



Your Breastfed Baby at Night:

Facts and Fiction about Your Nocturnal Newborn



The phrase “sleep like a baby” often conjures up the blissful image of a baby sleeping deeply without a care in the world. How many sleep-deprived adults envy that image? Yet, if babies sleep so well, why are there so many books to train them to sleep differently? In fact, most healthy newborns do get plenty of sleep; it is parents who need help adjusting to the perfectly normal, but irritatingly intermittent, newborn sleep cycles.

We Get More Sleep Than We Think

First, let’s take a quick look at sleep perspective versus reality. Adults often forget how long they slept when they wake up in the morning. As reported in a *New York Times* article entitled “The Sleep-Industrial Complex,” “insomniacs almost invariably overestimate how long it took them to fall asleep and underestimate how long they slept.” Even some sleep researchers are prone to evaluating sleep within the framework of their own cultural norms. For these reasons, studies

relying on self-reported sleep often reflect popular beliefs about sleep rather than actual sleep patterns.

The Sleep Gap

If adults without a newborn to care for at night feel as if they are receiving less sleep than they actually are, it’s no wonder that new parents feel even more sleep deprived. This may explain why many new parents are eager to take the advice of well-meaning friends and family when they suggest giving baby a bottle of formula to help them sleep longer at night. If you’ve

thought there might be a grain of truth behind this advice, the results of one recent study may surprise you. The researchers objectively measured sleep by using wrist monitors. Parents of three-month-olds who breastfed at night slept 40–45 minutes longer than parents who fed formula to their three-month-olds at night.² Or alternatively, parents who fed their three-month-old babies formula at night had a sleep gap of 40–45 minutes. Both mothers and fathers experienced this sleep gap.

If you're skeptical, let me walk you through the whys and hows of the early days of breastfeeding, frequent wakings and feedings; how you can make the most of this time in terms of quality sleep, and then explain why the myth that formula helps babies sleep arose.

The Continual Feed Plan

While you are pregnant, you don't need to do any extra work to feed your baby; just eat healthy foods yourself. The nutrients in your blood stream will continually flow through the umbilical cord to your baby. Once the umbilical cord is clipped, the real challenge begins.

Brain Versus Stomach

Human intelligence forces us into a physiologic compromise when it comes to our babies. Your baby must leave your womb before her head grows so large that it won't fit through your birth canal. As a result, she must enter the world while her stomach is still very small and immature. After birth, her brain needs a continual source of fuel, especially during the first three months when it completes 25 percent of its growth. She will need to constantly refill her small stomach to fuel her big brain. Normal healthy newborns typically feed for 20 to 50 minutes at a time and eat about eight to 12 times in a 24-hour period.

Stomach Stretching

The amount of time a newborn spends feeding often feels as if it consumes the entire day and night. Bear in mind, though, that

she will spend less time feeding as she grows and develops. At birth, her stomach will only hold five to seven milliliters (one to one-and-one-half teaspoons). If you tried to put 60 milliliters (about two ounces) of milk into her tiny stomach right after she was born, she might feel about the same as you would if you tried to drink nine liters of water. She should store enough fat during your last trimester of pregnancy to carry her through the first few days. As she emerges from the relative sterility of your womb into an environment filled with germs, the first thing she needs will be the antibodies in your milk.

Take heart. As she learns to feed, her stomach will rapidly balloon to *11 times its original size*. By day 10, her stomach will comfortably hold 60-81 ml (about two to two-and-two-third ounces). Your stomach will still be 13 times larger than hers. So don't push your luck by trying to supersize her feeds so she will sleep longer. Indigestion may wake her up even more frequently. Furthermore, super-sized feedings may override her ability to regulate her own appetite, setting the stage for weight problems later in life.

Nocturnal Feeders

In addition to frequent feedings day and night, parents also have to adjust to the fact that babies are nocturnal at birth. While you are pregnant, you may feel your baby move more frequently at night than during the day when you are active. One theory is that she is being rocked to sleep during the day and becomes more active when you are still at night. My personal theory emerged when my son's pet mouse,

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Hannah, delivered a litter within seven days of her purchase. The pet store did not warn us that she might already be pregnant. She was nocturnal, foraging for food at night while she left her pups behind. Her pups fed more often during the day when she slept. Perhaps our babies are designed for a time before we developed agriculture; a time when we probably spent much of our day foraging for food and our babies had to feed when our breasts were more available at night. Don't despair. The melatonin that rises in your milk at night helps to regulate your baby's natural body

clock and may help her transition to sleeping more at night. She will not remain nocturnal forever.

Restorative Sleep

If you believe that adults must have eight hours of continual sleep, you may feel anxious when your hungry newborn wakes you at night. Yet historians claim that up until a couple of centuries ago, the sleeping pattern in Western society was not eight uninterrupted hours of sleep; it was two shifts of sleep with an hour or so of activity in the middle of the night. The use of artificial light may have driven us into an abnormal pattern of

condensing our sleep into one period of eight hours to cope with extended wakefulness during the day. This leads many of us to assume falsely that it is our babies who have abnormal patterns of sleep.

Don't focus on one long block of sleep. Instead, establish routines that help you feel more restored. After you give birth, your body is primed to garner restorative sleep from shorter intervals. Breastfeeding is an important mechanism, which is designed to help your body recuperate after giving birth and maintain its stamina while you adjust to mothering your baby. The following tips (recommended by the American Academy of Pediatrics) will help you establish breastfeeding *and* get more restorative sleep:

Proximity

You and your baby will find it easier to synchronize your biological rhythms when you are in close proximity. Just as adults usually adjust their sleep rhythms to each other when they share a room, so will you and your baby. When she is nearby, you will become accustomed to her many noises and intuitively begin to rouse from light sleep when she needs you. This is much less disturbing than being jarred by an alarm out of deep sleep.

All aspects of your baby's care, including feeding, are more convenient if she is nearby. At night your response time will be faster if she is nearby. This will also make it easier for you to get back to sleep again. She will develop trust as her needs are consistently met, and she will be less likely to wake you with strident crying.

You can derive comfort from the fact that she will be at a lower

risk of Sudden Infant Death Syndrome (SIDS) when she sleeps in the same room with you. One study found that 36% of SIDS cases were attributable to babies sleeping in a separate room, while only 16% were attributable to bedsharing.

Skin Contact

As your baby emerges from your warm, all-encompassing womb, she must cope with a rapid change in temperature, exposure to light and sound, and tactile sensations. When her skin first comes directly into contact with your skin, that contact will stabilize her body temperature, heart rate, and respiration. She will be calmer if she is physiologically stable.

As your skin first comes into contact with her skin, you will experience a surge in the hormone oxytocin. Think of oxytocin as your "love drug." It facilitates bonding and will also help you feel calmer and more relaxed. Her initial contact with your skin will also stimulate her

feeding reflexes. She will be able to wiggle and crawl to your breast on her own. Continued contact with your skin will reinforce these feeding reflexes, enabling her to adjust to the loss of the free flow of nutrients from the umbilical cord.

Frequent Feeding

You may find that your breasts start to tingle at the touch, sound, sight, or scent of your baby. This may intensify when she suckles from your breast. You may begin to feel relaxed and drowsy as oxytocin is released. You are not being drained of energy. Quite the contrary, the relaxed drowsy sensation will help you rest so you can recuperate from giving birth and maintain your stamina as you adjust to your new baby. Think of oxytocin as doing double duty as your safe sleep drug.

Each time she feeds, you will experience a spike in the hormone prolactin. The more often she drinks milk from you, the faster your prolactin levels will increase. Think of prolactin as your "performance-enhancing drug" for milk production. Just as you are more likely to build muscle with regular exercise than with infrequent exercise, you are more likely to build your milk supply faster with regular breastfeeding than if you skip feedings.

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Origin of a Myth

If a frequently waking and feeding newborn is biologically normal, why are so many parents convinced that formula will improve this biological norm and help their babies sleep longer? This myth has its roots in the era when women were actively discouraged from breastfeeding and from trusting their own observations and responding to their babies' needs. Policies and practices that separated mothers and babies were institutionalized. Hospitals implemented rigid feeding schedules to minimize how often their staff had to feed babies or bring babies to their mothers for feeding. Infrequent breastfeedings deprived many babies of sufficient calories and many mothers of the relaxing effect of oxytocin.

If a baby wasn't allowed sufficient time to drain his mother's breasts, his mother might become painfully engorged. Her engorged breasts might be so taut with milk that his lips might slip and slide. In frustration he might chomp down with his gums. She might experience such severe pain that she would take him off her breast while he was still hungry. Her overly full breasts would tell her body to slow down milk production. If she resorted to giving him a bottle of formula, he might fall asleep merely because he finally received the calories he needed. She would believe that the formula made him sleep better. Yet he would have slept just as well if those calories came from her milk. Neither had the opportunity to get into sync with each other.

Contingency Plans

We are gradually starting the transition back to more normal

feeding and sleeping routines for babies. While we are in transition, many women still don't receive as much support as they need to get breastfeeding off to a good start. Sometimes medical conditions complicate the process as well. With a pragmatic attitude and a few tips, you can often mitigate the impact of such complications.

Separation

If you and your baby are separated from each other, keep a picture of her with you, look at the picture frequently, and remember that bonding is a process, not an event. If you can't have contact with her, encourage your spouse, partner, or trusted family member to provide skin-to-skin contact until you are able to do so yourself. If you cannot feed her from your breast, express milk at least as many times as she is supplemented. If you are separated from her at night, drink lots of water before you go to sleep. Express milk when you wake up to use the bathroom. You tend to wake up in light sleep when you need to urinate, which is less disruptive than an alarm. When you are reunited, give her lots of extra time snuggled next to your skin.

Supplementation

If your baby cannot feed from your breasts or is having trouble drinking enough to meet her caloric needs, establish and maintain your milk supply, express milk at least as many times as she is supplemented. Human milk has just as many calories as any artificial substitute plus antibodies that no substitute can provide. So supplement her with as much human milk as you can provide. Cherish every drop

of milk you release rather than stressing about any gaps between your production and her needs. Most importantly, if things go awry, find someone who is appropriately supportive and qualified to assist you towards getting back in sync with your baby and with breastfeeding.

¹ Mooallen, J. *The sleep-industrial complex.* *New York Times* 2007 Nov. 18.

² Doan, T. et al. *Breast-feeding increases sleep duration of new parents.* *The Journal of Perinatal & Neonatal Nursing* 2007 July/September; 21 (3): 200-206.

³ Illnerova, H. Buresova M. and Presl, J. *Melatonin rhythm in human milk.* *Journal of Clinical Endocrinology & Metabolism* 1993; 77: 838-841.

⁴ American Academy of Pediatrics. *Section on Breastfeeding. Breastfeeding and the Use of Human Milk.* *Pediatrics.* 2005; 115(2): 496-506.

⁵ McKenna, JJ and McDade, T. *Why babies should never sleep alone: a review of the co-sleeping controversy in relation to SIDS, bedsharing and breastfeeding.* *Pediatric Respiratory reviews.* 2005; 6:134-152.

⁶ Carpenter, RF. Igrens, LM. Blair, PS et al. *Sudden unexplained infant death in 20 regions in Europe: Case control study.* *Lancet* 2004; 363:185-91.



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