

Fourth Trimester Podcast

Episode 109: The Top 10 Baby Sleep Questions Every Parent Asks

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 benefited 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 a 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: [00:00:10] Hi and welcome back to the Fourth Trimester Podcast. I'm Sarah Trott and I am here today with a special guest who is a repeat guest because she is absolutely 100% a great authority on the topic we have today, which is sleep: baby sleep, family sleep. And we are going to cover the top ten sleep training questions and answers today. My guest is a PhD sleep consultant and she is, like I said, someone who's been on the program before. Her name is Angelique Millette and I'm going to introduce her properly for anyone who hasn't heard any of her previous episodes in a moment.

Sarah Trott: [00:00:55] Before I do, I'd like to remind all of our listeners that we have a website which is fourthtrimesterpodcast.com. Please go there and sign up for our newsletter if you have not yet done so. You can have information and resources delivered directly to your inbox. You can also follow us on Instagram and certainly hit follow or subscribe anywhere you listen to your podcast, so that you can be alerted every time we release a new episode.

Sarah Trott: [00:01:23] So I want to also mention a little bit about Angelique's background now. So like I said, she's a returning guest. She has been a guest for some of our top episodes, including our sleep training episode, another one dedicated to the no or low cry sleep method, as well as a brilliant episode on transitioning your baby to their own room, which is so helpful for anyone who's planning that or going through that at the moment.

Sarah Trott: [00:01:56] And like I said, this episode is going to be answering the top ten baby sleep questions and answers. But if you want to go back and deep dive on one of those specific topics I just mentioned, go back and listen to one of those prior episodes, and we'll add the links to all of those prior episodes in the show notes here to make that really easy to find. Okay, so introducing Angelique.

Sarah Trott: [00:02:20] Doctor Angelique Millette has such a wealth of experience as I mentioned in baby sleep solutions, she's been working in this space for over 25 years. She's helped more than 15,000 families, including my own, for which I'm incredibly

grateful. She has a really diverse background, and her training includes child play and art and nature therapies and child psychology. And she's also a mom herself.

Sarah Trott: [00:02:47] And personally speaking from my own experience working with her and just in general, like working with a sleep consultant, what it does and what it did for me was gave me a lot of confidence and reassurance, honestly, that the way we were working to meet our family sleep goals were in line with what was developmentally appropriate and safe and loving for my baby, which was the thing that I was, I think, a little bit most stressed out about throughout the whole thing, as well as just getting enough sleep. So sleep is such a big topic. We're really excited to bring you back Angelique onto the Fourth trimester podcast. Welcome back.

Dr Angelique Millette: [00:03:26] Thank you Sarah, it is so great to see you again. It's great to be back speaking with parents about sleep. Thanks so much for having me.

Sarah Trott: [00:03:33] Yes. Oh my goodness. When you and I were talking about doing this episode, there were so many potential questions that we thought would be perfect for this top ten list. We had a hard time narrowing it down, but we really think that we honed in and nailed these top questions that people just really are constantly asking you and so I'm really excited to go through them.

Sarah Trott: [00:03:58] You work with so many families. When families come to you, what's the feeling in the room typically?

Dr Angelique Millette: [00:04:16] Well, I'm so glad you asked that. Yeah, I would say 25 years of working with families, it's the most overwhelm and burnout I've ever seen in parents. The pandemic did us no favors, and we're in this post pandemic era and things changed really fast. They accelerated quickly and parents are really overwhelmed. There was a great study that just came out that confirmed this. It's no surprise we all feel it as parents, and we're certainly seeing it in the sleep work. We're seeing parents waiting too long to reach out for sleep support. Way too long. Everybody, don't wait. I think what's happening is they're just trying to juggle everything. And so adding on one more thing like sleep support feels like too much. And by the time they get to me, they're

they're pretty worn out. Their marriages are struggling, their health is struggling, their relationship with their child is struggling.

Dr Angelique Millette: [00:05:13] And I think a big take home that as we talk today, I want everybody to think about your unique family dynamics, your sleep situation, your health, the health of your family. And you want to be asking yourselves that question are we getting our sleep needs met? And we have a tendency as parents to kind of dig in and just adjust to the new normal, which might be that we're waking up at night with a toddler or baby that is feeding more times than they need to at night. We just sort of say, this is what I need to do. But months and months of that can be debilitating for that family. So if that's your family and you're listening today, reach out. I offer a free 15 minute consult just to give you some tips, just to give you some hope you're not alone. So that's my preach for the day that you're not alone. Reach out and get some help.

Sarah Trott: [00:06:07] Perfect. I love that that's such a great way to open it up too. In the context of asking for help, because we talk a lot about that on the fourth trimester. It extends to all kinds of self-care and needs for the family and the supporting community. There's no shame in reaching out for help. So I really appreciate that opener.

Sarah Trott: [00:06:32] So the top ten questions. The first one that we came up with was something that I think comes up for you over and over again, which is the age old question, when will my baby sleep through the night? Or, put another way, how can I get my baby to sleep from 7 p.m. to 7 a.m.?

Dr Angelique Millette: [00:06:51] Ooh I love this question. Okay, so folks that are listening in today, you are going to hear me debunk a lot of myths about pediatric sleep. So strap in, hang tight. The most popular sleep book out there is a sleep book that's called 12 hours at 12 weeks. Can you imagine? So that's 12 hours of sleep, 7 to 7. No feeding at 12 weeks of age. And then of course, the suggestion is to limit to just four feeds during the day. There is no science behind that.

And there is no science that supports 12 hours of sleep or 7 to 7. Of course, there's a lot of good marketing, social media, sleep consultants that say that's the holy grail, but the

science is 10 to 12 hours of sleep at night. It's variable. And we even have some outliers around that, some that sleep nine hours and a half, some that sleep 13 hours.

So when we're looking at sleeping through the night, the science shows us that sleeping through the night is sleeping 5 to 8 hours by 5 to 6 months of age, and then having a feed and then going back to sleep. So for a lot of the 5 to 6 month olds, they're still feeding at night. It's pretty typical. So much so that some of the original sleep books like the Weissbluth book, some of the original folks that were writing their sleep books, they've come back and said that babies need a feed at night that first year.

Dr Angelique Millette: [00:08:16] I mean, it really is like a dramatic recall of this old, outdated paradigm that it's 12 hours at night, no feeds. And then just to add in more of debunking the myths, it was at 14 pounds, they can all sleep through the night. No science, not a lick of science that supports that. It was just a number that was made up and thrown out there. So it leads to all this guilt. As parents of a four month old, is feeding at night and not sleeping 12 hours. So I'm here to debunk myths and correct that.

Dr Angelique Millette: [00:08:50] So as the parents were going, okay, my baby is normal, they need to feed at night. So we're looking for usually for a 4 to 6 month old, it's anywhere from 0 to 2 feeds a night. And for some of them they might even feed 2 to 3 times at night because of transfer of milk issues or some issues with their weight gain it's variable. You're looking at your unique baby. For most, the average is sleeping 5 to 8 hours before night feed, and that's somewhere around five, six, seven months of age.

Sarah Trott: [00:09:18] My babies were only sleeping probably, gosh, especially very early on in the fourth trimester like maybe an hour. And then that over time grew to a little bit longer, a little bit longer. But the expectation should be what you're saying, there's lots of wakefulness in between sleep. So babies do sleep the majority of the time, especially when they're really little. Right.

Sarah Trott: [00:09:44] But it's not uninterrupted sleep. It is interrupted sleep. They're interrupting themselves because they're developing their brain. They're developing their

body and they need to eat. And that's what you're saying is that that's actually science. That's where the science is. That's actually perfectly normal. And that's what we should be expecting, particularly in the first six months. And then potentially the first year.

Dr Angelique Millette: [00:10:20] Their sleep is consolidating and they're waking every 90 minutes to 2 hours a night. My phone rings because of the babies that wake up every 90 minutes to 2 hours, and they need some help to get back to sleep. And they may not be able to link up their sleep cycles.

Dr Angelique Millette: [00:10:37] They did a really great experiment. Sarah I think this is so important to share with parents. They put video cameras in the rooms of thousands of babies. They had a camp of parents who said my baby never wakes up at night. They're great sleepers. We all know those parents, right? We might have been one. And then they had the other parents say, I don't get what's going on. My baby wakes up and calls out at night. They're waking up. Guess what the video recorded? Every one of those babies woke up at night.

Dr Angelique Millette: [00:11:05] To your point, they're learning to consolidate and link up sleep cycles through the night the first two years. But the ones that weren't vocalizing or signaling in between the sleep cycles, their parents said they're just sleeping through the night. But in fact, they were waking up just like their peers were waking up. They just were quietly waking. They weren't signaling. That's a really important point. And you're making it Sarah, which is that their sleep is organizing and consolidating, in particular the first 1 to 2 years, and it's normal for them to call out and wake up.

Sarah Trott: [00:11:37] Yeah, that's so fascinating. So is there any point in quote unquote sleep training during that first six months?

Dr Angelique Millette: [00:11:44] I think it's a fair question. So the newborn sleep, we call it naps because 75% of it is similar to REM sleep. They're just having these shorter cycles, but by 3 to 4 months their sleep starts to look like our sleep. They start to have about 35-40% of their sleep is REM sleep, and then by 8 to 12 months it totally looks like our sleep. So I would say that's a good time to start sleep training.

Dr Angelique Millette: [00:12:14] The circadian rhythm is not fully developed at birth. Sorry folks, it's not the baby's fault. Their day cycles and night cycles don't organize until about two, three, four months of age and its exposure to sunlight that organizes it. Same for us. So those first months as newborns, they don't have a fully formed circadian rhythm. They don't have fully formed day-night cycles. So there's no point in sleep training until they're about 4 to 6 months. That's when we officially start, because by then the circadian rhythm is organized.

Dr Angelique Millette: [00:12:46] By the way, you'll know that your baby's circadian rhythm is organized because they stop pooping at night like us. If we were up at night pooping, the world would be very different. But we don't. And that's because we have a day night cycle. That's your sign that your newborn cycle, their biological clock, is like yours. Now, it's starting to be like yours. So you've got this really wonderful time right around 14 to 18 weeks, which coincidentally, is the four month sleep regression. When their sleep starts to disorganize. It's the first window of opportunity when I know that I have a legitimate sleep issue with a baby that needs to be fixed.

Dr Angelique Millette: [00:13:21] Prior to that, it's just, it's a problem for us because we're not used to newborn sleep, but it's quite normal for newborns to wake a lot. So by 4 to 6 months, or 14 to 16, 14 to 21 weeks, that circadian rhythms organize, their sleep starts to look like ours. The self-soothing and self regulating that we want them to have is now organizing. They can put their fingers in their mouth and suck on them. They're starting to roll for comfort.

They're making that self-soothing sound. I'm not great at it. So y'all bear with me. But it's this fussing sound. It's like a squeaky door, but that actually calms them down. Every one of you made that sound as a baby. I'm going to tell you something tonight is you're going to sleep, close your eyes and make that sound that your baby's been making. You'll feel your nervous system slow down. Your baby is making that sound to self-soothe and slow themselves down so they can settle, become unconscious, and go to sleep.

Dr Angelique Millette: [00:14:23] That really comes together 14 to 21 weeks of age at right around four months. As the four month sleep regression starts now, we start to see a lot of wake ups that are basically babies saying, I don't know how to link up my sleep cycles, but I've got the goods in place to do it now. Bingo. That's our time to start a real sleep method.

Sarah Trott: [00:14:44] Perfect. So we've answered, when will my babies sleep through the night?

Dr Angelique Millette: [00:14:48] Yeah, we probably covered a lot there.

Sarah Trott: [00:14:51] And then our next question, which is the right age to start, we're hearing around 4 to 6 months. And I want to revisit your answer to that first question, because I just want to repeat this. So really we're saying avoid Babywise, avoid that book, avoid 12 hours by 12 weeks. They have been in fact, they've even been called out baby wise i know for sure was by the AAP saying don't follow this method. In fact, it can be damaging, very damaging for the baby.

Dr Angelique Millette: [00:15:20] We have seen failure to thrive, which essentially means that those babies now are forced to get all their caloric intake needs met in only four feeds and 12 hours of the day, none at night, by three months of age. Folks, this is a 12 week old like that's a 12 week old newborn. So what happens is, if they start to lose weight because their bodies aren't prepared to do that, they start to lose weight. We've seen those babies lose a pound and then their parents reach out saying, hey, what do we do? How do we course correct? And what we do is we let them feed again.

And it's a total myth that you have to cut out feeds at night to sleep train effectively. We've been doing it for 25 years now, very effectively. Was in fact, why started to bridge the gap with the old sleep training paradigm? Cut out night feed, sleep train. So no way this transfer of milk is important at night. They need it for brain development. And frankly, moms that are nursing, if they just cut out milk cold turkey, they're going to have mastitis, plugged milk ducts, engorgement. They might lose their milk supply right at a time when their hormones are changing too. So we keep at least 1 or 2 feeds when we

sleep train and it's so effective they're able to figure out how to link up sleep cycles, and they're getting the nourishment that they need. And frankly, the bonding time at night too.

Sarah Trott: [00:16:41] Yeah, I'm glad you mentioned bonding because it sort of relates to our next question and a previous conversation we had with the child development practitioner Rebecca Walsh, who was talking all about brain development and the importance of connection and the importance of really making sure that you're feeding on demand, in particular, doing that during that newborn phase. It's important for the baby physically, but also mentally and socially and emotionally for their brains and their development.

Sarah Trott: [00:17:13] And so this next question I have for you is really related to what is the best approach for feeding as it relates to feeding on demand and how that relates to sleep in those early days?

Dr Angelique Millette: [00:17:29] These are such great questions. I'm having so much fun. Okay. What we do first before we start any sleep program, we track data and I teach moms. With bottle feeding it's a little bit more obvious because you can see how hungry baby is at night. You can see when they are their hungriest versus just snacking at night. With nursing, it takes a little bit of getting to know the girls.

So I'm a lactation educator and I talk moms through paying attention to the quality of the feeding at night. And what will happen is the baby starts, a newborn flutter sucks a lot folks, because they get tired out nursing by the time they're like three, 4 or 5 months of age, their transfer of milk really increases for a lot of babies. They can get up to an ounce a minute. Depending upon the time of day.

Dr Angelique Millette: [00:18:20] So I ask moms to pay attention to the quality of feed first. Track some data for me. Is baby really hungry or are they sort of hungry? But after two minutes they start to sleep. And what'll happen when they sleep on a feed at night is that they flutter suck. Which if you had a light on, you'd see their cute little tongue moving quickly like a hummingbird inside the mouth, behind the cheek there. And it

means that they're like, this is a lovely cuddle. Hold me. But I'm not hungry. I just want to be with you.

That gives us some good information that tells us, hey, maybe we see that trend or that pattern three, four, five nights babies letting us know I'm not hungry at this time but I'm hungry at this these other times.

Dr Angelique Millette: [00:19:03] So we'll keep the times that we've tracked that data for when baby's hungry and we create these feed windows. There are about two hours long. So it gives us some intuitive feedback there, where we know baby is hungry around 10 p.m. to midnight. So as soon as baby wakes up, don't sleep train, just feed your baby. We know that they're hungry at that time. Give them a good full feed. Fill them up. Put them down asleep.

Dr Angelique Millette: [00:19:28] By the way, I'm a big fan of feeding back to sleep in the middle of the night. We still get great results with sleep training, but if they wake up an hour later, give them a quick burp and then do a little sleep training at that point if they just had a good full feed, we know at that point they're not hungry. It's more about linking up their sleep cycles. So to answer your question, I always track data ahead of time to know what that little baby needs at night.

And I get feedback from especially nursing moms, so I know what's going on with her milk supply. Yeah, she had a history of mastitis or plugged milk ducts, because I don't want to just drop night feeds. That'll just add extra work for her if she has mastitis. We take it really slow, so the baby's getting nourished, and then we've got the data. Right. So now we know when they're hungry at night.

Sarah Trott: [00:20:14] Yeah. And all of that is in the context of when a baby is ready to sleep train at that 4 to 6 month period. Right. Because then prior to that, it really is all about making sure baby is healthy physically. Their needs are met as well as they're getting that need for connection. That's so important. And in that first year so that so in other words, the feeding on demand is really applicable prior to sleep training. And then

when you're saying when they're appropriately aged developmentally, physically, 4 to 6 months, then you can start introducing these windows. Do I have that right?

Dr Angelique Millette: [00:20:54] It's exactly right. And they are fairly intuitive based because we've tracked the data to understand where the hunger is at night. And we keep those feeds around the time when babies shown us that they're hungry at night. We don't see a lot of crying when we sleep train because of it, because we're not asking a baby to just drop a night feed cold turkey as they're crying and sleep training. That would be a lot to ask.

That baby's showing us, hey, I'm still hungry at night, so I think it's a really smart way to minimize a crying. Crying is efficient. We're just using it to help them link up sleep cycles while keeping those feeds at night that are fairly intuitive. And that feed window based on what the baby is showing us, their hunger signs are at those times.

Dr Angelique Millette: [00:21:39] So it actually increases mom's confidence as well because now she can self report, she'll say, oh my gosh, I'm realizing now I thought those were all feeds, but my baby's just flutter sucking a lot at night. It's a nice cuddle, but I'm ready to get more sleep. I can see my baby's not hungry at those times. I'm ready to drop some of those more, what we'll call non-nutritive, more pacifying feeds. And then keep 1 or 2 feeds at night that are good, hearty, full feeds.

Sarah Trott: [00:22:09] Yeah, I appreciate the data-driven approach there. So once they hit the age where they can start sleep training, you're starting off with gathering data. Let's see what's correct and unique for your baby, not just according to some schedule that may or may not apply to your baby in your situation.

Dr Angelique Millette: [00:22:27] That's right. There's a mom I'm working with right now, and she has low milk supply, and she's working really hard to keep her milk supply up. So we're keeping three feeds at night. She wants to keep the three feeds. The baby's interested in the three feeds. We're looking at weight gain, but we've been able to successfully do some sleep training around those three feed times at night. So it's a win win.

Sarah Trott: [00:22:50] Yeah, yeah. And so what about the next question we have which is: can my baby sleep in my bed with me?

Dr Angelique Millette: [00:23:00] Oh these are good ones. This is such a great question because again back to the research. The research shows I mean this is so fascinating. Up to 80% of American families are going to bed share in the first three years. That tells us a lot of us are doing it in America. So you got this on the left hand bed sharing. That's the reality of life - we're tired, we're working. It's four in the morning - we're bed sharing.

Dr Angelique Millette: [00:23:35] The American Academy of Pediatrics who does good work. They're saying no bed sharing. They will get behind room sharing because the research is really clear. McKenna's research, he's an anthropologist that's doing the bed sharing sleep labs. How cool is that, folks? And they're finding in that science that the baby's heart rate and breathing regulates when they're close to the parent. And it's important enough research everybody, that the American Academy of Pediatrics in the last I think it was 5 or 6 years, maybe seven, they updated their policy guidelines to room share at least six months, up to 12 months, because the research is so clear out of McKenna's labs that the bed sharing is a contributor to regulating heart rate and breathing.

So there's a clear benefit. There is a clear benefit. So the way that I approach this question, because I also look at Sudden Infant Death Syndrome (SIDS) research and I've sat with families that have lost their babies to SIDS.

Dr Angelique Millette: [00:24:41] And what happened when the AAP came out. I mean, it's heartbreaking what happened when the AAP said no bed sharing? You know what parents did? They started to sleep with babies on sofas and recliners. They said, okay, well, we're not going to bed share. And I know this is a scary topic, folks, but I really don't leave anything off the table because I think it education information is empowerment as a parent. It builds their confidence. Yeah. Parents started to sleep in recliners on sofas with their littles, with their newborns.

Dr Angelique Millette: [00:25:13] So the take home here is there are some great new products on the market. That are facilitating safe co-sleeping and bed sharing, meaning that you can move these bassinets or arms reach co-sleepers. Or like Harvey Karp's, Snoo is a product out there. What's happened over the last few years is that they've started to create products that allow for babies to be in the family bed with some containment, right? Because parents, I hear so many parents now saying, I want to bed share with my baby or room share with my baby. I want to safely do it.

Dr Angelique Millette: [00:25:53] I mean, look at that. How much has changed? We were putting newborns in cribs the first day they were born in another room. That was 25 years ago. And it's really shifted. So I would say if you're going to bed share, a good way to do it is to have a safe sleep spot for your little one. Kathleen Kendall-Tackett has great research, and I'll include this in the show notes the follow up.

So you all have a link to this, because it's such a great one sheet that has guidelines for safe bed sharing and the do's and the don'ts. I think she's done a good job. She's a really big lactation advocate and bed sharing advocate, and she's saying, hey, we acknowledge the data that a lot of families are bed sharing. We know that AAP's recommendations, why don't we come up with safe bed sharing for the folks that are going to do it because we know it's going to happen, at least it gives them some guardrails for how to do it safely.

And then of course, there's like the rule-outs, like no pets in the bed, no kids, no heavy linens, all that kind of good stuff that we know no smoking, no drinking, no drug use. And she's put that together. We'll include it for everybody, so you'll have it.

Dr Angelique Millette: [00:27:04] And then if you're on the fence and not sure, I can't recommend enough room sharing. The SIDS risk is highest between months 2 to 4. 2 to 4 months of age. The SIDS risk is the highest. There's a lot happening in the breathing and heart rate development, brain development. And so if there was ever a time I would, I can't say this enough, I think room sharing is really important, at least in the first 4 to 6 months.

And then at that point I would ask parents to do a little check in. Is the room sharing working? Is it not working? And then by six months is that SIDS risk is really coming down to practically zero. I would say a lot of families work on moving a baby to more independent sleeping. And then the baby is getting their sleep. The parents are getting their sleep. But I would say I would really emphasize and encourage at least the first 4 to 6 months of keeping that baby close by.

Sarah Trott: [00:28:03] Yeah. Oh, and it's so wonderful and easy to get your rest if you're side lying nursing. It's so lovely. Because even if you're not actually sleeping, your body can lay down and rest. And that's something that's very lovely to do especially when you're exhausted in those early days.

Dr Angelique Millette: [00:28:22] It's wonderful. And it's a great way to nurse it turns out if you have oversupply, which I did. So it became one of the only ways to nurse successfully and it slowed down my milk supply. So there could be a lot of positive reasons for it, but we'll include that good information for your folks. So they're really well informed.

Sarah Trott: [00:28:42] Yeah. Thank you. So our next question is perfect to go next because you mentioned it. There are some very high priced items out there around sleep technologies. And I wanted to ask and call out the Snoo in particular. And other devices like that that are so popular right now. Are those worth it? Do we have to spend money in order to get good sleep?

Dr Angelique Millette: [00:29:05] This is, again, an individual family kind of thing. The great thing about this new product that we're talking about is that you can rent it now. So the Snoo is a tech-enabled sleep bassinet for a newborn. Tech-enabled means that it has levels of vibration, movement, white noise, and it also has, which I think is probably the most important feature is a built in swaddle. I'm less interested in the movement in the white noise and the lights on it. I think the most important feature is that it has a built in swaddle.

So it effectively keeps the baby swaddled, which I'm a big fan of fourth trimester swaddling. Babies really benefit from it. Helps mute that startle reflex that they have as newborns. So the Snoo did a smart thing. They built the swaddle into the Snoo so it does keep everything bundled together. I think the price point. I'm, like, almost embarrassed. I don't want to pitch it. I think it's like \$1,500.

Sarah Trott: [00:30:16] It's not cheap.

Dr Angelique Millette: [00:30:18] I've never seen any product in the baby field that's that price point. But again, we're going back to safe sleep for newborns and parents getting their needed sleep. And for a family that might be a great investment. I would recommend everybody rent it first because about half the babies in my practice were Snoo fails. Parents bought it. Their baby didn't like it.

Dr Angelique Millette: [00:30:47] So there's some great benefits to it, but it's not for every baby and it's an expensive investment for a baby that doesn't like it. You won't know until you get it. So I would recommend renting it. And then it's a better way to find out, to trial it and see. You want to move your baby out of these products pretty quickly. By the time they're three, 4 or 5 months, they've aged out of it.

Sarah Trott: [00:31:10] Why is that so important?

Dr Angelique Millette: [00:31:13] Because two reasons. They're made for newborns. They're not made for babies that are moving. Newborns don't move much, but by three, 4 or 5 months of age, as they go from newborn to baby stage, they want to move in their sleep. And frankly, we want to encourage it. That's part of healthy development is to not thwart their movement. Turns out it's good for babies to move. They're going to move into their preferred sleep position, much like us. Flat on back is not. It's a safe sleep position, but it's not a preferred sleep position for a baby. We ask parents to do it because the SIDS risk.

But as soon as the baby can, they want to move to side or tummy or they want to ball up because that is a secure sleep position for that baby, they feel comfortable in that

position and this new is not intended for that baby that's now moving. I see a lot of babies by 3 to 4 months. They're ready to come out of the Snoo. But I can relate to this as a mom. Parents are keeping them in this new far longer than they should be because they're scared. The Snoo has been so helpful with helping their newborn sleep, and they're afraid about the next stage of sleep, which is more movement, but you want to get them out of there. It's not safe once they're starting to move and roll around during tummy time.

Once they're starting to kick flip a leg there, they have to come out of these bassinet sleep biodevices for newborns. And now they need to be in a a mini crib or a full crib or a pack and play soft sided or hard sided. But that is really the next stage. And there's sleep architecture and there's sleep movement, and they're going to do a lot of movement as they're sleeping. And that's a great thing. Everybody.

Sarah Trott: [00:33:05] Yeah, so it sounds like they can be worth it for some families. They work for some families, and for some families they don't. We have no affiliation with that brand. We're just talking about that brand in particular because it's well known but there are other devices that are kind of similar, too.

So it's kind of we're just talking about the technology at this point. And weren't you telling me something once in a prior conversation around how sometimes it can be hard for the baby to transition out of that? So while it might be helpful for the few months, it can almost be too helpful in a way, because it is such a change versus being in a regular bed.

Dr Angelique Millette: [00:33:43] Thank you for reminding me about that, because it's so important to share that with parents. So it's called habituation. And it just basically means that the Snoo, because of the tech involved with the Snoo where it vibrates at varying levels. Babies get used that it's similar to this putting like 20 years ago babies would go in a swing at night and they would swing sleep. The Snoo, the tech behind it is that they have varying levels of this stimulation or vibration the babies habituate to that. They did include a weaning feature on the Snoo. That essentially means that it's very low level of stimulation or vibration. So the babies losing the habituation.

But we have found that those, not all of them, those babies tend to take longer to sleep train. I think that it means that the habituation is really happening with that product. And I reached out to Harvey Karp about it. He said, just use the weaning feature. I'm like, but it doesn't work for all babies. It's a real thing that the habituation happens, and it's something I do design these products and bring them to market. And it's a very real aspect of this is habituation, that the baby does habituate or get used to the thing that's helping them sleep, and they have to transition out of that. And so they may do more crying when sleep training or do more crying coming out of it. Not all of them, but a handful of them do.

Sarah Trott: [00:35:12] Yeah. So there are pros and cons there. We're not leaning pretty heavily one way or the other. It's again what I appreciate about what you do, Angelique, so much is that you talk about what's right for specific families because it totally varies. Every baby is different. I appreciate the feedback there because I don't want someone to be out there thinking, oh, if I can't afford this one thing, then I'm not going to sleep or I'm somehow not meeting the needs for my family. Like, absolutely not.

Dr Angelique Millette: [00:35:43] I would say, if you've started to sleep on a recliner or sofa with your baby out of sheer exhaustion, you're going to do a hard stop and you're going to revisit the sleep location and work on some sleep method or sleep changes. And again, that just happens because we're so tired as parents. Yeah, I mean, it really is just survival.

Dr Angelique Millette: [00:36:03] So some of what I'm sharing with you today is about just taking a look at your unique situation with your newborn or baby. We briefly mentioned it and talked about it, but I do have a no low cry method that is great for newborns we're talking about. We answered the question about when to start sleep training. But folks, I do have a no low cry method that's for babies. It's very effective. If you don't want a sleep train or your baby is too young to do it, use my no low cry method, and it's an effective way to help them start to sleep off your body, or transition out of the Snoo or bassinet or swing.

Sarah Trott: [00:36:42] Okay. Yes. And again, we do have an episode that's dedicated to talking about that as a deep dive. So go check that one out.

Sarah Trott: [00:36:51] So you mentioned swaddling. Let's talk about that. Like, do people have to swaddle their baby?

Dr Angelique Millette: [00:36:58] So swaddling came about, I would say it was probably two, three decades ago when the AAP came out and said, everybody back asleep. For newborns, back to sleep is the safest position for newborns. And that's stayed pretty current, even with all the research they've done to shoot holes in it. They're like, oh yeah, it still is the safest position for newborns to sleep. So they had to come up with a way to help newborns sleep on their backs, because it's not a natural position to sleep, and it's actually very vulnerable position. You know, for us we're in fetal tuck. And if you look at ultrasound images, even little tiny sweet pea 12 weeks in utero, they're in fetal tuck position like this. It's so amazing. It is such a natural position.

Dr Angelique Millette: [00:37:47] So what they did is the swaddle came out of that development with Back to Sleep campaign, that we needed a position to put babies in a cocoon. And the take home is that not all babies like swaddling. However, I think half of it is that, especially for first time parents, swaddling is tricky.

So again, going back to products, there are enough companies out there that have created a swaddles that take the guesswork. But using a, say, a blanket, a muslin blanket, it takes a little bit of origami. Some parents are great at that, some parents aren't. But there are now like swaddle bundles, swaddle blankets that kind of Velcro and close up so it does take the guesswork out.

Here's a good take home is your baby's startle reflex. All newborns have a startle reflex. That's where they kind of shake violently. Like when you set them down for diaper change, or you put them down for tummy time and their arms kind of pop out and then shake.

Sarah Trott: [00:38:55] And they can do that when they're sleeping, too.

Dr Angelique Millette: [00:38:57] They do it in their sleep and they'll wake themselves up. So if you have that newborn, mine was like that, that startled awake and they were in a really good deep sleep. They're going to be a great candidate for a swaddle because what that does is it mutes the startle reflex so it doesn't wake them up. It keeps them in that fetal tuck cocoon that their little bodies really like.

Sarah Trott: [00:39:20] And what about the arms?

Dr Angelique Millette: [00:39:22] Yes. So I developed it's no longer on the market. We decided not to be manufacturers of baby products because that's a lot of work. That's a whole other conversation. But I did bring to market 15 years ago an arms up swaddle. And I'm thrilled to see so many companies borrowed my idea and made it theirs because it's how it works with babies look at them in the womb. Their hands are up close to their face. And there are swaddle products out there that's called the fetal tuck position. It's a natural reflex for security and relaxation. And there are swaddle products out there that swaddle babies hands at their hips.

Sarah Trott: [00:40:08] Or even I've seen, like, hands or like out or up like hands out or even or like on either side, like they're flying.

Dr Angelique Millette: [00:40:16] So you're gonna have to just determine your baby's startle reflex. I would recommend against swaddling with their hands down.

Sarah Trott: [00:40:22] Hands down by their hips is not great.

Dr Angelique Millette: [00:40:23] Right, by their hips. Because what it does is it creates a lot of tension or tightness around the hips and babies are inclined to have hip dysplasia if their hips are swaddled too tightly. So you really want to have it's having the hands swaddled, but the hips open is really the take home for swaddling.

Sarah Trott: [00:40:47] So their hands kind of ideally would be kind of midline center chest here. Yeah.

Dr Angelique Millette: [00:40:53] And then you have these zip up bags that will put babies, we call it the football position.

Dr Angelique Millette: [00:41:00] And those work great too. If a baby has a strong startle reflex, they don't work that great because they'll startle right through that thin fabric.

Dr Angelique Millette: [00:41:11] So there's a lot of products out there. And again, it's just really looking at your baby to see what your baby needs and then experimenting a little bit. You'll know if a swaddle is working because it really you'll see this. They're peaceful and their body just sleeps and they're still they don't have to work so hard to sleep.

Dr Angelique Millette: [00:41:32] I want to say one more thing about that, which is that if you imagine, like, there was a time when babies stayed right on our bodies day and night. And time not so long ago. So the startle reflex wasn't a thing, because our bodies were right there to meet their bodies and give them that security.

Sarah Trott: [00:41:53] Well. And I think we still see a lot of people swaddling to the body. That's right. They're staying and they're sleeping I mean, I just personally loved that experience of having my newborn sleep on my chest. Me too. All kinds of very safe blankets and wraps and baby carriers. Carriers? Yeah. Where they can just cuddle up. And, of course, my babies did that. They would tuck their hands kind of around their face or around their chest. That's pretty typical. Yeah, yeah but yeah, there's I appreciate that commentary because it's very common. I mean, what would women do if you've got to get up and walk around. That's right.

Dr Angelique Millette: [00:42:34] You kept your baby strapped.

Sarah Trott: [00:42:37] That feels very natural. Okay so another question. So what if someone comes to you and they say well we sleep trained, maybe the baby is say

seven months, eight months old, we sleep trained. But now my baby's waking up again quite a bit at night. More than more than we have scheduled. So help. What do we do?

Dr Angelique Millette: [00:43:03] The sleep books have us believe that we sleep train and we will never hear from our baby at night. These same sleep programs that say 7 to 7, 12 hours at night.

Dr Angelique Millette: [00:43:16] Um, as if, as if. The baby's developing brain is dynamic.

Dr Angelique Millette: [00:43:26] And they're supposed to regress. That is the nature, the biology of brain development in the baby. In the toddler.

Dr Angelique Millette: [00:43:38] And so the take home is really again debunking this old paradigm that you'll never hear from them again at night once you sleep train. And that somehow that's a reflection on good parenting and a good baby and good sleep. And I'm asking parents to move into a new paradigm, which is that regressions are not a sign of failure. They're very normal and expected part of your baby and toddler's development, the arc of their development.

Dr Angelique Millette: [00:44:08] But the way that humans develop is through an attachment relationship. Meaning that as their brain goes through rapid periods of organization and new skill set building, their behavior regresses. Because at the basis of that is attachment, which I think a better word for that is just simply it's going to sound woo woo, but it's love. It's connection. It's bonding.

We're all looking for it, folks. Can you imagine? So is your little one. And so as their brain goes through a rapid period of development, their sleep is going to regress because it's your baby's way of saying hey or your toddler saying, hey, I'm changing, but are you still there for me? Are we still connected? Yeah, this is the foundational piece. It's not a failure on your part as a parent. It's not a failure on the baby or toddler's part at all. They're looking for connection again. And then, of course, you move in closer.

Dr Angelique Millette: [00:45:05] We call this responsive parenting, which is following your intuition, offering more help. Perhaps they're getting teeth. Perhaps they're in a growth spurt. Perhaps they're in a developmental phase where they're organizing these skill sets, like learning to crawl or starting to understand object permanence, which means that they exist separate from you now. And all of that. It's not like it just stops at bedtime. It is still organizing through the night.

So it's really bringing in this new understanding of brain development these first years which and connection, love, attachment, security regressions that all that's good stuff. And it's really empowering. Parents like letting them know this is what we do during a regression, which is follow your intuition or. That good intuition stuff.

Dr Angelique Millette: [00:45:57] If your baby is waking up at night crying at a time when they normally would sleep. That means something's changing for them, and they need you. And we can track these developmental phases every six weeks or so through the first year, where they're going to be more hungry at night, waking up for 1 or 2 hours wide awake, little clingy. They don't want to be put down. They just need more of you. It could last a night, could last a couple nights or a week or two. Maybe they're sick too. And then their brain organizes the skill sets organized, and then it goes away.

Sarah Trott: [00:46:33] And these are phases, right? I think that's the other thing to remember. It can be hard in the moment, but you can get through it because it is temporary. It's for sure temporary. I really liked an app called The Wonder Weeks because it could track visually on a calendar when these regressions typically happen, and then also provide information about what was happening in the brain during that time.

Dr Angelique Millette: [00:47:04] I include the wonder weeks so that, I mean that books just exploded. The approach just exploded 20 years ago, that book was in Dutch - like a photocopied manuscript on Amazon. That's how far this whole field has shifted. Where we're like, yes, their brains are changing.

Sarah Trott: [00:47:25] Seriously!

Dr Angelique Millette: [00:47:27] That's what's causing them to wake up. So we definitely include the Wonder Weeks work. And I have a sharp focus on sleep. So we're able to just know specifically that at 33 weeks we are going to see this regression occur in 95% of the time we do.

Sarah Trott: [00:47:45] That's so fascinating. Yeah I liked the app quite a bit. I liked that it would alert me and remind me. Oh, by the way, this is coming up. So it kind of helped me and the expectations that I was going to have for my upcoming week. Maybe that's not the best week to do a weekend away or something like that. yeah.

Dr Angelique Millette: [00:48:04] Or sleep train! Everybody, if you notice that your baby is trying to crawl, if you're on the Wonder Weeks app, or if they're if your baby is just wide awake at night, you feed them like back to the seven month old example. You feed them at night and they don't fall back to sleep. That means that they're in a big period of brain development. They're not a bad sleeper. They're like, I'm just working on new skill sets. Can I get a break? Someone just hold me.

Dr Angelique Millette: [00:48:33] It's coincidentally not the best time to sleep train. We will attempt it sometimes if I can track the babies coming out of it. But if they're in the thick of it, we wait for a couple days to a week so their brain cools off, the skill sets organize, and then we work on sleep training because then it just goes so much better.

Sarah Trott: [00:48:52] Right? It's too many different things at once.

Dr Angelique Millette: [00:48:55] That's right. So it's just such a new way to think about about sleep and development and babies and feeding at night that. You know that there's like this dynamic range of variables that we look at.

Sarah Trott: [00:49:10] Yeah for sure. I like what you said about secure emotional attachment and love as it relates to brain development and connection. That doesn't sound woo woo to me at all. I mean, it's reinforced 100% in the episode we had with Rebecca Walsh, which is Wire Your Baby for success. It's all about brain development.

Sarah Trott: [00:49:30] Also there's a great book I've read called Hold Me Tight. It's actually for adults. But it's all about the fundamental need for love and attachment that we have as adults in our adult relationships. It was written by a therapist, a couple's counselor, and they were like, wait I'm seeing all these patterns, all these adults coming to me, and they're blaming each other or they're withdrawing, or they're just kind of increasingly trying to agitate the other person into action. And all of these things at the core of it. She realizes, my adults here, my couples, they just want love and attachment and security emotionally. That's it. They want connection. So yeah, it's true. It's true for humans, regardless of age.

Dr Angelique Millette: [00:50:18] Yes it is. I have a method that I teach for toddlers. That would be a great future podcast, FYI. And I'll just briefly describe it because the old belief and sleep method for toddlers was they're manipulating you. They're being naughty. Lock them in the room. They'll eventually cry themselves out and fall asleep - as if!

Sarah Trott: [00:50:43] That's so sad. That's not true, by the way, people, none of that is true. They're trying to communicate and connect with you.

Dr Angelique Millette: [00:50:51] It's probably how a lot of us learned how to sleep, by the way. If I really take it to that level. And as a therapist, my research is looking at attachment and sleep locations and feeding method and mood disorders, but I really was so interested 25, 30 years ago in that attachment security and how all of those variables work together. So I developed the sleep method for toddlers, and I use a big toolbox of methods, everybody, because it cannot be one size fits all. The sleep training method that works for babies, they age out of it by around eight months to 18 months of age, and sleep training does not work any longer. It'll actually worsen their sleep and lead to sleep anxiety.

Dr Angelique Millette: [00:51:34] So the method I developed for toddlers comes straight out of my work as a play therapist for kiddos, where I use play and art in nature to help them with big feels or traumas or transitions. And what I did is I took those play

therapy storytelling, and I teach those to parents. To prepare the toddler for the sleep change. We just don't have them start a method.

Dr Angelique Millette: [00:52:00] They're like us. They do better with a change in their life if they know about it ahead of time and they can prepare for it, and 50% of the of the toddlers will start to sleep better just from doing the play therapies and the storytelling, because the script inherent to that is about separating and saying bye bye to their parents at sleep time or their parent at sleep time.

Dr Angelique Millette: [00:52:21] So it gets their little body. I mean, talk about attachment, security and love being the basis, right? It gets those toddlers ready, their little bodies ready to say bye bye. And I feel like that's a real skill set, in particular for toddlers that are trying to figure out their babies and feel safe about it. I say to parents that are embarking on toddler sleep changes and about to use my two phase approach for toddlers. I say, you know the skill set they're going to learn through?

The sleep method we do together is a skill set for life. We're teaching them to feel safe to separate from you at sleep time. That they don't have to be full of terror and panic and fear, but they can feel safe in their little bodies and use the feeling of you as a resource. And it's going to set them up as adults for feeling safe when they separate from a loved one. Oh, gives me goosebumps.

Sarah Trott: [00:53:12] Yeah, that's a life skill. That's it's all connected. Yes, it's absolutely setting people up for success later in life. So let's bookmark that. We will definitely revisit toddler sleep in a future episode. I love that. Okay, fantastic.

Sarah Trott: [00:53:27] And then so I think that relates to this next question a little bit and you kind of jotted this one down so you can give us more context on it, but it's around and we talked about it too. So someone would come to you and say, we sleep trained, but how do I know when my baby really needs me? So what's that about? Yeah.

Dr Angelique Millette: [00:53:48] So I'm going back to a description I just gave. What will happen with sleep training within a couple nights to a week. You get a baseline sleep pattern. Baseline basically.

Sarah Trott: [00:54:00] Say like a five month old baby or something like that.

Dr Angelique Millette: [00:54:02] At five months you sleep train. I like the interval method, folks. And then I keep 1 or 2 feeds at night with my five month olds because I don't want to deprive of nutrition, especially if I'm working with a nursing mom. I don't want her to have a big issue, especially if she's going back to work. We want to keep her milk supply good. Bottle feeding we can track a little bit more closely, but I'll keep 1 or 2 feeds for that five month old.

Dr Angelique Millette: [00:54:25] Then let's say it's seven months. They're learning to crawl or get to all fours. They're going through one of the Wonder weeks or developmental phases that we track. And now what starts to happen? The baseline sleep, which is we're going to call that the straight line sleep where it's predictable. They just sleep. You sleep and it's like a predictable sleep pattern. What's going to happen is that the sleep is going to regress. The straight line goes away. Now there's dips. They start to wake up.

They start to wake up at times of the night when they normally would sleep. And you're going to know this as a parent, because you will have gotten used to the baseline sleep because it allows you to sleep. And there's some peace and predictability with the family sleep. Yeah, we love that. So you're going to know when your baby is waking up at times when they would normally sleep.

Dr Angelique Millette: [00:55:11] You're going to say, this doesn't feel right. My baby normally is just sleeping pretty peacefully at one in the morning, but this is not what they normally do. Now they're waking, they're crying. They're very upset. You're going to follow your intuition, which is like the most important thing as a parent because we've never done this before. We're like newbies. And your parenting intuition is going to tell you this doesn't feel right. And you go, this is the responsive parenting that we practice,

right? Which is to go in and check. And then you're going to go through your list, which is could be a growth spurt, could be baby getting sick, could be some teething, could be they got shots that day, could be that they're learning to crawl. Or their leg got stuck between a crib slat.

Any number of things, and then that your intuition scale, you're going to respond accordingly and comfort your baby. You're going to have 2 to 4 of those in the first year at least. So count on it. And again, it's not a reflection on a failure in parenting or poorly sleeping baby. It's a normal part of the sleep organization and consolidation the first few years that they're going to have baseline sleep regressions, baseline sleep regressions.

Dr Angelique Millette: [00:56:23] Now, some outliers there that I see in my practice are little ones with eczema, sleep apnea. So eczema in particular for a lot. I mean, it's so silly, this stuff. For a long time we were told to tell parents, well, eczema doesn't affect a baby sleep. Can you imagine, like having a flare up and then, like it doesn't affect your sleep? I mean, we know this. If we have a rash or a mosquito bite, we sleep restlessly.

Sarah Trott: [00:56:50] Yeah. Just because the baby can't use words to say my skin is in agony, it doesn't mean it doesn't hurt them.

Dr Angelique Millette: [00:56:57] Oozing and scabbed. Of course. There's finally a scientific study, though. We knew this as parents, but it says, oh, by the way, eczema affects babies and toddlers sleep. They're going to have way more sleep regressions because of their flare ups. And they're going to habituate to itching. Even when they don't have a flare up, they just scratch themselves for self-regulation.

Sarah Trott: [00:57:19] Oh interesting. Yeah.

Dr Angelique Millette: [00:57:20] So they're going to have more regressions. Babies with or toddlers with sleep apnea. Which can we can do a sleep study for that. I see greater likelihood that babies that have a history of reflux, food allergies, environmental allergies, respiratory frequent respiratory infections, frequent ear infections, they're going to have many more sleep regressions than their peers. And that is not a failure on

a parent's part. And you can still do a method successfully, but it means you're probably going to have double the regressions in a year. I still think it's worth it to do a sleep method, because the 2 to 3 months that they're not sick or not having a flare up, that sleep is so beneficial to the family.

Sarah Trott: [00:58:02] Oh for sure. Yep, 100%. Agreed. Yeah. Thank you. Okay.

Sarah Trott: [00:58:10] Our next question is about a sleep training study that was about increased cortisol after sleep training. Can we talk about that one?

Dr Angelique Millette: [00:58:20] I'm so glad you're bringing this up, Sarah. Great questions. Okay, so this one gets a lot of play on social media, blog posts, podcasts because it's such an attention grabber. It's like just one of those, like, titles that just grabs parents, and it goes to the heart of our terror about harming our little ones, doing something that's going to harm them, you know? And sleep training in particular. It's been a controversial parenting issue. Parenting topic shouldn't be. And so that's a whole other topic for another day about the controversy of it. But this attention grabbing scientific study, this headline, you'll see it you know, refer to in podcasts and social media that sleep training increases cortisol levels in babies. I mean, think about that as a parent, right?

Sarah Trott: [00:59:19] Why would anyone ever do that? That sounds terrible.

Dr Angelique Millette: [00:59:21] And if we've done it, we feel terrible. You know, if we use a sleep training method, we now are second guessing ourselves. And then, of course, second guessing our desires to have our babies sleep well and get sleep ourselves. But here we are after, our family's health and well-being and self-care.

Dr Angelique Millette: [00:59:42] So you know me, I love my science Sarah and I and I really do. And I spent 25 years looking at the science around pediatric sleep, the 50 years of really, I mean, really fascinating pediatric sleep studies and sleep science. You go to this study, how was the study set up? It's actually heartbreaking to me that the ethics committee signed off on this. They did this sleep training method, probably

extinction method, which is where you put a baby down and you don't come back until the morning. They did it in a hospital with a strange nurse that the baby had never met. Taking the baby from the parent.

Sarah Trott: [01:00:26] At what age? How old a baby are we talking about?

Dr Angelique Millette: [01:00:28] These were babies that were in the seven, eight, nine, ten month range, which is when separation anxiety and stranger anxiety is starting. Yeah, yeah. I mean, the fact that they signed off on that, like if you just sit with that like heart crushing. And of course the cortisol levels will go up. So they track that the parent, the mom's cortisol level went up, which mine would go up if somebody took my baby from me to do a study where they let them cry alone in a hospital room without eating. Without eating and using the extinction method without. So the environment's not familiar. The nurse just takes them. I mean, it feels like it's 1940.

Sarah Trott: [01:01:13] Well, I agree with you. That doesn't seem ethical.

Dr Angelique Millette: [01:01:18] There's no ethics to that.

Dr Angelique Millette: [01:01:20] This happens in science where they set up studies to get the desired outcome. There's a bias that they're looking to get reinforced with and they know the outcome they're going to get. And that's the outcome they got. They found that the cortisol levels went up and stayed sustained. Even as the moms came down. The baby stayed high and sustained high. They continue to stay high.

Sarah Trott: [01:01:47] It's really sad. What I'm thinking actually, is that this seems like this is coming down to sort of some fundamental language and definition issue as well, which is that people will ask, is sleep training safe? Because sleep training the phrase is so closely connected with like you know, the extinction method, like, people think sleep training means you shut the door, you don't interact with your baby, even if, like, you can. They're obviously very distressed for 12 hours.

And so I think that's it. It's sort of like maybe we need to revisit also like what does sleep training mean? It doesn't necessarily mean cry it out. Sleep training can be safe and can be loving and can be developmentally appropriate depending on the methodology. And that's kind of like a wrapper around this whole conversation a little bit, because it seems like a study like that, the way you're describing it, they're just saying, oh, sleep training stresses out the baby, stresses out the family. Well, yeah. If you're if you're talking about the extinction method, of course.

Dr Angelique Millette: [01:02:52] That's right.

Dr Angelique Millette: [01:02:55] When we do sleep training, it's in a familiar environment. The baby's home, the room of that baby's sleeping. It's parents checking on the baby. People that babies are familiar with. We keep 1 to 2 feeds at night. At least we don't do it during a period of development where we know the baby is going to be insecure, rapidly organizing new skills.

Dr Angelique Millette: [01:03:17] We track all of that data with the Millette method. So we find that sweet spot where the baby is going to sleep. Train. Crying is minimal and there's not deficits. We also only do nights we don't even do naps. We just work on the night so that baby can master that quickly. The crying is efficient. It's short. It goes away quickly.

Dr Angelique Millette: [01:03:36] So to your point, there's a really smart way to do sleep training. That old outdated extinction or 12 hours at night or no feeding we can take that and say, hey, there's a better way to do this where we modify it and bring some changes to sleep training. So it supports that baby.

Sarah Trott: [01:03:56] Love that. So. Final question then. We've debunked so much. I'm really enjoying this conversation, but we're finally getting to the end of our list.

Sarah Trott: [01:04:09] So this last question is very specific. It's about pacifier use. So can my baby use a pacifier when sleep training?

Dr Angelique Millette: [01:04:17] Great question. So science and the recommendations. The American Academy of Pediatrics recommends pacifiers because they have found that that sucking, which is really interesting because it's really just nursing. But for a parent that wants to put a baby down and have them sucking the pacifier can keep them in a more alert, quiet, alert sleep state. And their belief is that that reduces the likelihood of SIDS. So we're seeing a lot more pacifiers. You can't force a baby to take it. So parents know this. They're either going to take it or they're not going to take it.

Dr Angelique Millette: [01:04:57] What we start to look at is, is the pacifier a help or a hindrance with helping a baby to consolidate and organize their sleep cycles at night. And the simplest way to know that, parents is are you having to reinsert the pacifier several times through the night? Are you having to get up and reinsert it to get a baby to link up a sleep cycle? And remember, the sleep cycles are 90 minutes to 2 hours.

Dr Angelique Millette: [01:05:24] So if you're having to get up at that cadence to reinsert a pacifier to get through the next sleep cycle, it's probably the pacifier is now hindering your baby's ability to link up the sleep cycle. You're the one that's linking it up versus your baby using self-soothing to link up the sleep cycle.

Dr Angelique Millette: [01:05:41] So the take home is pacifiers can be super beneficial. But if you're that parent and I'm talking about that pattern, if you if you went, oh yeah, that's us. I was up four times last night plugging it back in. I'm going to recommend that you check out a sleep training method called the interval method. If your baby is 4 to 6 months, if you're comfortable with a little bit of crying. Interval method - like I said, I keep 1 to 2 feeds at night - it is a great method.

And they don't have a secure attachment to the pacifier until they're close to the first birthday. By the first birthday. Now it is their security object, but it's really easy to get rid of a pacifier when they're four, six, eight months of age. It's not a secure object yet, and we can do it very effectively. What you're going to see your baby do is self-soothe in other ways. It's all wired in them to do that.

Dr Angelique Millette: [01:06:36] And they'll stop themselves from crying. They won't use a pacifier, say, oh my gosh, I thought they were so addicted to it. Actually, a lot of the times it's the parent that is. And just by using that interval method, it takes 3 to 7 nights. They don't need it anymore. Now they're linking up their sleep cycles themselves.

Sarah Trott: [01:06:55] So a pacifier is not necessary by any stretch.

Dr Angelique Millette: [01:06:58] Not at all.

Sarah Trott: [01:07:00] Yeah. Don't try to force your baby to use a pacifier, please.

Dr Angelique Millette: [01:07:08] That's right. They'll just spit it out. They won't use it.

Sarah Trott: [01:07:11] Yeah, well, and I think in past conversations too, we've talked about this. There's like a certain age when they can grasp it themselves and put it in. If they're doing that, then obviously they want it. But for a long time they don't even have that ability.

Dr Angelique Millette: [01:07:25] That's called a pincer grasp. You're right. And they don't really have it until seven, eight, nine months of age. And pinch your grasp is when they can pick up their puffs and feed themselves. And they use that same pincer grasp to grab a pacifier and reinsert it. So again, they don't have the object permanence in place yet to have the secure attachment to the pacifier. So there's quite a bit of wiggle room starting by 4 to 6 months of age where they'll use their self-soothing to connect up their sleep cycles. They really can do it. Yeah.

Sarah Trott: [01:07:57] Well, great. Well, that concludes our top ten sleep training. Questions and answers. Thank you so much, Angelique.

Dr Angelique Millette: [01:08:06] Thank you Sarah. It was great to see you again and you can see the passion. I love this topic and yeah, thank you so much for having me back.

Sarah Trott: [01:08:16] I learned so much in this conversation. I'm sure our listeners did too. For those listeners who are interested in going deeper, like we've said, there are other episodes we've recorded with Angelique that we highly recommend, so check those out.

Sarah Trott: [01:08:31] Angelique also has on her website Webinars on Demand. So you can go to her website, which is angeliquemillette.com, and we'll put a link to her site and you can get more information on demand.

Sarah Trott: [01:08:46] You can also book her for a free 15 minute consult and then also you can get a discount on her 60 minute consult package, plus all those on demand webinars if you use the code 4THTRI10. We'll write that down but that way you're getting a little bit of a discount if you want to go and book some one on one time for your specific sleep needs for your family with Doctor Angelique Millette.

Sarah Trott: [01:09:17] So thanks again, Doctor Millette, and we'll see you next time on the Fourth Trimester Podcast.

Dr Angelique Millette: [01:09:22] Thanks, Sarah.

Sarah Trott: 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 Spotify](#). 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.