

At some point during their baby's first months of life, many parents wonder whether there is something they could - or should - be doing to 'help' their baby sleep longer, deeper, better, or through the night. This information sheet summarises the current research-based evidence about sleep training methods.

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Many parents consider infant sleep training regimes in the belief that their baby should be 'helped' to develop independent sleep habits. Parenting advice books, and comments from well-meaning friends, family, and other sources can lead (already sleep-deprived) parents to believe that if they don't 'sleep train' their baby, he or she will be unable to sleep through the night of his or her own accord.



The adage "making a rod for your own back", is still often used in relation to parents rocking, feeding, or cuddling their babies to sleep. In response, **many parents try to put their babies down to sleep alone, only to find that their babies have other ideas, and object - loudly!** The result is, in many cases, parents who feel that they/their babies have 'sleep problems' when, in fact, their baby's sleep (including waking at night) may be entirely normal for his or her age, and stage of development.

Several different methods of training babies to go to sleep alone, to sleep for longer stretches of time, and to not 'signal' (cry) when they wake have been developed. Many of the most well-known sleep training methods have not been objectively tested. Their methods are based on individual authors' opinion, and their consequences for babies and their families are entirely unknown.

The following sections review some methods that have been evaluated by researchers, discuss some problems associated with them, and introduce a new concept for promoting parent and baby sleep health.

Sleep training methods

Sleep training techniques fall into two categories: 'preventative' regimes aim to prevent sleep problems developing; 'therapeutic' regimes aim to tackle existing 'problems'. All of them focus on increasing the length of time babies 'sleep' during the night, which actually means reducing the length of time parents experience disturbance during 'sleeping hours'.

'Controlled crying', 'cry it out', 'gradual withdrawal', 'scheduled waking', and the use of positive routines or schedules have all been evaluated, although the number of studies is quite small. Most published studies (over 80%) report positive outcomes, with the greatest amount of support (in terms of number and quality of studies) existing for 'controlled crying' and 'cry it out'.

This means the studies achieved one or more of the goals aimed for, including an increase in the amount of sleep mothers reported for their babies or themselves, a decrease in the number of times babies woke during the night, or a beneficial effect on other outcomes including mothers' depression and children's day-time behaviour. Some studies found that the improvement seen in mothers' or babies' sleep was only significant for part of the group who were studied.

Problems with sleep training research

Although the published research presents convincing evidence that sleep training regimes can alter babies' (or their parents') sleep, there are some important additional issues to think about:

- **Long term impact:** few studies have looked at the long term impact of sleep training on babies' and children's sleep. Those that have, have found no difference between babies that had been sleep trained, and those that had not.
- **Age of baby:** where positive results have been obtained in studies with babies over 6 months, this has been taken to mean that they will work with, or benefit, babies under 6 months old. However, **this may not be true**. Encouraging babies under 6 months to sleep for longer than what is normal for their stage of development may increase their risk of SIDS, as **unusually prolonged sleep is associated both with increased SIDS risk, and undermining breastfeeding**.
- **What 'works':** As most studies involve complex interventions, with many different parts, we know very little about how any one part works. Improvements seen in sleep or mothers' mood are often attributed to a single part of the intervention when they may in fact be due to many interacting factors, including the act of taking part in a study itself.
- **The effect on feeding:** studies have not accounted for the effects of sleep training on feeding, or for feeding difficulties, which may affect the sleep of babies and parents, and may also contribute to anxiety and disruption to the mother-baby relationship.

Things to consider

Most studies find that sleep training can alter babies' behaviour. However, there is no evidence to suggest these 'improvements' last long term, and sleep training can be stressful for parents. Very little research has looked at the effects of sleep training on babies, beyond the effect on sleep (or crying).

- Many 'effective' sleep training methods have focussed on **managing babies' crying**, rather than their sleep per se. Such methods require that both parents and babies break the link between crying and consistent parental response. This means **breaking a link that evolved to ensure babies' survival**. The effects of breaking this link are unknown. Some research suggests that sleep training may disrupt both biological and behavioural mother-infant relationships; this in turn may harm babies' physical, social, emotional, and behavioural development.
- Encouraging young babies to sleep longer or more deeply than is normal for their stage of development may put them at **increased risk of SIDS**. Sleeping alone before 6 months of age is known to increase babies' risk of SIDS, compared to sleeping in their parents' presence.
- Sleeping for longer at night (or not signalling (crying) at night) **reduces opportunities for breastfeeding**. Some sleep training regimes emphasise that feeding and sleeping should be separated. Night-time breastfeeds are important for initiation and maintenance of breastfeeding, as they have a much greater effect on the hormones needed to support breast milk production.

Alternative strategies

Recently sleep researchers have proposed a new focus on sensitive and responsive care, attending to the baby's biological sleep regulators

This method is still being tested, but it is based on sound scientific understanding of mothers' and babies' biological and emotional needs, and sleep science. The program emphasises accepting baby's needs; focussing on enjoying life with the baby; using daylight early in the day to encourage development of baby's daily rhythms; using relaxation exercises for body and mind. For more information about this project see www.pameladouglas.com.au/blog and www.basisonline.org.uk/sleep-baby-you/.

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