reach, try giving the baby to another person for a while. A new pair of arms, a different smell and voice, may break through the spiral of distress. And it will give you a break.



*Water is special*

***Helping yourself***

When we first hear our baby scream, it is instinctive to pick him up and hold him close. But when you hold and touch a screaming baby to bring comfort, it is harder altogether because it becomes necessary to calm yourself at the same time. Your heart is probably already racing in response to the screams: you need to get rid of your own panicky feelings before they transmit themselves to your baby. Try humming, or putting on music that soothes you. Take your baby to a part of the room that pleases you, to a picture or something else that you love to look at, or walk with him to look out of the window. This will take your mind off his distress just enough to allow you a little distance.

If all else fails and you are starting to feel really stressed - even scared of what you might do in your anger and despair - put him down in his cot or basket or carry cot and leave the room for ten minutes. Give yourself a breathing space before you return. The general rule of never leaving a young baby to scream, needs to be broken when you are feeling desperate. Find someone to talk to if you can. Failing that, give yourself a moment and look at the next chapter, *How the Crying and Screaming Affect You*.

Remember, this is a temporary state of affairs and you do not have to carry on doing everything as usual. Try to think of changes you could make in your life to support yourself and your baby. Here are a few suggestions:



- Call in help whenever you can find it – partner, family, from friends and trusted neighbours. If you have a partner - talk about things together, sharing your feelings and ideas about what might help. It has been said, that it is not that two heads are better than one, rather, it is that two (or more) heads are *needed* for one.
- Talk to your doctor, midwife or other medical staff.
- Talk to other parents of young children. Many people will know what you are going through. Sharing the worry and frustration really does help.
- Look at your diet. If you are breastfeeding, are you eating anything that might be upsetting your baby? Whatever feeding method you use, are you eating well enough to sustain yourself?
- Is there anyone you could ask to help with arrangements like picking older children up from school?
- Are there any favours you are doing for anyone else which could be temporarily shelved?
- Are there any changes you could make to your living and sleeping arrangements to help you go with the flow more? You must catch up on lost sleep somehow! Notice if there is a time of day when your baby does usually stop screaming and sleep uninterruptedly for two hours or more. Every day, grab that chance and get back to bed or relax in a chair in the garden (just stare at a flower!) or in front of the television - even if it is just after breakfast and even if your mind is full of jobs needing to be done. Drink water, breathe deeply, sit very still, shut your eyes and half smile at yourself. You are the best! Tip guilt out of the window; forget what you think other people might think. Ignore convention. Very soon, you will have helped your baby to feel calmer and less panicky

because you have started by calming yourself. You will have achieved wonders. Very soon you will be able to look back in amazement at the awful time of screaming you have lived through and which is now all in the past.

### ***In a nutshell***

- Screaming is crying that has gone into the next stage.
- Screaming may start off at an alarming pitch, or may begin as crying, grow into more determined crying, then turn into screaming.
- Some babies have a regular time for screaming, like the early evening
- The only reality for a young baby is ‘now’. They have no sense of time. A young baby is unlikely to ‘cry himself out’. It is best to attend to a young baby that is crying or screaming as soon as possible.
- Once your baby is several months old, he will begin to understand that you always do come back and you are there when he needs you.
- Physical causes of screaming include:
  - ▶ Nappy needs changing
  - ▶ Soreness in the nappy area
  - ▶ Colic
  - ▶ Hunger pangs or thirst
  - ▶ Illness
  - ▶ Birth trauma
- Emotional causes of screaming include:
  - ▶ Prenatal trauma
  - ▶ Birth trauma
  - ▶ Babies can frighten themselves with the sound of their own crying and screaming

- ▶ Screaming can be a good thing. It is a way of releasing tension and stress the baby is holding.
- Most of all, a screaming baby needs to be in someone's accepting and loving arms so that the tension can begin to drain away through the other's body.
- Refer to Chapter 4 for ways to soothe your baby, particularly using rhythmic movement and sound.
- Use distraction techniques such as showing him something interesting, taking him outside, or singing a favourite tune.
- If it is possible, you could try getting into a warm bath together.
- Try giving the baby to another person for a while. A new pair of arms, a different smell and voice, may break through the spiral of distress. And it will give you a break too.
- Helping yourself.

## CHAPTER 6

# *How the Crying and Screaming Can Affect You*

Most parents in the world, especially new mothers, are likely to feel moments of bleak misery at one time or another.

*How can you comfort a baby when she won't even suck? I get so upset I want to give up and walk out of the house.*

*Milly*

*Sometimes I feel so angry with him; I end up throwing him onto the bed and shouting at him.*

*Jane*

*Some days I just want to shake him and shake him to shut him up.*

*Emma*

*Feeling hate for your own baby is like being in hell. You can't tell anyone what you are feeling when it's as bad as that.*

*Esther*

*One day I'm going to end up hitting her when I can't stand the noise one more minute.*

*Ed*

When your baby cries and screams often enough and for long enough to upset you that badly, you may feel frustration, anxiety, panic, rage, guilt, even hatred. You may have a sense of failure, of hopelessness, of being trapped, of disliking your child and fear that you'll never be able to cope, even that you might hurt her. You may find it hard to believe that things will get better. You may feel too frantic or too tired to think clearly.



### ***Link with your own babyhood?***

The anxiety we feel at these times may link directly back to our own birth or our own babyhood and childhood experiences. When we become parents, some of our reactions are likely to be influenced by what happened to us all those years ago. There may have been frightening and difficult experiences which hurt us then and which we now hear echoed somehow again in the sounds of our own baby's crying. If you think that old memories or feelings from your childhood could still be hurting you, try to find someone to talk to as soon as you can. Also, it can sometimes help to ask your own parents what your own birth was like, if you feel able to talk to them about it.

### ***Other troubles in your life?***

How are you? Is there a big worry in your life just now? If so, try to do something about it. Would that be possible? Talk. Be honest. Ask for

help. Every baby and young child is acutely sensitive to their parents' moods. If you are depressed, anxious or angry, your behaviour changes in many subtle ways. Your child will reflect your stress like a little mirror and her crying in turn may be the last straw to add to your own burden of worry.

Mothers on their own without a partner there to share, talk, give support and make light of hard times, are doubly alone. Until you feel better yourself it will be hard to concentrate on soothing and helping your baby. (See appendix E at the end of this book for more information on 'Baby Blues' and Post Natal Depression).

### ***Feeling lonely and isolated***



Many parents of young babies suddenly feel very alone and cut off, once the excitement of the birth has died down. Motherhood can even begin to feel like imprisonment, especially if you don't feel ready yet for walking far or going visiting. The rest of the world can seem to be flowing on around you while you have been left stranded, just you

and your baby and the crying. Self-doubt, self-blame and churning emotions towards your baby are not unusual. You may feel you want to hide these feelings away. But remember, other people have gone through the same thing. Friends can matter more than anything. Remember that asking for help is a compliment! Talking to people can really help you. Friends can matter more than anything.

See if there are groups and activities for mothers and babies in your area. If your circumstances make it impossible to get out and meet people, invite a friend to visit you. This can mean practical help with the baby as well as company for you.

### ***The need to stand back***

Sometimes we may find ourselves wishing that parenthood had not enveloped us so completely and utterly. Occasionally it's possible to forget for a moment that it has! However, the reality of a crying baby soon brings us back to earth and the need to think things through, make decisions and take action. To be able to do this, you need to stand back emotionally somehow, and think long term as well as short term. Some of the following ideas may help you to do this.

***Looking after yourself***

How many mothers, particularly new mothers, have days when at four o'clock in the afternoon they've not yet brushed their teeth, their hair, or perhaps even got dressed! It is so easy to focus on the often overwhelming needs of a tiny baby and completely forget about ourselves. But our babies need us to feel as relaxed and as happy as possible, and it is much easier to feel rested and calm if we look after ourselves.

Think of things you enjoy doing, things that make you feel relaxed and good about yourself. Try to find time to do them, even if it's for just a few minutes at a time. The possibilities are endless, but here are a few suggestions to get you thinking:

- Spend time with your partner, finding time to enjoy your time together and also to talk about your worries and frustrations
- Talk to a friend or neighbour
- Read a book, newspaper or magazine
- Exercise – perhaps yoga?
- Cook something you like to eat
- Watch TV or a video you've looked forward to
- Lie on the grass and relax outside - or go to a beautiful place just to look around and feel peaceful
- Soak in a warm bath or have a shower, letting the water run all over your face for a few minutes
- Have a massage; this does not have to be a professional one: a friend or partner can do it for you
- Stroke your cat, dog or rabbit - or your own forehead and arms!
- Sing, listen to music

Looking after yourself also means keeping an eye on the way you try to organise the different parts of your day. Babies find peace from the calm we give them. Continual hurrying and worrying can only make you both feel worse. Which things could wait a day, a week or a month? Just stop, drink a glass of water and think! It's more important now to rest whenever you can, do things you enjoy and to eat well, particularly while you are breastfeeding. Write down your decisions if that helps to remind you.



*Fresh food and a proper meal*

## ***Ask for help and support***

Turn to your partner, friends, family and neighbours with experience, and ask for their advice, or just their sympathy. Don't be afraid to ask the professionals. Health Visitors in particular are very used to helping parents under stress. Your doctor or other medical staff will also be able to offer support and practical advice.

**Parentline** and **CRY-SIS** provide telephone helplines for parents with distressed and crying babies and toddlers (their contact details, and other sources of support, are in the Help, Support and Useful Addresses list at the end of this book).

### ***Try making a 'Crying Diary'***

This is a practical and valuable step – just writing down accurate details of when your baby cries or screams, for how long each time and what you do about it each time it happens. This can help you in two different ways:

- It gives you more confidence because you are doing something about the problem. You can listen to the crying with a more detached ear - not just the ear of a miserable, worn-out parent.
- It provides you with an accurate picture. Exhaustion makes it hard to remember exactly what happened and when, or to judge what your reactions were, a day or two later. Things that distress us become confused or exaggerated in our minds unless we write the details down at once. With a diary, you can see how much she has been crying each day and when. You can see what has calmed her, and what has not, and can start to think about, and try out other strategies and see which begin to work.

This article shows how writing can improve health, via reflective thinking and stress reduction:

[www.mic.com/articles/98348/science-shows-writers-have-a-serious-advantage-over-the-rest-of-us](http://www.mic.com/articles/98348/science-shows-writers-have-a-serious-advantage-over-the-rest-of-us)

Keep this crying diary for a week, writing everything down as it happens. Don't bother to include little three to four minute crying spells.



ONE EXAMPLE OF A CRYING DIARY

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	7 to 7.25 Fed her	6.45 to 7.10 Fed early	6.50 to 7.20 Fed her	-	6 to 6.35 Fed her	7 to 8 Fed her	7.35 to 8 Put carry cot in kitchen. Shut door
	9 to 9.35 Rocked in pram	9.05 to 9.40 Rocked in pram	9.20 to 10 Rocked & jiggled		9.15 to 10.15 Rocked in pram	11.10 to 11.30 Rocked in pram	
Afternoon	4 to 4.20 Picked her up 5.30 to 6 Stroked head. Left her.	1.10 to 2 Rocked in pram 3 to 3.20 Left her to cry in the yard	4 to 4.35 Extra feed	Rocked in pram 3.40 to 5.15 Left her to cry	1 to 1.45 Radio full blast	2 to 2.30 Rocked in pram 4 to 4.45 Rocked in pram	12.10 to 1.15 Screamed on and off. 3.30 to 3.50 Jiggled
	8 to 9.30 Screaming. Held her. Rocked in pram.	7.05 to 8.15 Screaming. Tried everything. Shouted at her.	7.20 to 8.10 Carried around. Radio full on.	--	7 to 7.25 Stroked head 7.55 to 8.20 Jiggled. carried	9.15 to 9.40 On lap. Turned TV volume up.	8.15 to 9 Screaming. Rocked in pram
Night	11.45 to 12.15 Stroked head 3.15 to 4 Into our bed. Fed her.	12.30 to 12.45 Fed her 4 to 4.35 Fetched her into our bed. Fed her.	10.10 to 11 Swinging carry cot on & off. Talking to her	10 to 11 Jiggled. Walked about. 1 to 1.30 3 to 3.20 Left her to cry.	10.45 to 11.10 Screaming. Extra feed. 1.15 to 3 On & off. Left her to cry.	12.10 to 12.45 Fed again 4 to 4.20 Fed again.	10.15 to 10.55 Fed again. 1.35 to 2.05 Fed again. Talked to her. Into our bed.

If your life is like a madhouse with older children to look after as well as a little screamer, you may decide that keeping a careful diary would be an impossibility. But even a quick scribble on the shopping list or on a calendar can add up to a good enough record to help you.

Before too long, you will have brought about amazing changes. Fewer broken nights - you and your baby will be smiling and thriving. You can feel very proud of yourself for such a wonderful achievement!



***In a nutshell***

Coping with an endlessly crying or screaming baby is very stressful and can bring up powerful emotions in even the most patient of parents. When your baby cries and screams often enough and for long enough, you may experience any or all of the following. It can feel like going down a steep hill.

Exhaustion

Frustration

Anxiety

Panic

Guilt

Confusion

Rage

Despair

Hatred

You may feel that you will never be able to cope; that you are trapped; even fearful that you might hurt your own child.

Most parents in the world, especially new mothers, are likely to feel a few such moments of bleak misery at one time or another. But it is important to recognise these feelings and tell someone. Talking them out with a trusted person can really help.

- The anxiety we feel as parents may link directly back to our own babyhood and childhood experiences.
- There may be other problems in our lives making the situation worse.
- Many parents feel lonely, isolated, even imprisoned with a crying baby.

### ***What can you do?***

- Try to remember that this stage is not going to last forever. It will get easier as your baby grows and becomes more aware of herself and the world around her, and is able to communicate her needs to you and show her love for you.
- Try to look after yourself as well as your baby. Take a little time every day to do things you enjoy.
- Find someone to talk to; a friend, relative, counsellor, doctor or nurse. Parentline, CRY-SIS and other baby care organisations provide telephone helplines for parents with distressed and crying, babies and toddlers (see Help, Support and Useful Addresses at the end of this book).
- Keep a Crying Diary. It will help you take a step back and get an accurate picture of what is happening.

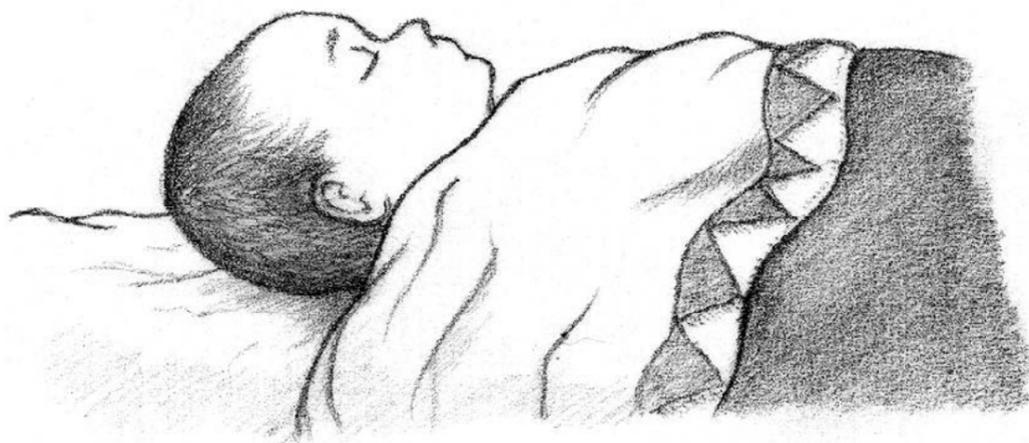
Before too long you will have brought about wonderful changes.

## *Older Babies* *(Over to 6 months)*



## CHAPTER 7

# *Helping Your Child Sleep Through the Night*



Babies who are 6 months old have reached a ‘watershed’ – most are suddenly ready to leap forward in every way. Your baby is probably watching, listening and trying to join in with life around him more and more every day. He is also becoming more attuned to the differences between night and day, and with luck sleeping much longer without a feed at night and enjoying bigger meals during the day. It is now time to encourage a rhythm to the day, where the baby wakes and sleeps in a regular pattern and begins to learn calming and settling habits of his own to take him off to sleep. Helping your baby develop a healthy sleeping pattern is giving him a gift because it will be so valuable to him in the long run.

The first comforts you give to your newborn baby are through the gentle ways you feed him, handle him and soothe him. These ways become comforting habits for both of you. But now he is older he needs the first, very gentle touch of discipline in his life, which is that of a routine or rhythm for naps and for bedtime. This is the first big step. If you don’t already have a routine, six months is the time to start. He will quickly get used to the pattern you set and his body clock will begin to respond to it.

Develop a shape for the day that suits you both. Watch his eyes and see when he looks sleepy. Take the hint.



*Watch his eyes and see when he looks sleepy*

He may naturally be more inclined to nap either in the morning, or the afternoon, or both. As he grows older and needs less sleep and more fun, you can change the shape of the day accordingly, as you recognise his changing needs as he develops.

### ***Daytime settling***

For most people, it's easier to work first on the daytime routine when you are less tired and more able to be clear-headed and firm. Then you can do the same at night as soon as you feel ready for it.

You can begin to encourage him to learn to settle himself to sleep without your help. This is a gradual process. He will need plenty of time to adjust to each new change in his routine. Here are some suggestions:

- Begin to have an interval between feeding him and lying him down to sleep, so that he is not sucking himself to sleep.
- No more rocking or pushing to get him to sleep as you did when he was younger. Rock him and push him at other times of the day.
- No more singing or talking at going to sleep times. Sing to him and cuddle him before you lie him down in his sleeping place.
- No more shaking of rattles or waving of toys to distract him after he has been laid down to sleep and starts to cry.
- When he shows the first signs of drowsiness, lay him down in his bed. He needs to get used to falling asleep by himself. If he cries himself back into wakefulness, go to him and soothe him, but once he is drowsy again, return him to his cot and gently take your leave. Don't let him fall asleep in your arms, or with your hand stroking him. If you do, he will miss the feeling and cry whenever he

wakes to find you gone. He will come to depend on your soothing for falling asleep.

- Only return to the use of earlier comforting habits of helping him to sleep when he is ill.
- Make sure his cot or bed is comfortable and welcoming. It is right to keep the beds of very young babies free of padded items as a precaution against suffocating. Now that he is bigger, stronger and rolling around, encourage him to have a cuddly toy or a special soft blanket at sleeping times to make him feel safe and happy.



### ***Persevere!***

Sooner or later, your baby will begin to develop settling habits of his own because you have given him the chance to learn to do so on a firm and regular basis. He will learn to snuggle down, shut his eyes, perhaps suck his fist or thumb or stroke a soft blanket or cuddly toy and sink into drowsiness, then sleep. Other babies develop habits like ‘talking’ to themselves, rocking themselves, or twirling their hair with two fingers.

## **Bedtime**

There is already, in everyone's body, a going-to-sleep mechanism waiting to be properly used. We fall asleep as our body temperature falls to its minimum and we awake as our body temperature begins to rise again, our body having rested enough. But we need to help the system by going along with it. We need an unwinding routine each bedtime, and the darkness, quiet and comfort that is right for the night.

By six months your baby is no longer his own little microclimate with its own calms and raging storms. He is sensitive to whatever is going on around him now, stimulated by sound and sight, and capable of being lulled by peace and quiet. You need to watch his eyes and his movements and watch out for the signs of his readiness to turn tiredness into sleep – and follow his lead.

At bedtime follow the same steps for settling your baby to sleep as you did in the daytime. However, you may also want to add a special 'goodnight' ritual before you lie him down - sing a song, say a blessing, chant a rhyme, kiss a favourite toy, or say 'goodnight' to other members of the family. These rituals can be a comfort to everyone - but keep them very short and simple.

## **Night-time waking**

The night can be a tense time for us because we are longing to sleep ourselves. We believe that if our child wakes and cries, there must be something wrong, so we will always find an excuse for him: '*He's teething*'. '*He's catching a cold*'. '*He's too hot.*' But, by this age, almost always, it is more habit than anything else which causes your baby to wake. The greater the efforts we make to help a child get back to sleep, the more attention he gets from us, the more he may wake, expect it, and cry for it.

A great help for settling babies at night is to make a strong contrast between how you respond to him during the day and how you respond to him at night. Give him maximum attention during the day when he is awake, alert and responsive. Give him absolutely minimum attention

at night. Cut down your smiles. No talk. No eye contact. Just absolute quiet, and gentle hands touching him as little as possible and only to do the essential things such as nappy changing and lifting him out of, and putting him back into, his sleeping place. Have everything you might need within arms' reach.



### ***Reassurance***

If you have difficulties settling him to sleep and resettling him when he wakes and cries for you during the night, it might help to try these methods of reassurance:

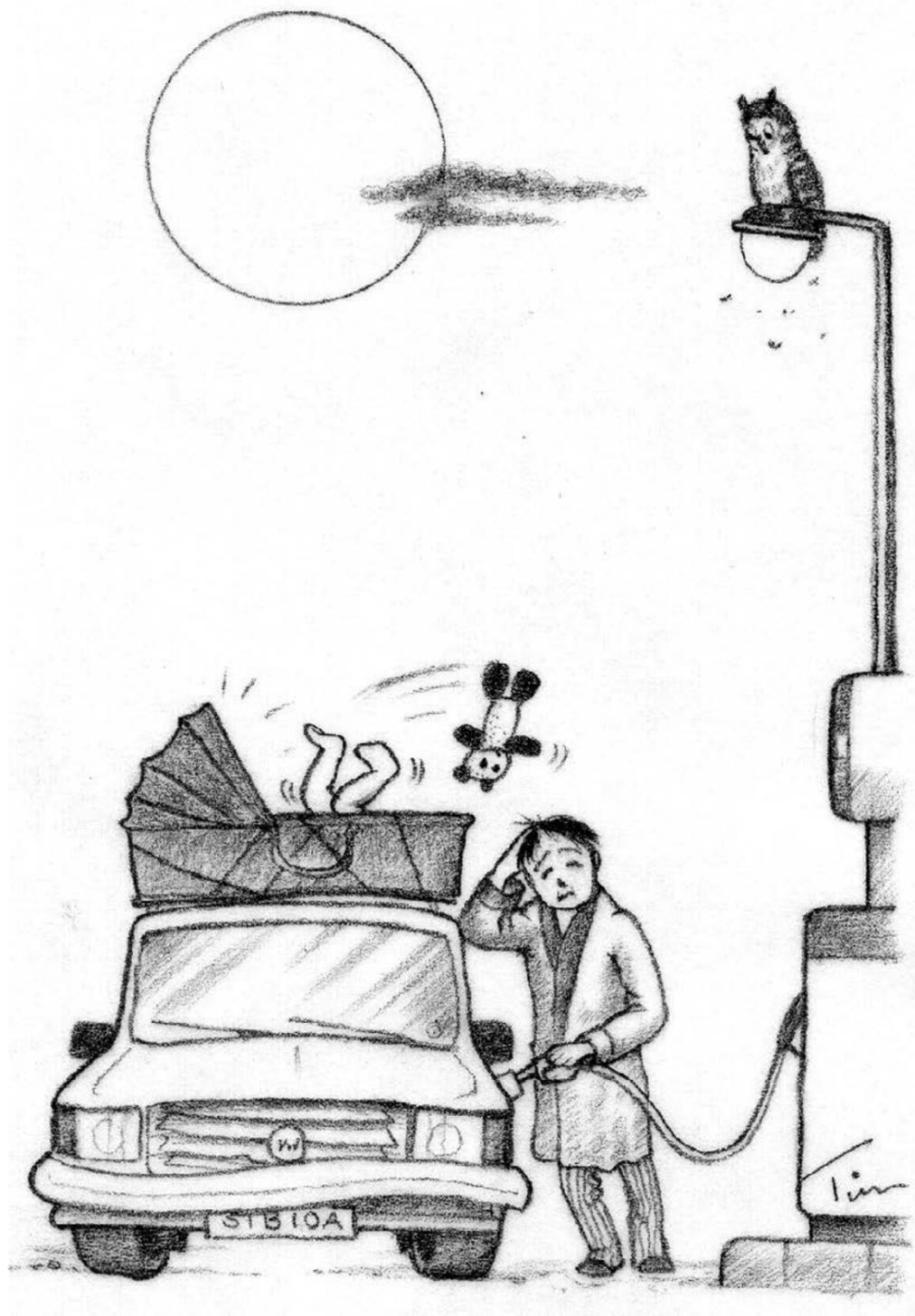
- Dim the lights.
- Sit silently beside him, no talking, no eye contact, and no movement until he falls asleep. If his crying makes you feel so desperate you have to pick him up, try standing by the cot holding him, with as little movement and sound as possible, until he calms down. Then settle him back.
- Each night, move the chair you sit on further away from

his cot to distance your body from him a step at a time - until you can walk straight out of the room as soon as you have laid him down. Alternatively, spend a few moments walking quietly round the room, tidying up - then slide out of the door.

*Ideally, don't get him out of his cot after bedtime unless you think something is wrong.*

***If possible, avoid:***

- putting a screaming baby in the car and driving round half the night - unless, perhaps, you have an angry,



sleepless neighbour on the other side of the wall;

- giving him a bottle each time he wakes up crying, maybe several times in the night! If he is night-time weaned, try a few sucks of water if you are longing to give him something. He may be grateful or disgusted! Don't give in, he'll soon learn that water is the only night-time drink provided - and his tummy will get the message too;
- rocking or pushing him to sleep in a buggy. Unless you are desperate, follow the same pattern as you have practised for his rest-time settling down.

Once again, persevere. It will take time for him to grow comfortable with a new and firm regime! It will be well worth it. Helping him establish a healthy sleeping/waking pattern will set the stage for good ongoing sleep.

### ***Sharing the settling***

Children quickly learn to exploit the different reactions they get from different people. They can also find the differences unsettling.

Whether your child is 8 months or 3 years old, it will be easier and quicker to settle him if you and your partner plan and work out strategies together so you can both stick to them without fail. If you are on your own, there may be someone else who helps you from time to time. Share the same approach to settling your child, so that he recognises the pattern. Tell your toddler what you are going to do, and do it. Tell him what he is, and is not, allowed to do and both stick to it as firmly as you can. As before, be consistent and stand united.



### ***Ill Babies***

When your baby is unwell, don't concern yourself with the usual routine. Instead, snuggle up together; he needs you close. In this special circumstance, you may want to try some of the soothing methods you used in his first six months. They may be very comforting to him when he is feeling uncomfortable all over and crying with distress.

***CAN'T SLEEP, WON'T SLEEP!***

What if you have done all the things suggested above, persevered with them, and your 6 months + baby still won't go to sleep without a big fuss - or stay asleep?

If your baby was settling fairly well but has suddenly become disturbed again there may be a physical cause such as the onset of illness or teething. Check his temperature and his nappies. Diarrhoea often goes with teething.

If your baby has never settled well, or if the problem continues without other symptoms, then you are facing a baby who simply cannot or will not accept that he needs to go to sleep alone. He may cry himself into a screaming fit at bedtime, wake in the night for more prolonged bouts of screaming, and end up having to make up for lost sleep during the day - which probably means more wakefulness the next night. This can leave you feeling exhausted and miserable. It is often more difficult to settle children who are still too young to talk. Their efforts to communicate fail so they cry and then cry louder as they sense our rising tension.

If every strategy has failed you, the only answer may be to keep him up with you, in a calm, soothing environment, until you can all go to bed together. (Watching TV is not calming for a baby or toddler!) Some children just need to stay close to their parents all the time- especially at bed time - until they feel safe enough to settle alone.



## *Ways forward*

Whether the problem of waking and crying has always been impossible to solve, or has suddenly started up again, there are still all kinds of ways forward for you to try.

Ways forward may in fact mean going backwards for a while and repeating the same calming and settling pattern you used to use when he was younger. Sometimes progress is two steps forwards and one step backwards. If those ways became familiar and comforting then, they may help now to renew the sense of security in him that might have evaporated as a result of the present build-up of tension between you at night. Go back to your own old favourites and try the following:

### ***Stroking and rocking***

Many parents return to soothing their baby asleep by stroking or rocking him as they did when he was little. It often works but it can be a very short-term answer. It relies on you being free to do the stroking and rocking each time, and being able to keep it up for as long as he needs. Some older babies who fall asleep like this feel panicky later on when they stir or half-wake and realise that the comforting movement has stopped. They may even start to wake and cry more frequently, not less. If this is happening, you may need to stop what you are doing and work once again on getting your baby to fall asleep without your comforting touch.

### ***Lying down with your baby***

This method involves simply lying down with your baby and pretending to go to sleep yourself. You might hum quietly, or use slow, relaxed breathing to encourage him to sleep. This will often work quite well for an older baby and five or ten minutes lying down may be welcome to you, if you can manage it. The problem with this approach is that you tend to be stuck with it for a long time afterwards. Older babies who grow used to going to sleep like this are very reluctant to give it up. If that's no problem for you at the moment, fine. You will have to help him

go to sleep on his own eventually, but you may feel that getting some regular sleep now, and during the weeks ahead is your top priority.

### ***Brief reassuring visits***

Most parents do this quite naturally. One of them nips in when their baby starts to cry after he has been put to bed. They say a word, turn him over perhaps, tuck him in again, stroke his head and leave again quietly and almost immediately. They do this again and again. Otherwise, you might call out from wherever you are, speaking slowly and using a gentle tone of voice: *Quiet now, go to sleep, I'm still here*. This gives reassurance that you are not far away, whilst reinforcing the message that the day has ended and it is time to go to sleep. You may have other ways of your own to help him to feel safe and loved even when you are not in the same room?

### ***Sleep interruption***

Some parents, whose babies wake and cry at the same time each night after they have been weaned, have found they can change the habit by half-waking him up themselves. The trick is to go to him *before* he wakes and begins to fuss.

Between fifteen minutes and an hour before he usually wakes and cries, go to him and gently stir him half out of sleep with your hands. Immediately settle him down again and say softly '*Go back to sleep now*'. With some babies, this is enough to break the pattern of regular waking, and they soon begin to sleep through the usual wake-up patch. Once the habit is broken, you can stop the sleep interruption visits.

**Note:** This must be done very gently so that it is not a harsh or unpleasant experience for him. If it doesn't help after five nights, leave it

## Check and Ignore



*Red Flag Waving!*

*Right from the Start* has strong reservations about this approach and does not recommend it. However, some parents use it and it does stop some babies crying, but the cost to the child might well be high.

Check and ignore involves just what it says: parents go quickly to the baby when he wakes and cries, check that he is not ill and change his nappy if necessary. They do not talk to him or soothe him at all but leave immediately and let him cry alone for as long as it takes for him to fall asleep again.

No one can really tell what sense of abandonment, distress or fear might remain buried in the mind of a child after being left to cry at night like this, entirely without comfort, nor what the effect might be on his developing personality and his behaviour as he grows older.

***Getting together with other parents***

Try to link up with other parents who are going through the same exhausting struggles, so you can compare your experiences and report progress. This sharing of the heartache and the challenge quickly lessens the lonely load that parents bear and gives a big lift of encouragement. It turns feelings of despair into a shared effort, and, for the first time, gives everyone a chance to gain perspective through friendship and humour, over the nightmare you have been living through.

***What if NONE of these strategies have helped you?***

If nothing has made any real difference to your child's wakefulness, it may mean that he desperately needs to be physically close to you at night. He is not yet emotionally ready to sleep on his own - perhaps not for another year or so. There are just a very few children whose distress at this separation at night from their mothers cannot be borne or overcome through any means. If this is so for you, you will need to squeeze his cot into your bedroom if you have the space or, if not, resort to a mattress on the floor beside your bed. This final solution usually proves, after the acclimatisation period, to be a very comforting one. Many parents look back on all the struggles they went through and recognise that this in the end was the best decision they ever made.

***In a nutshell***

- When a baby is six months old or so, it is time to help him develop a regular sleeping pattern. Learning to settle himself into sleep, and sleep in a regular rhythm will set the stage for healthy sleep for the rest of his life.
- Begin by establishing a daily routine for naps and for bedtime. He will quickly get used to the pattern you set and his body clock will begin to respond to it.
- Encourage your baby to settle himself to sleep by removing, one at a time, any comforts that you have been using to stop him crying and settle him to sleep. Gradually, *he will begin to develop settling habits of his own.*

- Only return to earlier comforting habits when he is ill or if he goes through a bad patch.
- At bedtime follow the same steps for settling your baby to sleep as you did in the daytime. However, add a special 'goodnight' ritual before you lie him down.
- Give maximum attention during the day and minimum attention at night.
- Sit silently beside him, without talking, eye contact or movement. Each night gradually move your chair further away from the cot, until you can eventually just leave the room.
- Try not to lift him out of his cot unless you think something is wrong.
- Avoid driving him around in the car, giving him a bottle when he cries in the night, and rocking or pushing him to sleep in a buggy: he will become dependent on these things for falling asleep.
- Look out for physical causes of sleeplessness such as the onset of illness or teething.
- Try these ways forward if you are having sleep problems: stroking and rocking; lying down with your child; sharing the settling; giving reassurance either verbally or by brief visits; sleep interruption.
- Check and ignore is a further method, but not one which we recommend.
- Try to link up with other parents who are going through the same difficulties. It can turn feelings of despair into a shared effort.

## CHAPTER 8

# 'Timed Settling'

(From 9 months to 3 years old or so)

*Timed Settling* stands quite on its own and apart from all the other chapters in this book, because it is for 'emergency use only'.

You will be able to understand why this is so when you have read it, including the RED FLAG WAVING box below. But it *has been* included in this book for you just in case you do need the help it can give you!



### *Red Flag Waving!*

This strategy called '*Timed Settling*' should NEVER be used except as a last resort... because you are so exhausted by broken nights that you feel you could lose your cool, lose control and be in danger of hurting your baby by shouting at her, throwing her down on the bed or even hitting her.

It should NEVER be tried out without the full support of your doctor, Health Visitor or other health professional who can support you all the way, monitor how you are feeling and encourage you to keep going until changes begin to show.

It should NEVER be tried out without the night time support of your husband, partner, mother or close friend – someone able to be your 'Support Person' able to understand the processes of *Timed Settling* exactly, and be with you at night, every step of the way.

You will need this steady and loving support to keep your courage up and prevent your determination from flagging. You will need to work together to ensure that you do not give up after a night or two but see the strategy successfully through to the end.

We all have a slipping-into-sleep mechanism waiting to be used each night. *Timed Settling* is a disciplined approach to encourage your child's natural sleeping mechanism to begin work as it should. It gives parents a firm framework to use that teaches her to give up ingrained habits of waking and crying for them during the night, and to recover the peaceful sleep patterns, which are every child's birthright.

*Timed Settling* helps a child to re-discover the knack of falling asleep on her own. It involves leaving her, once settled into bed for the night, to cry for short periods and then, if necessary, for slightly longer periods of time. It means always returning to comfort her silently, lovingly but very briefly, at regular intervals, without ever lifting her out of her sleeping place. It means comforting her by touch, briefly and silently, again... and again... and again... night after night. It hardly ever needs more than a week of this controlled and steady response to bring back undisturbed nights and peace for everyone.

### ***How did Timed Settling develop?***

The *Timed Settling* routine was originally developed instinctively by mothers who had become so shattered by broken nights and sleep starvation that they began to try out other ways of persuading their older babies or toddlers to change the bad habits they had got into. They tried all kinds of strategies and found that one, firmer, more precise step-by-step method did work and was able to bring peace back into their lives in a comparatively short time and allow their children to develop a natural, healthy sleep pattern. They also discovered that because *Timed Settling* can help older babies, toddlers and young children to sleep undisturbed, they began immediately to feel happier and more relaxed during the day.

Since the early 1990s this strategy, amongst others, has been researched and recommended by doctors, paediatricians, child psychologists and child and family care workers and used by them as part of their programmes for supporting and teaching new skills to parents in need. For example, *Tresillian Family Care Centres* in Australia

have found the *Timed Settling* routine so valuable that they sometimes offer distressed mothers and their crying children a short stay in a residential unit, so that they have that professional help and support right beside them during the night, to undertake the '*Timed Settling*' routine.

'Sleep clinics' are being set up in many places to help parents with their children's sleep problems and support them on a daily basis if they decide to undertake the *Timed Settling* routine.

[www.parentingrc.org.au](http://www.parentingrc.org.au)

### ***How can Timed Settling help you?***

- It can prevent a sleep problem developing.  
It is a routine you can put into practice as soon as you decide that the time has come for your 8 to 10 month old baby to stop waking up several times each night expecting some kind of instant response from you. She might be expecting food, attention or just help in getting back to sleep. Getting in there early while she is still at the 8-10 month baby stage is sensible, because she will adapt more quickly and easily to the discipline of *Timed Settling* than if she was older.
- It can help when all other techniques have failed to stop the crying and settle her.
- It can be a 'rescue remedy' when the crying has driven you to such a state of despair that you are too confused and angry to think straight any longer. Many parents in this situation feel they might be in danger of hurting their children. Sadly some do. *Timed Settling* can be crucial in preventing this from happening.



*The tiredness can make you think you are going mad. It can make you feel ugly all over, inside and out.*

*Karin*

*I can't even smile at my child during the day any more, I feel so fed up and tired.*

*Brittany*

*I am just full of dread all day as to what the night will bring.*

*Carmel*

Sleep problems in a child invariably mean acute shortage of sleep for one or both parents. The exhaustion and despair that comes from this can put enormous strain on marriages and partnerships, as well as setting the stage for long-term sleep problems for the child. Remember that *Timed Settling* is in no way a punishment for your child for keeping you awake. By your commitment to it you will be giving your child a gift, the gift of healthy sleep patterns that will last her a lifetime.

## *Your preparations for Timed Settling*

### ***First step: Thinking the process through***

Read the description of *Timed Settling* that follows, slowly and carefully, at least twice, and think it through to the end. Imagine yourself undertaking each step of it. Build up a picture of exactly what you would do in your head. 'Feel it through' in your heart. Sleep on it. Only then will you be able to decide whether or not you feel it is right to ask for help and 'go for it'.

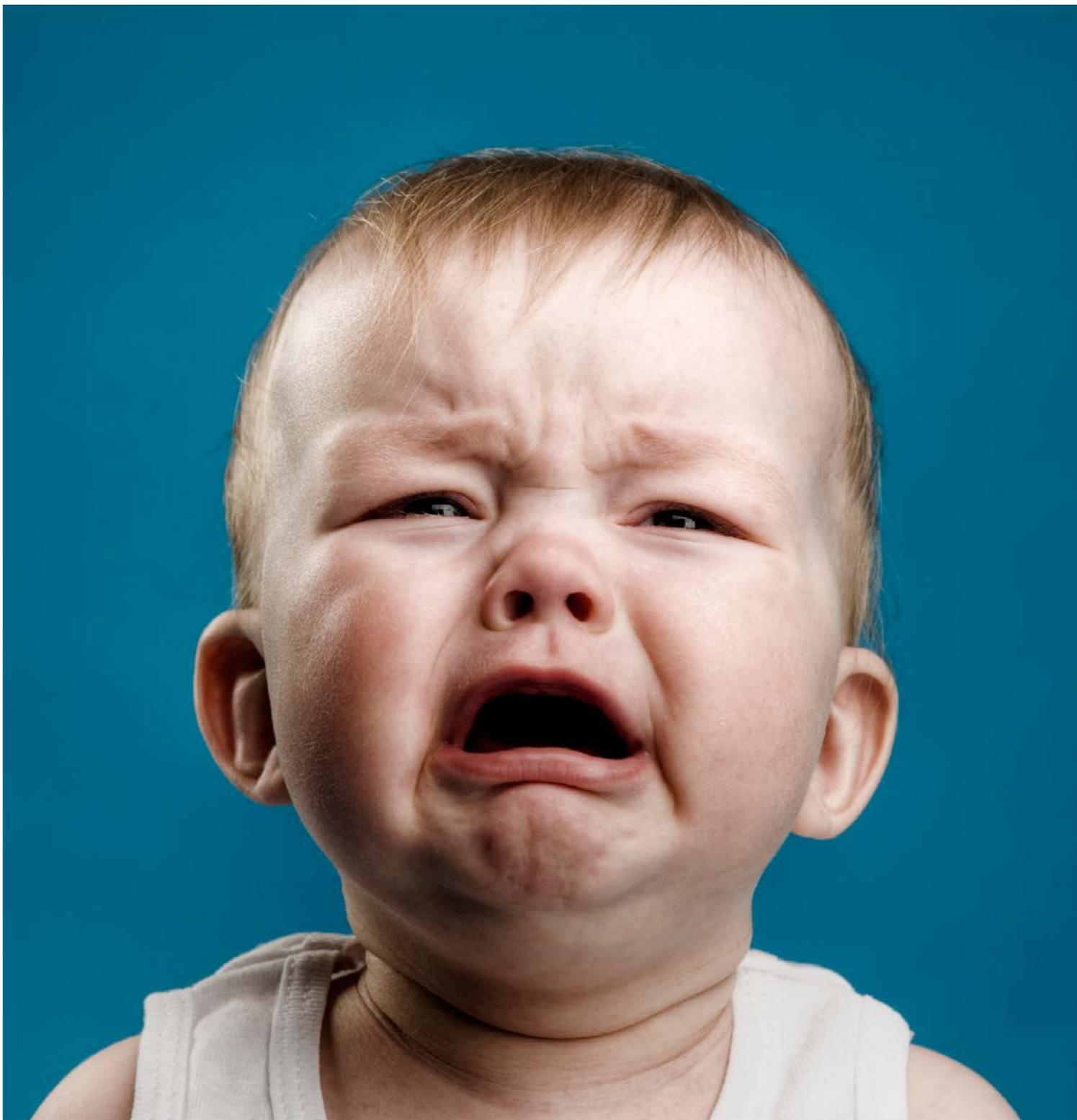
- If you decide 'yes', start by talking through the whole process of *Timed Settling* with your Health Visitor and also with a chosen 'support person' at home, whether this is your husband, partner, mother, sister, or a close friend or neighbour. Give plenty of time to think and talk together about yourself and your own strengths and fears. You will then be able to prepare for action, stick to the decisions you have made together and later discuss how *Timed Settling* is working and what you are feeling day by day. If difficult feelings come up for you during the process, or if there are particularly tough moments, your support person will be beside you to steady you, prevent you from wavering and joke with you about the difficulties that will probably crop up at first.
- Discuss and adapt the suggestions and instructions that follow to suit your own inclinations and understanding of yourself and your child. Talk it all over with your community nurse or Health Visitor and write down what you have decided to do in terms of the timing to help you stick to it exactly.

## ***Second step: Other things to think about before you begin***

Whether you use the *Timed Settling* routine with an older baby or with a two- or even three-year-old, the background method is the same, even if the approach may be a little bit different.

- Remember that we all cry to release the tension in us. Children instinctively do this immediately and much more often than their parents! If children are *allowed* to cry their times of stress away uninterrupted, on your lap or in your arms during the day, they will respond more easily to *Timed Settling* at night because they will not still be carrying residues of tension waiting to be released.
- Remember, when you start to use *Timed Settling*, it is unavoidable that your child will feel some new stress at not getting quite what she expects from you! She will need to cry to release that tension until it has evaporated and she can fall asleep. You will need to be prepared and strong enough to let that crying happen in her cot at night without holding her in your arms to comfort her, as you would normally do during the day time. She knows you are nearby.
- Remember that finding ways to calm and steady yourself will be the most crucial part of undertaking the *Timed Settling* routine successfully to help your child sleep. This is because the tension that has naturally been building up in you with the frustration of trying to cope at night will have got through to her. All children are emotional sponges from day one in their lives. If you are still full of tension when you begin *Timed Settling* this may make her wake more fully, more often, cry for you more desperately, and take longer to settle back to sleep. *It is essential for you to feel confident and hopeful.* For this reason you will

need one hundred percent encouragement from your Health Visitor and your 'support person', to help keep your determination and courage up, especially for the first three or four nights. Being open and sharing any feelings you have of frustration, impatience and anger against your child with someone you trust will help a great deal. You won't feel so lonely and overwhelmed.



### ***Third step: A quick check list before you begin***

- If she is only 8 or 9 months old, is she completely weaned at night?
- Is there a close and warm bond between you (apart from the frustration of her refusing to settle and waking and crying at night)?
- Do you manage to keep to a reasonably regular routine of feeds, sleeps, play and companionship during the day?
- Have you developed a calming, familiar bedtime routine - the same little rituals to enjoy together and to relax you both each evening before she goes into her bed?

**If there are any boxes you can't tick yet, wait until you can tick them before you undertake the *Timed Settling* routine. Can you somehow get some help and encouragement for these essentials first?**

### ***Fourth step: Check your child's health***

It is very important that the *Timed Settling* method is never put into practice if you suspect your child is not well, because stopping once you have started will confuse and upset her. It is essential, therefore, to choose a time when she is in normal, good health. Also, if she is not well when she is put under this new regime, her emotions could be all over the place and she will feel the upset magnified because she's already feeling out-of-sorts and ready to panic and cling.

### ***Fifth step: A bedtime routine***

Make sure you have kept the same, familiar, and peaceful bedtime routine going for at least two weeks before you think of starting *Timed Settling*. Stick to your routine if you possibly can even if other things have to be delayed or abandoned.

### ***Finally: Keep a 'sleep diary'***

Before you undertake the *Timed Settling* method it is important and helpful to keep a Sleep Diary for at least ten days along the same lines as the Crying Diary described for a new baby in Chapter 4. This way you will be able to see clearly what is going on each night and how you are responding. It will help you get on top of the situation, and feel braver about trying something new. Here, for example, is the Sleep Diary kept by the mother of Jack (aged 2) a week before she began *Timed Settling* with him. Jack often took an hour to settle in the evening and then woke and cried again and again during the night. His mother was worn to a shadow, too tired to cook or clean or tidy or even ring a friend.



*Finally: keep a sleep diary*

## ***SLEEP DIARY OF JACK aged two***

	TIME WOKE IN THE MORN-ING	TIMES AND LENGTHS OF NAPS DURING THE DAY	TIME WENT TO BED IN THE EVENING	LENGTHS OF TIME TO SETTLE TO SLEEP AND WHAT YOU DID	TIMES AND LENGTHS OF WAKING AT NIGHT AND WHAT YOU DID
<b>MON</b>	7.30	11.30 to 12.3	7.30	Cried every few minutes till 8. Settled him down again. 8.15 really screaming. Bottle of fruit juice got him to sleep by 8.45.	12.30 for 5 mins. Sat by him. 3.20 for 8 mins. Gave him a bottle. 4.30 for 8 mins. Reheated bottle. 5.45 for 2 mins. Sat by him.
<b>TUE</b>	7.30	11.30 to 1.15	8.15	Woke up every ten minutes for two hours (not feeling well). Stroked him in his cot or sat him on my lap till he was dozy.	1.15 for 13 mins. Gave him a bottle. 4.24 for 11 mins. Talked to him. Rubbed his head. 6.05 for 18 mins. Wouldn't settle. Took him into our bed.
<b>WED</b>	6.30	12 to 1.00 In pushchair  3 to 3.20	7.45	Cried and called for 30 mins. Went in and laid him down.	10.45 for 15 mins. 1.15 for 13 mins. 4.24 for 11 mins 5.40 for 18 mins. Each time, stood by cot till he fell asleep.
<b>THURS</b>	7.15	11 to 12 in car	8.00	Asleep in 15 mins without any crying.	11pm. Very distressed. Stood by cot. Held his hand for 35 mins. 2.15 changed nappy. Into our bed. An hour to settle.
<b>FRI</b>	6.45	1 to 2.15	7.30	Screamed so loudly, took him out of cot again to watch T.V. till he calmed down. Into bed, asleep by 8.40.	9.40 for 5 mins. Stood over him, stroking his back. 11.45 for 6 mins. Cuddled and talked to him in his cot. 3.50 Screaming. Put him into our bed.
<b>SAT</b>	7.30	2 to 3.20	8.05	Stood up and screamed for an hour. Laid him down and covered him up nine times then left him. Smacked his legs at 9.30 and was really angry. Felt ashamed. He finally slept at 9.45.	11pm for 5 mins. Gave him a bottle of juice. 2am for 50 mins. 4am for 10 mins. Sat with him each time and held his hand.
<b>SUN</b>	7.15	11.30 to 12.15	7.30	Cried for 30 mins. Left him alone.	12 Moaned and cried for an hour. Gave dummy in our bed. Back into cot as soon as asleep. 3.15 cried for 30 mins. Gave him a bottle of milk.

You have now prepared yourself well and are ready to get started. However, if your child is already at the toddler stage or older, you will need to prepare her too.

### ***Preparing your toddler or older child for Timed Settling***

Children understand an amazing amount of what we are saying even if they are too young to talk much yet. As soon as you have decided to start the *Timed Settling* routine with your child, choose a peaceful moment during the day - not when it is almost bedtime - and tell her about the changes to come. Don't repeat it. Just tell her once. Something will begin to sink in. This respects her intelligence and begins to prepare her a little for the new routine ahead.

- Tell her clearly and matter-of-factly that she is a big girl now and it's time to learn to sleep peacefully at night and not wake up and cry for you.
- Tell her that you are going to help her lie down to sleep quietly all night long **just using your hands and no talking.**
- Tell her there will be no more bottles at night-time (or whatever other tactics you have been using to stop her crying and settle her).

You may have the additional problem of a toddler old enough to climb out of bed ten times a night to come and find you. The only way to achieve a *Timed Settling* routine in such a situation is to be brave enough to leave the side of her cot down, and make the whole room her 'bed'. You can do this by putting a stair gate or even a safety chain on the door - so the child can see out but not get out - and cushions or a small mattress and blanket on the floor for her. This way she can settle herself down finally on her own and can then be moved gently back into her bed later. When she is roaming around crying for you,

you can go at the same, timed intervals to reassure her without going into the room, just stroking her head, saying: *Time to sleep*, and leaving her again just as you would do a child in her cot. Quite soon, with luck, she'll be climbing back into her cot on her own to sleep because it's cosier than being on the floor.



### ***Timed Settling: the step-by-step routine***

As your Health Visitor is unlikely to be able to be with you at your child's bedtime and certainly not in the middle of the night, this Right from the Start description of *Timed Settling* is here for you and your 'support person' to read through slowly together, to discuss each part of it - and return to it as needed. Please remember how important it is that you do not decide to give it a try on your own without discussion, careful planning and preparation beforehand. This description is here for you as a basis for this discussion with your community nurse or Health Visitor and your 'support person'. It is for you to use as a guide to help you think through exactly the steps you are going to take... and to follow them through.

So, here we go... here is the step-by-step process of *Timed Settling*. Next time you hear your baby crying for you after you have settled her down or in the middle of the night:

### **1. Take a moment**

Take three deep breaths, calm yourself and look at your own hands, before you move.

Remind yourself that indignant, anxious or impatient thoughts in your mind will go straight to your fingertips and your child will feel it the moment you touch her. If this happens there will be less and less chance to change the stressful habit she has got her into. Instead, wait for just long enough to bring your most loving memories and thoughts to the surface and hold them there so that gentleness and patience are there in your hands before you even walk back to her.

### **2. Go to her without hurrying**

Say to her quietly and clearly, however old or young she is: 'It's time to sleep' then not another single word.

Talking just stimulates her brain again. Just make a soothing shushing sound only, or remain completely silent. Try to avoid obvious eye contact. No smiles. Ask yourself these questions: Has she got a wet nappy? Is she crying from real discomfort or illness or is she just asking for my attention? When you know your child well you can soon tell the difference.

Decide if anything does need doing and do it. Gently, unhurriedly, lie her down again, tuck her up again, and reassure her just through the firm and loving touch of your hands.

If she's old enough to be standing up and clinging to the top bar of her cot, you may have to lift her up slightly to get her to release her grip, before you turn her around and lie her down. Give her a favourite teddy, dolly or comfort blanket again and keep a hand on her - perhaps stroke her head or rub her tummy or her back in a circle if that proves calming - for a very short time - never more than 15 seconds.

At this point, the crying may have stopped, may have lessened, or may even have increased. It doesn't matter which. Remember that your silent presence for a few seconds is just to reassure her that you have not deserted her and that you love her. She can feel the love in your hands. She is absorbing that fact at the back of her mind, however loudly she is screaming.

Then, feeling proud of your calm and careful self-control, walk quietly out of the room. Well done! Now return to your support person – take time to relax, do something that will hold your attention for a few minutes.

### **3. Start watching the clock**

Whether the crying just continues or gets louder - wait for five minutes. Then slowly, calmly go back to her and do exactly the same things again, stay not more than 15 seconds and then leave her again. Keep your courage up. Have faith. All this is normal. Follow the process no matter how loud and non-stop the crying is.

Each time you repeat this process, picture your own movements in advance. This way you will have a sure touch each time you go back to resettle her, because you know exactly what you are going to do. You won't be feeling shaky and uncertain, which will stir her up even more.

### **4. Reminders along the way**

Try your best never to lift her out of her cot to hold her in your arms, however much you ache to do so. Even if she works herself up into full-blown hysteria for a while the first few nights, remember that this will be hurting you far more than it is hurting her. She is instinctively trying to break down your resolve! If you pick her up to console her during this learning period, it will probably take three times as long for *Timed Settling* to work for you. You could find yourself back to square one. Lift her up in her cot, only to release her grip on the bar then turn her around and lay her down. Shshshush her, stroke her then leave her.

Don't forget to fill in the Sleep Diary every time you have settled her down again and left her, so you can see, as you persevere each night, when the change begins to come.

Remind yourself: *I'm not just leaving her to cry. I'm leaving her to learn to settle herself to sleep.*

Relax in any way you can: A cup of tea, music, deep breathing, yoga, meditation. Talk to your support person. Ask for a hug. Stroke your dog or cat (if you have one), or your own arms. Your child may be just crying steadily or having bouts of loud screaming with pauses to listen for you. Don't give in. Keep an eye on the clock.

### **5. Now wait for ten minutes**

If she is still crying, look at your hands again, check the tenderness in them, go back to her and repeat the same gentle, silent process of laying her down, tucking her in, shshshushing her and stroking her for the shortest possible time and walking away again without a word said.

*First of all I thought I can't watch the clock like this, it doesn't seem human but then, when I started and was finding it really tough the first three nights, I realised that it gives you a kind of framework to hold on to and something else to concentrate on. It really helped me not to panic but to keep calm and to control myself. When I think I used to scream and scream at Fred to shut him up at 2 am and kick the leg of his cot, and now all that horror is over after just six nights of Timed Settling. I used to be really scared that the next time he cried in the night I would be hitting him instead of kicking the cot leg.*

*Seguna*

### **6. If the crying continues ... this time wait for 15 minutes**

Then return to her and repeat the same process exactly.

If the waiting is getting too long for you and if you find that your nerves are getting so stretched that you can't bear the build-up of a 15 minute waiting time, play it a little differently. You choose. Perhaps keep it to five-minute waiting periods on the first night or two, and

then build up, night by night, to ten minutes then fifteen minutes, then twenty minutes. Twenty minutes should be the limit.

Whatever you decide to do in respect of watching the clock - stick to your decision. You should soon see an amazing change.

## **7. What is happening?**

During the process, you may hear her fall silent for a few seconds then recover energy for another burst of crying or she may manage to cry without a pause for all that time. Don't worry! This is not damaging her. The crying is helping to release the tension in her. She is also absorbing the important messages, which are that you haven't deserted her, that you are still there for her, that you love her and that she is safe. She is also slowly getting the other important message which is that this is the time for silence and peace and that it would be nicer to be snuggled up and fall asleep than to go on and on struggling to get attention. She is discovering that this is not going to happen: that this is sleeping time.

If you are lucky, your child may go to sleep after only two or three settlings the first night you try it, or you may have to go back to her five or six times. It may be a two-hour marathon of settling and re-settling her. Don't give up! It may take only two or three nights for peace to come. It may take a week or even ten days at worst, with a determined and demanding older child. But parents who persevere with this method find that change almost always does come and that it's real and big, and that it lasts. What's more, once you have helped your child do this, you will be able to relax, knowing exactly how to treat any renewal of night disturbances. You will also know that you have taught her a most valuable skill for the rest of her life.

Don't be upset by a sudden burst of longer, louder screaming on the third, fourth or fifth evening. Your toddler may have intelligently recognised that you are imposing a different system at bedtime and is making a last ditch effort to test your resolve and break it down. Try to hold onto the loving determination with which you started. Consider using earplugs if that would help you, by taking just the edge off the head-piercing sound of her crying.

*One night, it got so bad for me after about eight spaced-out visits to settle Kim again; I didn't know what I might do next. Just give in, pick him up and carry him out of the room... or belt him. I'd been doing fine until then, but suddenly I felt too screwed up to cope any longer. One second I was feeling heartbroken for him - listening to him crying on and on, the next second I was in such a rage. When I got to the doorway my heart was banging about and I was breathing like I had run up loads of stairs - which we didn't have in our flat anyway. Luckily, I stopped myself by the bedroom door. I just turned back and left him to scream for another minute while I went to the kitchen and slowly drank a whole glass of cold water. You couldn't imagine how that helped! It was like it washed away the confusion and calmed me down so I could go in and do a proper, gentle, settling job with him again after all. That was the turning point too. He went straight to sleep after that for the rest of the night and two nights later he had got himself sorted and was never really a problem again in the night except when he was sick. I never knew till then what a glass of water could do!*

*Pat*

### ***A bedtime routine and Timed Settling working together***

Many parents describe the sense of relief they feel at putting them selves ‘under orders’, without having to be responsible for making further difficult decisions at a shaky time. It also helps them stand back more and wait patiently for the breakthrough, knowing how high the chances are that it will help their child and bring some sanity and sleep back into their own lives.

The second ‘sleep diary’ below was made by Jack’s mother four weeks after undertaking a steady bedtime routine each night and then the *Timed Settling* routine as well. She learnt that leaving him like this was leaving him for his intelligence to begin to work... that he would soon begin to grow bored by the effort of more crying... sense that he would not ever get the full attention that he had been crying for... sense that his mum was close by and peaceful even if not in the same room... feel less tense and more secure and at last able to snuggle down and go to sleep by himself.

	TIME WOKE IN THE MORNING	TIMES AND LENGTHS OF NAPS DURING THE DAY	TIME WENT TO BED IN THE EVENING	LENGTHS OF TIME TO SETTLE TO SLEEP AND WHAT YOU DID	TIMES AND LENGTHS OF WAKING AT NIGHT AND WHAT YOU DID
<b>MON</b>	7.20	11.45 to 12.30 in pushchair	7.30	Cried for a minute. Did nothing.	No disturbance – slept right through
<b>TUE</b>	7.30	11.30 to 12.30	7.45	Asleep in 15 mins. No crying.	No disturbance – slept right through
<b>WED</b>	7.00	12.00 to 1.15	7.45	Asleep in 25 mins. No crying.	11.30 half an hour. Reassured him without speaking at 11.45 2.00 2 secs shushed him
<b>THURS</b>	6.30	12 to 1.30	7.30	Asleep in 2 mins. No crying.	12.00 2 secs shushed him
<b>FRI</b>	6.15	10 to 10.30	8.10	Fell asleep in my arms.	5.30 2 secs shushed him
<b>SAT</b>	6.45	11.30 to 12.45	8.00	Asleep in ten minutes. Cried for half a minute.	-
<b>SUN</b>	6.45	11.15 to 12	8.10	Chattered to himself for half an hour. Called a few times. Took no notice.	12.30 2 secs shushed him

Timed Settling (From 9 Months to 3 Years Old or So)

	TIME WOKE IN THE MORNING	TIMES AND LENGTHS OF NAPS DURING THE DAY	TIME WENT TO BED IN THE EVENING	LENGTHS OF TIME TO SETTLE TO SLEEP AND WHAT YOU DID	TIMES AND LENGTHS OF WAKING AT NIGHT AND WHAT YOU DID
<b>MON</b>	7.20	11.45 to 12.30 in pushchair	7.30	Cried for a minute. Did nothing.	No disturbance – slept right through
<b>TUE</b>	7.30	11.30 to 12.30	7.45	Asleep in 15 mins. No crying.	No disturbance – slept right through
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<b>SAT</b>	6.45	11.30 to 12.45	8.00	Asleep in ten minutes. Cried for half a minute.	-
<b>SUN</b>	6.45	11.15 to 12	8.10	Chattered to himself for half an hour. Called a few times. Took no notice.	12.30 2 secs shushed him



Jack's mum said afterwards, *'My life has got better by 200% and Jack is no longer scratchy and miserable half the day.'* As this remark shows, the second major bonus that brings is that it also makes the days easier. Unhappy and bad tempered behaviour in the daytime begins to fade away. *Timed Settling* gives a child's personality the chance to blossom, and interest and enjoyment in everyday happenings to return. Many parents can hardly believe that they alone have brought about all these changes in just a week or two.



***In a nutshell***

- We all have, in our bodies, a night time slipping-into-sleep mechanism waiting to be properly used. *Timed Settling* is a disciplined approach to encourage your child's natural sleeping mechanism to work well.
- *Timed Settling* helps a child to pick up the knack of falling asleep on her own. It involves leaving a child, once settled into bed for the night, to cry for short periods and then, if necessary, for slightly longer periods of time. It means always returning to comfort her silently, lovingly but very briefly at regular intervals, without ever lifting her out of her sleeping place.
- One week of *Timed Settling* is usually all that is needed to bring back undisturbed sleep.
- Since the early 1990's this strategy, amongst others, has been researched and recommended by doctors, paediatricians, child psychologists and child and family care workers and used by them as a central part of their programmes for supporting and teaching new skills to parents. [www.parentingrc.org.au](http://www.parentingrc.org.au)
- If used early on, *Timed Settling* can help prevent a sleep problem developing.
- *Timed Settling* can help when all other techniques have failed to settle your child.
- *Timed Settling* can be a 'rescue remedy' when the crying has driven you past the point of coping.
- *Timed Settling* should only be undertaken with the close guidance of a doctor, nurse, Health Visitor, or other health care professional familiar with the approach. Though the technique is simple, there is a lot of thought and preparation involved. It needs to be a team effort.

- Choose a **‘support person’**. *Timed Settling* will require determination, focus and self-control from you. You will need one hundred percent support also from someone else you trust, who can help keep your determination and courage up, especially for the first three or four nights.
- Work through the preparation **‘Steps’** described in the chapter with your health care professional and your support person, to make sure *Timed Settling* is right for you and your child. Every step is important.
- Only start *Timed Settling* when you feel you understand the process thoroughly, have worked through the preparation steps with your health care professional and your support person

**If you can encourage and help your child to learn to settle herself down to sleep on her own, and sleep through the night, you are giving her a very special and valuable gift for life.**

*Adult insomnia often links straight back to being unable to settle to sleep and get back to sleep as a child - and not receiving the help needed then.*

*National Childbirth Trust*

# *TODDLERS AND OLDER CHILDREN*



## CHAPTER 9

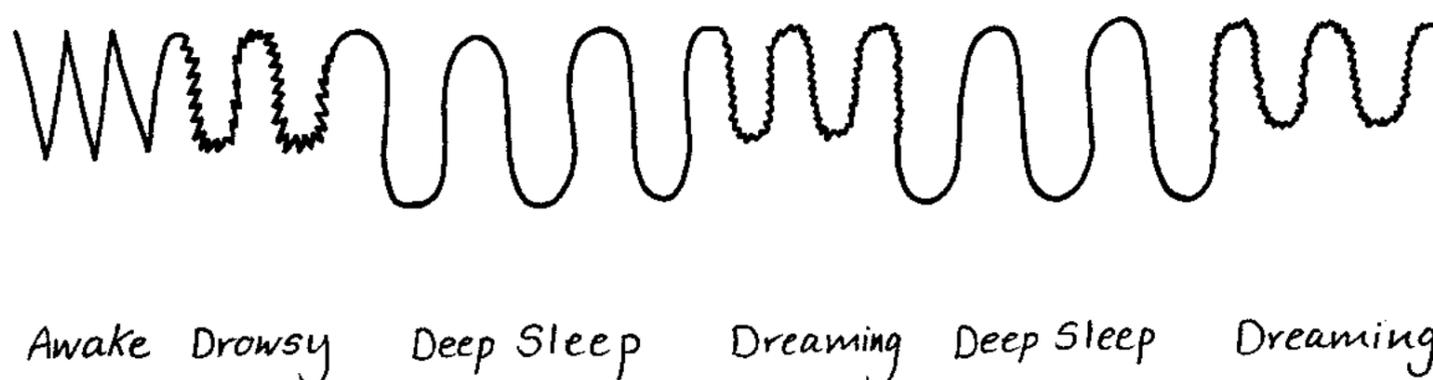
*Toddlers and Sleep*

From the age of about one year, your child will be much more active - crawling, clambering, pushing, pulling, getting hold of everything within reach and scrambling over you like a monkey up a tree. There is so much more going on in his life and each week he will be getting more and more interested and determined to be involved and to have a go. He'll be pulling himself and staggering all over the place. This often means that switching off and getting to sleep become much harder for him. Sudden removal from all the fascination and fun and being put to bed can feel like a serious interruption and therefore very frustrating for him. He may be all set to howl in frustration, as often as not.

If a child fights going to sleep, it can be tempting to allow him to go through the day without a nap. But all toddlers need plenty of recouping periods - at least one, if not two daytime naps - if they are not to end up fractious and unhappy by early evening, testing your patience to the limit and maybe beyond. When this happens there may be real trouble brewing for everyone in the house. This is often the reason why some parents look back and say '*Ah! The Terrible Twos!*'

Sometimes, with a boy, there can be an extra surge of testosterone in his bloodstream at this time, or a year or two later. This may give him spurts of headstrong energy and make it more difficult to calm him down for a week or two. Knowing that this is temporary will help you find extra patience to accept this behaviour and not worry about it. It will pass.

Most toddlers need between 12 and 14 hours of sleep altogether, with 2 or 3 hours of this total as daytime naps, dwindling away to perhaps one nap of an hour and a half. It is therefore vital that they get enough sleep, at night and by day. They need it for their mental development and physical well-being. The following chart, and a second one in chapter 8, show how the sleep patterns of babies and toddlers are different from the sleep patterns of older children and adults. Babies and toddlers dream much more than older children. This is nature's way of building up the millions of new brain cell connections needed for the brain's rapid and amazing development at this time.



*Knowledge about babies' sleep patterns and brain activity comes from the research that began as soon as ultrasonic scanning made it possible to watch unborn babies in the womb and record their experiences, their behaviour and their different kinds of brain activity before birth.*

*Dr Alessandra Piontelli's research, described in her book *From Foetus to Child*, shows how important it is to understand*

*how a baby's brain develops in the womb and how much dreaming helps in that development. This pattern of deep sleep and then dreaming continues to be important for the first few years of a child's life, while the brain is growing at a great rate. It is therefore valuable to do all we can to help children to find their own, natural sleep patterns during these early years so that their dreaming and deep sleep pattern is not being frequently interrupted.*

### ***Helping your toddler settle for a nap***

Drowsiness comes on in cycles - every hour or two in young children - and you can learn to watch out for this pattern and pick the right moment to settle your child for a nap.

His now much busier brain needs to slow down into sleepiness for a few moments before you lie him down. When naptime approaches, watch his face and try to notice his reactions. He may be obviously sleepy, or you may need to intervene - to distract his attention and carry him off to unwind for a minute or two. This will give him the chance to relax and become peaceful before the moment comes to lay him down to sleep. It will almost certainly be helpful to remove him firmly but gently from the crowd, or any fun-and-games, a few minutes before a daytime nap.



Take him somewhere quiet if possible, accept calmly any brief fury that erupts - take no notice of it at all - and sit him on your lap to 'talk' to a cuddly toy or look at a picture book or family photographs together. Kiss and rock him. Sing or hum to him. If he is thrashing too much on your lap, carry him round the room slowly and calm him down by showing him something that will interest him, or look out of the window together. Then, if you can, lie him down at more or less the same time each day so that his 'body clock' can fall into the pattern you are setting.

### *Helping your toddler wake from a nap*

Whether or not to wake your child from his nap, or to allow him to wake when he is ready depends on the child's individual need for sleep and the time of day. If your child tends to nap in the morning, it may be fine to leave him to wake when he is ready. However, a long sleep late in the day can mean a much later bedtime and little chance for adult peace in the evening.

Some toddlers, but not all, feel crotchety and miserable for quite a while if they are woken up from a deep sleep in the daytime. However, if you choose to wake him when you think he has had a long enough nap, you can try different ways of waking him slowly and gently to see which work best.

- ▶ First use your voice, talking or singing slowly and quietly
- ▶ Then use your touch - stroke his head, his tummy or his back
- ▶ Then lift him and sit with him quietly so he can re-absorb the life going on around him
- ▶ Then give him a drink of water or a nibble of fruit to help clear his head

## ***Bedtime***

Bedtime can feel like a very big separation for a toddler. His imagination may be just beginning to be very active and he may become frightened by things that did not affect him before. He may be far more aware of being on his own. At the same time, he is talking more and wanting to share everything with his parents and be within close reach of one or the other for help, encouragement and fun, every waking moment. He will need to be eased into settling into bed with calm reassurances, lots of touch and cuddles and the comfort of a familiar and peaceful routine beforehand, even if that routine gets interrupted sometimes. The bedtime routine is even more important than the naptime wind-down. It needs to signal that the whole household is going into a different phase, so that your toddler comes to associate it with a long night's sleep. Toddlers are less adaptable than babies. They like the security of doing the same things in the same way at more or less the same time each evening.

### ***Do you have a winding down routine and a regular bedtime each night?***

If bedtimes are usually haphazard and sometimes tense times for everyone, you could use the following pattern until you have had time to think out your own. This will depend on how many tired children you have and what jobs are still to be done.



*Water is special!*

- **Getting ready for bed.** Make a routine for the last preparations for bed: washing or bathing, changing into night clothes, putting things away in their proper places for the night, will all help your child to unwind at the end of the day. Being in warm water is special. Do whatever you do in the same order, as much as you can most nights.



- **Create a ritual.** Decide upon two or three little, symbolic, closing-down activities to share together, also completed in the same order each night. For instance:
  - Look at a picture book or read a story ... preferably rather repetitive, with pictures and poetic descriptions. Point at things and talk about them. Opt for something comforting rather than exciting. And keep it firmly to one story only (to cut out any constant begging for more by an older child).
  - ▶ Tell a story of your own, with your child on your lap, if possible. Talk about the day that has just passed and plans for tomorrow.
  - ▶ Walk once round the room, holding him in your arms, to say 'goodnight!' to the pictures on the wall, to favourite toys, to the sky, the trees, the grass, the buildings, or street-lights outside ... always slowly, gently and quietly.
  - ▶ Sing a favourite song or say a prayer or a rhyming jingle. Let the child choose if old enough.
- **Then into bed.** A last kiss, cuddle or stroke then put his chosen 'cuddly' (special toy, piece of cloth or whatever has become favourite) into his hands just before you walk away and leave the room. Have this special comforter ready for this moment.

After about three weeks the step-by-step routine will have become a familiar and comforting pattern, which relaxes everyone at the end of the day. Try not to hurry. Enjoy the rhythm of it. This can start as early as you like, and can be adapted as he grows and develops.

### ***Dawn waking***

Try to get in there before the crying really starts!

Avoid leaving an early-waking toddler until he is crying and screaming for you. This will then become his habit. It teaches him that he has to cry in the morning to get your attention. Once he realises that you will go in when he is not crying, with luck, it will become possible to leave him for a little longer. He feels calm and relaxed instead of working himself into a frenzy. If he wakes up horribly early, keep very quiet yourself. Say nothing at all or just the barest minimum. *'Shhh.... everyone is still asleep! It's still night time! Go back to sleep.'* Perhaps give him a toy or two or a book and a small drink of water, and leave him again immediately. Often a toddler, if left like this, will play for a short while and fall asleep again until breakfast time and the sounds of everyone getting up.



### ***When sleep problems continue***

No two children are the same in their need for sleep, or in the way their sleep patterns respond to the changes and pressures of their age. Toddlers in particular can seem at variance with themselves as well as with the rest of the world. Sleep disturbances in a toddler can seem utterly random and bewildering, but there are certain basic things you can check out, to help you respond.

- **Is he feeling unwell?**

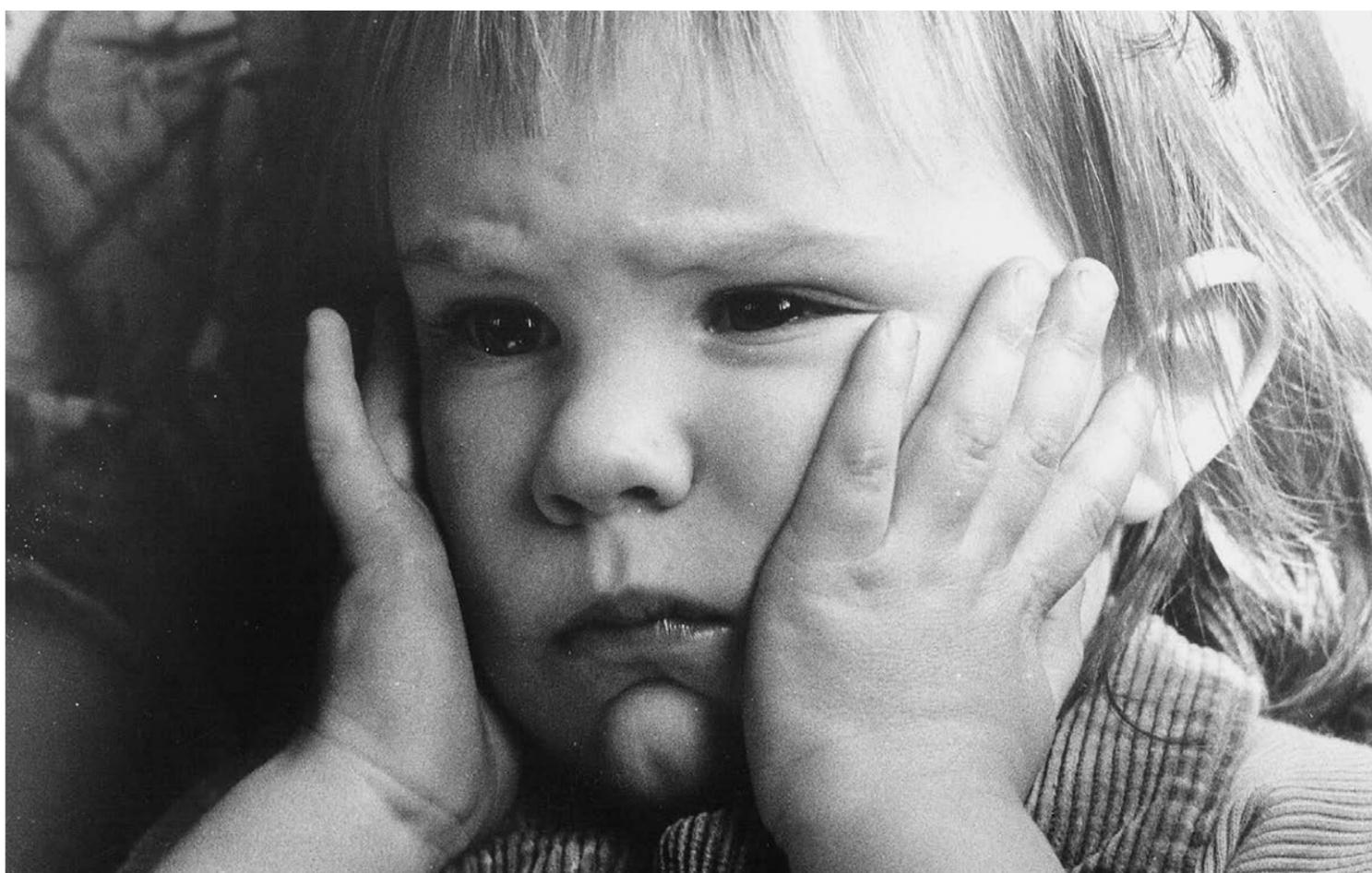
Young children often feel 'off-colour' for a while. This can lead to bouts of unexpected tears throughout the day and distress at bedtime. An unwell child instinctively wants to be held close and not left to bear the uncomfortable sensation alone.

As toddlers are not really old enough to describe what they feel, it is up to you to try to recognise those days when he is not really well. It's easy not to notice and to feel cross instead of sympathetic! If he is showing no definite symptoms, like teething dribbles and biting or a high temperature, but you feel he is under the weather, give him as much quiet time with you as you can manage and offer him sips of water at regular intervals. This will allow him to unwind and recover. And you will be better able to spot any other symptoms that do develop.

- **Has something made him anxious or frightened?**

Very young children may be made anxious by things that their parents assume they will not understand – such as family changes and stresses like illness, moving house, or arguments between their parents. A big change like a parental break-up is bound to affect a toddler, but even smaller changes like a parent going away on a work trip may be unsettling. Even seeing something scary on television can deeply upset a young child. His anxieties may stay with him throughout the day and then resurface at night. A toddler is also developing his own internal world, full of desires and fantasies. This growing emotional world can also cause him internal conflicts, which may feel overwhelming at times.

If you think something is upsetting your child, watch his face and listen to him. Be willing and ready to stop and listen when he begins to cry, without interrupting his tears. When the crying stops, try to find out what has upset him. Do some guessing to help him. Talk about it quietly. Once he has faced it often enough, it will lose its power to unsettle him and wake him in the night. Drawing, painting and play-acting can also help a young child face a difficult issue and release his anxiety and children develop best when things are predictable and repeated, over and over again.



*Watch his face.*

If he is too young to talk or to understand your careful explanations, use lots of comforting touch, or bath together, or draw pictures for him of the changes that have happened or the changes to come. Encourage him to draw his own pictures too. He will begin to feel more in control of the situation and less confused and frightened. Sticking to a familiar routine each evening helps most of all to minimise a child's anxiety.

- **Is there a new baby in the family?**

Some toddlers and young children look on with growing fascination at a new baby, especially when the gurgling, kicking and smiling begin, but for others, the new arrival can be a disaster. It can mean his first experience of acute and continuing distress and anxiety - as if his own mother has been taken over. The pangs of jealousy may be so overwhelming that he cannot handle the pain of it. Screaming tantrums or abject misery may take over so forcefully that it can seem like watching his personality change.

For most children, this time of acute jealousy will fade quite quickly if it is accepted with understanding and sympathy. Extra affection, tactful distractions, and inventive efforts to share baby-care responsibilities as jokingly as possible, for just a minute or so at a time, can soon begin to melt the icy grip of jealousy. A daily rhythm or routine is all the more important to provide the child with secure boundaries, and a sense of familiarity in amongst all the changes around him. Playfully role-playing the changes can also help. You be the new baby – perhaps do a bit of wailing and kicking! Then let him be the new baby, wrapped up tight in your arms, being crooned to and kissed all over his face!

- **Is he frightened of the dark?**

Often, without realising it, we may sow the seed of fear of the dark in a child by asking ‘*Do you want the light on?*’ The child wonders why - and begins to find reasons to dislike the dark. If this has happened, you may need to organise a dim light of some kind. Remove anything that is spooking him. Cuddle and soothe him until you can

feel him relax in your arms. Give him a special cuddly toy, or look at a favourite picture together. You might say things like: *It's all right! I'm not far away. Don't worry. I'm here. I'm not leaving you alone.*

- **Is he feeling lonely?**

The instinct to stay in close touch with adults day and night is strong, particularly in sensitive and imaginative children. Most children sleep better when they are within earshot of the comforting background noises of ordinary human hubbub. It can be counter-productive to say *'Shush!! Be quiet!! He's trying to get to sleep!'* Sudden sounds out of nowhere will then startle him awake again. If a child associates going to bed with being totally cut off from whoever is looking after him, his thoughts and emotions may begin to run round in circles and keep him awake. A few reassuring words can help: *I'll hear you if you call me. I'll always look after you.*

- **What is going on inside?**

Is he eating enough varied, fresh and natural food? Has he eaten something sustaining and easy to digest for his last meal of the day, not just sugary food and drink? Is he eating food he could be allergic to or which contains those additives that can cause mental disturbance and hyperactivity and keep him tossing and turning all night.



*The instant effect of additives!*

- **If he is at playgroup or nursery school, is something there upsetting or overwhelming him?**

Is there even a small element of dread of the next morning? Explore this possibility by talking to him and to his teachers.

- **Could the change of seasons be affecting him?**

We all need less sleep in summer, more in the winter. Adults often deny this fact and just go by habit, electric lighting and the clock all the year round. Children know better! You may need to adapt your day to match children's early summer waking - or make very thick curtains to shut out the light and bluff them into sleeping longer. Children forced to spend too long in bed become frustrated and learn to dislike their sleeping place.

- **Do you ever put your child in bed as a punishment for disruptive behaviour?**

If so, he may begin to associate his bed with punishment and so could automatically tense up every time you put him there. Could you think of another place for him to cool off? Beds should have happy associations. Hiding little surprises occasionally under his pillow or down his bed has a wonderful effect.



- **Have you changed your child's bedtime routine?**

Sometimes it is necessary to change the bedtime routine. For instance, if your child has been used to you staying with him while he falls asleep, it eventually becomes necessary to detach yourself and start helping your toddler to settle himself to sleep. Because toddlers like and need the security of repetition, your child may rebel at any changes and be difficult to settle. You will need to recognise this and persevere gently until he has adjusted to the new routine.

- **There's no problem. I'm just awake!**

Some toddlers go through phases of waking up for an hour or so each night, not crying necessarily, but full of energy and wanting to talk and play. There's nothing wrong; they're just wakeful. This can take a terrible toll on parents. If you've been through all the possible causes, and tried all the remedies, and your child is still waking in the small hours ready to take on all comers, the only thing you can do is try to work out strategies for minimising disruption and maximising your own sleep. Here is a list collected from parents who have been through this:

*I put on a story tape for him to listen to in bed.*

*Janine*

*We made a rota and took it in turns really strictly ... that way at least one of us got a good night's sleep.*

*Rich and Susan*

*I used to organise longer and more energetic outdoor activities with as much walking and running as possible so he would be more relaxed at night and need more sleep. Wherever I went, I looked for hills!*

*Cheri*

*We are both silent and boring at all times between 8pm and 7am!*

*Pete and Rhisa*

If this goes on for long, you may need to seek help, or reassurance, from your health professional. The phase will end eventually.

## In a nutshell

- As your toddler becomes more and more interested and involved in life, he may find it increasingly difficult to switch off and go to sleep.
- Most toddlers need between 12 and 14 hours of sleep altogether, with 2 or 3 hours of this total as daytime naps, dwindling away to perhaps one nap of an hour and a half. It is therefore vital that they get enough sleep, at night and by day. They need it for their mental development and well-being.
- Develop a wind-down routine for settling your toddler for a nap. As closely as possible to the same time each day, take him to a quiet place and do something relaxing together, perhaps look at a picture book, sing or hum a song, or rock in a rocking chair. Create a routine and follow it each day before you put him to bed.
- Whether or not to wake your child from his nap, or to allow him to wake when he is ready depends on the child's individual need for sleep and the time of the day. If you need to wake your child from his nap, do so very slowly and gently, using first your voice and then your touch.
- The bedtime routine is even more important than the naptime wind-down. Toddlers like the security of doing the same things in the same way each evening. Try to follow a routine closely and include some little rituals that he can come to associate with the transition to bedtime.
- In the morning, try to get there before the crying starts so that he does not feel he needs to cry for your attention.
- When sleep problems continue, asking yourself these

questions may help you identify the cause:

Is he feeling unwell?

Has something made him anxious or frightened?

Is there a new baby in the family?

Is he frightened of the dark?

Is he lonely?

What is going on inside? (diet? confused emotions?)

If he is at playgroup or nursery school, is something there upsetting or overwhelming him?

Could the change of seasons be affecting him?

Do you ever put him in bed as a punishment for disruptive behaviour?

Does he have happy associations with his bed?

Have you changed his bedtime routine?

Some toddlers go through phases of waking up for an hour or so at a time each night, full of energy and wanting to play. There's nothing wrong; they're just wakeful. You may have to find inventive ways to cope with this.

*A child has a right to cry even for a stone.*

*Janusz Korczak*

## CHAPTER 10

# *As Children Grow Older*

Bedtime can mean many things to older children. When all is going well it can be a special part of the day. Ideally it brings them:

- security
- warmth and comfort
- shared quiet time with a parent, grandparent or carer
- closeness and affection
- relaxation
- a pleasant sensation of being cocooned
- the casting off of the busy-ness of the day



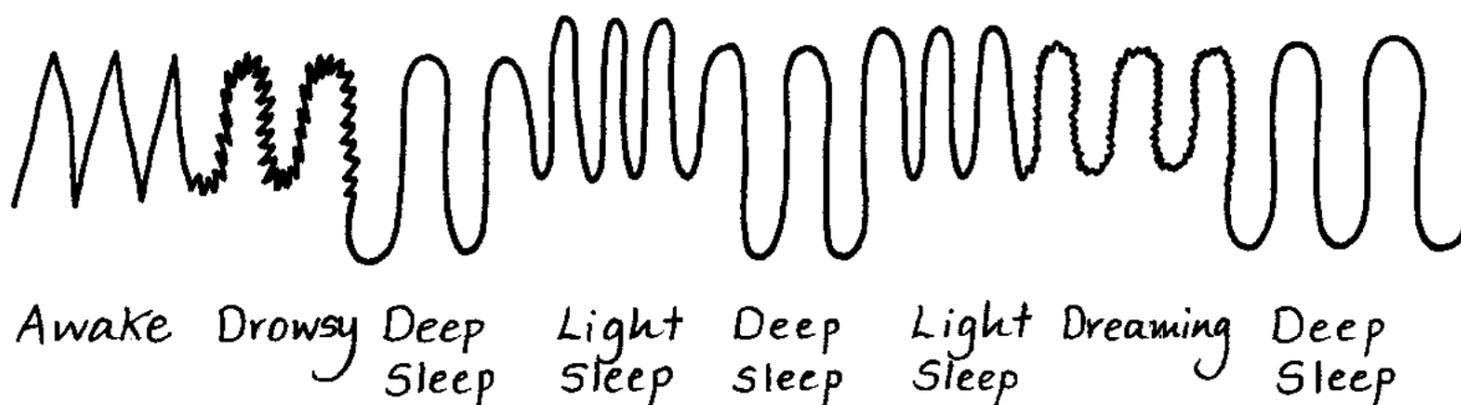
But when things go wrong, children may experience:

- loneliness - *'Why don't they want me around?'*
- stress - *'I can't go to sleep and I'm going to be in trouble.'*
- anxiety - fears or worries carried over from the day.
- discomfort - too hot/too cold/thirsty/hungry.
- conflict and tension - being told: *'Just shut up and go to sleep!'*

Older children will have their ups and downs with sleeping, just as they did when they were babies and toddlers. The atmosphere and habits surrounding bedtime can quickly form either a friendly or a vicious circle. In this chapter, we will look at the sleep patterns of older children, what problems may arise, and what we can do to encourage happy and healthy sleeping habits.

### ***Sleep patterns in older children***

Older children and adults have three stages of sleep instead of only two: deep sleep, light sleep and dreaming sleep. They sleep deeply early in the night, move in and out of light sleep and dreaming sleep during most of the night, and then sleep deeply again before dawn. In either light sleep or dreaming sleep, especially if part of the dream startles them, children come right to the surface, like a little fish to the surface of a pond, and may come fully awake for a few seconds before sinking down again into deep sleep or renewed dreaming. They normally therefore half-wake and move around more often during the night than a baby does.



### *I don't want to go to bed*

If, when you have put your child to bed, she's soon up again and coming to find you, or waking frequently in the night, it might be time to look again at the bedtime routine. Are you still following a bedtime routine? Perhaps it needs adjusting according to the child's changing needs, as she grows older. Has a sudden change in the routine disrupted her going-to-sleep habits?

It may be possible to solve problems by adjusting something quite simple - leaving the bedroom door partly open, for instance, so she doesn't feel isolated. Or perhaps she simply needs less sleep now and feels genuinely frustrated at being put to bed when she still feels full of life. It may be appropriate to adjust her bedtime for her age and energy level. Or perhaps you can try organising a wind-down activity for her to do alone in her bed. Depending on her age, she could read or listen to a story from an audio book, listen to music, or do some colouring, or another peaceful activity to help her relax.

If you have fallen out of the habit of a bedtime routine because of a growing family, working hours or other pressures on you, it is worth every effort to try to restore it. If the old routine has become stale to her, think how you might change it. Perhaps replace the story with ten minutes quiet colouring together or some other calming activity that gets things ready for tomorrow.

**You may want to consider adding a rest time to your child's daily routine. Children who have a quiet and peaceful period in the middle of the day often sleep better and for longer at night. This is probably because of the calmer atmosphere that comes with it and the steadying effect of routine.**

If the *'I don't want to go to bed'* habit means she has been staying up later than you want her to, you can gently nudge her back to an earlier bedtime. Simply begin your twenty-minute winding down process close to the time when she has been settling. Then bring this slowly forward by 10-15 minutes each week until you have set bedtime at the hour you need it to be. If you meet resistance, be strong, just say gently but firmly: *It's time to sleep*, and lay her down.

If she has slipped into a pattern of staying awake later and sleeping late the next day, you will need to shift her wake-up time by getting her awake and out of bed 15 minutes earlier than usual for several days, and only then bringing forward her bedtime to match. You may need to make three or four 15-minute shifts, one at a time, to rearrange her sleeping pattern fully.

Regardless of the cause, when your child reappears after having been put to bed, it is best to be matter-of-fact and quick in dealing with it. Accept her appearance calmly, always go to her at once and slowly lead her, in silence, straight back to bed, perhaps via the toilet and a sip of water. Remind her of the time, give a word of comfort and stay with her for a moment of reassurance before leaving her again. Repeat the same process again whenever it happens, so she knows that, once in bed, she will not be able to slip back into daytime activities.



*Boys may reappear  
on the stairs more often  
than girls!*

If nothing seems to make any difference and she is still unable to settle or to sleep through the night without coming to find you, it's time to search for a wider cause. What happens to children during the day will always affect their emotional state and this in turn will affect how they go to sleep - and whether they sleep through the night.

### *Looking for causes of sleeplessness . . .*

#### ***Is there a big worry on her mind?***

Older children who keep waking up during the night are most likely to be bearing a load of anxiety which they haven't been able to release. This load may seem trivial to us, but can loom large enough in their minds to prevent them sleeping, or awaken them in the middle of the night. Is she disturbed by something that happened at school... a fear of failure at school... something she saw in the street... something she saw on television... anger and arguments at home... something she overheard which left a seed of dread in her mind? There are so many possibilities, but the best remedy is to talk about it together, to listen carefully to everything she tells you and never to mock her fears.



When someone they trust listens to them, older children can talk their way through their fears, especially if they can be encouraged to go over it more than once. Encouraging a child to draw pictures of their fears can really help, especially if they are hard to describe.

It's better to try to help them talk about their worries during the daytime rather than at night when they are tired. It's also easier for them to talk if they are actively doing something with their hands at the same time - even eating a meal. Try to find the best moments to question gently, to listen and watch their faces, and to recognise hints when they are given. Accept their feelings and thoughts as real and important. Sharing a worry always helps to lift the load. Your child may then be able to sleep more soundly as a result.

### ***Does her diet need adjusting?***

Is she eating too late in the evening, or eating foods containing additives or too much sugar? These could make her mind hyperactive and unbalance her system.

### ***Is she getting enough exercise and natural, outdoor light during the day?***

Children really do need to run and jump and cavort around, and stretch all their muscles and fill their lungs every single day. Children also need natural light from the sun to keep healthy and to feel at ease at the end of the day. So do all of us. It can be hard to plan for this in a city and in the winter time but it is worth doing all you can, as it does make a child feel more relaxed, and healthier all round.

### ***Early morning waking***

First decide on the time you think is O.K. for your child to get out of bed and begin the day. Give her a clock if she is old enough to tell the time. If she wakes up earlier and comes to find you, take her back to bed. Say nothing at all or just the bare minimum. For example: *It's still night time, everyone is asleep – go back to sleep.* If waking too early continues

to be a problem you may want to shift her bedtime, 15 minutes at a time, over 4 or 5 days, to an hour later, so your child begins to sleep an hour later in the morning. Heavy curtains that cut out the light from early spring and summer dawns can help too.

You could also leave toys, books and a drink within reach beside her bed after she has fallen asleep the previous evening, so she finds them waiting for her in the morning.

You may decide to allow your child into your room at a particular hour to play quietly or cuddle in bed with you until you are ready to get up. Be dull and silent yourself during this time, so that the idea of fun with you doesn't stir her early out of sleeping.



*The best reward for an undisturbed night!*

### **Rewards**

Some parents reward an undisturbed night next morning with special attention or star chart stickers leading to a treat or prize. Think what might be the best way, depending on her age, interests and understanding. But most of all reward her with your pride and pleasure.

Though it works for some, the giving of a reward has one possible disadvantage. It links a good night's sleep with special behaviour that deserves reward. The question it raises is this: if we are trying to instil in our children that sleep is just a normal part of the rhythm of life, then should a peaceful night be rewarded as if it is a special deed? One way round this problem might be to tell the child that the reward is for not disturbing the rest of the household when she wakes, instead of linking it to her sleeping through the night.

### **Nightmares**

Nightmares seem to be a part of growing up and normal child development. As children become more and more aware of themselves and the world around them, anxieties about things not understood can creep in and reappear in their dream life. A nightmare can also be a sign of a child's developing conscience and his more urgent searching for understanding of what everything is about. Or a nightmare may be triggered simply by a sound, sight or remark that has disturbed the child. Many things can cause nightmares, but some of the most common include:

- Emotional struggles that have cropped up during the day
- Ordinary internal conflicts due to a growing emotional world, full of strong feelings, longings and fantasies.
- 'Lost' feelings caused by first going to a child-minder, a playgroup, school, a strange bed or anywhere unknown - or the arrival of a new baby
- Confusing or frightening television programmes or

- stories, or an introduction to the idea of death and dying
- Wild and exciting games just before bedtime
  - Certain foods or food additives, or a too late and too fatty or sugary last meal of the day

*Disturbed sleep in children caused by nightmares can be triggered by TV or video characters. Dr Edelston of the Bradford Child Guidance Clinic found that half the children he examined experienced such nightmares. Few of their parents realised their children suffered bad dreams, and were shocked when they saw their children's drawings.*

*If your child suffers disturbed sleep, try to find out if he is having bad dreams. If so, take stock of what he is watching, and see what happens if he stops watching such programmes. One father tried this with his child - and found even the news disturbing. He tried less TV and more bedtime stories, and his son stopped having disturbed nights. It is also important to consider the content of stories and whether they could be unsettling.*

*Martin Large:  
Coping with the Electronic Media,  
Hawthorn Press 2003*

If your child has a nightmare, and is too young to understand that it was only a dream, hold, stroke, kiss and rock her just as you would after a frightening event in the daytime. Be peaceful and try not to show any anxiety you feel. If you react too strongly, she will get the message that there is something to be worried about. Seeing that everything around her is functioning as normal will reassure a young child.

Older children need to be listened to and talked with as well as held and hugged. As they have more developed imaginations, they may need you to stay with them longer if they feel afraid to go back to sleep. They need to be told that it was a dream, that it's all over, that

they are completely safe and that you are there to protect them. Your child may need more than your words. You may need to search around the room and show her there is nothing in the world around her to be afraid of – no real monsters. You can help her to imagine a kind of ‘protector’ who will look after her at night. This ‘protector’ could be related to your idea of God or Allah, or perhaps the child’s own guardian angel there to look after during the night as well as the day - or ask if she would like pictures of her favourite fictional characters pinned up round her bed to be with her at night time. Watch her face when you talk about the possibility of someone to watch over at night because, very occasionally, a child actually feels scared, instead of comforted, at the thought of an invisible presence nearby in the dark.

If your child suffers repeated nightmares, think about what might be making her anxious. Simple, comforting things can help, like leaving the door ajar to let household noise filter in; complete silence can seem eerie to children. Also try sitting with her after she has got into bed for a few, unhurried minutes of affectionate and peaceful talk before she goes to sleep. It makes a child feel safe and special in her parents’ eyes to have this individual attention at the end of the day, and may reduce the likelihood of bad dreams a few hours later. Sometimes it might help to suggest that a nightmare can be an unfinished dream and maybe we can imagine a good ending, so the dream will no longer be a nightmare. This may also help to give her a sense of control.

*When my child was crying in the night I used to hold him and murmur Allah! Allah! Allah! Allah! Then slowly blow it across his body with my breath.*

*A Bangladeshi mother*

*If my child is scared or wakes from a bad dream I hold her, stroke him and chant a prayer to comfort her.*

*A Pakistani mother*

*If you have, yourself, some sense of God's love and protection it can really help to remind your child: Don't forget! Your own special angel is always there to keep you safe at night.*

*An English mother*



***When daytime fears cause dreams, or dreams cause daytime fears***

Sometimes there is a link between daytime fears and frightening things that crop up in dreams. A daytime fright can show up again in a dream. Occasionally, a nightmare can even lead to a daytime fear. For instance, a child may develop a sudden and completely irrational fear of an animal, insect, bird or even a noise or a place without there seeming to be any reason at all for such a panic. Research at the Children's Hospital in Boston\* and findings from other sleep clinics suggest that the cause of this can lie in dim memories of fright in a nightmare. These can become linked to something in the everyday world because of a faint similarity to something that once scared the child in a dream.

[www.childrenshospital.org/health-topics/conditions/sleep-studies](http://www.childrenshospital.org/health-topics/conditions/sleep-studies)

When we understand that this can happen, it becomes easier to see the importance of patience and reassurance, over weeks if necessary, so that a child's nightmare is not able to turn into a life-long aversion, or even a phobia. To say: *Don't be so silly - it can't hurt you! Stop fussing* can make things worse rather than better.

Whether the fear initially arose during the daytime or during a nightmare, one good way to help the jitters fade away completely is to play games that involve your child or you pretending to be the animal or insect or whatever has become the focus for her fears. Acting out a 'day in the life' of it together, inventing a family for it, giving names, describing and finding the food it needs, the sleeping place to curl up in and inventing a few friendly adventures can bring everything back to normality, even result in a special affection for the creature that had become the reason for panic.

Drawing pictures and pinning them up helps too, and, if it's possible, helping in the care of any pet, or the tidying, cleaning and decorating of a scary place. Young children love watering the soil for a tired worm, rescuing a spider with a jar and sheet of paper and putting it carefully on a wall outside. It is worth the effort to do such things, especially if the child needs this help.

### **Night terrors**

Night terrors are rare and will probably only happen once in a child's lifetime if they ever happen at all. But we still need to be able to recognise them and know what is best to do, just in case they do come.

A night terror fills a child with wild panic while she is still deeply asleep. She screams and sits bolt upright. She may thrash about, screaming and muttering, leap out of bed and run everywhere she can, with her eyes wide open just as if she was awake, crying out for you but unable to see you. She will show all the physical symptoms of fear - a pounding heart, sweating and heaving chest. Neither your voice nor your hands wake her. This can make parents' hearts pound too!

The most frightening part of a night terror for parents is that touching her, or trying to pick her up to comfort her may only increase her panic. She cannot recognise it's you beside her, nor that it is you talking to her and touching her. Anything that touches her may seem to be the 'monster' of her dream. The best way to help is to stay with her to prevent her hurting herself, allowing the night terror to run its course and the screaming to subside.

**Never** shake her or shout to wake her. Try not to wake her at all. If you feel you must wake her to bring the terror to a quicker end, the best way is to hold her gently and swiftly and wipe her face with a cold, wet cloth. If she does wake, do not question her, just comfort her silently and get her quickly back into his bed. Keep as calm and matter-of-fact as you can. Do not mention what has happened the next day. It is all over and done with. If it happens again, talk to your health visitor for reassurance.

Barbara Kahan, an expert on childcare, describes a child's needs at night:

*A child's sleeping place needs to be safe, warm, comfortable and familiar with a cuddly toy, perhaps a special blanket or small pillow – and a loved and comforting adult within reach.*

*Sleeping away from home in a strange bed and strange room can make some children miserable and tense.*

*Every child should be restored and developed a little each 24 hours through sleep. This can't happen if the hours of darkness are peopled by bad dreams and tension. We need to watch out for this and understand why, so we can think out ways to lay the anxiety to rest at such times for them.*

### ***Peace pictures in the mind***

If your older child finds it hard to get to sleep, or can't get back to sleep in the night, you can help her by telling her a picture story that is like a happy dream in itself. In this way, the chatter of her wide-awake mind can grow still, and peaceful feelings can fill her instead. Seeing beautiful and soothing pictures of a special place with our mind's eye, and actually being in that place in our imagination, can be a big comfort. Being left in that place in our imagination to play, with no more words said, becomes a gentle magic that can tip a tired child into sleep in no time at all.

Decide on the place you are going to 'paint' for her and think of each of the details you are going to describe. But you will need to start with some idea of what she would love. You will need to have all the ideas ready in your head before you begin. What will there be in that beautiful garden or the other special place you have chosen to explore? What will you describe? A stream, a waterfall, shining pebbles, a pond, a pool surrounded by moss and yellow flowers, two kittens playing in the long grass, waves chasing each other across the wet sand by the sea, a bright blue swing hanging from a gigantic pine tree, a hillside covered in flowers with a path leading to somewhere, a house hidden up a tree; a bird calling *Follow me!*

As well as describing these things, you will need to involve your child during the dream-story, so she is drawn into the adventure and not left just looking at everything you describe to her. She needs to start to play with it all, so it's important to say things like...



*...open the gate now and walk into your special garden. Smell the flowers and see if you can find some which are taller than you are.*

*...take off your shoes if you like and paddle through the stream... watch the sparkling water dancing over the stones... feel it tickling your bare feet... a little shoal of fish has just swum past you... were they going upstream or downstream? ... what colour were they?... where do you think they were going?*

*...run across the grass. Climb up the ladder. Up... up... you go through the green leaves till you reach your tree house hidden in the branches. Open the wooden door. Now you can see what's inside!  
... what is inside?... what are you going to do with it?*

It is important that you leave her playing, uninterrupted; in the place you have taken her to, with what you have shown her... in her garden, on the hillside, in the tree house, with the kittens or with the beautiful stones.

So creep away quietly when there is no more story left in you! From there, her own imagination will carry her on until she slips into sleep.

If the child is particularly tense, or finds it difficult to enter into a dream-story, there are some suggestions you can make before you start. These are only ideas but you can adapt them as you choose:

1. Begin always by telling your child: *Close your eyes.*
2. Then, before you even start leading her mind to a special place, concentrate on a star in the sky: *Look up into the sky and see the dark blue velvetiness and the stars shining everywhere. Imagine there is one star in the sky that belongs just to you. Find it! It is your own special star shining down on you now. Its light is shining on your hair and your face and running all over your arms and hands right to your fingertips. Every part of you now is full of silvery light and this makes you feel warm and happy and ready to enjoy what is coming next.*

If you live in a city there are no stars to be seen, alas! If this is so a 'sky at night' diagram could be the start or you could light a candle for her and stand it on the window sill. **But make sure you blow it out the moment the dream story is over!**

3. The next important job to do is to help her get rid of any worries jumping about in her head. You might do this by saying something like this: *Now we are going to go to your own special garden (or beautiful mountain or magic park or whatever you have thought of) but, before we go through the gate, look at the little, green bush growing beside it. That bush is called the Worry Bush. Any worries you have got in your head, anything at all, you can hang on the Worry Bush. It will take all your worries away from you. So, stop for a moment and do a little hanging on the bush if you want to. (Pause) Now you can open the gate and walk through it into your own garden.*

Or you can invent other containers to hold her worries, like a dustbin or a box with a tight- fitting lid.

### *Tips for the storyteller:*

- Use a slow, relaxed, quiet voice while you are talking
- Leave long enough pauses for her to imagine doing what you suggest.

### ***In a nutshell***

- Older children will have bedtime ups and downs, just as they did when they were babies and toddlers.
- Happy associations with bed are important.



- Bedtime routine may need adjusting to fit your child's age and energy level. Try arranging a wind-down activity for her to do alone in her bed until she feels sleepy. Try changing the routine if it has become stale or needs adjusting as the child grows older.
- Bedtime routines can be disrupted by a new baby in the family, working hours and other pressures on you. It is worth every effort to restore the routine.
- Search for a wider cause if there are still problems.
- Give encouragement and reward your child.
- Nightmares can be caused by a number of things including emotional struggles, a change in routine, confusion, fear, over-excitement, and even diet. These should be explored.
- Night terrors are rare and will probably only happen once in a child's lifetime if they ever happen at all.
- If your older child finds it hard to get to sleep, or can't get back to sleep in the night, you can help her by telling her a picture story.

*I can hear all my cries and laughter at once.*

*I can hear that my joy and pain are one.*

*Thich Nhat Hanh*

## CHAPTER 11

# *From Surviving to Thriving*



*Tenderness and belonging*

When a child is sleeping through the night, and everyone in the family is getting the rest they need, the whole world brightens up. You can finally enjoy watching your sleeping baby or toddler without the sinking feeling of wondering how long the peace will last. You can begin thinking instead about all sorts of things you might do with your child, and having more time to watch him, talk to him and listen to him. You are no longer just surviving, you are **THRIVING!**

*After what we've been through, it's just amazing to get a whole night's sleep most nights each week!*

*Alex*

*Not being jerked awake again and again each night - I can't believe it!*

*Sara*

*I used to creep into bed with such a sense of dread of what would happen during the next few hours - now I never give it a thought.*

*Elaine*

*My husband and I had come to feel so angry with each other all the time. I thought it must be my fault that the baby cried so much. I must be to blame. Now it's like love coming back into our lives.*

*Aisha*

*It's so wonderful to be able to say to Ben, 'Goodnight, see you in the morning!'*

*Beth*

*Suddenly, after all this, it's like a flood of relief and amazement when I wake up each morning. I'd forgotten what it felt like to laugh...and to hear myself talking about next week. It's seemed like a half-life forever but now I can breathe again, think again and love my whole family again. My baby is brilliant...and now I begin to think I am too!*

*Sabiha*

### ***Spirit and soul***

*Suddenly, as I held my newborn child in the darkness, I felt my soul jump up with the wonder of it all. It was like a flame inside me!*

*Seguna*

*I can remember feeling so close to the whole world and so full of hope - lying at night with my baby in my arms!*

*Emma*

When we are happy and rested, evening and early morning are often times of soft and shining joy between parents and their young children. It may be dark outside; the busy-ness of the day is over, or has not yet begun. There is time for tenderness and fun together, with no interruption.

### ***Recovery and Healing***

If evenings had become a time of struggle and dread for you and it has been a long, tough journey discovering ways to calm your child when he's very distressed - you may need to make a real effort to bring calm back to bedtimes as he grows older and more settled.

Sharing some peaceful time together just before he sleeps is the best way to do this - there should be no interruptions if possible. Try talking quietly and slowly to him about good memories, chanting, singing a verse, rhyme or prayer, or looking at beautiful pictures or family photographs together. Any of these will be like a warm blanket around him as he slips towards sleep.

For books and music to share with your child see the Music, Songs, Riddles and Rhymes resource section at the end of this book.

## **Verses, Prayers and Lullabies**



Here are a few examples of short verses, prayers and lullabies but you may like to search for lullabies and quiet-time songs from around the world and from different cultures. These two links may help.

[www.bussongs.com/multicultural-songs.php](http://www.bussongs.com/multicultural-songs.php)

[www.songsforteaching.com/lullabies](http://www.songsforteaching.com/lullabies)

*Four corners to my bed,  
Four angels round my head.  
One to watch and two to pray,  
And one to keep all fear away.*

*Jenny Dent*

*Peace to you from my heart to your heart.*

Sufi blessing often used with a young child as you touch first your heart, then his heart

*Now I lay me down to sleep.  
I pray Thee, Lord, my soul to keep.  
Your love be with me through the night  
And wake me with the morning light.*

*18th Century Bedtime Prayer*

*God bless all those that I love;  
God bless all those that love me;  
God bless all those that love those that I love  
And all those that love those that love me.*

*Irish Blessing*

*The Lord bless you and keep you:  
The Lord make his face to shine upon you,  
And be gracious to you:  
The lord lift up his countenance upon you,  
and give you peace.*

*The Bible. Numbers 6:24-26*

*Lord, keep us safe this night,  
Secure from all our fear.  
May angels guard us while we sleep,  
Till morning light appears.*

*Old English Hymn*

*My 3 year old caught every bug around in the winter and struggled against illness and the misery of being on antibiotics much of the time. I started singing ‘**God be in my head**’ to him just as I settled him for the night. After a bit, he wouldn’t go to sleep without it and I ended up having to sing it every night for over a year. I don’t think I ever got the tune quite right.*

*Sarah*

***HUSH LITTLE BABY...***

Hush little baby, don't say a word,  
Mamma's going to buy you a mockingbird.

If that mockingbird won't sing,  
Mamma's going to buy you a diamond ring.

If that diamond ring turns brass,  
Mamma's going to buy you a looking glass.

If that looking glass gets broke,  
Mamma's going to buy you a billy goat.

If that billy goat won't pull,  
Mamma's going to buy you a cart and bull.

If that cart and bull turn over,  
Mamma's going to buy you a dog named Rover.

If that dog named Rover don't bark,  
Mamma's going to buy you a horse and cart.

If that horse and cart fall down,  
You'll still be the prettiest baby in town.

***THE RIDDLE SONG...***

I gave my love a cherry that has no stone,  
I gave my love a chicken that has no bone,  
I gave my love a ring that has no end,  
I gave my love a baby that's no crying.

How can there be a cherry that has no stone?  
How can there be a chicken that has no bones?  
How can there be a ring that has no end?  
How can there be a baby that's no crying?

A cherry when it's blooming it has no stone,  
A chicken when it's pipping it has no bone,  
A ring when it's rolling it has no end,  
A baby when it's sleeping there's no crying.

*The Singing Day* by Candy Verney is the book we recommend most highly. It is so rich with rhymes, songs and tunes of every kind, in different languages and for every moment in family life – including changing nappies or coping with a grumpy just-woken toddler. With a CD attached to help you pick up the tunes, it is enchanting, absorbing and fun. It can bring wonderful changes for you at those moments in the day that you find hard.

See our website, [www.right-from-the-start.org](http://www.right-from-the-start.org), to learn more about the Bednest and discover when further books in the *Right from the Start* series are available.



## APPENDIX A

# Swaddling

### ***What is swaddling?***

Swaddling is the art of wrapping a baby up so snugly in a sheet or blanket that it gives her the same feeling of being tightly held in the warmth and security of the womb. It is designed for newborn babies up to four weeks old.

### ***What are the risks?***

There is research evidence ([www.swaddlingresearch.org](http://www.swaddlingresearch.org)) to suggest that swaddling may lead to overheating, which is a cot death risk factor. Some Midwives and health visitors may advise against swaddling altogether for this reason. After four weeks old swaddling, because it reduces movement, can restrict the development of a baby's muscles.

### ***What are the benefits?***

A baby can enjoy the familiar, peaceful sensations she felt in the womb. During her first few weeks of life, it may be comforting for her to feel 'cocooned' again, and it can help prevent her flailing her arms, scratching her face or becoming startled by her own reflexes. It can do wonders to calm an upset newborn and help her get to sleep.

### ***How to swaddle***

- Spread a soft sheet or baby blanket on a flat surface and fold down the top edge.
- Lay the baby towards one side of the blanket, with her head just above the folded edge. Gently hold her arms down across her chest with one hand, while you lift the shorter bit of the blanket, taking it across her chest and tucking it under her shoulder. Now lift the other side of the blanket, pull it towards you across her chest and tuck

it firmly right round under her back so she is like little a sausage-shaped parcel. You will have to roll her over for a moment to do this smoothly.

- Some babies love being swaddled sometimes, others never. See how she reacts each time you do it – she will soon show you what she feels. She knows best!
- Be careful not to swaddle too tightly and don't leave her alone when she is swaddled up or for too long at a time. Loosen the blanket a little later so she can get her fists up to her mouth when she wants to.

### ***Tips to remember***

- It is sensible to avoid swaddling your baby in a very warm room unless you use a very thin cotton sheet to do so.
- If you are concerned about overheating and decide not to swaddle, carrying her in a sling against your chest is another way to help her feel safe and settled.

## APPENDIX B

### *Cot Death*

‘Cot death’ or ‘Sudden Infant Death Syndrome’ (SIDS) is when an apparently healthy baby dies suddenly for no apparent reason. Cot deaths are increasingly rare. Sometimes they are caused by unrecognised, serious physical problems that a baby has been born with. But most are due to lifestyle factors or the effect on a baby of being separated for quite long periods from her mother (or some other carer) in the early weeks. All babies, during the first four months at least, need to be close enough to their mothers or another human body at all times to be protected by the electro-magnetic energy encircling them from an adult heart. There is no such thing as cot death in communities and tribes where babies are carried or kept within touching reach of a parent or family member all day and sleep beside a parent every night.

#### ***Reducing the risk of cot death or of ‘overlying’ your baby***

There are six key steps parents and carers should take to reduce the risk of cot death:

- Keep your baby close to you (or another carer) for the first six months, day and night.
- Stop smoking in pregnancy – dad too!
- Do not let anyone else smoke in the same room as your baby.
- Settle her always to sleep on her back until she can move her head around quite firmly. This position will not increase the risk of choking. Once she can move her head you can settle her down curled up and lying on first one side and then the other – as well as on her back.
- Keep her head uncovered when indoors and lie her down with her feet at the end of the crib to prevent her wriggling down under the covers.

- Do not let her get too hot. Avoid the use of hot water bottles and electric blankets. Check her skin temperature by putting your hand on her chest or stomach or two fingers against her neck. She should feel warm but not sweaty. Her hands and feet will often feel cool, even when she is warm enough. Sleeping with her in bed with you if she is sturdy enough is fine, but your body heat and bedclothes over her may make her too hot, so remove a layer of her clothing or have her in her own sleeping bag with no bedclothes over her at all.

**It is actively dangerous to share a bed with your baby if you or your husband or partner:**

- are smokers (no matter where or when you smoke).
- have been drinking alcohol.
- take medication or drugs that make you drowsy.
- feel very tired.

***Avoiding accidents***

- ▶ Never sleep with a baby on a sofa, armchair or settee because of the danger of smothering.
- ▶ Avoid plastic sheets, cot bumpers and ribbons or ties on clothing.
- ▶ Avoid loose bedding and furry toys around your baby's face.
- ▶ Don't leave your baby alone if she is swaddled, or if she is propped up on cushions on a sofa or armchair.

**Always**, if a baby is unwell, seek medical advice promptly. *Babycheck* (see resources list), helps you to recognise when your baby does need to see a doctor.

## APPENDIX C

### *Post-Natal Depression*

Post-natal depression affects between 10-15% of mothers. It is characterised by a depressed mood which overwhelms most positive feelings and may be a continuation of “baby blues”. “Baby blues” can affect many mothers for a short while. It can show as bouts of tearfulness and a feeling of anticlimax after the excitement and drama of birth. “Baby blues” do not last for long, unlike post-natal depression, which can take over at any time in the first months or years of parenting.

#### ***How to recognise it***

Many of the symptoms of depression are similar to normal feelings after having a baby, such as tiredness and lack of interest in things you normally enjoy. Mothers with post-natal depression can experience feelings of despair and hopelessness for no apparent reason. They may find it hard to concentrate and experience anxiety and panic attacks. These symptoms are more than just the ‘baby blues’.

#### ***What helps***

- See your doctor. Post-natal depression is time limited and you will recover.
- Health Visitors have been specially trained to help women identify they are depressed and decide what will be most helpful and supportive.
- Talk to someone you trust.
- The support of other women, whether or not they have experienced depression, is very valuable. Ask about support groups or post-natal groups in your area.
- Look after yourself. Remember to eat well and regularly, and rest whenever you can.

- Get outside and walk.
- Ask for help - and accept help when it is offered.

(From *Feelings after Birth*. Heather Welford, NCT 2002)

Check the Right from the Start website: [www.right-from-the-start.org](http://www.right-from-the-start.org) for any other published books that might be able to help you.

## *Help, Support, Useful Addresses and Products*

Listed here are Helplines and other organisations who give advice, information and practical help. Many are also able to offer friendship and support. Also listed are organisations you might join, how to find out about local branches, local initiatives and events.

Books and equipment that might be useful are also listed.

### ***Helplines***

#### **Association for Post-Natal Illness (APNI)**

145 Dawes Road, London SW6 7EB

Tel: 020 7386 0868

***[www.apni.org](http://www.apni.org)***

The Association provides a telephone helpline, information leaflets for sufferers and healthcare professionals as well as a network of volunteers (telephone and postal), who have themselves experienced postnatal illness.

#### **Cry-sis**

BM Cry-sis, London WC1N 3XX

Helpline: 08451 228 669

***[www.cry-sis.org.uk](http://www.cry-sis.org.uk)***

Cry-sis runs a national telephone helpline that is available to callers between 9am and 10pm, 365 days a year. Callers are referred to a trained volunteer who has had personal experience of crying or sleep problems within their own family.

**Family Lives** (formerly Parentline Plus)

CAN Mezzanine, 49–51 East Road, London N1 6AH

Tel: 0808 800 2222

[www.familylives.org.uk](http://www.familylives.org.uk)

24 hour helpline, 365 days a year, as well as extensive advice on their website. They offer befriending services, and parenting/relationship support groups. Nearly all of the services are accessible at no charge to parents.

**NSPCC**

42 Curtain Road, London EC2A 3N

Tel: 0808 800 5000

[www.nspcc.org.uk](http://www.nspcc.org.uk)

Helpline. Provides counselling, information also advice to anyone worried about a child at risk of abuse. The NSPCC also publishes a range of free parenting booklets for example, Handle with Care, on how to hold and look after your baby, including advice on how to cope with persistent crying. Also, Stress: A guide for parents. Helping you identify and manage stress.

***Other national and voluntary organisations:***

**Association of Child Psychotherapists**

19–23 Wedmore Street, London N19 4RU

Tel: 020 7281 8479

[www.childpsychotherapy.org.uk](http://www.childpsychotherapy.org.uk)

Working with parents, families and wider networks, the Association of Child Psychotherapists are able to treat a wide range of difficulties ranging problems with sleeping and bed-wetting to eating disorders, self-harm, depression and anxiety.

**British Dowzers** (formerly the BSD Earth Energies Group)

4/5 Cygnet Centre, Worcester Road, Hanley Swan, Worcester WR8 0EA

Tel: 01684 576 969

*[www.britishdowzers.org](http://www.britishdowzers.org)*

If you are concerned about earth or man-made radiation affecting your child's sleeping place, this organisation can provide contact details for a professional to measure the levels.

**The British Homeopathic Association**

Hahnemann House, 29 Park Street West, Luton LU1 3BE

Tel: 01582 408 675

*[www.britishhomeopathic.org](http://www.britishhomeopathic.org)*

Homeopathic treatment can often help a distressed, sleepless, crying child.

**The British Society for Allergy, Environmental and Nutritional Medicine (BSAENM)**

PO Box 7, Knighton, Powys LD7 2WF

Tel: 01547 550 380

*[www.jnem.demon.co.uk](http://www.jnem.demon.co.uk)*

A forum for doctors, providing evidence-based advice on eliminating dietary deficiencies which can be the cause of illness or biochemical dysfunctions.

**Care for the Family**

Garth House, Leon Avenue, Cardiff CF15 7RG

Tel: 029 2081 0800

*[www.careforthefamily.org.uk](http://www.careforthefamily.org.uk)*

Positive Parenting courses are run in community venues and are usually made up of six 2-hour sessions, each led by trained and experienced facilitators.

### **Family Caring Trust**

44 Rathfriland Road, Newry, Co Down BT34 1LD

Tel: 028 3026 4174

[\*www.familycaring.co.uk\*](http://www.familycaring.co.uk)

The trust runs very well received parenting courses – babies to teenagers – and provide useful resources and details of local support.

### **Family Welfare Association (FWA)**

501–5 Kingsland Road, London E8 4AU

Tel: 020 7254 6251

[\*www.fwa.org\*](http://www.fwa.org)

A national charity providing a wide range of support for some of England's most vulnerable families. They deliver the empowering, evidence-based Newpin Model of working with parents and children under five. The service is particularly focussed on helping parents with mental health problems.

### **Foresight Preconception**

Field Lane, Godalming, Surrey GU7 3PB

Tel: 01275 878 953

[\*www.foresight-preconception.org.uk\*](http://www.foresight-preconception.org.uk)

Helping prospective parents take all possible steps to ensure their baby is born physically and emotionally strong and healthy through knowing the essential facts about nutrition, pollution and the effect of smoking, alcohol and other stresses on an unborn and newborn baby.

### **Gingerbread**

53–79 Highgate Road, London NW5 1TL

Tel: 0808 802 0925

[\*www.gingerbread.org.uk\*](http://www.gingerbread.org.uk)

A charity for single parents.

Offering support, advice and friendship to lone parents and a network of local support groups.

### **HomeStart UK**

8-10 West Walk, Leicester LE1 7NA

Tel: 0800 068 63 68

[\*www.home-start.org.uk\*](http://www.home-start.org.uk)

Helping families with young children deal with whatever life throws at them. They support parents as they learn to cope, improve their confidence and build better lives for their children. Volunteer run, and brings practical help to young families in their own homes.

### **Hyperactive Children's Support Group (HACSG)**

71 Whyke Lane, Chichester, West Sussex PO19 7PD

Tel: 01243 539 966

[\*www.hacsg.org.uk\*](http://www.hacsg.org.uk)

Specialising in advocating a dietary approach to the problem of hyperactivity, HACSG is a source of a great deal of information available related to Food Additives, Food Intolerance, Omega Fatty Acids, Vitamins & Minerals and how they can impact on hyperactivity and Attention Deficit Hyperactivity Disorder (ADHD).

### **The Institute for Complementary and Natural Medicine (ICNM)**

32-36 Loman Street, London SE1 0EH

Tel: 0207 922 7980

[\*www.icnm.org.uk\*](http://www.icnm.org.uk)

Providing the public with information about the safe and appropriate choice of Complementary Medicine.

### **International Association of Infant Massage (IAIM)**

Unit 10 Marlborough Business Centre, 96 George Lane, London E18 1AD

[\*www.iaim.org.uk\*](http://www.iaim.org.uk)

Promoting nurturing touch and communication through training, education and research; so parents, caregivers and children are loved, valued and respected throughout the world community. Their website gives details of local people trained in infant massage.

### **La Leche League**

129a Middleton Boulevard, Wollaton Park, Nottingham NG8 1FW

Tel: 0845 120 2918

*[www.laleche.org.uk](http://www.laleche.org.uk)*

Telephone counselling, mother-to-mother support groups, breastfeeding help and information promoting breastfeeding internationally.

### **Lullaby Trust (formerly the Foundation for the Study of Infant Death (FSID))**

11 Belgrave Road, London SW1V 1RB

bereavement support: 0808 802 6868

information and advice: 0808 802 6869

*[www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)*

Promotes expert advice on safer baby sleep and provides special support for anyone bereaved through Sudden Infant Death Syndrome (SIDS). The Lullaby Trust also funds research into SIDS and publishes useful information.

### **Meet a Mum Association (MAMA)**

26 Avenue Road, London SE25 4DX

Tel: 0845 120 3746

*[www.mama.org.uk](http://www.mama.org.uk)*

MAMA organises local groups that support mothers who feel isolated or who may be suffering from post-natal depression.

### **National Childbirth Trust (NCT)**

Alexandra House, Oldham Terrace, London W3 6NH

Tel: 0300 330 0770

*[www.nct.org.uk](http://www.nct.org.uk)*

Provides support in pregnancy, childbirth and early parenthood. Breastfeeding help and encouragement. Co-ordinates local support groups.

### **Osteopathic Centre for Children**

22a Point Pleasant, London SW18 1GG

Tel: 020 8875 5290

*[www.occ.uk.com](http://www.occ.uk.com)*

Provides a checking service and the gentle manipulation sometimes needed to realign the bones of a baby's or young child's skull displaced during the pressures of birth.

### **Relate**

Premier House, Carolina Court, Lakeside, Doncaster DN4 5RA

Tel: 0300 100 1234

*[www.relate.org.uk](http://www.relate.org.uk)*

A confidential counselling service for anyone with relationship problems.

### **The Sutherland Society**

15A Church Street,

Bradford on Avon, Wiltshire BA15 1LN

*[www.cranial.org.uk](http://www.cranial.org.uk)*

Information on how cranial osteopathy may be of benefit for a wide range of conditions, including for newborn babies and young children.

### **UNICEF Baby Friendly Initiative**

*[www.unicef.org.uk/BabyFriendly](http://www.unicef.org.uk/BabyFriendly)*

A worldwide programme set up in 1992 in conjunction with the World Health Organisation to support breastfeeding throughout the early months and strong mother-baby bonding from birth.

Research reports, guides and leaflets for parents such as: Caring for your baby at night. Breastfeeding at study or work. Introducing solid foods. A guide to infant formula for parents who are bottle feeding. Also other valuable information and advice for any specific problems that cause crying and distress in a baby or young child.

## ***Useful Books & Websites***

### **Coping with Crying**

Helpful advice and videos to help you find ways to keep calm, understand and soothe your crying baby.

***[www.copingwithcrying.org.uk](http://www.copingwithcrying.org.uk)***

### **H. Elizabeth Collins, *To Sleep with the Angels***

(ISBN 978-0935699166)

Illumination Arts, Bellevue, USA, 1999

The beautiful, lyrical, gentle tale inspires children to explore their potential to be what they want to be and live their dreams (age 3–8).

### **Helen and Clive Dorman, *The Social Toddler: Promoting Positive Behaviour***

(ISBN 978-1903275382)

The Children's Project Ltd, Richmond, 2002

This book brings the minds of children to life and provides valuable insights into all aspects of children's behaviour. It covers the mental development of children from 12 months to 4 years. Over 1700 colour pictures.

### **Dr Richard Ferber, *Solve your Child's Sleep Problems***

(ISBN 978-0091948092)

Vermilion, London, 2013

Draws on seven years of research into infant sleep and sleep disorders at the Centre for Pediatric Sleep Disorders at the Children's Hospital at Boston. The author describes hundreds of families he has treated, the different approaches he has used, and the bad advice so often given to parents which only makes matters worse.

**Francoise Freedman, Baby Yoga –  
gentle exercises for babies, mums and dads**

(ISBN 978-1856751766)

Gaia Books Ltd, London, 2000

Parenting skills learnt from the Amazon Forest people inspired this book. It describes the art of handling babies with great confidence, physically playing with them instead of just jiggling them up and down, and nourishing and relaxing them through shared, especially adapted yoga movement and touch. The author believes that this experience lays a foundation for non-violence and well-being throughout life.

**Gaia Books, London, 2000**

Traditional Chinese massage techniques of kneading, squeezing and rubbing. Includes massage treatment for night crying and restlessness, colic and teething.

**Penney Hames, Help Your Baby to Sleep**

(ISBN 978-0007136056)

Thorsons, London, 2002

Gives background information and offers practical steps to help you establish a routine and look after your own needs as well as the needs of your child.

**Elizabeth Hayden, Osteopathy for Children**

(ISBN 978-0953254200)

Gloucester, 2000

This book explains clearly and simply how osteopathy can be of benefit to babies and children, and mothers during and after pregnancy.

**Eileen Hayes, Crying & Comforting**

(ISBN 978-1405302289)

Dorling Kindersley, London, 2004

**Patrick M Houser. Fathers-To-Be Handbook.  
A Road Map for the Transition to Fatherhood.**

(ISBN978=1-903789-10=0)

Using real stories and solid research, this warm and practical book encourages dads to discover and use innovative ways to give support during pregnancy and birth and helps dads increase their involvement in their children's lives.

*[www.fatherstobe.org](http://www.fatherstobe.org)*

**Deborah Jackson, Three in a Bed.  
The Benefits of Sleeping with your Baby**

(ISBN 978-0747565758)

Bloomsbury, London, 2003

A practical guide and full medical and historical evidence about the benefits of sleeping with your baby. Looks at all the problems and challenges in depth and from a wide range of perspectives.

**Sheila Kitzinger, The Year After Childbirth**

(ISBN 978-0192861658)

Oxford University Press, Oxford, 1994

Practical suggestions to help new mothers through the physical and emotional changes that usually occur during the first, often turbulent, year of caring for a baby.

**Martin Large, Set Free Childhood**

(ISBN 978-1903458433)

Hawthorn Press, Stroud, 2003

**Frederick Leboyer Birth Without Violence**

(ISBN-13: 978-0749306427)

**Jean Liedloff, The Continuum Concept**

(ISBN 978-0140192452)

**Penguin, London, 1989**

A passionate plea to Western parents to keep in closer touch with their babies for the first nine months (after experiencing life with the Yequana Indians in Venezuela for two and a half years and seeing the contentment and competence of their children).

**Vimala McClure, Infant Massage: A Handbook for Loving Parents**

(ISBN 978-0285636170)

**Bantam Books, New York, 2001**

Vimala set up the International Association of Infant Massage and worked in one of Mother Theresa's baby hospitals in India.

**Anna McGrail, Crying Baby: Simple Steps to Cope**

(ISBN 978-0722536094)

**Thorsons and NCT, London, 1999**

About the difficulties of identifying the causes of a new baby's crying, how to recognise the sounds and what they mean, how to respond to the child's individual personality. Highly recommended.

**Maria Mercati, Tui Na Massage for a healthier, brighter child**

(ISBN 978-1856751254)

**Robert Munsch, Love You Forever**

(ISBN 978-0920668375)

**Firefly Books Ltd, Bellevue, USA, 1986**

A beautiful and simple picture book about the endearing and unconditional love a parent has for a child from the day they are born throughout their lives. A book to share with your children and anyone you love (age 2–7).

**Lynne Murray and Liz Andrews, The Social Baby:  
Understanding Babies' Communication from Birth**  
(ISBN 978-1903275429)

**The Children's Project Ltd, Richmond 2005**

A ground-breaking book showing how babies actively communicate from the moment of birth, and how to interpret their behaviour as a language of communication. Covering sociability, crying and sleep problems from birth to four months. Over 700 colour photographs.

**Sarah Ockwell-Smith, BabyCalm:  
A Guide for Calmer Babies and Happier Parents**  
(ISBN 978-0749958282)

Offers plenty of ideas about calming techniques and how to encourage your baby to sleep well, helping parents to feel confident.

**Sarah Ockwell-Smith, ToddlerCalm:  
A guide for calmer toddlers and happier parents**  
(ISBN 978-0349401058)

Helping parents to enjoy and cope with those challenges toddlers can present. Parenting your child with trust and empathy.

**Dr Michel Odent, The Oxytocin Factor:  
Tapping the Hormone of Calm, Love and Healing**  
(ISBN-13: 978-0738207483)

This is the first book to show us the importance of Oxytocin and how it can reduce anxiety, stress, addiction and problems of childbirth. It has great significance in our lives.

**Dr Michel Odent, Primal Health: Understanding the Critical Period  
Between Conception and the First Birthday**

(ISBN 13: 978-1905570089)

**NCT, Early Days – What it's really like to have a new baby**

National Childbirth Trust, 2002

Booklet giving an account in parents' own words, of what to expect in the first few weeks.

**Julian Scott, Natural Medicine for Children**

(ISBN 978-0380758760)

Harper Collins, London, 1990

**Peter Walker, Baby Massage**

(ISBN 978-1907952036)

Carroll & Brown Publishers Ltd, London, 2011

**Regina J. Williams, What if ...**

(ISBN 978-0935699227)

Illumination Arts, Bellevue, USA, 2001

If you have children who are ever reluctant to go to bed, they will love this book! What If ... features a little boy who uses his fantastic imagination to delay bedtime for as long as possible. Reading this enchanting, dream-inspiring story will make bedtime fun (age 3–7).

## ***Music, Riddles and Rhymes***

### **Candy Verney, *The Singing Day***

(ISBN 978-1903458259)

Hawthorn Press, Stroud, 2003

Book and CD

An excellent introduction to singing with your child from the very beginning, including ways of overcoming your own difficulties with singing. Emphasis on the rhythms and routines of the day.

### **Candy Verney, *The Singing Year***

(ISBN 978-1903458396)

Hawthorn Press, Stroud, 2003

Book and CD

A companion volume to *The Singing Day* with emphasis on rhythms, routines and festivals of the seasonal round.

### **Opal Dunn, *Hippety-Hop Hippety-Hay***

(ISBN 978-0711211957)

**Frances Lincoln Publishers, Colchester, 2001**

A selection of interactive rhymes for young babies to three-year-olds graded for use according to age.

### **Brien Masters, *The Waldorf Song Book***

(ISBN 978-0863150593)

Floris Books, Edinburgh, 1997

## *CDs/MP3s*

### **Baby Songs**

A CD of gentle nursery rhymes and lullabies to listen to and sing to your babies.

### **Ami Tomake**

A CD of Bengali chant from India which means 'I love you my dear baby'. Its wonderfully soothing effect on babies has made it a favourite in infant massage classes.

### **Sleepy Time Playsongs**

(ISBN 978-0713669411)

Restful songs, rhymes and lullabies for relaxed play and soothing bedtimes. Suitable for babies and children from birth to three years.

### **Music for Dreaming.**

**Performed by members of the Melbourne Symphony Orchestra.**

A CD/MP3 of continuous gentle and beautiful music researched and developed by Cherie Ross to echo the resting heartbeat and flow of the sounds heard in the womb. The traditional instruments used, flute, harp and strings have a natural harmonic quality that resonate within your body, bringing a sense of pleasure and peace to tired parents and lulling restless babies to sleep. Can be left playing quietly all night to calm a crying baby!

All four CDs and Sleepy Time Playsongs can be obtained from Touch-Needs Ltd. See list of suppliers below.

The following 3 CDs can be ordered from Musikgarten (see below)

**Music for Dancing & Playing**

**Music for Movement & Stories**

**Sounds of Nature (including set of 32 picture cards)**

## Organisation

Musikgarten UK, Chapel House, Bow, Crediton, Devon EX17 6HN  
(Tel/fax: 01363 82913)

Musikgarten specialises in music and movement for parents and young children. They also provide musical development training for nursery schools and pre-school groups and supply quality instruments and CDs.

## *Suppliers*

### **The Bednest**

2 Scala Street, London W1T 2HN

Tel: 01264 854 337

[www.bednest.com](http://www.bednest.com)

This specially designed bedside crib with unique benefits for mother and baby was originally developed by *Right from the Start* to support the books for expectant and new parents (see [www.right-from-the-start.org](http://www.right-from-the-start.org)). It is the ideal solution for mothers who want to keep their under-7-month-old babies in close touch all night but in their own safe space.

### **Britannia Health Products Ltd**

41–51 Brighton Road, Redhill, Surrey RH1 6YS

Tel: 01737 773 741

[www.britannia-health.co.uk](http://www.britannia-health.co.uk)

Britannia Health Products is the distributor for 'Colief', the remedy for Colic. To find out more, visit the Colief website ([www.colief.com](http://www.colief.com)).

### **John Lewis Stores**

Oxford Street, London W1

Tel: 0207 629 7711

[www.johnlewis.com](http://www.johnlewis.com)

To see a wide range of rockers, bouncers and car seats for babies and toddlers.

### **Mothercare**

Cherry Tree Road, Watford, Hertfordshire, WD24 6SH

Tel: 0344 875 5222

*[www.mothercare.com](http://www.mothercare.com)*

For an attached bedside crib for an older baby or toddler.  
(One size up from the Bednest.)

### **National Childbirth Trust (NCT)**

Alexandra House, Oldham Terrace, London W3 6NH

Tel: 0300 330 0770

*[www.nct.org.uk](http://www.nct.org.uk)*

Sells different designs of co-sleeper bedside cribs.

### **The Nutri Centre**

7 Park Crescent, London W1B 1PF

Tel: 0345 2222 828

*[www.nutricentre.com](http://www.nutricentre.com)*

The Nutri Centre is Europe's leading centre for complementary medicine. They can supply every nutritional remedy you might need for yourself or your child and they also offer professional advice. There is also an extensive library and bookshop in the Education Resource Centre (tel: 020 7436 5122).

### **Touch-Needs Ltd**

The Old Coach House, Horse Fair, Rugeley, Staffs WS15 2EL

Tel: 01889 565 081

*[www.touchneeds.com](http://www.touchneeds.com)*

This company supplies CDs of calming music and songs for babies and young children. It also sells a wide range of books on infant care, touch and massage for professionals and parents, massage practice dolls and massage oils.

## ***Look Locally***

### **Baby clinics and GP surgeries**

many have notice boards advertising local baby and toddler groups

### **Community midwives, nurses and Health Visitors**

can offer practical help and ideas for getting in touch with other parents

### **Sure Start Children's Centres**

find out about these from your local authority

**One O'clock Clubs and other baby and toddler groups, music groups and yoga groups - find out about them through Mumsnet (see below)**

### **Local libraries**

often hold events themselves and also have noticeboards where clubs and events are advertised

### **Websites**

Netmums ([www.netmums.com](http://www.netmums.com)) is a large parenting website with lots of information about local groups and provides a forum for contacting other mothers in your area

Mumsnet ([www.mumsnet.com](http://www.mumsnet.com)) is the UK's largest website for parents, there are very active forums and also local mumsnet groups that are free to join

## ***Friends and Family***

Use the telephone. If you can't easily get out, could you ask someone to come and visit you? And could you catch their eye, smile at and introduce yourself to mums you see in the park, in the children's playground or in a shop? Use your instincts. This is often a wonderful start to making new friends locally!

## *What is Right from the Start?*



*The world will not change and there will be no peace if there is not a new education.*

*U. Thant, former Secretary General to the United Nations*

This vision grew into an international human rights education project called *Right from the Start*. This aims to help parents expand their knowledge and explore new ideas, approaches and parenting skills. It also believes that parents deserve greater opportunities to share valuable experiences with each other. Together, parents can become part of a strong community that will support both themselves and their children. *Right from the Start* believes this sharing and strength within the community is the key to reducing loneliness and stress in families, therefore cruelty and violence in society. It will present a wide-ranging, integrated series of books and other materials to support and help parents and teachers.

The project is based on research and collaboration with many distinguished contributors from the UK and other countries: educationalists, child specialists and child carers and, most importantly, parents and grandparents.

Human rights education for young children means first and foremost the establishing of good human relationships. The project therefore focuses on ways of strengthening a child's experience of love, trust and security on which such qualities as compassion and justice depend.

**Right from the Start's chief aims are to:**

- cherish and support parents
- foster and strengthen good human relationships, especially the relationship between children and their parents and teachers
- bring out the inborn trust, generosity and creativity of every child so that respect, empathy and love for others can grow out of an abiding sense of self-worth
- encourage fuller recognition of the spiritual nature of every child and bring a better balance of mind, body and spirit
- bring children closer to the natural world and an understanding and care of the environment
- help to heal the harm that children can suffer in babyhood and their earliest years
- help to prevent children from being drawn into a culture of violence.

**This book is part of a series which aims to help parents, carers and teachers find ways of giving children:**

- the attention and care they need
- loving interaction and imaginative sharing of daily life
- protection and nurturing of their 'inner life'
- time and space to be themselves
- a voice which is heard.

**These books also aim to support the often overwhelming tasks of parents, carers and teachers by giving them:**

- fresh new ideas - as well as reminders of some old ones
- creative and practical opportunities to change attitudes and patterns of response
- support in bringing up children in ways that develop self-esteem, imagination, self-discipline and compassion
- a forum where they can learn from each other, and help build community.

The whole series of *Right from the Start* books are interconnected and designed to work together to help and inspire anyone nurturing, teaching or working with children.

***[www.right-from-the-start.org](http://www.right-from-the-start.org)***

*Question: What is peace?*

*Answer: I think peace is being without crime and violence and hating. It is like love always being passed on from generation to generation.*

*Clifford, aged 8*

The *Right from the Start* dolphin and child logo comes from the 18ft bronze sculpture by David Wynne on London's Chelsea Embankment, overlooking the River Thames. It has been chosen because a dolphin has a high level of emotional intelligence, a close affinity with human beings and a special instinct and power to heal and comfort. A dolphin also has great sense of fun.

The picture of a child and dolphin playing together symbolises the trust, affection, adventure and sense of unity in all creation which each of us should be able to experience and enjoy from earliest childhood to the end of our lives.

***Right from the Start Appeal***

(Charity registration no. 327989)

If this book has been of value and made a difference to you and your family, please consider whether or not you might be able to help *Right from the Start* complete the whole series of books.

We would be enormously grateful.

If you are able to help with a gift of money to help us achieve this - and also help to keep the price of the publications as low as possible - please send your gift to the address below

or via the DONATE button on our website:

***[www.right-from-the-start.org](http://www.right-from-the-start.org)***

***Right from the Start Company Limited***

Account Number: 00084291

CAFCASH LTD – CAF GOLD

Kings Hill, West Malling

Kent ME19 4TA

*Right from the Start* would like to thank most warmly all those who have made donations towards the publication of *Sound Sleep*.

## About the Author

The origins of this book date back to the early years of my married life in Lambeth, South London. Despite considerable poverty, and a large number of single mums with young children, (often fathered by men who came and went in their lives as they became pregnant), there was a strong sense of community in the small streets around Lambeth Walk. Also between those who slept rough beneath the arches of the Waterloo Railway. This is where the shops were.



People stopped to talk to each other, outside their houses, in the shops, on the pavements and under the arches. I watched and listened and joined in on an almost daily basis. A close friend and neighbour was Chad Varah with five children under six. He frequently talked to us about his efforts at that time to launch *Samaritans* – now a lifeline for so many. Listening to him and discussing his plans has been a lifelong inspiration to me.

Then, suddenly, in that part of Lambeth, everything changed. More accommodation was needed and the main roads around us had to be widened to accommodate the increasing flow of traffic. All the two-storey houses and small street-corner pubs were bulldozed and high-rise blocks of flats built to replace them. Almost overnight a new loneliness and weariness seemed to set in, particularly for mothers with babies and young children. I began to notice how much more often children were shouted at, slapped or ignored when they were crying, and how mothers seemed to look less frequently at their children's faces, smile at them less often and talk to them impatiently.

With two children under two-and-a-half myself and thirty six steps

to climb to our flat, my heart went out to them. Through the Thomas Coram Centre in Camden, I also met and listened to groups of immigrant Bangladeshi mothers with their children and absorbed something of their problems, and courage. Also the remarkable attention and comfort they always gave their children, whatever the acute sense of loss and confusion they were feeling.

Two more children and ten years later we were living in Rugby where I became a kind of ‘house mother’ to a boarding house of eighty-five teenage boys. Critical for me, was learning listening strategies and how best to give comfort, and firm encouragement to those who were homesick; even more urgently to those whose parents were breaking up or who had separated acrimoniously.

Over the next fifteen years some of my other activities included working as a volunteer for the NSPCC, working for the CAB (Citizens Advice Bureau) and as a one-to-one Home Tutor to Secondary School pupils excluded from school for severely disturbed or violent behaviour. I learned more from those stressed and angry teenagers than from any other of my experiences at that time. They taught me more conclusively and powerfully than anything else that fear, loneliness and hurt when suffered by babies and during early childhood has a dangerously negative impact on brain development and is almost invariably the root cause of the grief and troubles that surge up in later childhood and teenage years.

I was also on the Council of *Amnesty International*. Following the experience of developing, with other teachers, a ‘package’ for Sixth Formers called *Teaching and Learning About Human Rights* (now well out of date and abandoned in the new IT age), *Amnesty* gave me some financial support to set up a new charity. I knew it had to be called *Right from the Start*.

The threads of these different experiences had begun to weave themselves together in my mind, all pointing in the same direction, becoming a driving force in me for the rest of my life. Everything I was learning, doing, and hearing about pointed back and back, and again and again, to pregnancy and the earliest years and the deep-seated,

crying need of so many parents to have the greater, practical help and sensitive understanding they needed and so much deserved.

There grew in me an ever-increasing urge to respond to this need to replace any background of sadness and hurt in parents, especially in mothers, with the knowledge, gentle parenting skills and the inner peace and confidence needed to nurture their babies and young children lovingly and intelligently, whatever their circumstances.

Two powerful and indelible experiences were the real triggers that launched *Right from the Start* and the writing of *Sound Sleep*:

The first of these was sitting on the floor of one of the NSPCC's first *Therapeutic Playgroups* for mothers and their young children. The trained staff were teaching a mum how to cook eggy bread and treating her like the most special person in the world, while I was on the floor with huge sheets of paper and some crayons, looking after her six-year-old, the saddest and most unloved child I have ever met.

Rapidly, as soon as I invited him to do so, he drew a full-size picture of himself in black, and with no eyes, nose or mouth. Then, with a look of total desperation and misery on his face and anger in every movement of his arm, he spent the next forty-five minutes rubbing himself out until the paper was in shreds. I'll never forget the moment of horror I felt when I realised that he was trying to put an end to his life. I had just given him the means to try to do that. His face has haunted me ever since.

The second moment of truth came after four years of trying to teach, 'contain' and support – often in eccentric and crazy ways – individual Secondary School pupils excluded from school. It eventually and suddenly dawned on me that every one of them shared one thing in common. They had each been traumatised by some event, emotional emptiness or abuse before they were three years old. And no-one had recognised the need for a system that would ensure that dedicated and experienced people were there, to give their struggling parents

the crucial long-term help they needed, and so protect their children from a possible lifetime sense of loss and failure - and therefore the likelihood of withdrawn, depressive or self-destructive behaviour as they grew up.

But I strongly believe that the spark of the human spirit - the indomitable soul - in every newborn baby is indestructible. When an adult can recognise and trust in this hidden 'goodness', despite every difficulty and down-turn that may come to envelope family life, their presence and continuing trust and care can achieve miracles of recovery, healing and change.

*Sound Sleep. Calming and helping your baby or child to sleep*, the first in *the Right from the Start* series was born out of these years and this belief.

It seemed obvious to me that it was the crying of their babies, especially crying at night, that was the number one cause of exhaustion and misery in parents so, *Sound Sleep* was therefore the first book in the series.

I am delighted that, as an e-book, it will now be accessible to a wider readership.

***Sarah Woodhouse***

Sarah lives in Norfolk with her husband Jim. They have four children and eleven grandchildren. Four of her grandchildren have lived next door since they were born.

She is the Founder and Chief Executive of *Right from the Start*.

***[www.right-from-the-start.org](http://www.right-from-the-start.org)***



*Together we can create a secure and loving  
environment for our children*

***A Right from the Start book***

[www.right-from-the-start.org](http://www.right-from-the-start.org)

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