

Fourth Trimester Podcast

Episode 8: Angelique Millette

Sarah Trott: [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefitted hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit? What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?*

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at <http://fourthtrimesterpodcast.com>

Sarah Trott: [00:00:49] Hi everyone welcome back to the fourth trimester. We are here with guest Angelique Millette. She is a nationally recognized pediatric sleep consultant, a lactation educator, a pediatric sleep researcher and creator of the Hands to Heart

Sleep Swaddle. She has a doctorate and her research addresses infant sleep locations infant maternal sleep quality and postpartum depression and anxiety. She has done a ton of work with parents, nonprofits, government agencies, corporations, universities and parents all over the country. and to find out more, you can go to her website which is Angelique Millette dot com. So how are you doing, Angelique? thank you for joining us.

Angelique Millette: [00:01:37] Thanks for having me. I'm doing very well today. Thank you. And eager to speak with you about sleep.

Sarah Trott: [00:01:43] So we just wanted to kick off with a first question that we'd like to ask all of our guests which is what was your fourth trimester like.

Angelique Millette: [00:01:53] Oh it's such a sweet question to ask. I appreciate that question. I had a wonderful fourth trimester and I nested. I didn't work. I was fortunate enough that I planned out the three or four months off from work and from clients and I put all the books away. I'd been reading literature, science, studies etc. etc. about bonding, breastfeeding, sleeping, all that good stuff and I actually put all those books away. I didn't read a single thing. I just enjoyed my time with my daughter Montana.

esther gallagher: [00:02:27] You know I love to hear that, Angelique. That's what I hope for all new families. if possible.

Angelique Millette: [00:02:38] It was such a gift. I love science. I'm a big science head but it just felt so right to just be in a rhythm and get to know one another. And I'm so grateful that we had that time. Families always ask me you know what can we do to get sleep on track for our baby and I say Simplify your lives.

esther gallagher: [00:02:58] Sleep! do some sleeping sleeping.

Angelique Millette: [00:03:04] Simplify your commitments, simple your lives, do a lot less especially in the first three to four months because those are times for self care and getting to know your baby; getting to know the kind of parent you are.

esther gallagher: [00:03:17] That makes me think something my midwife said about me when somebody was asking how I was doing during my first couple weeks postpartum. She said she's a good animal.

Angelique Millette: [00:03:35] It really is all animal nature what happens. You know that first that first that fourth trimester. It's amazing, absolutely amazing. And we had breastfeeding issues and so I'm certainly grateful to the 20 plus years of being in the midst of families and learning so much that I certainly went to in the fourth trimester with all those imprints and templates of OK what is Montana trying to tell me she needs. And I've seen this before. I had oversupply. And so it took a lot of experimenting and it really gave me a lot of compassion for the moms that are going through oversupply. A lot of focus is on is mom making enough milk but what about when mom makes too much milk and how that effects sleeping and feeding. So it really deepened my work with families that's for sure.

esther gallagher: [00:04:27] Well let's launch in then: what's the main issue parents have when they come to you?

Angelique Millette: [00:04:33] The primary issue is frequent waking at night from their baby or their child, bedtime resistance would be another one, bedtime resistance means it just takes a long time for their baby or child to fall asleep at bedtime one or two hours and more. And then of course with you know frequent waking at night it could be a baby that's making every one or two hours at night. It needs to have you know any number of what we call sleep associations to get back to sleep. So the parents are really worn out. babies are also a bit worn out too. They're having a lot of what we'll call unconsolidated sleep.

esther gallagher: [00:05:11] How did you get interested baby and parents' sleep?.

Angelique Millette: [00:05:15] Well I was in college and I began to become very interested in women's health specifically pregnancy, birth, postpartum and the transition to family. And in that interest I became a midwife. I had a really some unique opportunities, that was 22 years ago. Can you believe it? And so I ran with it. I had all the time in the world to just immerse myself in the work. And as I was doing that what really just got me really interested was the interplay between attachment, parenthood,

mood disorders, specifically moms and then sleeping for parents and babies. So I was working as a midwife and I became even more interested. I love home birth and I loved the midwifery model but I was quite pulled to working with high risk moms and really understanding what complicated their postpartum experience and led to some of these variables you know like the combination of insomnia, postpartum mood disorders, even disorganized sleeping behaviors in babies like reflux, colic, feeding behaviors, sleep behaviors. So there was this kind of like what's going on there? I was really pulled to working overnight with families of all things. This is the energy of a 20 year old who was attending births at the birth center in the hospital. And then I would drive over and do the overnight work with families. I call it my field work. I spent 10 years not sleeping at night.

esther gallagher: [00:06:50] And if that doesn't set you up for this job, what would?

Angelique Millette: [00:06:54] There's no there's no better lab than being in a family's home at night and watching the night, the dynamics unfold and observing all kinds of sleep patterns in babies and parents. It was really rich with gosh how does all this go together? So when I did my Ph.D. I started my Ph.D. I think I was twenty eight. then I got to look at all the research on all of these variables and I was surprised to find out it was really outdated. It looked primarily at the extinction or cry it out method which is the method where you'd put a baby into the crib at bedtime you would leave and you don't return until the morning. Right. Sorry. And I agree a lot of parents will say the same thing. They'll say. All right. As tired as we are we're not prepared to try that. And some parents will try it without a lot of understanding about attachment and child development and brain development. So I tasked myself with reading every single piece of literature on all those variables sleeping, feeding, attachment and sleep patterns and postpartum mood disorders and how experiences or incidents during pregnancy and birth and postpartum impact sleep cycles in babies. I was just a sponge for really reading everything available on the topic. At the same time I was working with families and I really knew that we had to shift the paradigm away from one size fits all solutions and we had to get into looking at all these variables that contribute to sleep patterns and families. And coming up with dynamic methods that address the specific needs of that family, meeting the family where they're at and seeing the sleep deprivation and the sleep issues as an opportunity for parents to understand their baby's communication and behavioral development versus the old paradigm which is consultancy training paradigm the parent needs to just back up toughen up leave the room don't come back.

"That baby is manipulating you" --as if you can manipulate parents. That doesn't really start to develop until they're 3 or four years old. That ability to really. So there was this real shift away like let's create this new paradigm and that was I would say 12, 13 years ago when I really started to theorize the paradigm. I had been doing it with families so it was all there in the field work. But then when I started to actually conceptualize that theory and started to work with nonprofits and universities and working on-site training that's when it really started to click. All right. We're going to shift away from this old paradigm; it's not really serving families. It's very limited in scope. At the same time the field was starting to really catch up. There's been a dearth of research the last 10, 15 years about all these variables and I'm really interested in. So I'm happy to say that as I was shifting into the approach I was able to then offer families some really compelling research about why it's important to look at other possibilities when it comes to their child's sleep.

Sarah Trott: [00:10:01] You said so many interesting things there and I wanted to pick up on first is cry it out because maybe people don't really know what that is. What is that? Is it fair to say it's a little out of fashion now?

Angelique Millette: [00:10:18] Well I wish I could. I wish that was the case. There's a very esteemed and popular pediatrician out of Brooklyn New York who just made a statement in the last year saying that you know, we really need to sleep train babies using the cry it out extinction method starting at two months and he's very popular. And so I wish I could say that it's out of fashion. I will say that what we're bringing to the table is other methods and we're educating parents about those other methods. The extinction cry it out is the method that was probably used when we were babies. It's been around for two generations at least. It's the method that Weissbluth refers to in his book, which I would say the grandfathers of the Sleep field would be the two pediatric sleep researchers Ferber and Weissbluth here in the U.S. that is. And so Weissbluth proposes extinction or cry it out that method you put a baby down and then you don't return. So you are in fact staying out of the room the entire night. The way that families would implement it is that they immediately extinguish all night feeds. So that you know they're achieving like a 12 hour cycle of sleep. Furber just to distinguish Furber method or Dr. Ferber suggests using what's called the interval method or graduated extinction. with graduate extinction you increase the time that you're out of the room so you'd leave the room for five minutes come back for a minute leave the room for seven minutes

come back for a minute leave the room for ten minutes come back for a minute. The premise of that method is that you're checking on the baby but you're not picking up or feeding or placing a pacifier. So those are we'll call them crying methods because they're largely dependent upon the baby crying, self-soothing and settling to sleep. They are methods where they're very low in parent proximity and parent-responsiveness. With the extinction method, there's no parent proximity, the parents not in the room at all. There's no parent-responsiveness. With interval method there's at least a little bit.

Sarah Trott: [00:12:19] What are the physical and emotional aspects of it. So for example, how would a baby feel during the extinction method and when is a baby big enough to experience that amount of time without feeding?

Angelique Millette: [00:12:33] Those are the questions to ask and you know much like you other parents are asking these questions and I'm glad they are. What I've been able to find in the research and what I do is I pull from all kinds of disciplines to really understand the full picture. But starting around two months babies are developing emotions: sadness, anger, frustration, happiness, and so you can bet that as a baby's crying there they are feeling anger, sadness, and frustration. that is definitely evident in the cry. if a sleep consultant suggests that the baby isn't feeling anything which is again part of that old paradigm, that babies aren't feeling anything they're just manipulating you if they're crying, they're really missing the point about child development like completely missing the whole thing. So babies are in fact feeling all that. Is it a reason to sleep train is it a reason not to sleep train ? That is the big question that we ask. What I do, because I do use that interval crying method is that I take some departures from the classic interpretation of the method. I'm a lactation educator and I also study attachments and so I make some modifications to interval method to take into account breastfeeding and attachment. The research it's difficult, You can't ask a baby well how did that feel last night when you cried? There are some ethical constraints: you can't set up what we'll call an A plus study to know for sure what a baby is going through. The best evidence that I have is what is the baby's behaviour like the next day. That's the question I ask parents: what's your baby behaving like the next day? What is your baby behaving like the next day? Variables i'm looking for like I ask, parents are they making eye contact? are they cooing, babbling? Are they accepting the feed when offered? Because I've worked as a child therapist with traumatized babies and young kids, sadly it happens. But these are babies that have been actually abandoned and neglected.

There are some characteristic behavioral changes babies begin to withdraw. They don't feed, they don't make eye contact, they don't coo, they don't signal parents. That's my baseline. I'm looking for changes in behavior. I also don't start if I'm going to use that interval method that crying method, I don't start until a baby is at least four to six months of age and they've exhibited some signs of self soothing. And I wait because I want to establish that there is some attachment that's been developed in the first four to six months. So I call that, let's call it just the attachment bank. I think it's a limited term for it but I think it helps to visualize that. So we imagine that the baby's needs are consistently met, so when we use this sleep training method, we're now shifting the baby's expectations about how the parent's going to respond. But we only do a little bit of that and we bank on the baby having developed what's called resiliency. That's a big part of this is that babies that are having their needs consistently met develop resiliency so that if there's a little bit of a break to the relationship with the parent -- which I actually thinks the training is a break -- that they're able to manage it with that resiliency that they've developed. a two month old doesn't have any resiliency that they've developed, they haven't had enough interactions with the parent to develop a bank and have resiliency there. So we have to really take into account so many different variables when you look at what method we're going to use. And that again I'm bringing the parent back to the child's behavior the next day. Probably a large part of that is because I am only asking the baby to do enough that they're not overwhelmed by it. So I'm not asking a parent to drop all the night feeds as they sleep train to keep at least one or two or three night feeds because the night feeds are about nutrition and hydration but they're also about resetting and bonding.

esther gallagher: [00:16:25] It's a long night especially if you get hungry.

[00:16:30] It's long night, and I think it's very reasonable to expect the baby to have a night feed until they're 4 to 12 months of age. So. So I do make a lot of modification. There isn't really a good way for us to know what a baby is feeling and that's the limitations of this. What we do know is that when babies aren't sleeping well and parents aren't sleeping while we have so much research to show us that can impact the relationship between the parent and the baby. And so we just have to look at it case by case to see is this family if we were to introduce this intervention where there's crying is can we conceivably offer some support so that when the baby is unhappy and crying

and the parents are feeling oh gosh is everything OK can we do this in such a way that the baby still knows that they're safe and loved? And that's like that is the question.

Sarah Trott: [00:17:23] And how do we want our baby to feel when they're learning how to self-soothe and sleep on their own?

Angelique Millette: [00:17:29] Well like I said I don't mince words with parents. I remind them, when your baby's crying they're mad, they're sad, they're frustrated. There's an extinguishing of expectation a certain expectation the baby has that the parent's gonna respond a certain way.

esther gallagher: [00:17:44] Right. And I think sometimes a problem might be for parents, and I will apply this to all things parenting over lo, the span of however many years you parent. You know it's so easy to detach from this. Right. It's a simple matter of asking yourself what does it feel like in my body when something triggers anger, when I am angry when I am frustrated, could be my own thoughts right that are triggering these things. But in any case like what does it feel like when I'm angry? What does it feel like when I'm sad? What does despair feel like? you know. And is that something you want your child to have to do unsupported for any amount of time? You know I don't know about you Angelique, but i think that's a good starting place. Like ask yourself how much of that can you tolerate really tolerate, and then ask yourself what you're asking your baby to do, potentially. it doesn't mean you backlash on yourself and say Oh well I guess sleep deprivation and you know anxiety driven depression is my lot in life. It shouldn't be, right like that. This is often what we're talking about. a parent needs to get some better form, quantity and quality of sleep in order to be the parent they're trying to be and they have a baby who, as of yet, isn't sleeping enough to satisfy all of that. So it's a very interesting conjunction of needs. Right.

Angelique Millette: [00:19:31] And what we found I did a big study with families around the U.S. really capturing a lot of insights and data about sleep, moms and babies sleep in the four to six months of age. We collected all the data and looked and ran through all the analysis. Step back we said oh my gosh this is so complex. Yeah I know. So many variables. Because we saw a subsection of moms who had quite high levels of sleep deprivation and anxiety who found comfort in bed sharing. These were self-acknowledged moms who said you know I'm not sleeping. I'm really depressed and

anxious, but I'm getting something from the bed sharing. We step back from all the data and said, well, it's so not black or white. There's so many shades of gray. It's quite complex. That gave us even more reinforcement and encouragement that we have to use a toolbox of methods and align the methods with the philosophy of the family.

esther gallagher: [00:20:33] Well I'm going to back up and throw something in here and that is something I try to teach my new parents right away which is that you know you can't sleep if you're hungry- your brain is automatically going to go on alert and start foraging even if your body doesn't get up and go do it. Right. So when you're a breastfeeding mom and your body is metabolizing thoroughly especially in the first six weeks so much for a newborn who by rights should still be hooked up to a placenta anyway. You know it's normal and natural to be hungry throughout the night. Most moms are doing a lot of the breastfeeding during the night meaning that's when babies kind of wake up and smell the breast milk and they're like OK, it's safe and quiet and dark, let's eat. So I think A, managing their expectations and their understanding of what babies need in those first six weeks to three months is important. But also what that mom needs, she needs to not think that she's going to be able to get through a 24 hour cycle on a bowl of granola a sandwich and a bowl of soup.

Angelique Millette: [00:21:54] That's Right.

esther gallagher: [00:21:55] You and your body can't calm down and sleep for those 20 minutes to three hour intervals that you might be lucky enough to get, if you're hungry. That is something you can relate to your baby. They're not prepared to do that. In a nice way, your bodies are made to do that together anyway. So if you can stop imagining that in the first six weeks you're going to lose your mind, if you don't get eight hours sleep. Right. And just as you were so beautifully illustrating about your own fourth trimester, just sink down into what does this baby do and what do I do? How do we do it together? Let's get in sync because even as sleep deprived as I was I look back and realize it wasn't the baby doing it to me. She wasn't you know the greatest sleeper on the planet. But she was sleeping throughout those 24 hours. It was the household I lived in and the disruptive behavior of adults and you know nobody around to feed me while I was sitting or lying down breastfeeding all day long so you know I look back and realize yeah not optimal circumstances by a long shot and nobody to normalize any of that. Being somebody who was sleep trained too you know like I think there was some triggering

going on around having a new baby as well, that's kind of personal. But I think we don't realize like we were that baby once, ourselves and somewhere inside of us remembers you know.

Angelique Millette: [00:23:48] It is much more complicated than we ever imagine and much more complex and helping a family find their way to the vision-- that's why I always ask family is when we start our work, What is your vision, what does it look like? And sometimes I can hear in their response that their expectations are from a book they have read. Or experience that a friend has had. Then my work is to help them see their baby is doing exactly what they need to do.

Angelique Millette: [00:24:18] When parents come to me later and say you know I'm going to be going back to work what do I do? Where do I go? The first thing I let them know is I don't sleep train so it's outside my purview. And the second thing I offer is, if you know that this is going to be something you have to explore in order to survive and thrive, please call Angelique. I know that you have done the research. You know it isn't hasn't just been this-- and is it appropriate to name the patriarchy when we're talking about men handing down you know advice to women primarily about how to sleep with babies?-- like I know I have a big problem with that.

Angelique Millette: [00:25:08] Well that's a whole tangential conversation! We can take a look at Ferber and Weissbluth, and then we have to take into account Sears and his original parenting books were largely Christian based and that was 20 plus years ago. His publisher asked him to eliminate those sections because they were largely based on division of roles between moms and dads. And the mom's role was to wake up at night and serve the baby. And you can feel a little part of the Sears approach to sleep. By the way just as a matter of my own reveal, I was hardcore attachment-parenting in my approach to sleep and felt like kids should bed-share and feed on demand until they went to college.

Sarah Trott: [00:25:48] Right now I'm currently going through that now and full disclosure because I'm working with both of you. All of these things. Yeah. It feels like a very natural progression. I want my baby to cuddle with me all the time and my baby wants to cuddle with me all the time.

Angelique Millette: [00:26:06] Smart mom, smart baby. Yeah yeah. Sarah, are you back to work now?

Sarah Trott: [00:26:12] I just went back to work this week. I haven't had a full night's sleep since probably well over half of a year now mainly because at the end of my pregnancy I was very uncomfortable and I had what I called jumpy legs and I just couldn't really sleep and I slept better after I had my baby. Because at least I was getting three-hour stretches right. That was fantastic. And going back to work is exhausting. I'm now fully mentally engaged during the day which takes up a ton of energy in a way that's different from being mentally engaged frolicking after a baby. And I'm more tired and I'm planning to try the interval method in a few weeks when my baby is through her latest developmental cycle and work with you on that, Angelique thank you. And I'm excited about the prospect of getting more sleep. I'm also very cautious about causing my baby any undue stress which is why I like the idea of interval. I like everything you're telling me about it giving my baby reassurance throughout the night that I'm not abandoning her that she's fine that someone will always come if she cries and and just reassure her and create that pattern of her knowing that that she's not alone and that she can still eat. Now her body is big enough. I mean Esther you told me about the idea that babies stomachs have to grow to as size that's big enough before they can physically ideally physically go through a certain period of time without eating which is why,

esther gallagher: [00:27:58] did I tell you that? .

Sarah Trott: [00:28:00] Think you did. I think we're talking about reflux and you'd experienced cases where people have maybe expected their baby to sleep 12 hours before their stomachs and that had a relationship with reflux. Right.

[00:28:15] Because babies were actually hungry, thus producing you know when you get hungry your body anticipates food, starts putting out hydrochloric acid. Right. And then when you're not fed, you're going to have this reflux right. And so often I'm just aghast at the parents who are being not the parents but the parents are being told not to breastfeed or to limit breastfeeding at any stage as though that's going to be the thing that helps quell the reflux. It sounds absolutely untenable to me. And the proof for me has been that when I do show up to clients who have been referred to me who have

babies with reflux they're burping they're doing all these crazy things but they're not feeding the baby and the baby is clearly losing weight. It would be one thing if I was seeing these fat happy babies you know who who burp and scream because it hurts. That is not what I'm seeing. I'm seeing skinny babies crying crying crying crying obviously looking for food. So I'm sad about that, I'm sad that, but clearly there comes a time when babies can sleep longer and longer periods.

Sarah Trott: [00:29:29] And it's not just breast milk right, like babies need any kind of food if it's like formula or breast milk depending on what...

esther gallagher: [00:29:35] You can't feed them about a formula and think that makes all the difference. And that's it. Don't you think that's a myth that we've had for a long long time, Angelique, is that you just you feed a baby every four hours and you give them this amount of milk and you do this and this and this and it seems to permeate our culture to this day even with the the rise of breastfeeding.

Angelique Millette: [00:30:01] Well if you consider the most popular sleep book on Amazon right now is 12 hours in 12 weeks. And it's a book written by mom and coauthored by a lawyer. But here's the basis of the book: It is that at 12 weeks of age your baby will sleep 12 hours at night, no feeding and limit daytime feeds only four feeds. most popular Sleep book on Amazon. And what we're seeing are babies who have failure to thrive. Yes on that method they start to lose a pound or more a week because they're not getting of calories. And here we've got this disconnect moms are going back to work when the baby is around three to four months of age. if they've even had that much maternity leave. They're going back to work and they're faced with the prospect of how are they going to juggle working 40, 50 hours a week including a commute and being a good mom. And then of course the transition to say a nanny or daycare provider that's now going to be the one offering feeding and sleeping. So the book feels like this magic bullet like it is going to solve all that very quickly for a mom who is well-intentioned and just considering options. Babies have eight growth spurts in the first 12 months. Growth spurts are a critical period of brain development when the brain needs food to develop. A critical period of brain development means that the baby is quickly organizing the neurons firing and wiring at a rapid rate as a baby organizes new skills and behavior. So at the pace of every four to six weeks over the first year they will have these critical periods of brain development. We take those into

consideration when we ask parents not to do any big sleep training or sleep learning or sleep program during a critical period of brain development. We want babies to have their needs met and have nourishment that the brains get what they need during these periods of change.

Sarah Trott: [00:31:51] And that means eating at night and eating more than four times a day and getting some contact at night.

Angelique Millette: [00:31:58] That's exactly right. But in effect what you get with a method like that is the parent starts to lose their intuition about what their babies need. They've been successful getting the baby on a schedule. Again it gets very complex. There's a lot of nuance to this kind of sleeping and feeding patterns of babies. And so what happens is that within a couple of weeks of being successful with a method is the baby regresses and the parent says, Why is my baby failing? why am I failing at this? And in fact what we have is just a missed moment for education. Hey mom hey dad what's going on your baby's doing beautiful. They're going through a critical period of brain development. They need to see you and they need to be fed. What helps babies grow is being close to a loving trusting caregiver and when they're in a critical period of brain development they need they have a feeling for safety and response. There's no way to get around it. And your job at that point if your baby is waking up outside of the feed time during the critical period of brain development your job then is to respond and let them know they're safe and loved.

esther gallagher: [00:33:05] When parents are you know on the verge of making a major transition themselves whether it's back to work or maybe moving or you know it could be any number of possibilities there. They're curious like what should we expect? One of the things I say as well expect a baby who's going to need more contact because they're going through it too. And it's a big transition for them. We've already talked about growth spurts and what happens what babies do and what they need and why. But then you throw in another big transition. It may be just Travel right. It's maybe just you'd go on a trip and everything that was kind of day to day for them is no longer for some period of time. You know they're going to seek reassurance that everything's OK and they have one way to do that and that's to make contact with you to see your face to be held by your body to see that you're fine and everything's OK. And so it's common, at least in my experience that for instance when mom goes back to work.

Right. Baby's playing catch up during the night. You know like OK there you are. I didn't see you for X number of hours. I'm going to see you now. See you all night.

Angelique Millette: [00:34:24] And it's a healthy sign saying, hey this relationship means something to me.

Sarah Trott: [00:34:31] I am experiencing that. Yes we speak. Yeah. Is co-Sleeping safe?

Angelique Millette: [00:34:38] There are a couple of things to consider. American Academy of Pediatrics who we'll say is the most conservative science-based body here in the U.S. with assorted sleep advice, they have now updated their recommendations. So interesting me in lieu of probably Dr. McKenna's work. is McKenna's done a lot of great work, looking at how when babies are close to a caregiver at night when they're sleeping close to a caregiver they've seen less incidences of apnea episodes, Apnea's when the baby stops breathing.

esther gallagher: [00:35:10] Surprise.

Angelique Millette: [00:35:13] Hello. Hello. I mean how have we led parents astray all these years? So it's compelling enough. Thank goodness for McKenna, McKenna does great research he's an anthropologist.

esther gallagher: [00:35:24] Love that guy.

Angelique Millette: [00:35:25] Love that guy. And so the AAP said gosh this is so important that we're going to recommend a room-sharing: babies and parents are not separated for at least the first six to 12 months that they share the same room. I mean that is a big deal considering that they've said for a long time, independent sleeping, get your baby safely sleeping alone in another room. Now they're saying that in fact safe sleeping happens when we room-share. However they're not going to support bed sharing at this time. So I mentioned that because I want to you know just sort of set the context for understanding what recommendation parents are getting. the research that we did and other researchers that study sleep have found that parents are going to bed share. Up to 70 percent of parents will bed-share at some point in the first three years--

bed-share. So here we have this kind of disconnect. We do see that the field is catching up to what parents are actually doing which is that parents are actually bed-sharing. A lot of bed sharing, it may not be for the whole night. What we have found in our research and we're seeing in the other research is that there's a lot of what's called hybrid sleep arrangements. that a baby may start off in a crib or co-sleeper, pack and play, in a separate room or in the parents room and then at some point in the night the baby comes into the family bed. What we recommend for parents who are bed-sharing is following the safe bed-sharing guidelines that are very well established by a group of breastfeeding advocates here in this country. If we get the sense we get reports from the parents that they can't be really safe about it, that would include not using sleep meds, no alcohol, no drinking, no smoking, no other kids, or pets in the bed. Those are some of the basics. If we're getting reports from the parents of their pets are in the bed, their older siblings in the bed, maybe that spouse or partner or the other parent is using Ambien to sleep, then we're going to recommend that the parents NOT bed-share or bed-share in different sleep space. Do we have clients that we work with her bed sharing? Absolutely. Do we have clients that want to continue to bed share? We certainly have a handful of those and then we have to instruct them on safe bed-sharing especially as their baby is entering what we call the pre-toddler locomotive stage. It means that they could potentially and will do a climb or roll out of a family bed!

esther gallagher: [00:37:45] I love hifalutin' term for that like, MONKEY in the bed. Get this, I slept on a queen sized waterbed with my daughter and her dad. What a nightmare. You'd think oh my god that sounds great. Oh my. God, Right. it was TERRIBLE! Oh my God. And somehow I didn't know to just say this sucks, Get rid of this crap and get me a real bed!!.

Angelique Millette: [00:38:22] I know Right.

Sarah Trott: [00:38:24] Can you repeat the statistic you said Angelique? How many. What percentage of parents co-sleep or bed-share?

Angelique Millette: [00:38:30] What we found was in the research also, that you know I'm looking at several different studies now. Up to 70 percent of parents in the US will bed share at some point in the first three years. What we're seeing is that sleep is much more fluid than we think. it's not as if you're just going to sleep train your 6 month old

and you'll never hear from them again at night and voila you get the holy grail of 12 hours of sleep. And you know there you go. I mean that's really the crux of the data is that your baby could be sleeping very well the first year and then at two years they start developing nightmares. You've got a toddler develops nightmares and night terrors or simply nightmares and they climb out of the crib. Suddenly you're bed-sharing with a toddler that you never imagined bed-sharing with and you're asking yourself is this working for our family?. I just met with the leading juvenile manufacturing company in the world had me out front on-site in February in New York and the evening before we had they pulled me into to look at designing their new line of sleep products which is very exciting. They see Sleep as like the big-- this is where it's all headed. And we had a meeting at the dinner meeting the night before with all the executives. And here I am a little researcher mama like oh my god this is amazing. I can't believe this is happening. And you know every one of those executives had co-slept with.

esther gallagher: [00:39:56] Right on. Oh that's brilliant.

Angelique Millette: [00:39:59] Not just like a couple months, for years, for years and they all said you know it was the way that we kept the bonding up because they were all back to work. And they said I just missed my little one desperately during the day. And that allowed me to have that time with them and they miss me. And boy what a roundtable discussion that was. Because they're looking to design products that encourage bed-sharing safely.

esther gallagher: [00:40:25] I tried to explain to parents that you know if you've got this big fear of the Boogeyman we call SIDS the thing you need to know is that the primary correlation with babies who don't have SIDS is that they're breastfed. And we know that the most successful breast feeding relationships are ones where families co-sleep. So put two and two together here: just statistically speaking. It turns out that you're more likely to get through this if you're learning how to sleep when your baby sleeps and eat when your baby eats. It's real simple stuff and the rest is details. It's the details like is this a bed that a baby's going to be safe to sleep in with you? Are those pillows that you piled up in on your honeymoon night, you know to make this bed like a wonderful boudoir, safe for your baby? Probably not. Like let's throw those overboard. You know how do we just redesign your bed and the way maybe a little bit of the way you sleep in it so that everybody's safe now.

Angelique Millette: [00:41:39] That's right. I know that when I was a new mom we bed-shared and then I'm a stomach sleeper and I was desperate to get back on my tummy. And so at seven weeks I put her in the Moses basket right next to the side of bed. And then we room shared until she was 18 months old and I worked it great. She joins me on my business trips. She's been on 104 flights. She just turned three. So we're going to room-share. We were, it was going to happen anyway because every two or three weeks we were back on the road at another site doing a training or a lecture and she joined me on all those. So I mention it because I really ask parents to think about what's going on work for their family? How sleep deprived are they? are they able to sleep with the baby's in the bed with them. Are they even able to sleep if the baby's room-sharing with them and what's their commute like? What's their day look like? What are their commitments? What's their health like? What kind of support do they have from their spouse or partner? And by extension their village and community because those have also to be taken into consideration when families are considering next steps.

esther gallagher: [00:42:42] I'm curious how often you come across a chronic or acute undiagnosed illness in a mom that's causing her sleep deprivation while she's thinking it maybe is her relationship to the babies?

Angelique Millette: [00:42:59] Yes I definitely see it, because what we found is that they're all comingled. that likely what mom is going through is going to have a relationship to sleep and feed patterns. Now it's the chicken or egg. We don't know which one came first. And so what we try to do is we try to establish an appropriate baseline sleep pattern for babies, sleeping and feeding. And then we step back and ask mom well how are you sleeping now if mom reports like let's say the baby sleeping a little bit better mom says Well I'm not sleeping well, I can't sleeping better, I'm feeling worse. Then we start to refer out for what would be traumatic events during pregnancy and birth and early postpartum where there may be some post-traumatic stress disorder that's leading to a cascade of symptoms that are insomnia, anxiety related. Postpartum depression has a lot of physical manifestations as you know that can lead to sleep issues in mom's. pelvic floor discomfort. Moms who had may have had some pregnancy pelvic floor discomfort or interventions at birth that are causing discomfort and they're having a really difficult time sleeping. A big one that we're seeing with the hormone issues with thyroid issues in moms that are going very often undiagnosed or

misdiagnosed for months to years. So if we can establish a baseline safe in baby, we can ask that questions that really important question and how are you sleeping now, and they report after a couple of weeks for mom is hey, i'm not sleeping, then we start to use our resource list and make referrals out so that mom can start to get her sleep back.

esther gallagher: [00:44:33] You know I think it's an important thing for moms to know about. You know when I'm working with moms and they're not being seen for the first six weeks and Sarah will remember this. Remember my little list of things that I said Look how about you get the following things checked as a baseline and see how you're doing even if you're asymptomatic even if things aren't looking bad. now they might give you push back and say well unless you have symptoms we really don't want to test you for this and that's fair, but so often there are things lurking that, but for this thorough exam, just blood tests and you might suffer for months and months and months. And what the heck you have a baseline. You know hopefully that you're no longer anemic. You know anybody that plagues women all over the world and it doesn't help you sleep better. And it's a simple thing.

Angelique Millette: [00:45:23] Or not getting the protein and fat that's needed. Mom who's just really tired is unable to get access to really good nutrition or wholesome nutrition or is mostly using carbohydrates for nutrition. So there can be a lot that contributes. We certainly look at the mom and baby as a diad, as a duo. And by extension we look at the family as a client and the patient. We won't separate them out we're really interested in hearing how this whole family is functioning as a whole. How's their sleep going? We do have an extensive research referral list because we feel so strongly that if we think that the lack of sleep: I consider it the window and the door in if we have the opportunity to get a family the resources they need beyond just helping them sleep. And we're going to do that.

esther gallagher: [00:46:06] How do you talk to partners about how their behavior day and night might be affecting mom's sleep?

Angelique Millette: [00:46:14] It's definitely a big part of how we set up the methods is to enlist the spouse or partner in the method in fact that's probably a big departure that I take from the classical interpretation of interval method is that I don't enlist the mom to

do the method because it's too confusing for baby who's bonded quite closely with mom via feeding, Now see her as the person that's going to leave when the baby's crying. baby is confused by that which completely makes sense. it's like being on a no carb diet. And then the pizza guy keeps coming over with the pizza and the baby just gets confused so-- good metaphor-- when i can explain it like that, they understand it. And so when you know for example or any one of the methods by the way we haven't talked about the other methods in the tool box we've talked about the sleep-training because that certainly is one that parents are curious about. half the parents I work with will use that method by the way. But then there's a no-low cry method that works very well that I developed over 20 years ago. It just takes a lot of work, takes four to six weeks to get results. for any one of these methods, we enlist the spouse or partner to participate. And often that becomes a bridge for the spouse or partner feeling like they've got some tools in the toolkit for participating in sleep routines all together maybe they haven't participated because the baby was largely focused on mom or mom was largely focused on baby. So this is bridge we consider a bridge for getting the spouse or partner to participate. We're certainly seeing a lot more partners willing to participate with the bedtimes and night sleep especially the last 15 years, I'm seeing a lot more we'll call them shared-parenting responsibilities even at night. So we get lucky for sure with those families where it's just a given. With the families where that's not the case, then there's a bit of education and support and a little bit of setting up the methods so that the partner can participate. I will say sometimes they're willing to, sometimes they're not. Sometimes that is bigger than the work we're going to do together. We always do an intake with the family before we work with them. We get several intakes a year where say the family to the parents, because we try to have them both on the intake, Sometimes we can sometimes they can't, but we'll say that you know it would be helpful if you had a little bit of time with a couples' therapist before we do the sleep work. We'll say come back to us in a couple months because they think this the work will be much more impactful if you've had a little bit of support. that can come up in the intake we already can assess for that.

Angelique Millette: [00:48:37] That's brilliant, Angelique, that you've got that kind of an intake. I'm impressed with that.

Angelique Millette: [00:48:43] We want them to be successful and we know that it takes a team to be successful. Even for the single moms that we work with. We pull in

support. So they've got some support to help with the method. If it's a trusted family member or even a night doula that we'll pull in that is really compassionate and can be there for the mom to support her.

Sarah Trott: [00:49:02] What advice do you have for parents so that they're making the most of their fourth trimester, for that first few months at home with their baby to set a pattern of healthy sleep habits for their family.

Angelique Millette: [00:49:15] That's a good question. It's one part intuition and slowing down and getting to know the rough edges around trying to meet the needs of your baby and trying to meet your needs and then the other part is probably just very simple routines that you know we think of him as schedule like as a schedule but those routines are starting really early on. It's kind of just part of the mix that babies are born without fully developed circadian rhythms which is really unfortunate for the whole mix. Circadian rhythms develop out of needs being met consistently over those first few months. I mean it's it's amazing the interplay there but I always say sleep is about relationship and it really is. Developing even circadian rhythms. You know that's just going to develop and it happens because mom is feeding the baby frequently during the day and they're bonding and having time together and they're getting outside and exposure to sunlight and then the baby starts to sleep a little longer stretch at night and all that happens because of relationship so I make some really simple suggestions about getting outside every day and starting even a bedtime routine. And again it's not. It's a very just a simple routine that helps the baby know that when this soft music is playing or the lights are turned low and there's this warm water like it could be a bath or a washcloth that sleeptime is going to happen next. Setting the stage for how babies start to transition to what happens next. So those kinds of little sleep routines can be introduced. I start them as early as two to four weeks. Very very simple. You know think of bonding kind of aspects to the sleep routines. I start them very early on and they're zeitgebers that really help the baby know, they're cueing the baby like OK I'm you know my body's going to get to sleep at this point. We're helping parents identify sleep cues for first time parent. They may be missing baby's sleep windows because they just don't know what those baby's sleep signs are, her sleep cues. and some babies don't have very clearly. Some babies yawn and rub eyes or eyes turn red some babies don't yawn at all they just stare off on the. They just have gaze avert. That's the only sleep sign they have. a first time parent might think I'm not being entertaining enough. I better ramp it

up and sure enough, what baby's communicating is i've had too much. Take it down about a million notches. I need to go to sleep. I'm getting overstimulated. So there're really simple, what we'll call education kinds of strategies early on. we certainly see that there's a higher predominance or greater predominance of sleeping issues and babies that have feeding issues. We help parents to sort those out, in the first one to three months of feeding issues that we're seeing with the reflux, lip ties, tongue ties, the latch issues. So we want to help those parents. oversupply. Just had a consultation with a family where the baby's doubled the weight, at 10 weeks of age the birth weight. and they're having all kinds of sleeping issues especially at night because the baby is overfeeding. the baby is getting too much food. while it would be a real problem if we try to sleep train that baby because it's not a sleeping I mean it's become a sleeping issue it's in fact a feeding issue. And we're giving some suggestions we're referring out to LC. We're also getting some immediate recommendations for some different feeding positions and changes to the feeding so that we can immediately start to reduce the likelihood that the oversupply is what's contributing to the discomfort, that's contributing to the irregular sleep patterns.

Sarah Trott: [00:52:51] You mentioned oversupply. What is the answer for that?

Angelique Millette: [00:52:54] It is a lot of experimentation with position is what I've discovered. what worked best for me was not a classic like a C hold, the C position. No my little one was just basically drowning in breastmilk when I did that. What worked best for us was side-lying feeding and then block feeding. And it really immediately shifted the reflux the discomfort she was having. great

Sarah Trott: [00:53:24] Angelique. I've learned so much from you thank you. This was great really great.

Angelique Millette: [00:53:31] Thank you so much I learned so much from both of you it's just such a pleasure to hear your experiences and Esther you're doing amazing work with families. Thanks. Helping them slow down.

esther gallagher: [00:53:43] It's my goal: lie down and breastfeed! feed mommy! Simple little things like that!

sarah trott: [00:53:53] You can find out more about Esther Gallagher on <http://www.esthergallagher.com/>. You can also subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Google Play](#). Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at <https://soundcloud.com/seantrott>. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.