

Fourth Trimester Podcast

Episode 10: Guest Dr. Angelique Millette, Sleep Part 2

Sarah Trott: [00:00:51] 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>

I'm Sarah Trott and I'm here with Esther Gallagher and our guest Angelica Millette. We have a previous podcast recorded with our Angelica sleep part one. This will be Sleep part 2. So we encourage you to listen to Part 1 first. However there's so much to cover

with the topic of sleep that we decided to continue our conversation. Angelique has a Ph.D. and she has dedicated her life to exploring healthy sleep for families. And she is a mama and we're so honored to have you back as a guest again Angelique.

Angelique Millette: [00:01:23] Oh I'm delighted to be back. Thanks so much for having me.

esther gallagher: [00:01:27] Yeah we've got a few things on the agenda today that I thought we would start with the question of what parents often expect in terms of sleep in the first two to six weeks and what's actually reality based. And I thought Angelique I would start out and talk about that and then jump in with you. Is that OK with you?

Angelique Millette: [00:01:53] That would be super. I would love to hear your experiences you've had as a postpartum doula.

esther gallagher: [00:01:58] Sure. So often parents have framed sleep in terms of an image of an infant a newborn that is a sleeping one, right, because they're always sleeping in the pictures. Why is that? However as often as not parents have no idea what that actually is like and often as well they feel quite exhausted at the end of pregnancy and then getting through perhaps a long labor where they didn't necessarily get much sleep. They're imagining that they're going to sleep a lot somehow and feel well restored. Now the fact is that in most cases brand newborn babies in the first 24 to 48 hours will have one long sleep: four to eight hours of sleep is actually not unusual and it's also not wrong. It's good. Babies do that. They have usually plenty of brown fat. They're going to be able to survive without eating constantly. And when they do eat they're getting colostrum which is quite rich, inoculates their digestive tract and while it probably has nothing to do with whether they sleep or not it is sustaining and it is all they get and all they need in the first 48 hours. In the meantime, mom is- her body going through many many changes and she will be making milk sometime on day three or four. So all of this is very natural for babies to come out and sleep. However what most people experience in the first 24 to 48 hours, especially if they've given birth in the hospital setting is that their sleep is disrupted. If they were going to sleep with their baby their sleep is being disrupted by every hour or more checkups from nurses and or doctors. So that restorative sleep that most parents could be getting doesn't happen. In the meantime also parents are quite hormonal driven in the sense that there's a lot of

adrenaline and sometimes cortisol and often a lot of oxytocin. And so whether or not they sleep they are sort of biologically programmed to be alert to small sounds: the kinds newborn babies make. And so parents are attuned to their new baby. And so any sounds babies make are likely to wake them or they just might feel very very tuned up and tuned in and not very sleepy. And that's also fairly natural. So long as it isn't how they spend one hundred percent of their days in the coming weeks. So going forward into the next few weeks babies are going to be sleeping short periods 20 minutes to three hours at a stretch and those won't be very predictable in the first week. If they become predictable at all in the first two weeks it's not going to be the first week that they're predictable. So if parents are sleeping when their babies sleep they will get a lot of sleep. But if they're insisting on texting and talking and watching TV and doing chores and things like that it's highly unlikely they will get enough restorative sleep and this is particularly true for new mothers who have gone through the birth process and are healing and recovering and establishing their milk supply in those first two weeks and breastfeeding what feels like 24/7. So that's my intro to sleep in the first two to six weeks. It shifts and changes over those next four weeks. Babies go through a growth spurt or two that is often disruptive to what parents thought was the sleep pattern and then a new sleep pattern is established. Of course Angelique you and I get to see parents who haven't managed to settle into any kind of restorative sleep cycles with their babies. We know that that can be pretty devastating if not just difficult

Angelique Millette: [00:06:40] Very similarly to what you describe, I try to set some realistic expectations and do a little education. I think that parents are bombarded with images, opinions, information, misinformation, myths about infant sleep. And so they know that it's going to be tough. At the same time they also are looking for strategies to implement right away. I should just establish that a lot of the families that reach out to me I feel fairly lucky and blessed in that way because a lot of them are waiting until their babies are a little bit older usually four to six months. And most families are reaching out but I do get families who are reaching out in the first six weeks. When I work with a family that has it a young one that's under six weeks of age then it's a lot about education and sleep routines and just observing their baby's cues and communication really. I think that's the most simple thing.

esther gallagher: [00:07:36] I think it is the most simple thing and yet isn't it interesting how people don't see those cues and don't understand that I don't know that I as a first

time parent really fully understood what my sleepy baby was indicating when she was sleepy. And I also felt that she was very wakeful; that it was super easy to wake her up and I don't know that that was actually true. But I'm curious because of that experience whether you work with parents who imagine their babies just can't sleep for more than 15 minutes or something like that.

Angelique Millette: [00:08:20] I do work with those parents and I give them permission or encourage them to hold their babies. There's a lot of fear about holding babies for sleeping. I'll focus here specifically on napping when I describe that especially I see a lot of moms really concerned that they've got to put their newborns down for naps. I do a little bit of saying hey it's pretty normal for your baby you want to be by you. And so let's find some realistic ways for that to happen but also give you a break.

esther gallagher: [00:08:51] I really appreciate that because you know I would say to people well I just can't put her down. She'll wake up. And they would say what's wrong with you. It was some terrible fault of mine which was just distressing. I know I've helped new parents a lot with how to get positioned in bed so that they feel really safe holding their babies and drifting off to sleep themselves. And that would have been nice if somebody had shown me how to tuck myself in.

Sarah Trott: [00:09:31] Well I certainly appreciate that I say I don't know the difference. And I think that I had a lot of questions that you were able to answer but had someone not been there to answer my questions I would have felt a ton of trepidation around holding my baby while she's sleeping or I'm sleeping because of messaging that I think is popular around. You know it's the danger of holding your baby while sleeping. But I couldn't have imagined anything more natural than my infant baby who's hungry and tired nursing and falling asleep in my arms.

Angelique Millette: [00:10:09] That's what they do.

esther gallagher: [00:10:12] It's what we'd all do if we were given the opportunity. I know I would. No one's offering.

Sarah Trott: [00:10:24] I had an expectation before my baby was born that maybe I would be tired all the time because she would be awake all the time. She actually slept

more than I thought she would which was a nice surprise. I think not to set any listeners up to believe that their baby's going to sleep all night. Right off the bat. Because I was trained to sleep when my baby slept during the day as well as at night fairly rested. I felt like a zombie. But I also felt fairly rested.

esther gallagher: [00:10:55] Yeah I think that feeling you called it feeling like a zombie. I think normalizing that feeling a little bit for new moms is important that if you felt like your old normal self what would you do Sarah you'd go run a marathon. Well, your baby needs to eat a little more often than that. So you know if you're up and ready to go in the first six weeks your baby won't get fed honestly. And so I try to let parents know like I know you're feeling slowed down because nature knows better than you right now and you need to be going at baby speed not adult single people speed.

Angelique Millette: [00:11:40] I remember the feeling that oxytocin: it just grounded me. Yeah I didn't want to move. I just wanted to just hold my daughter and just stare at her and just. It was such a slow feeling and I was blessed to be able to nurse her for quite some time. I remember the feeling of the oxytocin each time I nursed or even as I got back into working and doing chores and all of the things that kept me busy but it slowed me down. That oxytocin as soon as I latched her on even as she got to be close to one, could feel it. Like wow it just totally slows me down.

Sarah Trott: [00:12:18] Yeah it's true it's a wonderful feeling and I look forward to it and enjoy it . You were saying Angelique you have a handful of parents who do come to you within the first six weeks. What kind of questions are they asking?

Angelique Millette: [00:12:33] Well I I feel like I said I feel very lucky that they're not asking to sleep train their babies. And they are asking well when is it appropriate. We've heard it's appropriate as the baby gets older. They're looking ahead a little bit contemplating the end of maternity leave and that you know the new normal and the transition and what that's all going to look like which I really appreciate. So I do a little bit of explaining sleep routines and you know this is one of those kind of a teachable moment where simply describing the arc of a baby's behavior from when they wake up from say a nap to waking feeding observing being stimulated and taking in their environment and then helping a parent recognize their baby's sleep cues as the arc starts to complete and they fall back into a moment of what we call a sleep window and

their body releases the sleepytime hormones and they're ready to sleep. And helping a parent follow that arc is like it can really change things. And it gives them a real important skill set for starting to understand the way that a baby communicates. And this very subtle dance between a parent and a baby for picking up those cues. It will be a couple of years before a child can actually say hey mom I'm really tired. Mom I'm going to lay down. That's what my daughter told me the other day at age 3 and she slept with my mama I'm tired. I want to lay down for my now mom. But boy it takes years to get to that point. So very early those very very early little signals and cues. It's like the very beginning of that communication that occurs with the baby showing the sleep signs and a parent observing. So we try to do a little bit of education around that. There's a natural window that occurs somewhere around 90 minutes of awake time for a newborn. That means from the end of their last sleep cycle until the beginning of the next cycle that 90 minutes is about the time they can be awake. Ninety minutes is about the time that they start to present these sorts of sleep cues. But it could be as short as an hour it could be as long as two hours. It's funny I'm really big on cues but I also know that we're clock driven. For better or for worse. Yeah. It's kind of wired into us so I say it you know watch the clock. It's OK to say that and watch it watch the cues and watch the clock. So that you get a little bit of information and feedback about what your baby may need next in terms of sleep.

esther gallagher: [00:15:05] Well it can be reinforcing right. Like ok. It turns out that my baby's sort of a 45 minute to an hour kid or an hour and 45 minute kid. And maybe it's 45 minutes late in the day and longer early in the day. Now that I've done this for a few days I kind of have a sense OK here and the longer stretches here are the shorter stretches and if I am thinking that there's something I'd like to do between breast feeds and sleep time with the baby. And this is my window right. The baby's awake during this window and it could just be take that shower that you had taken. It just can be helpful to parents to kind of get in touch with that or visit with friends. Right like they can send messages like you know I have this window. It's bounded. You know I'd love to have a phone chat with you. But it's only going to work if...

Sarah Trott: [00:16:09] I think it's interesting that you mentioned that we're clock driven. I've heard people talk about a three hour cycle. What is that?

Angelique Millette: [00:16:18] Well the three hour cycle includes the awake time feed time and sleep time. That's when we talk about three hours cycle we're taking into consideration that a baby would feed every three hours. And I would say for newborns that's likely not always going to be the case. There's a lot more variability. There's cluster feeds. There's a wide range of variability. I would say that we certainly start to see more of a three hour cycle in a lot of babies by the time they get to three to six months which coincidentally is timed around the organization of circadian rhythms and that we talked about this a little bit before but we stop seeing nighttime bowel movements and we start to see a lengthening of the first sleep cycle of the night. And one of the things I would say a parent says get your newborn outside. It's exposure to sunlight that organizes circadian rhythms.

esther gallagher: [00:17:14] And has all kinds of benefits for the parents as well. Well and I even start Angelique with those newborns and say to parents you know babies are going to sleep anyway. It's OK to open the curtains during the day but for it's not going to impede their sleep cycles. But it is going to help them acclimate.

Sarah Trott: [00:17:41] So the circadian rhythm of waking up when the sun rises. I would love to talk more about that. Is it reasonable to expect a baby to sleep in as a concept?

esther gallagher: [00:17:53] Newborns do. Right. They like to sleep between six and 10 really deeply. I find you know there's a cluster feed in the early hours and then they go back down and not some for some babies. That's the long deep sleep of the day. Yeah. Just as the rest of the world gets really busy. I think mammal babies are really smart. They kind of like hunker down and stay out of the way. Between two and six weeks that starts to be a little more obvious to parents right. Oh yeah babies just are quiet in the morning and often what's challenging on my end of the work is saying yes you're still recovering you know bounding out of bed at 7 to take your shower and do all your stuff because the baby's sleeping means you may find it almost intolerable the rest of the day.

Angelique Millette: [00:18:51] That's so true. I remember the 12 hour rule that's what we when I was a midwife 23 years ago. And then I took that into my daily work but it really is true that asking a mom to stay in bed for 12 hours if the baby goes to bed at

8:00 she's in bed at 8 and stays until the next morning even if she cycles through periods of being awake to feed her baby that she's had 12 hours of resting her body and you think that holds true for life.

esther gallagher: [00:19:20] I think there are those babies in the first few weeks that you maybe up with actually on your feet for an hour or so at night because they're fussy and that's why you don't preclude napping during the day. And what I find is you know moms are often very much awake during the night feeds in their first two weeks. They haven't quite figured out how to be comfortable enough how to quiet themselves enough. Again I think there might be something very biological about that; that you're you're getting to know your baby during those breastfeeds so you're supposed to be a little bit more wakeful side. So I wouldn't be telling a mom 12 hours at night, no hours during the day. I wouldn't want to imply that you're not napping during the day. But I also say you know it's OK if you're in bed more rather than less; that would be good. Plenty of time to be on your feet. You have to get up to go to the bathroom. So you know it's OK to rest.

Angelique Millette: [00:20:34] It is. That is ok the rest, your body needs it. And you know those newborns we don't even call it nighttime sleep it's just considered napping day or night. That's how we look at those cycles until they start to differentiate and their sleep becomes more like ours at around three to four months of age and then they have a day napping and nighttime sleep. When we look at those patterns we actually see the cycles of 24 hours. It's just shorter long naps that they're taking. That's what it looks like.

Sarah Trott: [00:21:08] Is that following the pattern of what they were doing in the womb.

Angelique Millette: [00:21:11] That's right. That's exactly right. And they fall into REM sleep upon falling asleep. That's why we call it napping because it really isn't like a sleep cycle like what what we're having.

esther gallagher: [00:21:24] The anatomist in me is always really interested. I'm particularly interested in the pineal gland and I would be you know of course I don't want anybody to actually do these anatomical studies. But when we have the kind of imaging that's easy to do and non-invasive wouldn't it be interesting to be able to see how the

pineal gland is developing in the first six weeks? first 12 weeks, really. Because I believe it is. It's not set in any way yet. And the way we think of adults or nighttime sleepers' being set.

Angelique Millette: [00:22:02] That's right. That's not set at all. It's not. I think we're learning so much about sleep. There's such interesting research coming up about sleep that we have so much more to learn about this really delicate interplay and how we are quite connected to the rhythms of the day and the night.

esther gallagher: [00:22:19] Which are the rhythms of the planet.

Angelique Millette: [00:22:21] Yes. You know why babies are waking up at 5:00 6:00 o'clock in the morning this time of year when the morning light is waking them or they're having a harder time falling asleep at bedtime because it's light until 8:00 or 9:00 p.m.

esther gallagher: [00:22:37] The rest of the world would be taking the siesta in the hot part of the day. So if you were going to get any work done or play you would get up at five thirty and enjoy the cool hours right. That's right. And snooze from 11 to two or more. And get back up when it starts to cool down again. Play play play until you're too tired.

Sarah Trott: [00:23:05] I mean it sounds like there are options here and it keys around aligning one's schedule to the baby. Or the planet. Right. Doing that or not perhaps is the question. Yeah.

esther gallagher: [00:23:21] Well I can tell you Sarah with my little daughter there wasn't a choice. Nobody else was going to get up with her. We got up! you know if I could get to bed and not be too disrupted other than to breastfeed her that didn't seem like a terrible thing. It was pretty fun actually.

Sarah Trott: [00:23:42] Well and for me as tired as I might be and love hearing the little cry because it means I get to have a cuddle and have that time with my baby. Right.

esther gallagher: [00:23:55] Yeah. It's tricky when we're thinking about oh and then I have you know 12 hours at work I'm supposed to be cognizant during. Well I notice that

a lot of people are doing a lot of their work and their work includes being in front of his computer screen way into the night, well into the wee hours of the morning. And I see that in couples. Right. One of the two. Usually the non-pregnant-hasn't-just-given-birth person has a job where their schedule is links up with Australia or some darn thing like that. And so their sleep cycles are very different. Do you ever work with those families and how do you help them? Is there help?!

Angelique Millette: [00:24:54] Do you work with those families. I work with families from all over the world. And it's become a global economy with families living in a specific geographic location but their hours of business are in a different time zone and I don't have a great solution. Yeah know that's really the truth of it. It's a little bit of you know families that may have shorter sleep hours at night because they're working until 2:00 or 3:00 o'clock in the morning and then they make up for it with a nap in the middle of the day. I'm definitely seeing a lot more of those families. Or the one that I see a lot of families that have to do a daycare drop off in the morning and the babies... You then we've got babies that are a lot of what we call Larks babies that are Owls so we've got early risers and the babies that can sleep later and then you got a baby that needs to be woken up in the morning because they've got a long commute to a daycare drop off. So there's I would say that families are trying to put together schedules that work for the benefit of the family and that sometimes babies lose out in terms of their sleep needs. Yeah. So we, without dismissing the parents you know conflict with trying to get it all to work, we try to find some reasonable ways to shift the schedule a little bit. Sometimes it means that we encourage a parent to come home from work and put the baby to sleep for bedtime, push dinner out a little bit later because the baby is just so tired and you know it's a late arrival home from work at 6:00 or 7:00 p.m. and the baby's an early riser so they they need to go down at six or seven little adjustments like that. I mean we do work individually with families. What we certainly don't do is tell families all babies have to be asleep at 7 p.m. and all babies awake at 7 a.m. and I mention because I hear a lot of sleep consultants saying that. It's sort of their battle cry: it's the 7 to 7 and 12 hours at night. There is no literature in science that supports that at all. At all!

Sarah Trott: [00:26:58] And it sounds attractive as a concept. Because when I see those posts and forums and mothers groups online says oh I need help my baby's not sleeping and someone responds they say oh call such and such. You know within two days it was seven to seven and it sounds like a miracle and a dream come true. And

then lots of people respond and say Great great. That's what we need and I think that it's. A. Huge desire. Among new moms because it sounds fantastic. And without knowing any better why not believe it. Would you classify that as misinformation maybe.

Angelique Millette: [00:27:35] Oh it's totally misinformation. There's no science behind it at all.

esther gallagher: [00:27:41] And I just I have to say whenever I hear anything like that I imagine baby torture. Honestly I do. Like I can't imagine that those children who previously weren't sleeping 7 to 7 and now suddenly are that there wasn't something really insidious happening.

Angelique Millette: [00:28:05] They're not actually sleeping 7 to 7. That's what's interesting. They're not signaling when they are awake. In fact, you know there's good research to show that, if I talked about this before forgive me, but there's you know there's a great study that they put video cameras in the nurseries of all these babies. And sure enough they were all waking up at night they just weren't signaling so. They may be waking at 6 a.m. but they're just not signaling. They're rolling around and playing in the crib. So you know the take home is that newborns and babies have all kinds of variations their sleep needs. And in our work that you know with families it's about helping families identify with their babies unique sleep needs, or their individual sleep needs are and then make adjustments if we see some areas of concern.

Sarah Trott: [00:28:56] So then just to put it out there for a healthy signaling happy baby, when do you think they would start to not wake up in the middle of the night?

[00:29:10] Well you know what we generally see what the research bears out is that babies somewhere around six months four to six months of age are going to start to have the ability to sleep longer sleep cycles and/or settle back to sleep between sleep cycles. So the actual definition for sleeping through the night is a 6 month old that could sleep five to eight hours before they need to feed.

esther gallagher: [00:29:36] That sounds about right.

Angelique Millette: [00:29:38] But you know to try to find that in the literature, I mean there are so many sleep books that are opinion based and they suggest 12 hours at night and no feeds but in fact the science shows us that we may very well be feeding a baby until they're six months or older.

Sarah Trott: [00:29:54] Well I have a 7 month old who is waking and feeding twice a night. She seems very happy with it. That's right.

Angelique Millette: [00:30:03] So we we really look at it in terms of what's this baby need, what's this mama need. What's this family need. We make. We certainly can help families to wean a baby at night but we step back and make sure that that's the appropriate thing to do. And of course the opposite of that is the belief that we can help the babies sleep at night and that if we help them sleep it means they have to wean for breastfeeding and that's simply not true either. And we do a lot of debunking that: that breastfeeding and a baby's sleeping, they support one another, that we can do that.

esther gallagher: [00:30:38] Yeah. You know another thing that I hear and frankly I just heard this from I will say a male pediatrician at St. Luke's; he tells this to all his patients when he's checking them out. Is this correlation between a baby sleeping long hours at night and their weight. How much a baby weighs. And I don't know that I found that to be true in my life and I'm not sure I'm finding that to be true in my clients lives. That at eight pounds or 10 pounds or 12 pounds or some magic number at which a baby will no longer need to nurse at night or will no longer want to nurse at night. And I'm wondering, I don't feel like I have a very sophisticated view of this and maybe you could give us some sense of what that means or whether or not there's any merit in it.

Angelique Millette: [00:31:45] Well I'm glad you're mentioning this because it's something that I also debunk this myth that at a certain weight the baby is going to sleep through the night and not feed but there's actually no literature that supports that.

esther gallagher: [00:31:57] Surprise.

Angelique Millette: [00:32:01] There's no science to support that. It makes sense because you'll hear sometimes it's 12 pounds sometimes it's 14 pounds. So what we look for is how does a baby put on weight over time. Because you could have a baby

that's born at say ten pounds but they're having a hard time putting on weight. So they may be 12 pounds but we certainly aren't going to deprive them of nutrition at night if they're really slow to gain weight. We really look at every baby is individual and when we ask for birthweight we ask for a current weight we're less interested in the actual curves, we're more interested in how they're putting weight on over time, feeding method, transfer of milk if they're breastfeeding, reflux can certainly impact how much feeding they're going to do and if they're having small feeds because of reflux. Again we don't want to deprive them of milk at night and we would keep some feeds at night. So it's really a dynamic way to consider sleep. We've really taken into account the full picture. But to answer your question there's no science that supports that. You'll hear a lot at 14 pounds she should sleep through the night but there's you know what if she was born 10 pounds and she's now 14 at two months. Those babies are quite hungry actually. And I've seen them keep night feeds a lot longer than we ever think. And those babies needed solids a lot earlier, including meat solids a lot earlier in their diet because they really put on weight quickly. The genetics really plays a part in this too.

esther gallagher: [00:33:43] I get concerned those big babies because to me signals perhaps a diabetic mother, so going long periods without stable blood sugar doesn't seem like a good idea to me for any reason, let alone sleep.

Angelique Millette: [00:34:02] Right. And if you consider there's a growth spurts in the first year, you know what we try to do is we're really reshaping and shifting that belief that it's like you just cut out that night feed and you'll never hear from them again. You really want parents to know that during growth spurts babies brains need milk. They're quite hungry during growth spurts. They're laying down critical pathways for brain development. And what feeds those neurons is milk. Food. So they may be quite hungry even that 10 months when they go through a growth spurt. It's not because they're manipulating a parent. I don't think you believe that but you'll hear it in the surround The three of us today no. But you know parents sometimes that's what they're hearing. But babies quite hungry they're going through a growth spurt. They need to have some food for a couple of nights. So it's our hope and the premise of the method is to really help parents see that sleep is dynamic.

esther gallagher: [00:35:01] Angelique I also deal with moms who are saying they're not getting back to sleep at night and as often as not it's because they won't eat at night.

Their bodies are on a 24 hour cycle making milk 24 hours, metabolizing quickly and they think they can get by with breakfast lunch and dinner and not eat at night and their blood sugar's low and I say you know your brain knows if it needs food; it wakes you up to go find it. And during this special phase of breastfeeding you probably need some calories at night. If nothing else for your brain you go OK we can quiet down and go back to sleep.

Angelique Millette: [00:35:46] Self care. A lot of I can personally relate to that; we just put it all into our babies and we forget hey, this is around the clock. Especially when our little newborns are in a growth spurt and they're eating constantly.

esther gallagher: [00:36:03] And we forget to feed ourselves. And I think that's where you know enlisting your partner, helpers, et cetera to make that snack tray that Sarah can go get from the fridge in the middle of the night if she has to.

Angelique Millette: [00:36:21] I'm just going to have another baby. So as there can be my postpartum Doula. I mean I'm hearing snack trays. I'm hearing about like family bed nesting training; hey this sounds good.

esther gallagher: [00:36:35] Yeah it is good. It is good. I mean I feel like That's why I really don't understand their own needs. And that's where I try to focus. I mean breastfeeding and baby care is great. I'm not going to do that for you. I'm certainly happy to help you. But learning how you're going to be taking care of yourself when I'm no longer there is also handy. Gets people through the long haul. That's right. Now I just want to send the message out to women who do night doula work that if you're not bringing your mamas a snack during the middle of the night you could really really transform your practice by a simple thing of helping them stay nourished at night. That's right.

Sarah Trott: [00:37:27] I loved having the food available and it was only after he ate it that I appreciated having it if that makes sense.

Angelique Millette: [00:37:34] It really does.

Sarah Trott: [00:37:36] I had no idea I wanted it and then I would wipe the slate clean. So you said something about diabetic moms.

esther gallagher: [00:37:47] Well babies don't automatically have diabetes but they do sometimes have difficulty maintaining their blood sugar at birth. That's kind of an indicator of pancreatic difficulties. I don't think babies are necessarily born diabetic but I think they're in a kind of a pre diabetic state.

Angelique Millette: [00:38:09] They are if they're there what we consider are hypoglycemic They have too much sugar. So they are managed and usually they're just fine it's just management of the sugar. And as long as they start to feed there's not an issue. But the point is that babies need to feed; they're hungry.

esther gallagher: [00:38:31] Yeah and just because they're big doesn't mean they need to feed any less.

Angelique Millette: [00:38:35] That's exactly the point. And I'm glad you're reiterating it. That it's that we make an assumption because a baby baby's born at 10 pounds that they could sleep so late without feeding. In fact I don't think that's true at all. I also think that we're more likely to overfed those babies as well and really make the mistake to feed them too much. So just a lot of concern is on babies that are underweight which is you know obviously there's reasons for that. But I think babies that are putting on a lot of weight quickly, you know we shouldn't just assume that they're ready to sleep through the night without feeding if at one or two months of age because they were 10 pounds or over or they're putting on weight quickly.

esther gallagher: [00:39:17] Well and I would again sort of parallel that to a mother who is probably poorly nourished. You know probably the reason she's developed gestational diabetes is because she's diabetic in her daily life. And there's just too much stress on the blood sugar system in the pancreas and so she needs extra special healthy healthy healthy nutrition in the postpartum period to kind of get her body stabilized and hopefully produce a healthier milk for her baby that's going to mean appropriate weight gain for that baby as well.

Sarah Trott: [00:40:00] Angelique I know you have a lot of fabulous YouTube videos available for anyone who's interested in hearing kind of in-depth step by step advice on the Millette method and sleep training for when their baby is appropriate which is I think you're saying four to six months. The last time we spent a little while talking about a more modified gentle version of an interval method and we didn't really talk about the no-cry method. Is there anything you'd want to touch on there?

Angelique Millette: [00:40:31] Sure. I developed my no low cry method, gosh 22 years ago. When I started out I didn't feel comfortable using methods that included crying until I was quite sure about the research and my ability to really modify this method. so I developed a no low cry method I call it the rinse and repeat method. It's a great method. It is all about very gradual slow change, high on parent responsiveness meaning that the parent is very slowly separating from the baby, baby's very slowly separating from the parent to get to sleep. And so it's a very slow process of: let's say baby's used to sleeping on the parent or sleeping and feeding. And the parents looking to increase separation. That's what really sleep changes are about increasing separation. If you think about it. What we do with that method is we slowly help the baby learn to move further away from the parent's body or mother's body. And slowly learn to move away from having the breast or the bottle in their mouth for feeding. But when we do that we still keep the parent in proximity using patting or shushing or massage to send the message to the baby that even though I'm not holding you or even feeding you for sleeping I'm still right here to help you sleep. I'm still close to you. I would say that the method, it's not great for a parent that likes instant gratification. It's not great for parents that's very sleep deprived. The method could take two to six weeks to get results and sleep training goes very quickly it's three to seven nights of a much more quick separation between the mother and the baby. Here the parents and the baby. So it's something to keep in mind. Interestingly a handful of babies don't like the no low cry method and we know they don't like it because they actually get really unhappy. They arch , they push off mom's body when she's doing the method. And what we've found is that temperamentally some babies really like to be in control. And when the separation is very slow from the parent it upsets them. They actually do better if they can kind of control that separation and kind of just do it. So we take into account temperament. We look at how sleep deprived the family is. We look at parenting philosophy. We look at the age of the baby. This is a method you could certainly use with the baby that's just in the first month because you could teach a parent to put the baby down into say a pack

and play or close-by bassinette for sleep but have the parent close by to just slowly move away from the baby. So it's a great method. And like I said it's been 22 years that I've been using that method it can be used for bed times, it can be used for nights, it can be used for naps, can be used for say 30 minute naps if a baby wakes up after a short 30 minute nap and the parent observes with the baby still is tired. Their eyes are closed they're crying they're saying hey I'm so ready to sleep more. And by the way the length of the first sleep cycle for the nap is about 15 to 20 to 30 minutes. Then the parent can pick the baby up and very slowly help them back to sleep. So without making eye contact with the baby without-- 'cause eye contact is about engagement and stimulation-- so we teach a parent close your eyes and just rock and help your baby settle back to sleep and then slowly put them down again but don't separate right away. Don't just walk away. Keep your weighted hands right on your baby's body, do some forehead massage and let your baby know that you're still connected. Very gradual way of separating holding a baby for sleeping or feeding a baby for sleeping.

Sarah Trott: [00:44:08] And if they cry at the moment they're laid down?

Angelique Millette: [00:44:11] Then it's a pick back up. And we asked the parent to follow their intuition if a parent is not comfortable with crying which we understand and we say pick them right back up. And that's why it's called a rinse and repeat. The rinse part is the pickup in the rocking or the slow dancing motion to help your baby settle back into a sleepy state. And then the repeat would be the parent putting that baby back down onto a flat surface, like the crib or bassinette. So you could potentially do 20 minutes or three to five cycles of repeating the rinsing and the repeating: pick up and move your baby and repeat: put the back down and weighted hands on them. And then we say if it hasn't worked after three to five cycles or 20 minutes and just pick them up. And then rock 'em to sleep. And then try again the next day. It's very gradual very gradual separation and about 25 percent of the parents in my practice will use that method. I find it works really well when a parent has the support of a partner. Like I said if the family is not too terribly sleep deprived it's also good. If the family is really sleep deprived it may not be great it does it just takes a long time which I can appreciate initially.

esther gallagher: [00:45:24] This is a funny little hack and I'm wondering what you think about it when I have parents say oh you know I put them down for nap in their

bassinette and they just always wake right up. And of course this is again usually in the first couple of weeks and they say well think about it: You're asking them to go from a ninety eight point six degree surface to what might be a 40 degree surface. You know I mean, it probably is about 60 maybe 70 but still that's a 20 plus degree drop. So warm up that surface use a hot water bottle to keep it warm while you're nursing them or whatever you're doing you know and then remove that warmer and put them down on a surface and put your hand on their back for a few minutes before you walk away. And that always not always that usually gets a good response. And again I'm not encouraging parents not to hold their babies to sleep. This is more just like, let's make sense of this from the baby's perspective. Right. That's right. You know they're still not going to hear a heartbeat and breathing and they may not love it either. You know they may just really not be able to make that transition quite yet. But it's something to try. Right

Angelique Millette: [00:46:57] That's right. That's right. I think it's a great hack.

esther gallagher: [00:47:01] What you're talking about in terms of this gradual method is so--- intuitively it makes sense right. You don't, as adults having been raised in a culture that may have said to our parents, you know that's it, they're this old, you put them in the bed in the room, you shut the door, you walk away and you don't look back until 8:00 in the morning or whatever it is it might not be intuitive. We didn't have the experience of being held on the body as we're gestating on the outside. But I think there is something intuitive if we're thinking in terms of what's the experience from a newborn's point of view. Right. Or a 3 month old for that matter you know. They are fetuses on the outside. They are experiencing what we call extra-uterine gestation. They're not ready to be detached from a heartbeat and food supply for any length of time really yet. Yeah. So really being there physically for them does make sense. It is what they require. And if they don't have it even if they're quiet they're on high alert they're baby mammals, they're very prone to predators and they know it in there somewhere and so they don't feel safe if they can't hear that heartbeat and hear that breathing and feel that warmth. Why would they?

Sarah Trott: [00:48:46] And we love holding them all the time.

esther gallagher: [00:48:48] Thank goodness right. That's what they need: to be holding them.

Sarah Trott: [00:48:54] I liked your hack. I tried it. I got a little heating pad from that was inexpensive and I did struggle with reaching into the crib and removing it with one hand while holding a baby in the other. So anyone who wants to try this I encourage you to try it with a partner who knows what's going to happen because it was tricky to balance. So let's talk about naps.

Angelique Millette: [00:49:23] So I'll just do a little set up that you know we've talked a little bit about how newborns their sleep cycles. We will call them nap cycles basically day and night napping and then around three to four months that starts readjusting to more distinct sleep cycles like us. The naps, newborns, they're really just napping. And then as they start to transition to day sleep and night sleep for four to six month olds we can expect something like three or four naps a day. And then six to nine month olds, it will go down to two naps a day. We're focused on that fourth trimester. One of the things that I encourage parents to do is to see if early on they can try to put a baby down for a nap using the rinse repeat method. So again that really slow separation and a good time of day to try something like this is the first nap of the day when babies are much better at trying something new. Later in the day I'd say after 2pm it's much more difficult for babies. They're kind of maxed out. They've taken on a lot of information. They're done. There's been a lot of stimulation and so they're more likely to need a lot of holding and extra help to nap. But if you try this early in the day you might find, especially that first nap or second nap of the day, that your baby is a little bit more amenable to accepting you putting them down with weighted hands on them and staying in close contact. Typical nap lengths especially in the first four months are anywhere from 20 minutes to a couple hours. And again that's that kind of variability that we'd expect. You may only get one two hour nap and the rest are short 20 30 minute naps. And that's very normal. That starts to shift as babies get to be four to six months; we start to see at least two long naps a day and I should say a long nap is 45 minutes to a couple hours. That's just a little bit of setting some expectations or just education about daytime sleep. The amount of time a newborn is awake is anywhere from say 45 minutes to 90 minutes but you're four to six months olds could be away anywhere from 90 minutes to two and a half hours. So the amount of time they can be awake starts to lengthen as they get older and you know we're here to talk about just the fourth

trimester. But just to put things in perspective between 12 to 18 months they all go down to one nap a day and then starting around age two and a half to three they start to not nap. Now I would say that early on the feeling that a parent will have is that they're chasing naps constantly. It's a real feeling that babies need a nap and they absolutely need a nap. That's when the brain is storing information. All that input, all that interesting and all the things that have captured their attention during the time they were awake, when they were napping that gets stored. So think of napping as storage time for your babies. They desperately need it.

esther gallagher: [00:52:15] Yeah and boy it's interesting what they're taking in. You know it's all background to us. All right. This stuff and none of it is for them and I think it's easy to forget that babies are doing that. Is there any correlation between when a child toddles and then walks in terms of their development and their sleep patterns at all?

Angelique Millette: [00:52:42] I haven't seen any scientific research but I have my own anecdotal observation which is that it's genetically based. I love asking that question when did your parents start to walk to see if there are some trends have you noticed anything with their families that you support?

[00:53:00] No. Mine's more familial too. I was a nine month walker; my daughter walked at 9 months, her son walked at nine months and his dad walked at nine months. I think his dad ran. He's a real athletic guy and so is the grandson. And so you know I think like you've pointed to in other places like temperament and capacity, like how what's your physicality, what's your emotionality? How does that need to be matched by some downtime.

Angelique Millette: [00:53:38] Interesting huh?

Sarah Trott: [00:53:40] Angelique, you are available to parents who have questions or who are interested in following up with you directly via your Web site. They can search for your name and find you and you're available to do consultation. Is that right?

[00:53:54] That's right. We've got a Web site it's Angelique Millette dot com. You know I provide home visit consultations, phone/Skype consultations. I also teach classes and

I've trained a wonderful group of practitioners who reside around the country around the U.S. and they're also teaching the Millette method in their communities which is incredibly exciting and we have our first member who is in Canada in Toronto. So yeah. So it's really exciting to be part of a groundswell of what I just feel so blessed that exceptional practitioners who have a real progressive thinking about sleep and how to support families.

Sarah Trott: [00:54:35] Great. And you also have your own sleep swaddle that you created and that's probably available as well.

[00:54:41] That's right. That's right the Heart Swaddle. It's a hands up swaddle. I'm a big believer in bringing baby's hands up to fetal position for swaddling. It's also two in one. So it's a combo swaddle and sleep sack so you can remove the swaddle when baby no longer needs a swaddling. And then we have the webinars as well those are on my Web site and they cover all kinds of topics for babies and toddlers. So Angelica Millette dot com is the Web site.

Sarah Trott: [00:55:08] Perfect. Thank you again for spending this time with us.

esther gallagher: [00:55:12] Yes wonderful as always wonderful to spend the time with you.

Angelique Millette: [00:55:17] Thank you so much for inviting me and really wonderful to hear what's going on in the work that you're doing Esther and Sarah. Thanks for having me back.

Sarah Trott: [00:55:20] 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.