

Sleep and Newborns

"Does your baby sleep through the night?" is one of the questions new parents hear the most. And the bleary-eyed moms and dads of newborns almost always answer: "No."

Newborn babies don't know the difference between day and night yet — and their tiny stomachs don't hold enough breast milk or formula to keep them satisfied for very long. They need food every few hours, no matter what time of day or night it is.

How Long Babies Sleep

A newborn may sleep as much as 16 hours a day (or even more), often in stretches of 3 to 4 hours at a time. And like the sleep all of us experience, babies have different phases of sleep: drowsiness, REM (rapid eye movement) sleep, light sleep, deep sleep, and very deep sleep. As babies grow, their periods of wakefulness increase.

At first, these short stretches of 3 to 4 hours of sleep may be frustrating for you as they interfere with your sleep pattern. Have patience — this will change as your baby grows and begins to adapt to the rhythms of life outside the womb.

At first, though, the need to feed will outweigh the need to sleep. Many pediatricians recommend that a parent not let a newborn sleep too long without [feeding](#). In practical terms, that means offering a feeding to your baby every 3 to 4 hours or so, and possibly more often for smaller or premature babies. Breastfed infants may get hungry more frequently than bottle-fed babies and need to nurse every 2 hours in the first few weeks.

Where and How a Baby Should Sleep

For the first weeks of life, most parents place their child's crib or bassinet in their own bedroom. A separate room just seems too far away at this early point.

The American Academy of Pediatrics (AAP) and the U.S. Consumer Product Safety Commission (CPSC) recommend against bringing your infant to sleep in bed with you for safety reasons. Although many cultures endorse cosleeping, there is a risk that the baby can suffocate or strangle, and studies have shown that there's a higher incidence of SIDS (sudden infant syndrome) in households where the baby slept in the parents' bed.

Establishing a routine right from the beginning can help. How we sleep is based in large part on habit and what our bodies use as the signals that it is time to sleep. Always putting your baby in the crib for sleeping will help signal to the infant that this is the place for sleep. Keep in mind, though, it may take a few weeks for your baby's brain to signal the difference between night and day. Unfortunately, there are no tricks to speed this up except to be as consistent in your routine as possible.

Always keep sleep safety in mind. Do not place anything in the crib or bassinet that may interfere with your baby's breathing; this includes plush toys, pillows, and blankets. Although bumper pads are widely used, their safety has been questioned. One study from the CPSC found a number of accidental deaths appeared to be related to the use of bumper pads in cribs and bassinets. The Canadian Pediatric Society has recommended against using crib bumpers since 2004. If you do use bumpers, it's best to use the kind that secure at the top and bottom.

Also avoid objects with cords or ties, and those with any kind of sharp edge or corner. Make sure the crib you use meets current safety standards.

The AAP recommends that healthy infants be placed on their backs to sleep, not on their stomachs. The incidence of SIDS has decreased by more than 50% since this recommendation was first made in 1992. It is now also recommended that premature infants sleep only on their backs.

It is thought that some babies sleeping on their stomachs may have a greater tendency toward sleep obstruction and rebreathing their own carbon dioxide because they are less likely to rouse themselves to change head positions. Another possibility is that they may suffocate on softer bedding if they are lying face-down.

If your baby has a medical condition, there may be an exception to these recommendations. Your baby's doctor can best advise you on the right sleep position for your little one.

Encouraging Your Newborn's Sleep

You can help adjust your baby's body clock toward sleeping at night by avoiding stimulation during nighttime feedings and diaper changes. Try to keep the lights low and resist the urge to play or talk with your baby. This will reinforce the message that nighttime is for sleeping.

Overly tired infants often have more trouble sleeping than those who've had an appropriate amount of sleep during the day. So, keeping your baby up in hopes that he or she will sleep better at night will not necessarily work.

Consider establishing some sort of bedtime routine (bathing, reading, singing) to help get your baby to relax in the coming months. Even though your newborn may be too young to get the signals yet, setting up the bedtime drill now can keep you on the right track later.

What if your baby is fussy? It's OK to rock, cuddle, and sing as your baby is settling down. For the first months of your baby's life, "spoiling" is definitely not a problem. In fact, studies have shown that babies who are carried around during the day have less colic and fussiness.

The first months of a baby's life can be the hardest for the parents because you are potentially getting up every few hours to tend to the baby. Each baby is different in terms of when he or she will sleep through the night, and parents differ regarding when they're comfortable with encouraging their newborn to do so.

By 2 months most babies are sleeping 6 to 8 hours through the night. If your baby isn't sleeping through the night by 4 months, talk with your doctor about how you can help this to happen.

When to Call the Doctor

While most parents can expect newborns to sleep or catnap most of the day, the range of what is normal is quite wide. Check with your doctor if you have questions about how much (or how little) your baby is sleeping.

You may want to talk with the doctor if your baby seems overly irritable and cannot be adequately soothed. In addition, if your baby is difficult to rouse from sleep and generally seems uninterested in feeding efforts, speak to the doctor immediately for reassurance or further medical guidance.

Reviewed by: [Steven Dowshen, MD](#)

Date reviewed: August 2008