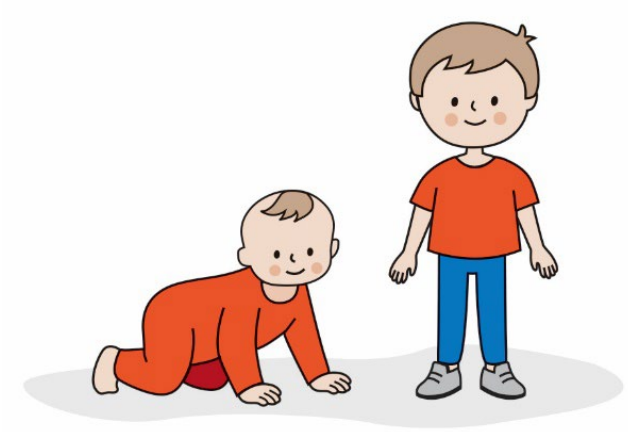
Perth Children's Hospital

Health Facts

Tips for a healthy sleep (6-12 months)

Babies and sleep



- Sleep is important for **wellbeing, growth and development**.
- The first year of a child's life is **often exhausting** for parents and caregivers.
- As babies get older, more of their sleep happens at night and they need less sleep over a 24 hour period.
- Developments like **crawling and separation anxiety can affect sleep** and settling for babies over 6 months.
- Most sleep issues in babies are **behavioural**.
- Some sleep issues may be caused by a **health issue**.

Between 6 and 12 months, your baby is growing fast, learning to sit, crawl, and maybe even stand! Sleep is essential for their brain development, growth, and overall wellbeing.

At this age, some babies may no longer need feeding overnight, but every baby is different. If unsure, check with your healthcare provider.

If you're finding your baby's sleep difficult, you're not alone—sleep issues are very common in early childhood, and many families go through the same thing.

Every baby is different and every family is different. There are many approaches to help your baby's sleep, even those who may have other difficulties. Warmth and consistency are the key.

How much sleep does my baby need?

- **Night sleep:** 9 - 12 hours (may still wake occasionally)
- **Day sleep:** 2 - 3 naps during the day
- **Total sleep:** 12 - 16 hours in a 24 hour period

7 Sleeping tips for babies: SLEEPSS*

Although it might feel like a bumpy ride at times, the **SLEEPSS*** approach outlined below, and supporting strategies to change sleep associations, provide a good foundation for healthy sleeping for all babies.

** SLEEPSS has been developed by Dr D. Goel, PCH Consultant in consultation with Sleep specialists, Neonatal specialists, Community Health and consumers*

1Set a bedtime routine

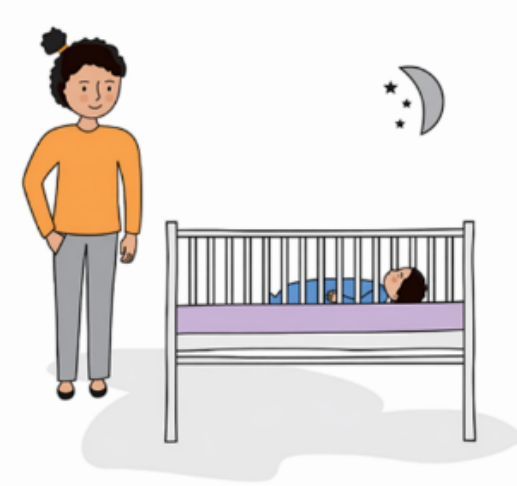
- Set a consistent, calming routine, which can include bath, brush teeth/gums, book, cuddle and then bed, to help your baby recognise when it's time for sleep.

2Lock in bedtime

- Set a regular bedtime, which suits your family. Aim for bedtime between 6:30pm and 8:00pm.

3Encourage self-settling

- Put your baby down drowsy but awake. This helps them learn to fall asleep independently.



4Ensure safe sleep

- Always place baby on their back to sleep.
- Keep baby's face and head uncovered. Pillows are not safe for babies.
- Keep baby smoke-free, before and after birth.
- Create a safe sleeping environment, both night and day such as their own safe space, safe mattress, safe bedding, their feet at bottom of the bassinet or cot.
- Sleep baby in a safe cot in the parents' or caregiver's room for the first 6-12 months and breastfeed baby if possible.

For more safe sleep tips, visit Red Nose Australia

5 Peaceful nighttime responses

- Babies may still wake at night. Respond calmly.
  Brief, quiet reassurance helps them settle without becoming fully awake.

6 Spot sleepy signs: avoid overtiredness

- Look for sleepy signs: rubbing eyes, yawning, losing interest in play. Overtired babies can struggle to fall asleep.

7 Stay patient and consistent

- Sleep issues may take time to resolve. It's important to remain calm, consistent, and patient as your baby adjusts to healthy sleep habits.
- If you are co-parenting, **share your bedtime routines and strategies** with the other parent or caregivers so your child has consistency.

Understanding sleep associations

What is a sleep association?

A sleep association is anything your baby learns to rely on to fall asleep like rocking, feeding, patting, or being held.

These are comforting in the short term but can lead to your baby needing help every time they wake during the night. Remember, waking during the night is normal, as baby's cycle through light and deep sleep.

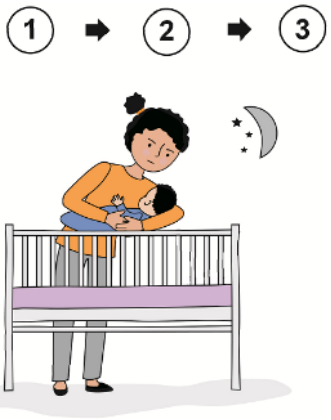
If you are concerned about your baby's sleep associations, they can be changed with time and consistency. However, this process can be challenging, so it is important to follow your baby's cues, respond sensitively to their needs, and be kind to yourself along the way.

Common sleep associations

- feeding to sleep (breast or bottle)
- rocking, bouncing or walking to sleep
- being held or lying with a parent
- using a dummy or pacifier
- needing white noise, music, or movement.

Tips to gently change sleep associations

Introduce a new, consistent bedtime routine

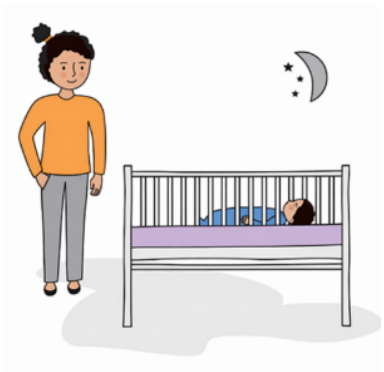


This helps signal sleep without relying on one specific cue.
Try: bath → quiet play → story → cuddle → into bed.

Put baby down drowsy but awake

This helps your baby learn to settle. Start with short periods and gradually reduce your involvement.

Use a "fade out" approach



Gradually reduce how much you help your baby fall asleep. For example, instead of rocking fully to sleep, rock until drowsy, then put baby down.
Over days, reduce the rocking time.

Offer comfort in other ways

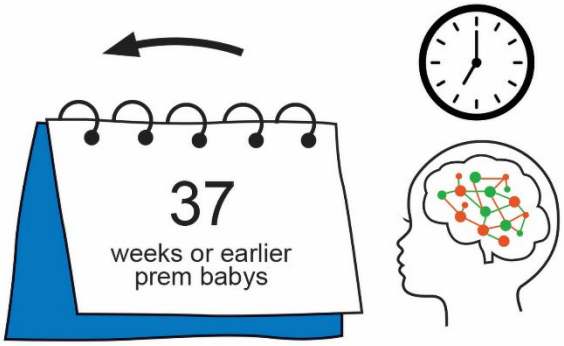
Try gentle shushing, patting, or placing a hand on your baby in the cot. Stay close at first, then gradually move further away.

Stay consistent

Babies learn through repetition. Change can take a few nights or more; be patient and kind to yourself and your baby.

Babies born pre-term (Born before 37 weeks gestation)

If your child was born preterm (before 37 weeks gestation), it's important to adjust sleep expectations based on their corrected age (actual age minus the number of weeks born early).



Sleep development may follow a slightly different timeline, and it can take longer for preterm infants to consolidate night-time sleep or develop self-settling skills.

As a result, they may rely more heavily on sleep associations, such as being rocked or fed to sleep, and require more support to develop self-soothing skills and adjust to a consistent sleep routine. Gentle, consistent support and early intervention can help preterm infants develop self-soothing skills and establish healthy sleep patterns.

Tips for managing sleep associations in pre-term infants

Allow time for development

Preterm babies might take longer to adjust to sleep routines. Be patient and gentle with your approach, especially if they are still learning to self-soothe.

Gradual changes

If your baby is relying heavily on feeding, rocking, or being held to fall asleep, consider a gradual reduction approach. For example, if you usually rock them to sleep, try reducing the time you spend rocking, and eventually, place them in their crib while still drowsy but awake.

Consistent routine

Establishing a consistent bedtime routine is essential. Even though they may need extra help to settle, sticking to the same steps each night (e.g. bath, song, cuddle) can give your preterm infant a sense of security and comfort.

Use a “camping out” method

This is a gradual process where you stay close by while your baby learns the skills of settling to sleep. Over time, move further away from the crib to help them learn to self-settle without as much assistance.

Monitor for signs of over-tiredness

Preterm babies may be more sensitive to being overtired, which can make it harder for them to settle down. Watch for tired cues and help them get to sleep before they become too overstimulated.

Safe sleep practices

Follow safe sleep guidelines for your baby, regardless of their prematurity, in accordance with safe sleeping guide.

Support and encouragement

It’s normal for preterm infants to need extra support as they adjust to sleep routines. Offer comfort but try not to create an over-reliance on a specific sleep association. Be consistent and try and remain calm and patient, sleep issues may take time to resolve.

Prepare for Setbacks

Over time, most babies will learn to fall asleep and stay asleep. Some things may work for a time and then they stop working. Setbacks can happen for several reasons including illness, short term changes in routine, changes at home and developmental shifts.

Remember, at times of illness your baby may need a slightly different approach. You may find that when you resume your routine after an illness it may feel challenging for a while. Things will get better over time. Be gentle on yourself.

When sleep might be a medical issue

Most sleep difficulties in babies are behavioural and improve with routine and support.

However, some sleep problems may have a medical cause, like Obstructive Sleep Apnoea (OSA). This occurs when the airway becomes partially or completely blocked during sleep, causing pauses in breathing. OSA is more common in pre-term infants due to their smaller airways and immature respiratory system.

Signs and symptoms of OSA or other medical sleep issues

If your baby shows any of the following, it's important to speak with your GP (your doctor):

- loud snoring most nights (not just occasional)
- breathing pauses during sleep
- gasping, choking, or struggling to breathe during sleep.
- restless sleep, frequent tossing and turning.
- sweating heavily during sleep
- waking up tired, cranky, or hard to settle
- feeding difficulties or poor growth
- breathes through mouth or drools a lot during the day or night
- history of large tonsils, adenoids, or frequent ear/throat infections.

When to seek medical help:

If you notice any of the following, it's important to talk with your healthcare provider:

- **Severe sleep disruption.** Your baby's sleep problems are very bad and affect growth, mood, or development.
- **Signs of OSA** such as, loud snoring, gasping, or pauses in breathing during sleep.
- **Chronic daytime sleepiness** or very sleepy or tired during the day.
- **Failure to thrive or feeding difficulties**. If sleep disturbances are accompanied by poor weight gain or difficulty feeding, this may indicate a more serious issue.

Trust your instincts

If something feels wrong or your baby still has trouble sleeping even with good routines, talk to your doctor. Getting help early can make a big difference.

More support

Ngala

Ngala is a Western Australian not-for-profit organisation dedicated to supporting parents, families, and children through education, parenting programs and child development services.

Ngala has a range of services, programs and resources for sleep and settling, including the Parenting Line, a residential parenting service, in-home support with a sleep consultant, and Parenting and Playtime Groups.

For more visit their website or contact the Parenting Line on 08 9368 9368.

Ngala website

Sleep Health Foundation

The Sleep Health Foundation is a not-for-profit charity focused on raising awareness about the value of sleep, how to improve it and address common sleep disorders. There are plenty of sleep resources on the website.

Sleep Health Foundation

Royal Australian College of General Practitioners (RACGP)

You can download an article from the Australian Journal of General Practice titled "An approach to common sleep presentations in infants and toddlers" at the QR code and link on the right.

RACGP

Seeking a referral

If you or your GP is concerned about a medical sleep issue, your GP can refer your child to:

1. **Perth Children's Hospital Sleep Clinic** through the Central Sleep Referral system. This clinic can assess your child's breathing and sleep in more detail.
2. And/or **Perth Children's Hospital ENT Clinic** through the Central Sleep Referral system. The clinic can assess for airway anomalies as a cause for sleep issues.
3. **Private paediatric sleep physician or ENT surgeon** as suitable based on family preference.

You are not alone. Remember:

Every baby is different. Some are great sleepers; others need a little more help. What matters most is that you and your baby are supported and well. You're doing an amazing job.

Parenting an unsettled baby and dealing with your own broken sleep is tiring and stressful. Contact family, friends and community supports for help. Anxiety and depression are very common when parenting babies. Contact your GP or community health nurse for support or ring the following helplines for maternal mental health or seek support through Beyond Blue.

Beyond Blue

If you think you may shake or hurt your baby or hurt yourself – put baby in a safe place like a cot and get help immediately by contacting Crisis Care (08) 9223 1111 or 1800 199 008.

Government of Western Australia
Child and Adolescent Health Service

This document can be made available in alternative formats on request for people with disability.

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