Katie Crankshaw | Baby and toddler sleep (Watch full video here)

Detailed briefing document reviewing the main themes and most important ideas.

This briefing document synthesizes key insights from an interview with Katie, a certified infant and toddler sleep specialist and ER nurse, offering a holistic perspective on common sleep challenges in children. The discussion emphasizes a departure from mainstream cultural norms and traditional sleep training methods, advocating for approaches rooted in biological and developmental realities.

Main Themes:

1. Challenging Mainstream Sleep Narratives

Katie highlights that common cultural expectations for infant and toddler sleep (e.g., sleeping 7 PM to 7 AM, independent sleep from an early age) are largely unrealistic and culturally conditioned, not biologically accurate. She asserts: "Most of what we feel like is sleep issues is actually just cultural conditioning. And it's really just our expectations are skewed. Our expectations are not realistic."

2. The Instinctive Need for Proximity and Connection

Babies and toddlers are biologically wired for proximity and connection. The concept of a "mother-baby dyad" emphasizes that they perceive themselves as one with their primary caregiver, especially in the first year. Katie recalls her initial belief against bed-sharing due to warnings of danger, but her own experience and subsequent research revealed that "co-sleeping and bed sharing is, you know, normal because it's instinctive to want to be close to our babies." This innate need for closeness means:

- Babies cannot self-soothe: This term, according to Katie, was "completely taken out of context" and does not describe a skill babies are physiologically able to perform, especially from a heightened state of stress. Parents' role is to co-regulate their baby's nervous system.
- Waking at night is normal: Biologically, infants are "supposed to wake at night." This normal pattern extends into toddlerhood, especially for nursing children, where waking every 2-3 hours can still be typical.

The first three years are "infancy": Sleep cycles don't fully mature until ages three to five, meaning consistent night waking and needing support to fall back asleep is normal throughout this period.

3. Safe Sleep Practices: Beyond Abstinence

While traditional advice often emphasizes an "abstinence approach" (e.g., never bed-share), Katie advocates for education on safe bed-sharing as a vital component of informed parenting. She stresses that unsafe practices often stem from a lack of knowledge, as parents resort to potentially more dangerous alternatives like sleeping on sofas or recliners. She states, "it is much safer to do so [bed-share] in in a way that you set yourself up to do it safely and it's an elective decision that you make just in case than to end up on a recliner or a sofa which is never safe."

Resources for Safe Sleep:

Co-Sleepy (Instagram)
Dr. James McKenna's "Safe Infant Sleep"
Dr. Helen B. (The Happy Co-Sleeper)
La Leche League's "Safe Sleep 7"

4. Sleep "Regressions" are Progressions

The term "sleep regression" is misleading. Katie explains that the only true architectural change in sleep cycles occurs around four months. All subsequent "regressions" are actually progressions linked to significant developmental milestones (e.g., rolling, crawling, walking, language bursts, separation anxiety peaks at 6-9 months, 1, 2, and 3 years). These milestones naturally disrupt sleep as a child’s brain and body are actively processing new skills.

Common Root Causes of Sleep Challenges

Katie identifies several underlying factors that can contribute to disrupted sleep, beyond typical developmental changes:

Lack of Sleep Pressure: Toddlers, especially those napping, may not have accumulated enough "sleep pressure" (awake time) before bedtime. The average bedtime for napping toddlers is often later than culturally expected (8:30-9:30 PM), requiring a 6-7 hour awake window after their nap.

Connection Deficit: Children, particularly if parents are away for extended periods, may seek connection at night. This can manifest as increased night wakings or difficulty settling.

Low Ferritin (Iron Deficiency): A significant red flag for frequent night wakings, restless sleep, and early morning wakings (before 6 AM) in toddlers is low ferritin. It requires a full blood draw for accurate diagnosis, as hemoglobin sticks are insufficient. Optimal ferritin levels are around 50, even if "normal" ranges are broader.

Actionable Advice: Focus on iron-rich foods paired with Vitamin C, and avoid giving calcium or cow's milk simultaneously, as they inhibit iron absorption.

Airway Issues: Snoring, mouth breathing, and teeth grinding (bruxism) are not normal and often indicate an underlying airway issue like sleep apnea. Katie shared her own son's diagnosis of obstructive sleep apnea linked to an undiagnosed tongue tie.

Other Nutritional Deficiencies: Low Vitamin B12 and Vitamin D, and zinc deficiency can also impact sleep.

Sensory Issues: Conditions like eczema, rashes, or discomfort with clothing (e.g., tags, certain pajamas) can disrupt sleep. Deep pressure input needs may also be a factor.

Pain/Discomfort & GI Issues: Underlying pain, discomfort, or GI problems (e.g., reflux, which is a symptom, not a diagnosis; colic, also a symptom) can cause frequent waking, arching, and general discomfort.

Body Tension: Prolonged or overly tight swaddling can lead to sensory issues and body tension that impact sleep.

4.) The Role of the Parent's Nervous System

Children are highly attuned to and mirror their parents' emotions and nervous systems. "When we're stressed and we're anxious about sleep, they're going to feel stressed and they're going to feel anxious about sleep." Creating a "nervous system-friendly" bedtime involves:

Co-regulation: Parents' calm nervous systems help babies and children learn to self-regulate. This skill develops gradually, not fully maturing until adulthood.
Individualized Routines: What is calming for one child (e.g., a bath) might be stimulating for another. Observe your child's cues and adjust routines accordingly.
Permission to be Responsive: "Please rock your babies to sleep. Feed please feed your babies to sleep. Please cuddle your babies to sleep." These are valid and biologically appropriate ways to support sleep.

5.) Navigating Transitions and Challenges

Love the New Space: When transitioning to a new sleep environment (e.g., bassinet to crib, crib to bed), focus on making the new space feel safe, inviting, and loved through play, role-playing, and connection.

Infants (0-1 year): Attach via senses (smell, touch, sight, sound). Use sensory cues like breast milk on sheets or sleeping with their sheets.
Toddlers (1-2 years): Attach via "sameness." Share a "lovey" or demonstrate similar actions.

Toddlers (3+ years): Focus on "belonging." Involve them in decorating their space. Support Tears: "Tears are not the enemy. It's unsupported tears that we want to avoid." Allow children to express their feelings of frustration or sadness during transitions, providing comfort and validation without silencing or distracting.

Avoid Reward Systems (Preferably): While not forbidden, Katie prefers to avoid sticker charts or similar rewards as they can inadvertently create feelings of "good" or "bad" if a child can't meet an expectation. The goal is intrinsic motivation for their own well-being.

Gradual Separation for Independent Sleep: If aiming for more independent sleep, introduce small, supported separations. For example, "I'm going to get a sip of water, I'll be right back." Gradually increase the time away.

Time-Limited Efforts: If you're spending more than 20 minutes trying to get a child to sleep, something is likely misaligned (e.g., insufficient sleep pressure, unmet connection needs). "Scratch it" and re-evaluate.

Trust Your Intuition: Parents know their child best. Quiet the external "noise" and listen to your inner voice. "You already have everything that you need inside."

6.) Supporting Parents in Sleep Deprivation

You're Doing Your Best: Acknowledge that you are doing the "very best that you absolutely can" in a demanding season.
It's a Season: Sleep patterns are not static; they change. Surrender to the "what is" rather than constantly focusing on "tomorrow."
Ask for Help: You were not meant to do it all alone. Seek support from your village or professionals.
Prioritize Self-Care (Support): Understand that "self-care" often means receiving more support. Even small moments of peace (e.g., a hot shower, 5 minutes with coffee) are vital.
Middle Ground: There's no need to choose between "suffering" and "sleep training." A "middle ground" exists that respects both the child's developmental needs and the family's well-being without breaking connection.
Respond, Regulate, Rest, Repeat: This is Katie's core philosophy: respond to your child's needs, help them regulate, then rest will follow, and repeat the cycle.
Dependence Fosters Independence: Counterintuitively, "the more that you allow your child to deeply depend on you now, the more independent they will come become. Not not vice versa."

Questions and Answers

- **Question:** If you would love to introduce yourself a little bit more and tell us how you got into this, we would love to.
    - **Answer:** Katie is a **certified infant and toddler sleep specialist** with almost four years of experience in this field. She is also an **ER nurse** for almost 14 years, which gives her a unique perspective blending Western medicine with a more holistic approach. Initially, she was against bed-sharing, believing it was dangerous, and had a plan to sleep train her baby, even preparing a perfect nursery. However, after an emergency C-section and a rough labor, her baby didn't want to sleep in a bassinet, and she didn't want to be away from him. By day three, she was unsafely bed-sharing with a DocAT infant lounger, thinking it was safer than having her baby next to her due to fears of rolling over. Her instinct strongly resisted sleep training at four months old, despite external pressures and comments about her baby's sleep habits, which led to feelings of shame. She then stumbled upon an Instagram post about **biologically normal infant sleep**, how sleep training actually works, and the **mother-baby dyad**, which sent her down a "rabbit hole" of learning. She learned that babies are biologically supposed to wake at night, not sleep through the night, that co-sleeping and bed-sharing are normal, and that babies cannot self-soothe. Realizing her unsafe bed-sharing practices, she immediately changed her methods to safely bed-share. This profound learning experience made her passionate about sharing this non-mainstream information, especially since doctors and prenatal classes don't typically discuss it. When she got pregnant with her second baby only seven or eight months postpartum, she became serious about how to manage having two babies sleeping in her bed. This led her to pursue a **baby-led sleep and well-being specialist certification** about four years ago.

- **Question:** What is the most misunderstood root cause of toddler sleep challenges?
    - **Answer:** Katie identifies **connection** and unrealistic **cultural expectations** as major misunderstood root causes.
        - **Connection:** Toddlers often seek closeness, especially after parents have been away all day. Katie notes her own children stay up later on her workdays because they haven't seen her, indicating they are "connection seeking".
        - **Sleep Pressure and Expectations:** Cultural norms dictate babies and toddlers should sleep from 7 p.m. to 7 a.m., fall asleep independently, and nap for two to two-and-a-half hours. However, this isn't realistic for many families.
        - **Not Enough Sleep Pressure:** Toddlers need enough awake time for sleep pressure to build up. For napping toddlers, a "sweet spot" of **6 to 7 hours of awake time** before sleeping again is often observed. If a 14-month-old, for

example, naps for 2 hours, they might only need 9 hours of overnight sleep, including wakes, because it's still biologically normal for infants (first three years of life) to wake and need support.
        - **Sleep Cycle Development:** The only significant change in sleep architecture occurs around **four months** (the "four-month regression" or progression). All other "regressions" are actually **progressions** linked to major milestones like rolling, crawling, walking, language bursts, and separation anxiety peaks (around 6-9 months, and again at ages one, two, and three). What appears as sleep challenges in toddlers is often related to their need for connection, learning autonomy, pushing boundaries, and growth.
        - **Later Bedtimes:** The **average bedtime for napping toddlers is actually between 8:30 p.m. and 9:30 p.m.**. If a child is expected to be in bed by 7:30 p.m. and takes an hour and a half to fall asleep, they are likely just not ready.
        - **Maturation of Sleep Cycles:** Sleep cycles don't fully mature and become adult-like until between **age three and closer to age five**. Parents often see a drastic change in sleep when their child hits about five years old.
        - **Normal Variations: Short naps are biologically normal and developmentally appropriate**, especially in the first nine months. These are not due to parents doing something wrong or the baby being overtired, and generic schedules or "wake window" guidelines are often inaccurate and not evidence-based. Each child's sleep needs are unique. Most of what parents perceive as sleep issues is often **cultural conditioning** and unrealistic expectations.

- **Question:** How often is a child's sleep pattern actually mirroring something in the parents nervous system? And is there a way we can create a more nervous system friendly bedtime.
    - **Answer:**
        - **Mirroring Parental Nervous System:** Children are **always mirroring their parents' emotions and nervous systems**, especially at bedtime. Temperament also plays a significant role; some children are highly sensitive, others easygoing. Babies and children **cannot self-regulate or self-soothe**. The term "self-soothe" was taken out of context and never meant to describe a skill babies can do themselves, particularly from a heightened state of stress. When parents are stressed or anxious about sleep, their children will feel that stress and anxiety.
        - **Creating a Nervous System Friendly Bedtime:** The key is to **find what works for your family**.
        - **Observe Your Child:** Pay attention to what is calming for your child. For example, while baths might be soothing for some, they can hype up other children. Consider if white noise helps or hinders, or if rocking/feeding/cuddling to sleep is regulating for both of you. Katie encourages parents to **rock, feed, and cuddle their babies to sleep**.
        - **Co-Regulation:** Parents' job is to **co-regulate** their baby's nervous system with their own calm nervous system. After many instances of co-regulation, children learn to self-regulate, a skill that is not fully developed until their 20s.

        - **Assess Your Routine:** Observe your routine for a few days to see if it is predictable, calming, nourishing, and helps settle your baby. If the routine is winding both parent and child up, a shift is needed.
        - **No One Right Way:** There isn't one universal "right way" to support sleep, even within the same family, as each child is unique. What works for one child may not work for another. Western culture's approach to sleep is often viewed as "weird" globally compared to other cultures. Parents need to find what works for their unique child and family, acknowledging that this will change through different seasons of life.

- **Question:** Do you have any tips for if you have a medically complicated child or complex child and you can't necessarily do what you want to do, but how could you still support them in their sleep?

    - **Answer: Connection is always the number one answer**, regardless of the medical complexities.
        - **Prioritize Connection:** Find ways to stay close to your baby and make connection your primary source for achieving better sleep.
        - **Co-regulate:** Focus on how you can co-regulate with their nervous system to improve sleep.
        - **Individualized Approach:** Understand what is safest for your unique child based on their specific medical condition. For example, bed-sharing might not be safe for premature babies for a certain period.
        - **Trust Your Provider, but Trust Yourself:** While trusting your healthcare provider is important, remember that **you are the expert on your baby**. Engage in a collaborative relationship with your provider, asking how you can maintain closeness, responsiveness, and connection while still safely supporting your medically complex child's sleep. Forget what others are doing and focus on what you and your child need.

- **Question:** My 2-year-old has multiple night wakings and insists on starting the day at 5:30. They go to bed at 8:00 and sometimes nap. Just when I think we've gotten past all the sleep things, we're at it again. Help.

    - **Answer:**
        - **Normal vs. Underlying Issues:** It's biologically normal for babies in the first year to wake every 2-3 hours for feeding or support. This can extend into toddlerhood, especially for nursing toddlers. However, by age three, longer stretches of sleep are expected. If a toddler is still waking very frequently, or is restless, it usually points to an **underlying root cause**.
        - **Common Root Causes:** Katie identifies three main causes for frequent waking, restlessness, and early morning wakings in toddlers:
        - **Not Enough Sleep Pressure:** While naps can disrupt night sleep, if a toddler is on a reasonable nap schedule (e.g., 1.5-hour nap) and goes to bed at 8 p.m. but still wakes frequently or is restless, other issues might be at play.

        - **Low Ferritin (Low Iron):** This is a leading red flag for toddler sleep issues. To check ferritin, a **full blood draw** is needed, not just a hemoglobin stick. You can have low iron without being anemic. Optimal ferritin is around 50, even if the "normal" range is 15-150.
        - **Intervention:** Focus on **iron-rich foods** paired with **Vitamin C** to aid absorption. Avoid giving cow's milk at the same time, as it inhibits iron absorption. Synthetic iron supplementation should only be done under a trusted provider's guidance after testing, as you never want to supplement without knowing the numbers.
        - **Airway Issues:** Snoring, mouth breathing, and **teeth grinding** (unless sick) are never normal. Teeth grinding can be the brain's way of opening the jaw to open the airway. These issues can manifest in toddlerhood even if they weren't present in infancy. Katie shares her own son's experience with sleep apnea due to a tongue tie, despite not snoring or mouth breathing.
        - **Early Rising (before 6 AM):**
            - **Environmental Factors:** Check if anything in the environment is causing early waking.
            - **Connection Seeking:** The child might want closeness or co-regulation to get through until the normal 6-7 a.m. wake-up time.
            - **Screens:** Giving screens in the morning reinforces early waking due to blue light exposure and a dopamine hit. This trains the brain to expect early wakefulness.

- **Question:** For a four-and-a-half-year-old, do they go through sleep regressions (or progressions)? We're getting a false start maybe, and she wakes about an hour to an hour and a half after going to bed at 8:30 or 9.

    - **Answer**
        - **Sleep Progressions:** Yes, they do go through sleep progressions. The significant developmental shift often occurs right before age five, as children move into a higher level of thinking (ages 5-7) and become "big kids".
        - **False Start Definition:** A "false start" usually occurs **within an hour** of falling asleep. Waking an hour to an hour and a half after going to bed is unusual for a false start and would prompt further investigation.
        - **Investigating Consistent Waking:** If this waking pattern is consistent (three or more times a week for greater than two weeks), Katie would investigate "what else is going on".

    - **Possible Causes for this Pattern:**
    - Bedtime might be **too early**.
    - Napping could be disrupting their circadian rhythm.
    - Environmental factors waking them.
    - Hunger.
    - **Nutritional deficiencies**: Besides iron, **B12 and D vitamins** are also important for sleep, as is **zinc**.
    - Sensory issues.

- **Question:** How to help our toddler wake up later? I've tried pushing nap back and time back for a week and she still wakes up before 6:00 a.m. and then I have a tired child today.

    - **Answer:**
        - **Ferritin:** As discussed, **low ferritin is a big one** to check.
        - **Nap Transition:** Naps will eventually start to reduce nighttime sleep. As naps fade away, children will add those hours to their morning sleep.
        - **Sleep Chronotypes:** We are all born with sleep chronotypes, either as night owls or early morning larks. Some children are simply **early risers** by nature.
        - **Defining "Nightwake":** Katie considers anything **before 6:00 a.m. a nightwake**. After 6:00 a.m. is generally considered normal waking time, especially for children who are still napping. Later wake-up times often occur once a child stops napping.

- **Question:** How to help your toddler go through transitions like a new bed, taking away the pacifier, and using the potty.

    - **Answer:**
        - **Love Their New Space:** For transitions like a new bed, the goal is for them to **love their new space**. This is achieved through connection, play, role-playing, and making the sleep environment safe and inviting during the day.
        - **Age-Dependent Approach:** The approach changes with age:
            - **First Year:** Babies attach via the senses (see, smell, hear, taste, touch) and are wired for proximity. Parents can use breast milk on sheets or sleep with baby sheets so they smell like the parent.
            - **1-2 Years Old:** Children attach via "sameness." Parents can show they have a "lovey" too, like their child's, to create a sense of belonging.
            - **Third Year:** Focus on belonging; make it "their special bed" and their "safe space". Involve them in picking out sheets or arranging stuffed animals.
        - **Support Tears: Tears are not the enemy; unsupported tears are**. Children need to move through feelings of anger, sadness, or frustration via tears, and parents must support these tears without silencing or distracting from them. The analogy "we can't go over it, we can't go under it, we have to go through it" applies to processing emotions.
        - **Reward Systems:** While Katie doesn't personally suggest sticker charts or reward systems, if they work for a family, they shouldn't be dismissed. The goal is for the child to do it for themselves, not to avoid being "bad". Celebrate even small wins, like sleeping in a new bed for 20 minutes.
        - **Managing Multiple Children:** It's challenging to support one child's sleep while having another infant. This might involve laying with both children or feeding the infant while rubbing the toddler's back.
        - **Gradual Separation for Independent Sleep:** For independent sleep, implement **little bits of separation at a time**. For example, tell your toddler

you'll lay with them for a few minutes, then step away briefly (e.g., to get water, check on baby) and return. This often leads to the toddler falling asleep on their own, supporting independent sleep without force.
        - **Check Sleep Pressure:** Ensure your toddler is tired enough for a nap. If you're spending more than **20 minutes** trying to get a child to sleep, it likely means there isn't enough sleep pressure, or more connection is needed before separation.
        - **Sleep is a Vulnerable State:** Humans are meant to sleep in close proximity and be connected during sleep, especially infants and toddlers. Find ways to make sleep safe and inviting, honoring connection and instincts.
        - **Sleep Cannot Be Taught:** Sleep is a biological function and cannot be taught or forced. The only things that make us sleep are **sleep pressure and circadian rhythm** (light and dark). Parents can only support these.

- **Question:** What maybe the top root causes for difficult sleep is that we haven't touched yet?

    - **Answer:** Katie lists several root causes for disrupted sleep, often beginning with a checklist for families:
        - **Skin Conditions:** Eczema, rashes, or anything causing discomfort.
        - **Sleep-Disordered Breathing:** Snoring, mouth breathing, or teeth grinding.
        - **Restless Sleep:** Complaining of hot feet, constantly moving feet, or general restlessness.
        - **Sensory Issues:** Complaining about tags, pajamas not feeling right, or needing a lot of deep pressure.
        - **Pain/Discomfort:** Crying out in pain, arching their back.
        - **Colic/Reflux:** These are symptoms of underlying diagnoses, not diagnoses themselves.
        - **Body Tension:** Can result from factors like being swaddled too tightly or for too long.
        - **Oral Restrictions:** Such as tongue ties.
        - **Nutritional Deficiencies:** Low iron (ferritin), B12, D, and zinc.
        - **Food Sensitivities:** Especially for breastfeeding babies or those on new formulas, indicating GI issues.

Professional Support: If these issues are present, Katie recommends seeking professional help from:

- IBCLC (International Board Certified Lactation Consultant)
- Chiropractor (Cyro)
- Pediatric ENT (Ear, Nose, Throat specialist)
- Pediatric airway-focused dentist
        - **Continued Normalcy:** Even with older children, it is **normal to need help getting to sleep**. Katie lays with both of her boys every night. This approach focuses on connection rather than battling with a child running in and out of the room.

- **Question:** How can we support ourselves in order to then support our kids like with the co-regulation or parenting, diving into our nervous system?

    - **Answer:**
        - I**ntrospection:** Reflect on your beliefs about sleep and parenting. **Are your beliefs truly your own, or are they what you've been conditioned to believe by others or culture?** For instance, do you genuinely feel it's wrong to nurse your baby to sleep, or were you told it was wrong?
        - **Listen to Your Intuition:** Trust your inner wisdom. As a new mom, intuition starts as a quiet whisper, but by continually listening to it and asking what your child is trying to tell you, it can grow into a "loud roar". This allows you to trust what works best for your family, even if it goes against societal norms.
        - **Respond, Regulate, Rest, Repeat:** Katie's approach is: **respond, regulate, then comes rest, and then you repeat**. This iterative process emphasizes that the more children are allowed to deeply depend on their parents now, the more independent they will become later.
        - **Unlearn and Be Compassionate:** Unlearn societal expectations and lean into what works for your family, even if it looks different from others. Acknowledge that you are doing the best you can with the information, capacity, and support available to you.
        - **Heal Your Own Experiences:** Consider if your own childhood experiences, such as being sleep trained or feeling unseen, are impacting your current parenting approach.

- **Question:** If a mom listening right now is crying because she's just so damn tired, what's the one truth that she needs to hear?
    - **Answer:**
        - **You're Doing Your Best: "You are doing the very best that you absolutely can"**.
        - **It's a Season:** This is a very hard season, but **it is a season**.
        - **Surrender to the Present:** Instead of focusing on tomorrow, concentrate on **today, one day at a time**. Babies and toddlers change constantly, so what works today might be different tomorrow.
        - **Ask for Help:** You are not meant to do it all. Historically, communities (villages) provided extensive support (e.g., nine women for every child). Modern parents are often doing the work of many people, leading to depletion. If help is available, take it and try to get a few hours of sleep.
        - **Middle Ground:** If your current approach isn't working and you're suffering, remember there's a **middle ground** between suffering and sleep training. You can find a way to meet your baby's developmental needs and your family's needs without compromising your intuition or breaking connection.
        - **Self-Care:** While "self-care" is often promoted, what's truly needed is more support. However, find small "sparkles and glimmers of joy" like a hot shower or sitting with coffee in the sun. Understand that your baby is operating from primitive instincts and is wired for connection and proximity.

- **Prioritize Sleep:** Avoid late-night phone scrolling, as it disrupts your circadian rhythm and will impact how you feel the next day.