Kim holistic sleep

Speaker 3: [00:00:00] Welcome to the Peaceful Parenting Podcast. I'm your host, Sarah Rosensweet, mom of three young people, Peaceful Parenting Coach, and your cheerleader and guide on all things parenting. Each week, we'll cover the tools, strategies, and support you need to end the yelling and power struggles, and encourage your kids to listen and cooperate so that you can enjoy your family time.

Speaker 3: I'm happy to say we have a great relationship with our three kids. The teen years have been easy and joyful. Not because we're special unicorns, but because my kids were raised with peaceful parenting. I've also helped so many parents just like you stop struggling and enjoy their kids again. I'm excited to be here with you today and bring you the insight and information you need to make your parenting journey a little more peaceful.

Speaker 3: Let's dive into this week's conversation.

Sarah: Hey everyone. Welcome back to another episode of the peaceful parenting podcast. Today's episode is with a holistic sleep coach, Kim Holly. This is actually something that we've never discussed on the podcast before. I can't believe it's taken us this long to talk [00:01:00] about baby and toddler sleep because it comes up so much for so many of you. And it can be such a tough thing to not be getting sleep.

Sarah: And those first few years of life with your baby or a toddler. We're focusing on the sleep needs of a zero to three-year-olds in this episode. And while you might not have anyone that age, perhaps someone that age and you could send them this episode. This was a really helpful episode, both in dismantling some of the misinformation out there around baby and toddler sleep.

Sarah: And also. Some really awesome suggestions from Kim. About sleep hygiene. For example, did you know that babies are supposed to sleep in daylight for naps? I always used to make the room dark, cause I thought that's what we were supposed to do. I didn't know that. And also I shared some pretty raw experiences in this episode about, I will say my biggest regret as a parent and I did cry.

Sarah: I [00:02:00] almost just said, I'm sorry, but I don't want to apologize for crying. So now you've heard me cry twice in the podcast which is not unusual.

In fact, I was at an event last night and talking to someone and my best friend was standing there also. And. I started to cry. I started to tear up as I was saying something to this person, I didn't know very well.

Sarah: And she looked very concerned and my best friend started laughing and said, oh, Sarah cries at everything. So don't worry. She's fine. Which is true. However, a lot of feelings came up for me when I was talking to Kim. Around this regret that I have. As a parent around sleep.

Sarah: And one thing that I did with one of my kids, I hope you enjoy this episode. And as I said if you're not in this phase of life where you have babies or toddlers from zero to three, or you do have, and they sleep just great share this episode with somebody else. Cause I'm pretty sure we all have new parents in our lives who could use some really, wise words from a wonderful person and sleep coach, Kim, Holly, again, she's a holistic sleep coach. I share this [00:03:00] episode with somebody who, you know, who needs it. All parents of zero to three, could use some help in the sleep department.

Sarah: I'm pretty sure let's meet Kim.

Kim: Hey Kim, welcome to the podcast. Thanks so much for having me. I'm excited to be here. Tell us about who you are and what you do. Yeah, so I am a holistic sleep coach. I also am an IBCLC, a lactation consultant, and a peaceful parenting educator, though that is very much in support of the sleep work that I do, not as a parent coach like the work that you do.

Sarah: You can't really separate them out, can you? The the daytime stuff and the nighttime stuff. No, it is, it is all intertwined. It definitely impacts each other. So part of why I wanted to have you on is because I know that you're on a campaign against misinformation about, you know toddler, toddler and infant sleep.

Sarah: So I thought maybe we could start out by just talking about what is normal sleep at those different, we're [00:04:00] going to focus on sort of zero to three for the purposes of this podcast. Cause that's basically what you do in your work is what you told me before we started recording. So maybe just give us a snapshot of different sleep.

Sarah: What, what typical normal. baby and toddler sleep looks like? Because I think we have this whole thing of like people are like, are they sleeping through

the night yet? You know, that whole thing that you get asked when you have a baby.

Kim: Yeah. I would say sleep is one of those topics where there's so much misinformation and unrealistic expectations.

Kim: And like, I know 100%, we see this more broadly in parenting, right? Like thinking that toddlers have self control and can like, you know, have control the impulse not to hit the dog. And, you know, Things like that. Like, but we see it so much with sleep and it comes from so many different places that as a new parent you often feel like your baby's doing something wrong or your toddler's doing something wrong or more importantly you're doing something wrong when they [00:05:00] don't live up to these expectations because they're still coming from you know places of authority and certainly all over social media and so I'll share with you, Sarah, for the show notes, if you'd like.

Kim: I have a really good, well cited blog post that kind of takes you age by age, like through the realistic expectations. Great. In the show notes. But essentially when we're thinking about Like, newborns, right? So the first few months. We need to remembEr that they don't have their days from night sorted out, right?

Kim: Like, they don't have established circadian rhythm, and their sleep is really immature and really irregular, and they are not designed to sleep long stretches. Right? And we especially in the early months really need to think about feeding as part of that whole sort of integrated system. And then as they get older, we need to still remember that they are babies.

Kim: And You know, when we look at research done in modern, like, [00:06:00] modern sleep conditions, so not going back into the 50s and 60s where we did all sorts of things that were really quite unhealthy to babies, you know, the, the research shows that the majority of babies are waking a few times a night, right?

Kim: And they're not sleeping 12 hours, right? They're more like 10, 11 hours overnight, inclusive of a couple wakes. And that is our average. And if you have a baby that has medical complications, you know, has reflux, has some breathing issues, has body tension, has allergies has really bad eczema, you know, something that will make them uncomfortable, then they are probably going to sleep worse, right?

Kim: Or if you have a highly sensitive baby. baby or you know neurodiversity runs in your family, right? Then you're probably going to have a baby that wakes more than average. [00:07:00] And you'd be, for babies like that, you'd be able to tell that during the day, they're also like when they're awake, they're also more I'm going to say needy, even though that has a negative connotation, but they, they have higher needs during the day as well.

Sarah: Right. For those babies.

Kim: Yeah. Yeah. And sometimes you'll see it also like the really active babies that have trouble switching off. Like they're always on the move. Right? They have a lot of trouble down regulating sometimes those babies are really wakeful, but the babies that get really anxious, like, need a lot of co regulation during the day, need to be in arms or baby worn a lot, so basically we're talking about temperament here, right?

Kim: Temperament and sensory needs, and that, that's such a big predictor of what kind of sleeper you have. Babies, toddlers, kids, right? It's such a huge piece of the puzzle, it's going to tell you, are you going to have that easy sleeper that you can do almost anything and they're going to sleep pretty decently, or the sleeper that like, You really need to optimize everything you can [00:08:00] optimize, like everything that you have control over to try to get the best possible version of sleep, and that's still probably not gonna look the same as your bestie with the super chill, easy baby.

Sarah: Right.

Sarah: Going back to something you said, what did

Sarah: they do in the 50s and 60s? I'm so curious now. What are you referring to? I mean,

Kim: we started off drugging women, right? During birth, like not like an epidural, like, like literally. Twilight. Twilight. Yeah. Then we separated babies immediately. We fed them 1950s formula.

Kim: So again, not today's formula, right? Like 1950s, very different, very different, much harder to digest. And we put them on their tummies in their own room. So we put them essentially in sensory deprivation. And then we wondered why we got SIDS. So like, none of that was healthy. Right, right. I mean, it was best practice at the time, but like, none of that was healthy because

we're carry mammals, our babies are meant to sleep near us [00:09:00] in some format, right?

Kim: And they're meant to have night feeds, they're meant to feed frequently. Especially young babies, and they're meant to be, they're meant to be close.

Sarah: I love that.

Sarah: So, so, okay, so I think so far you're talking about under a year. How does normal sleep shift as they get older?

Kim: Yeah, so of course, like, I think the biggest way we see sleep shift is as babies turn into toddlers. In the daytime, it's right, it's the number of naps and the amount of daytime sleep. That's one big way we see, right? Babies start off with lots of naps. Then as older babies, they'll drop from three to two and then somewhere in that, you know, one to two year they'll down to one nap, but they'll keep that one nap for a while and then eventually they'll Drop it.

Kim: As far as nighttime sleep, we tend to see a very bumpy progression that slowly [00:10:00] leads to more sleep consolidation. So it's not a linear process. It's not like your six month old, you know, wakes two to three times a night, and then by 18 months they wake just once a night, and by two they're sleeping through the night.

Kim: It doesn't necessarily necessarily It's not smooth. And so we know that it's normal for toddlers to wake. Some of the bigger studies show average wakes are like 1. 8 at 12 months, so two, you know, two weeks. And by 24 months, it's down to 0. 9. So one. But again, that's masking a lot of variability, right?

Kim: Because lots of two year olds are sleeping through and some, you know, a good portion of two year olds aren't sleeping through, like my two year olds, neither of them slept through at two. And, and so we see that, that range of normal again.

Sarah: None none of my kids slept through till three.

Kim: Yeah. And it's funny, honestly, my oldest was a harder sleeper as a baby, but he [00:11:00] slept through more consistently, starting right around three, than my daughter, who was a much easier sleeper as a baby.

Kim: And yet she woke more persistently as a three year old. And I was like, what the heck? What's going on? And it just goes to show they all kind of have their own journey. And you can't always predict what that's going to look like.

Sarah: So, so babies are waking up, I, I would think they're waking up for food, like to have some food and I don't know, is it also for, to see if you're still there? And how does that shift? Like, why do, why are two year olds still waking up in the night?

Kim: That's a great question. So, all humans wake up in the night.

Kim: No one actually sleeps straight through the night. We all We wake very briefly at the end of a sleep cycle, and our, our brain, our body, it's, we sub, bleh, bleh. We subconsciously assess, am I safe, [00:12:00] and do I have a need? And as an adult, you don't remember doing this most of the times that you do it, right?

Kim: Because you probably feel safe in your own home, and if you had a bad dream or something like that, you know, maybe you snuggle up to your partner, maybe you do some deep breathing, you know, whatever. You have tools. And if you have a need, you just fix it, right? You pull the covers back from your partner, you get up and turn on, up the heat or on the fan, use the bathroom, you get a drink of water, you solve your problems.

Kim: A baby or a toddler does not have the capacity to do any of that. And you can't. For young children, separation is the biggest threat, right? It is a, like, strong, strong evolutionary hardwired threat. Because throughout most of human history, a child left on their own, especially in the vulnerable state of sleep, was less likely to survive, right?

Kim: Like, they were vulnerable. And so they, we might know they're safe in their crib, [00:13:00] but that, you know, evolution, Evolutionary hardwired traits don't just disappear because we're in a modern culture and modern times. So they could wake up, and they could be hungry, they could be thirsty, they could be uncomfortable, but they also could need connection.

Kim: They also could, be scared that they're alone. And that's true for babies, but it's still true for like toddlers or preschoolers who have maybe a little bit more understanding and imagination to start thinking about how that weird shadow in the middle, you know, the corner of their room is really the monster they read about in their book that day in preschool and is coming to get them.

Kim: And oh my God, it's so scary, right? You know, like kind of spiral. And that, you know, none of those young ages have the ability to really self regulate. And like talk to themselves like, okay, I should take a deep breath and mommy and daddy or my mommies or my [00:14:00] daddies, you know, my parents are in the other room and I'm safe and like, that's higher level, higher level calming.

Sarah: Yeah. They don't have the prefrontal cortex for that yet. Right?

Kim: Yeah.

Sarah: Yeah.

Kim: So, so they signal, right? And coming back to temperament, right? Your chill kiddo is going to be bothered by so much less. Then you're highly sensitive baby or toddler who's gonna, their threshold is going to be so much lower until so many more things are going to.

Sarah: , what I'm hearing is that probably from the child's point of view co sleeping or sleeping in the same room would lead to better sleep from, from the baby or toddler's point of view.

Kim: The majority of babies and toddlers, I don't like to say blanket statements, right? So like we know for six months, that's what you should be doing from like a safety perspective.

Kim: SIDS production, like SIDS production standpoint,

Sarah: because being in the same room as your baby and them hearing your breathing, is that what they think it lowers the risk of SIDS? [00:15:00]

Kim: Yeah, that, that we are actually helping them stay in later states of sleep, which. is good. We don't actually want very young babies sleeping super deep and super long.

Kim: Like, everything that, that works to reduce SIDS is about bringing, keeping babies in lighter sleep. Right, which is why sleeping on their

Sarah: backs is, is is better for that because they sleep more deeply on their stomachs. Mm hmm. Yeah. I sleep more deeply on my stomach.

Kim: Yes. I hate sleeping on my back. And so it's lovely when babies get, you know, get old enough that they can roll both ways and get themselves in and out of being on their tummy and if they want to sleep on their tummy, they can sleep on their tummy and that's lovely.

Kim: But. Okay,

Sarah: so in so for the majority of babies sleeping in the same room or co sleeping is what babies or toddlers that would be Better sleep. However, I know there are a lot of parents who say I'm such a light sleeper. I can't sleep With if my baby or toddler is in the [00:16:00] room with me, you know, we'll say after six months Or you know, I just prefer to only sleep on my own or with my partner.

Sarah: Are there ways to meet that need for connection that is hardwired if you don't want to co sleep?

Kim: Yeah, absolutely. Like, I don't think, I think we get too caught up in like the practice and not like the principle underlying the practice, if that makes sense, sometimes when it comes to parenting. And so like, yes, it is species specific.

Kim: to sleep near your baby. Like that's how most of the world sleeps. It's very western and very modern to even have a separate room for a baby to sleep in. So I mean, I think that's sometimes helpful to think about because I find that a lot of parents, accepting the ones that legitimately are very light sleepers and have their own insomnia issues.

Kim: A lot of them feel like it's wrong and that babies should be in their crib in the nursery. And [00:17:00] so we, we need to do some unpacking around that. Not so that I can change their mind, but so that we're really making the decision that gets everyone more sleep.

Sarah: Yes.

Kim: And not just, you know, Knee jerk kind of culturally informed reactions.

Sarah: Right. So they might need permission to I mean, I've heard of parents telling me that they're sort of secretly sleeping with their child, right?

Kim: Like

Sarah: Yeah.

Kim: And I'll do this with like with floor beds too. I use a lot of floor beds, especially when like, when the transfers are really challenging into the crib.

Kim: I love a floor bed. We don't need to use a crib, like we can create a safe sleep environment and we can work on independent sleep with a floor bed. And then it's just such different dynamics and it's often way more successful. And some parents just really cling to that crib and some are like, wait, what?

Kim: I don't have to transfer my baby into the crib. This is the best thing. ever, right? Like this is so amazing. So I think it's always worth digging on why are you feeling that resistance? Just in case we kind of uncover like [00:18:00] that it isn't actually about your sleep as a parent. Because the goal is to get everybody more, more sleep safely and, and feeling connected and, and keeping sleep being a safe place for baby, right?

Kim: And that's just for their long term relationship with sleep, right? Sleep needs to be a place they feel safe and connected to their parents. Now, it's not to always be physically connected, but like they feel connected.

Sarah: So so if you do have insomnia or you have those, those problems, Things that are making it impossible.

Sarah: Are there practices to, to feel for a baby or a toddler to feel more safe if they can't be in the same room?

Kim: Yeah, so a lot of times when we're doing separate rooms, I will suggest that parents spend time with their baby in the baby's room, right? That we're doing some crib play with parents. Baby in the crib, right?

Kim: So they're babies building this association that like the crib is not just a place they're put I love that associated with [00:19:00] separation. It's a place they associate with like spending time with their parents And then of course we want that really lovely predictable connection focused Relaxing bedtime routine and we want to be responsive.

Kim: So when they wake you need to still respond to them Obviously and I I feel like sometimes Really responsive parents grapple with this, sometimes parents who are not sure if they're being too responsive grapple like some babies make noises in their sleep, you know, like some babies And then they like are just repositioning We don't need to respond to things like that that aren't

actually a call for support and this is about getting to know your baby But when they are signaling for you Delaying that for arbitrary amounts of time just generally leads to escalation and more stress, right?

Kim: So part of helping them feel connected when you're further physically away from them is promptly responding. And then from like the parent side, honestly, that [00:20:00] takes more effort, right? It takes more effort to get up and go to another room and resettle baby and come back, which might be the right choice, right?

Kim: If having them in your room, you're not sleeping well. But sometimes we're like, okay, what parent is responding when? How do we make sure that we're still protecting your sleep with it taking more energy to kind of go and settle baby? So, you know, there's all sorts of ways that we might think through that.

Kim: From the parent sleep side of thing, but also from the helping baby feel connected and you know, having the parents still be responsive, which can 100 percent absolutely be done.

Sarah: I, I just, my heart goes out to parents who don't have a good mat leave. I know in Canada, in Canada we have a year of mat leave.

Sarah: I mean, you don't have to take it, but you have a year of mat leave. And I know in the U S. Some people only get maybe six weeks or something like that if that, or if they have any mat leave at all. And I just can't I didn't

Kim: have maternity leave, Sarah, and I'm the oldest. And I worked for the federal government when he was born.

Kim: I had [00:21:00] to save up my, all my leave. We couldn't go on vacation. I couldn't take sick leave. I had to save it all up. And then I had to take a whole bunch of unpaid leave just to get 15 weeks off.

Sarah: Oh my gosh.

Kim: It's almost, it's

Sarah: almost criminal. I mean. And I was

Kim: working in maternal and child health.

Sarah: Oh my gosh, that's crazy.

Kim: It was so ridiculous. I mean, now it's different. Now you get 12 week paid leave which is still a joke. Still 12 weeks is not,

Sarah: is not very much because babies, as we've just discussed. As we just established, babies are still waking up a lot in the night at 12 weeks.

Sarah: And if you're expected to get, you know, wake up three or four times with your baby and then you have to go to work in the morning it would, you know, it's exhausting.

Kim: And like throw on that, you know, we're supposed to be supporting Like breastfeeding, human milk feeding. And so if you're nursing or exclusively pumping, that is no joke, right?

Kim: That takes time and effort and you're barely found a rhythm at three months. And people wonder why

Sarah: the rate is dropping.

Kim: Yeah, it's, [00:22:00] it's, it's wild. Too much

Sarah: pressure. Yeah. You mentioned that, babies will make noise. That they're not necessarily calling out for you, but they're shifting or, making a little, a little bit of a little bit of crying. Are there, is there a place for tears?

Sarah: Like, where do you, where do you draw the line in terms of, like, too much crying or letting them work it out on their own a little bit? Is there ever a place for that?

Kim: Yeah, and that's a complicated question, right? Because are we talking, like, what, how old is the child, right? Are we supporting them? What's the drive behind the change?

Kim: But in sort of the example when I was saying like babies make noises in their sleep, right? A lot of times I will get clients who are like, I don't know when to go in.

Sarah: Right.

Kim: Right. I guess that's the question

Sarah: I'm asking.

Kim: Sometimes they're just resettling.

Sarah: Mm hmm.

Kim: And it's You know, it might just be like a quick, like, eh, eh, kind of cry.

Kim: Like, they're [00:23:00] not, like, crying and escalating to signal, which is different than sort of the, like, is there a place to, like, leave a baby crying, right? Which is different. So, I will often say, okay, how likely is it that this kiddo is just making noises in their sleep and is going to resettle? Right? And this might be different in the first half of the night than the second half of the night, right?

Kim: Because most humans sleep deeper in the first half of the night, so like usually if you are going to have a baby who can resettle on their own, it's going to be in the first half of the night and they're going to need more support in the second half of the night. Of course, that's a generalization and, you know, babies do what babies do.

Kim: But, if the likelihood is pretty high, right? that they're going to be able to resettle, then take a few breaths, give them some space, watch the monitor, right? Be ready to go in if they're clearly not resettling, but it's okay to give them that space if you think they actually are going to resettle. [00:24:00] And if they're not, and they almost never do, and they're just going to escalate, then you're just prolonging the entire process of resettling them.

Kim: Right, they're waking up even more. Yep, and then there's stress, and they have a whole big dump of cortisol, and like, stress undermines sleep. So if you have a stressed baby, or a stressed adult You're going to have trouble going back to sleep. And you're going to have worse sleep quality. Life. Like, this is a fact, right?

Kim: And so, in that case, you want to intervene faster. And, you know, for, for parents of younger babies, this is a learning process. You are totally going to get it wrong sometimes, and that's okay, right? That's, that's how you learn, right? You, you do it right. You mess up. You make the wrong call. And you kind of get the sense of your baby.

Kim: And of course it might also change as they grow and develop. And all of a sudden you're noticing like, Hey, actually, when they wake that first wake of the night, we notice it and we're still awake on the monitor. They kind of make a little noise and move their head a bit, kick their feet, and go back to sleep.

Kim: And we don't [00:25:00] actually need to go in, you know, 75 percent of the time. This is really cool. But if they do that at 4 a. m. and we don't go in like, boom, then they are screaming bloody murder like we left them on the side of a mountain, right? Like the world has ended because they escalate so quickly. And that's just part of getting, again, getting to know your baby.

Sarah: So. You know, are there things? Okay. So first of all, I want to, I want to share my story because I think I have two stories about, about sleep that I think can be helpful.

Sarah: One is I told you my kids, none of my kids were good sleepers, quote, quote, good sleepers. Sounds like they were normal sleepers, but they didn't sleep. They woke up a lot. And so when my second child was born, I was like, Okay. Well, my first child, he we co slapped and at about 18 months, I decided to night wean him.

Sarah: So stop breastfeeding him at night. Cause I felt like, okay, 18 months, that's been a good long haul of, you know, he was still, you know, I was still willing to breastfeed during the day, but I thought he doesn't need it at night anymore. And it was about, [00:26:00] I don't know, maybe two nights of I would tell him, you know, you can have milky in the morning when it's light.

Sarah: And maybe for two nights he would cry a little bit and say, make it light, mama, make it light. Cause he wanted to have some milk. But really then after that, he started sleeping quite well at night. So. And then when my second child was born, I was like, okay, I'm going to do everything I can to quote, make him a better sleeper.

Sarah: So I got all these books and I, you know, I did all of the like timing things like all of, I, a lot of the books that I got were, they actually did recommend like a cry it out, which I, I don't want to get into that in this podcast because I know it's really controversial at the same time. I just want to say that wasn't anything I was willing to do.

Sarah: That didn't feel right to me. And I, I, but I thought I could take the advice that they were giving in the books and then just not go that far. You know, I could look at like the timing things and the, you know, routines and

schedules and blah, blah, blah. But honestly, all I did in the end, Kim, was make [00:27:00] myself feel like I was losing my mind.

Sarah: And I couldn't, everything I did, I finally realized I have to literally like throw these books out. And just. I can provide the optimal, environment for sleep, but you can't make a baby sleep.

Kim: You can't make anybody sleep. You don't have voluntary control over falling asleep.

Sarah: So do you think there was anything, I mean, is there, are there things that you can do in terms of those schedules?

Sarah: My first friend to become a grandma, which is kind of exciting because it's in the, in the horizon for me at some point. Her daughter is following this very rigid schedule they're following a time schedule instead of the baby's cues.

Sarah: Like, does that stuff work? Does that stuff make sense?

Kim: No. So, I mean, I was going to say, the problem with taking advice from a book that's essentially very first wave behavioralism, sleep training, right, so cry it out, is that [00:28:00] everything that tends to go hand in hand with them is bad.

Kim: Based on this idea that we can just completely control our babies like they're a blank slate. And there are probably some books out now. I try not to read these books. They just aren't very good for my stress levels. So I fully admit that I refuse to read sleep training books. So, there are probably some out now that have a little bit better, information alongside the sleep training strategies.

Kim: I haven't seen them, but I assume there are,

Kim: so

Sarah: the behavioral, more of a behavioral approach to do like the, you know, I don't know what the, you know, two hours and then a nap and then an hour and a half or whatever those schedules are?

Kim: So the schedules are really problematic on a couple different levels, right? First of all, they're based on something. Right? But that something has very little to do with how much sleep your baby actually needs or how quickly they

build sleep pressure. And [00:29:00] so, if you happen to get a baby, the schedule works really well, then you get that person who's like, This is the book that saved everything.

Kim: It was so amazing. Blah, blah, blah. Right? But that's not most babies. A lot of times the apps, because the apps do that too, right? Like a lot of apps now, people track their sleep. And I'll get clients who will tell me about them, like, what do they say that your baby should be doing? And I'm like, that's like the high end of normal.

Kim: Like it's telling me your 6 month old needs 15 hours of sleep. That's the, that's like on the high end. Most babies don't need the high end of normal, that's not the average. And so I'm like, okay. It's just setting you up to feel like your baby needs more sleep than they do, which is not going to help you get better sleep.

Sarah: Which would make you and your baby feel like failures, right? Huh.

Kim: Yeah, and can lead to more waking. And so I think that when we don't look at baby's individuals and understand that there are low sleep need babies, there are high sleep need babies, there are average sleep needs, and that most of these, Rigid schedules are tending towards higher [00:30:00] amounts of sleep, right?

Kim: There's going to be a lot of mismatch, and there was a really cool study done out of the UK Mmm Seven, eight years ago. I don't know somewhere in like the 2017 ish time frame that looked like, at the effect of strict feeding and sleep schedules, like the baby care books that promote them, on parents, and like, did they work, and how did they affect their mental health?

Kim: And that study found that they worked for about 15 to 20 percent of, of babies, and they did not work for, you know, 80, 85 percent of babies, but they also made a lot of parents feel like failures, and raise their anxiety, because they felt like it was them, and not that the book was just kind of Useless.

Kim: Right? Like, it's generic. That's what I was doing for me. It's generic for a reason.

Sarah: Yeah. Like, that's what I was doing for me. Like, I just felt like, why isn't this working? , I just kept looking for a different book that might have the answer in it. And then I kind of realized there isn't really an answer.

Sarah: I just, [00:31:00] you know, try to, try to have the room dark and, and, , have a reasonably consistent schedule and he'll sleep when he sleeps.

Kim: Yeah. I think for people who like schedules. Sometimes looking at them can give you an idea of what, like, what might be sort of in the ballpark at six months, right? And then use that as a, like, oh, okay, so we're aiming for three naps and they should be spread kind of like this throughout the day.

Kim: But knowing, like, take that schedule with a whole huge handful of salt and, like, realize that your kiddo might need more or less sleep and it's not going to look exactly like that. For some people, I think that can be helpful. Be helpful. But I mean, really, if we're gonna set people up for good, for good sleep, we want good sleep hygiene.

Sarah: Okay, so tell us about the good sleep hygiene.

Kim: A lot of sleep hygiene stuff is a route supporting a strong and stable circadian rhythm. And so, [00:32:00] dark, cool, Nighttime. Lots of natural light during the day, dimming light in the evening. And so that's so that our bodies can release melatonin, right? If we have lots of bright light in the evening, that's scrambling our circadian rhythm.

Kim: It's telling our body it's still daytime. We're not going to get a good, strong melatonin release. We're not going to have as restful and restorative of sleep.

Sarah: Can I just pick up make one thing that a point of something I just learned, which is indoor. Indoor light. Okay. So well, another podcast guest, I had the Ginny Urick, she wrote until the streetlights come on.

Sarah: And she talked about light part of like getting kids. The reason to get kids outside is to get light and help their full spectrum, you know, all of the hormone production and everything that happens with, with what you're just talking about. And she said something that I found super interesting, which was that Indoors on the brightest sunny day.

Sarah: is still a lot [00:33:00] darker than outdoors on a dark cloudy day. So that like just the importance of actually getting outside in the morning, if at all possible, even if it's not a sunny day, you're still getting tons more natural light on that cloudy day than you would inside on a sunny day.

Kim: And the glass can filter out some of the non visual part wavelengths of the light spectrum.

Kim: So when we're inside, if the, the, lights coming in through glass, we're not actually getting the full spectrum of wavelengths. And we might not see the difference, but our bodies are designed to get signaling from some of those things, like UVA and stuff like that. So good,

Sarah: like getting, getting outside in the morning if you can, or like having the days bright and the evenings dim.

Sarah: What, what else is part of good sleep hygiene?

Kim: Regular morning wake up time. within like a 30 to 60 minute range because that's actually the anchor for circadian rhythm. So not like sleeping [00:34:00] in a bunch and then getting up really early. I mean, obviously sometimes babies wake up early and there's just not a lot we can do about that.

Kim: If it's a one off here and there, right? It's happening regularly, then we need to Look at the schedule and see what's realistic. But really trying to bring that regularity, in. And that starts with the morning wake up. Okay, cool. That also will help the naps be a little bit more predictable.

Kim: I'm not saying they're going to be totally predictable, because Not realistic for a lot of babies, but if the morning wake up time is a bit more stable, then the first nap is probably a bit more stable, and while it does tend to cascade from there a bit, it is all going to be a little bit more A little bit less variation, right, which means we're also probably going to head into bedtime with a little bit less variation than what's happening before.

Kim: So lots of light naps should actually be in natural [00:35:00] light. We're not trying to create nighttime at naptime.

Sarah: Interesting.

Kim: And especially if you have a long napper, spending a lot of time in a really dark room during the day is not great for your circadian rhythm.

Sarah: Right, right.

Kim: And then we kind of think about what's going on when they're awake, right?

Kim: Like lots of activity, lots of, you know, big body play and like sensory input and you know, that kind of stuff. If we're talking about babies, responsive,

you know, nursing or bottle feeding, all Sleep, like it's part of it. It's not necessarily strictly sleep hygiene, but it, I mean, it matters. And then in the evening, right, dimming lights for a minimum of an hour before they're going to sleep.

Kim: Strictly speaking, we shouldn't be using bright lights after it's dark, right? If we're going to go real purist on this,

Sarah: which some desperate parents might be willing to do.

Kim: I mean, it would benefit you as well, right? Yeah. Most people have dysfunctional circadian rhythms as adults. Like, to be [00:36:00] real honest, and this stuff affects your sleep.

Kim: So you can actually help your, you get better sleep as a parent. Assuming your baby's like an average sleeper, they're waking twice a night. You know, something that is manageable. If you're getting really restful sleep and you're able to fall asleep really quickly. Sleep hygiene can make a huge difference in how well you sleep.

Kim: And how well you feel even with that like amount of disruption. So at least an hour of dim, warm lights. Think fire light. End of the spectrum. Right? Like the soft yellow lighting, the oranges. So thinking about where you move through the house, right?

Kim: Bathrooms are really tough places. You definitely want to swap lighting there. Kitchens are really tough places. They tend to be really bright. You definitely want some options there. Even maybe just

Sarah: having a lamp or something that you can just not use the overhead light and in those hours

Kim: and lower down in the visual field is great, right?

Kim: Because the sun at the end of the day is low, right? And it's, it's high at noon. And so we lower down the visual field as [00:37:00] a good cue also. And I just think it's, it's worth thinking about, I forget what lecture I heard this in. But it was from a a quantum biology person who does a lot with light and she was saying like, just the change in light bulb technology, as you've moved more into like LEDs and energy efficient, we've also ended up with light bulbs that Like suppressor melatonin more just based on how bright they are and like the type of light they are.

Kim: And so if we kind of think about like your old school light bulbs versus like now, you know, over the last couple of decades, it's become more of a problem with how much it impacts our circadian rhythm even than it used to be. So it's like it's artificial light, yes, but also sort of more contemporary modern light technologies.

Kim: is just exacerbating the issue. Is it true,

Sarah: is it true that like a red nightlight won't shut off your melatonin?

Kim: Yes. If you're going to use a [00:38:00] nightlight, red is a great choice.

Sarah: Okay, good. Okay. I have another question too, because I've seen people use noise machines for babies and toddlers, like those white noise machines.

Sarah: Recommended, not recommended, case dependent what do you think about those noise machines in terms of how they affect sleep?

Kim: I mean, the research does show they can help improve sleep, we need to be careful how we use them, right? We need to pull them back away from babies and have them at a comfortable volume.

Kim: We don't need them right next to the baby and blasting white noise. in their ear. Like that's not healthy. I'm terrible with numbers and I don't actually have a lot of clients who I need to quote the numbers. So I always look it up, but I want to say it's like 50 decibels and like two meters back from the baby, but don't quote me on that because I have the AAP guidelines.

Kim: Look it, look it up,

Sarah: everyone. Look it up.

Kim: I'm sorry. I'm so bad with numbers. That's all right. I always double [00:39:00] check myself, but. I don't know what I'm going to talk about, but basically, we want it at a comfortable conversational level. Like, personally, I hate white noise. It drives me absolutely crazy, so I'm also quick to be like, if you don't like it, don't use it, right?

Kim: Like, it's not a must. It's just another tool that might be helpful.

Sarah: It's worth a try if you, it's worth

Kim: a try.

Sarah: Yeah. If you're, if you're having trouble

Sarah: . So I want to ask you to close out. I want to ask you about, when you should when When you should carry on with making changes and when you should give up and not try to make changes because I want to, I, I felt both sad and relieved when I told you this story the last time you and I spoke.

Sarah: I can't remember if we talked about it on your podcast or after we'd finished recording, but I shared with you my, I hope I can talk about it without crying.

Sarah: Apparently I can't talk about it without crying. But when my middle son was around 18 months old, which I told you my oldest son was, that was when we decided to [00:40:00] stop breastfeeding at night. So I thought, I'll do the same thing with my middle son. And we were all still co sleeping. Like we had, we had the whole floor, we had like a king size mattress on the floor and then we had a twin mattress on the floor.

Sarah: We had like the room of floor mattresses for the four of us. And, I tried, And he would just cry and cry and cry. Like, and, you know, I tell him, wait until it's light. And to the point where after like a week, I started sleeping somewhere else so that my husband, you know, I thought, okay, maybe if I'm not there, even he will give up and he'll, he'll stop asking for milk and he'll just start sleeping.

Sarah: And I can't remember how long it was. I, in my mind, it was like eight weeks and it may actually have been that long but it was definitely more than a month of him crying and crying and crying at night. And he wasn't, sorry, apparently I still have a lot of feelings about this.[00:41:00]

Sarah: He wasn't alone, like he was with his dad and his brother. I just kept thinking, okay, tonight has to be the night that he's going to have to sleep, you know? I, I, Looking back, obviously, I, I, I'm sorry that I let it go on that long, but I, I was told that, you know, or read that kids don't need breastfeeding after one year old.

Sarah: And what would you have said to me if I were your client?

Kim: Number one. I think we would have talked about, like, why now, right? Because I think that really matters, like, why are we choosing to night wean

now? So before we even started night weaning, we would have talked about why now. Because the motivation matters, right? A mom that just, or a parent that just hopes it's going to improve sleep.

Kim: You might make some different decisions than [00:42:00] someone who's having the worst nursing aversion ever.

Sarah: I think what was happening for me was he was kicking me. Like if he had been like on a peaceful breastfeeder but he was like, not kicking me in anger or aggression, but just like as a sensory thing, you know, like like pushing his feet into me while he was breastfeeding.

Sarah: Because with my other kids, I ended up breastfeeding my daughter at night until she was like, I think just like, okay, I swung in the opposite direction with that one with my third child, but he was really disruptive. He was a disruptive breastfeeder at night. Like he, he wasn't still and quiet and just like quietly having some milk.

Sarah: He was, I couldn't sleep through it. I couldn't sleep through it. So that was why I wanted to stop because it was just really feeling like it was interfering with my sleep.

Kim: Yeah. And that's a really reasonable reason to want to stop. So we would have prepped him, right? Read the books, talk about it, blah, blah, blah.

Kim: We would have talked about whether [00:43:00] stopping altogether, like we're not gonna nurse until the sun up makes sense, or like, Trying to shorten and drop feeds more gradually made sense for his temperament. Mm hmm And that really is extremely strong willed is his temper. Okay, so that's probably a drop all the feeds at once right like those Persistent strong willed kiddos.

Kim: They sometimes read very clear messaging right and the lovely gradual dropping of feeds they're like You're being inconsistent. So no. But honestly, if things are not improving after three days or three nights, then we need to reassess. I'm not saying three nights things are going to be perfect. But like the first night of something like an what is an abrupt weaning strategy even with support?

Kim: Like it absolutely can be the right weaning strategy, especially for those It was for my, it was

Sarah: for

Kim: my first child. Yeah, and your first child, like that was like dream real pretty easy. Yeah. Like I would say on the easy end of, of night weaning. Right? [00:44:00] It, for the stubborn, persistent, strong willed kiddos, it's not going to be easy like that, even when the timing's right.

Kim: But it can be the right strategy, because of course, all the support, right? We're not leaving them alone. But night one is usually still hard, right? But we, we want them to find their futility and accept it, right? We want them to, to find their tears and to process it and accept it. But usually Night one is sucks.

Kim: Night two sucks. By night three, they're starting to accept it when this is the right time. It's not perfect. It can still be messy for, you know, another week or so, but like, by night three, I tell my clients, if, if, if after night three you are not feeling like things are headed in a positive direction, then we need to talk.

Kim: Right. It doesn't matter if we have a call scheduled, like, I will be like, You know, if, if someone's starting and this is gonna be a weekend, I'll like, I will monitor my email over the weekend, which I don't [00:45:00] do normally, like, we need to talk because we should not have a, a toddler stressed like that.

Sarah: Yeah.

Sarah: Even with support. I felt like it affected him for like I mean, he's 20 now. He's, he's great. Like, you know, he, he ended up like, you know, well adjusted and with a good life and he's happy. But I did feel like for a couple of years. It kind of affected how I felt like he was in his body. Do you know what I mean?

Sarah: I felt like he had like kind of an energy of, unease for a few years. And I, and I chalk it up to that terrible experience that I gave him.

Kim: I mean, I think there's a lot of pressure to stick with a strategy. Even when it doesn't feel right, for consistency's sake.

Kim: And I think we're all vulnerable to that. You know, no matter what our parenting approach or philosophy is, like we're all vulnerable to that pressure to kind of push through. [00:46:00] Because it's really powerful. It's a big cultural pressure that we all face. Yeah, totally. And so, I mean, I know you know that repair is the most important thing.

Kim: And that we all do things that aren't the best looking back, like choice wise in parenting. And, you know, I think we're just all trying to do the best that

we can. And sometimes We look back and we're like, that was not the choice I would have made now.

Sarah: Yeah. No, I think I, I think I, I forgive myself.

Sarah: It's just, it's still, I still have regret about it. Yeah. Like I think I, I do think I did the best that I could with the information that I had and the tools that I had at the time. And. You know, I think I have more confidence, obviously more confidence as a parent now, after 20, almost 25 years of parenting.

Sarah: But back then, you know, I was still a pretty brand new parent trying to figure it all out. And it's hard. It's hard to figure it out.

Kim: Especially if your [00:47:00] first was a little bit more chill.

Sarah: Oh my God. Yeah.

Kim: Right? And then you have this persistent kiddo, like, who's Who's a very restless nurser and kick, I mean, like, that's hard, that's hard a position to be in, especially without somebody outside of the situation, like, whether that's like your bestie who happens to know a lot or like, like, this is what I do for my clients and what you do for your clients, right?

Kim: Listening, reflecting, being a little bit of an outside looker for patterns and able to help them see things that they're in the middle of and maybe don't see. Yeah. Yeah. Yeah. It's hard being in the middle of all of that.

Sarah: So, so if at the, so say you had, I'd been your client and you said, okay, let's, let's reassess.

Sarah: It's not going well. The third night hasn't, wasn't any better than the first night. Is there a timing thing for making changes? Like, you know, what, 18 months? You know, he might have been a little, he might have been 16 months now that I think about it. [00:48:00] Would that have been but in my mind, you know, the expert said over a year, anything over a year is fine to nightween.

Sarah: Would there have been a, would, would you have said, okay, let's try again in a month or two? Like what,

Kim: I would have probably said, let's reconnect. Let's get nights. not stressful for like, let's give it a couple nights. Let's then engage on how can we redirect

the sensory seeking behavior. Because there are ways sometimes to intervene on the sensory seeking behavior instead of the nursing.

Kim: Right. And it's possible with some kiddos, not necessarily with your, your kiddo, but it's possible we could have night weaned and you're still going to get kicked.

Sarah: Right. Right. Because

Kim: some of these kiddos are super sensory seeking. And so we need to redirect that potentially anyway. Honestly, I would want to see a leap in language.

Kim: A lot of times when we're talking about 16 month olds, 18 month olds we need them, they're just not ready. Mm hmm. And, [00:49:00] you know, I would, I would want to see a big leap in comprehension. Mm hmm. So that we can have more conversations during the day and start talking about other things that we can do and other, like, really taking some of the prep and support out of the nighttime.

Sarah: Right.

Kim: So that he's hopefully more ready for it in the night time. Yeah, he makes sense. Yeah

Sarah: Well, I hope this conversation helps somebody else who might be in that position

Kim: many more options. And avenues.

Sarah: I love that. Okay, last question before we let you go is. If you could go back in time to your younger parent self, what advice would you give yourself? It can do, have to do with anything, anything parenting.

Kim: Ooh. Probably not to care so much what other parents think, you know? Probably most people I [00:50:00] don't know my work, but also don't know that I'm blind.

Kim: And it used to make me so nervous, like, dressing my son to go out, like, he had to have everything matching perfectly, because I'd be like, there's that blind mom who can't dress her son, right? And then he went to preschool at two and a half, this really lovely, like, Jewish half day Kind of co op y preschool.

Kim: And I loved his preschool teacher. And she goes, Kim, do you know how many of these toddlers walk in here, like, wearing God knows whatever crazy shenanigans because they dress themselves? And And you couldn't see it. You didn't know. I couldn't see it. Right. And, and Ian, my oldest, he had no interest in dressing himself.

Kim: He was not that kid. My daughter, totally. Yes. But he didn't, I'm like, he's not dressing himself. She's like, they don't know that. It does not matter if he's wearing mismatching socks in his coat. But it's like, he doesn't matter.

Sarah: That must have been so much work for you, Kim, to try and figure out a system to have your child's clothes match.

Kim: We had lots of basics. Like, no one was allowed to buy me clothes that weren't, like, neutral pants. So like everything had a match. It was like, I was, so one thing I was like, I'm not, no one gets to deviate from [00:51:00] my requests on this one because, I was working like for much of his time, I was working part time.

Kim: I was home with him. And so I was the one getting him dressed. I'm like, no, it's making my life more difficult, but I mean like that, you know, that's just like one example. I think I was more, I think a lot of moms are probably like this, but just too aware about other people. We're thinking he's also my, you know, much more as a, as a kiddo, more explosive, more persistent.

Kim: Mm hmm. Or a divergent kiddo. And so, you know, sitting on the sidewalk while you're a toddler slash preschooler slash early elementary school kid has a complete meltdown and people are just walking by, like, and you're just like, just gonna sit here. Right. Keep my kids safe and just totally block the sidewalk in the middle of D.

Kim: C. This is fun and everyone's judging me.

Sarah: Well, I mean, I think that's good advice, is try not to care what other people think. And we always say, and I know you know this in peaceful parenting, [00:52:00] is your loyalty is with your child and not what the other people around you are thinking. So thank you for that.

Sarah: Where's the best place for folks to go and find out more about you and what you do? Go

Kim: Yeah, so my website is intuitive parenting dc. com and you can get to my blog from that you can get to my podcast the responsive family sleep podcast from there and you can check out Sarah's episode. And I am on Instagram at intuitive underscore parenting underscore dc.

Kim: Awesome. Thank you so much, Kim. Thanks for having me.

Speaker 2: Thanks for listening to this week's episode. I hope you found this conversation insightful and exactly what you needed in this moment. Be sure to subscribe to the show on your favorite podcast platform and leave us a rating and review on Apple Podcasts. Remember that I'm rooting for you. I see you out there showing up for your kids and doing the best you can.

Speaker 2: Sending hugs over the airwaves today. Hang in there. You've got [00:53:00] this.