



# Fourth Trimester Survival Mode

NORMALIZING YOUR INFANTS SLEEP AND HOW TO KNOW WHEN IT'S NOT NORMAL



Little Village Sleep

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## A letter from the Author



Lisa Caputo

I set out to write this e-book with the intention to fill it with all the information I was missing from my life before I had my son. I was so busy making sure my first baby (my restaurant) would survive without me I failed to think about how I would survive without a “Village” set in place. If it wasn’t for my postpartum Doula in the beginning I would have suffered worse postpartum mood disorders than the OCD and anxiety I never realized I had. Sadly, just having a Doula wasn’t enough; my non-existent Village, ego and anxiety got in the way of asking for help when I needed it the most, and my fourth trimester was a lot harder than it had to be.

Becoming a new parent will be one of the hardest things you will do, especially at a time when the world is so different than it was a year ago. I hope after you read this you have the courage to create a Village and allow that Village to help you raise your baby, even if it’s one or two people. I also hope you look within your heart and follow the instincts that nature has always set in place. Remind yourself that women have been birthing and raising babies for millennia; we’re biologically wired to know what to do. It’s our fancy world full of social media and crazy expectations that block the answers we bear within.

Disclaimer!!! In no way, shape or form was this information written to replace the advice or information of your general health practitioner, or to make you watch your baby’s every move. I’m not in the business of stressing babies or mamas. I also want to recognize that while this book refers primarily to mamas I recognize families come in all shapes and sizes and I hope this resource will be helpful for anyone.

If you feel like something isn’t right and your little one is having a harder time then you feel they should, this guide was created to provide you with information to help you make informed decisions when chatting with your healthcare providers. I want you to have the courage to advocate for your child and never give up. If someone tells you your child is fine and to wait it out while your mommy instincts are alarming you, trust your gut. I encourage you to keep looking for answers until you get them. Our instincts are rarely wrong; you just need the courage to follow them.

If you ever have any questions or need support, I’m an email away!

Much love,

Lisa Caputo

Little Village Sleep

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## Fourth Trimester Survival Mode

# Normalizing Your Infant's Sleep

... and how to know when it isn't normal

Lisa Caputo, Little Village Sleep

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Crystal Blond Photography @crystalblondphoto

## Understanding Circadian Rhythm

Circadian rhythms are biological processes which are roughly tied to the 24-hour day and periods of daylight and dark. Processes regulated by our circadian rhythms include heart rate, temperature and our “body clock”, along with the production of hormones which make us feel sleepy or alert.

- Unlike adults, newborns' sleep is not governed by circadian rhythms. During pregnancy, infants are tuned into their mothers' physiological cues about day and night. Their heart rate and respiratory rates speed up when mom is active and slow down when she's resting or sleeping. After birth that intimate hormonal connection is broken, and newborns must develop their own circadian rhythms of hormone production. This can take 12 weeks or longer.

## What is “normal” infant sleep?

Human infants are born with only 25% of their adult brain size, which means they have a long period of development after birth. This development takes place at a very fast rate and requires a lot of energy. The need to feed often and on demand to support growth is a constant rhythm of

short sleep cycles followed by the infant feeding every few hours, day and night. This complicates the process of circadian rhythm development, and is the reason your infant can take up to six months before they are able to sleep for longer stretches of time. It always concerns me when parents have access to information that promises their baby can sleep through the night if they do X, Y and Z. Frequent waking is normal and necessary for growth and development, and self-soothing isn't a thing. Infants and children rely on their caregivers to co-regulate and truth be told, we need help regulating our emotions until age 25 (35 for men) because that part of our brain hasn't fully developed until then. Yes, it might be true that some formula-fed babies go for longer stretches than breastfed babies because breastmilk is digested at a faster rate than formula. However, these longer stretches of sleep are not always a good thing in the realm of "normal" in regard to infant sleep. Frequent arousals are part of healthy development and the end goal shouldn't be the duration or amount of "sleep" but rather a happy, healthy growing baby.

*"People who say they sleep like a baby probably never had a baby themselves."*

*Author Unknown*

## Why are newborns such light sleepers?

For the average adult, a single sleep cycle lasts about 90–100 minutes, starting with a few light cycles and then plunging into a bout of deep sleep. Newborns begin their sleep with "active" sleep (similar to adult REM) with a typical 50–55 minute cycle including only 20 minutes of "quiet" sleep (similar to an adult's deep sleep). The rest of the time they are in "transitional" sleep, appearing rather restless and easy to rouse. Newborns are biologically wired to rouse easily to reach out for their primary caregiver ([Moro reflex](#)) and to feed on demand. Western society has put a ton of time and effort into making parents feel like babies who wake often need to be "fixed", and methods and gadgets have been created to promote longer stages of deep sleep. What they don't tell you is babies waking often is a good thing and "deep" sleep is very hard for them to rouse from. Long stretches of deep sleep can potentially be dangerous if the baby isn't getting enough oxygen and is unable to rouse themselves. On average, a newborn should spend over half their sleep (75%) "active" in a 24-hour period. This is crucial since the majority of brain development occurs when an infant is in a state of "active" sleep; it may also protect your child from SIDS. Your infant waking multiple times throughout the day and night is a sign you have a perfectly healthy and normal baby. Infants have one job—grow and develop. This can only be achieved with frequent feeds and contact, closeness and connection from their primary caregiver.

*“In the first few days, the average newborn sleeps between 16-18 hours a day (Iglowstein et al 2002). By four weeks, newborn sleep averages about 14 hours. But the range is considerable. Some four-week-old babies sleep as little as 9 out of 24 hours. Others sleep for 19 hours a day (Iglowstein et al 2002).”<sup>1</sup>*  
Gwen Dewar, PhD

## Ways you can help your newborn with circadian rhythm development

**Keep them in natural light during the day** – It’s never too early to create a routine. Babies in general thrive off knowing what is going to happen next. Although your little one has no idea they are separate from you yet, creating a day-to-day routine helps with the adjustment to the real world. In order to help your little one with day and night they should spend the majority of their day exposed to natural light. Keeping them in a bright room for naps and getting outside for fresh air is great for helping them develop their circadian rhythm hormones and differentiate the difference between day and night.

**Start a bedtime routine** – Although “bedtime” doesn’t really happen since your little one will most likely be waking at 9:30 p.m./11:30 p.m./1:30 a.m. and onwards to feed, there is no harm in creating a “bedtime routine” that includes things like a bath or sponge bath, massage and snuggles roughly around the same time every evening.

This is also a great time to lower the lights in the home and shut off any “blue light” devices in their presence. This is tough for mamas who like to watch Netflix or scroll Instagram while holding their sleeping babe; try plugging into a good audiobook or podcast instead or put the baby in the bassinet in another room if they will sleep away from you. Placing something within their proximity that smells like you can help with this. Newborns attach through the senses so smells are a great way to hold an attachment when you can’t actually hold them.

It is also a good idea to keep all feeds after 9:30 p.m. in a dimly lit room with minimal stimulation. Your baby will need to wake to feed multiple times throughout the night but keeping stimulation and diaper changes to a minimum can help with their circadian rhythm maturity. Obviously, diaper changing is necessary when your baby poops, however you can go up a size for overnights and skip changing them if their diaper is only wet. Make sure you’re using a good nontoxic barrier cream to protect their brand-new skin. If you live in Canada the [Baby Butt Balm](#) from Rocky Mountain Soap Company is great for this.

By exposing your newborn to light and sounds during the day and dark and quiet at night, you are helping them develop their natural internal rhythm. This isn’t going to happen overnight; remind yourself that your babe just spent the last nine plus months in constant dark with an unlimited supply of nourishment. It can take anywhere from three to nine months to adjust and, even then, some babies still wake through the night past the age of one depending on their personality and individual needs.

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<sup>1</sup> Gwen Dewar, PhD, *Parenting Science*, <https://www.parentingscience.com/>.

*"Expectation is the root of all heartache."  
William Shakespeare*

## Survival Mode

The fourth trimester is a fragile place for a new mother: The surplus of progesterone you've had over the past 10 months drops to almost nothing; your vagina or c-section incision is healing from trauma; you're trying to figure out breast or formula feeding; and, you're sleep deprived. Suddenly you find yourself ugly crying multiple times throughout the day while holding your new baby who is watching your warm, salty tears drip on their sweet face. I can't stress enough that these next four months are about taking care of YOU! In the grand scheme of things newborns are quite simple. They look for attachment to their closest caregivers through their senses. Attachment can be fulfilled with unconditional love, gentle touch, keeping them close and letting them sleep (especially if it's on you), along with the basics, such as a clean diaper and full belly.

While you're busy taking care of their needs, someone needs to make sure you are also receiving all of these things. If you feel loved and taken care of you can focus on your sweet baby and get through the hard stuff (like not sleeping) together. Our Western society tends to complicate things with all the information and baby gadgets. If you stop and listen, your baby will always tell you what they need and when they need it. Nature will do its job and your maternal instincts will provide you with answers no Google search bar could ever provide. Your baby is a unique individual and only you will be able to understand their specific needs by staying close to them while getting a good understanding of their personality. You don't need permission to make choices that feel right for you and your baby; what you do need is a support circle or "Village" you love and trust to help—however that looks for you.

Just like every baby, every new mom is different, and your beliefs and needs are unique to you and your family. Think of ways you want to be supported during this time, even if it means someone to cry with while you snuggle and hold your new baby on the couch all day. You need to create a space you're comfortable in and feel safe to make decisions where you won't be judged or criticized. The chances of you making the wrong choices are rare but if you do, remind yourself you're human and there are more ways than one to do things.

*"If at first you don't succeed, it's OK."  
Lisa Caputo*

Creating a Village of Attachment is such an important part to healing in the months and even years to come. The emotional and physical load of motherhood was not designed to be carried alone, yet we've allowed ourselves to believe we're a failure if we need help.

Your new baby attaches through the senses for the first year. There are hundreds of ways for them to stay attached to you even in the care of others if you just need a break. Something as simple as sleeping with their onesie the night before they are going to wear it will keep the scent of mom close and your attachment safe. Needing a break is okay, not wanting to leave your child's side is also okay. You need to do what feels right for you!

## Calling on your “Attachment Village”

We’ve all used the phrase “It takes a Village” but don’t realize the importance of creating it before our little one arrives. Your journey into parenthood should consist of at least two people aside from you and your partner that will be part of your “Attachment Village”. These need to be people you can rely on and trust with your little one. Your Village will also grow and change as your child grows and develops so it’s important to think ahead and ask yourself what this will look like for you and your family and who you want as the primary people in your child’s life. One of the hardest things as a new mama is letting go and allowing other people to help you take care of your child. It can be daunting having someone else care for your baby when you are adjusting to your role as a parent while also trying to bond with the tiny human you know nothing about.

It is difficult and also a little heartbreaking when you watch your new baby stop crying in the arms of someone other than yourself or fear someone won’t do things as good as you would when leaving your child in their care. If you are struggling with this thought, You Are Normal and are going to be a wonderful mom. Learning to let go and allowing the people you’ve chosen to be a part of your child’s life will help you mentally by giving you a break when you need it. We all need a break, even if we don’t feel like it. In the first few months when your hormones are wild and you’re struggling with new emotions, letting go of control can be extremely hard—especially with your first. I promise you will thank yourself down the road when separation anxiety isn’t an issue and you are able to leave the house without a meltdown of tears from both you and your little one. Bringing those you trust into your child’s life from the beginning allows them to emotionally bond to those in your Village of Attachment. This makes life much easier when your child feels safe in the presence and comfort of specific friends and family when you leave to run an errand or go away for a longer period of time.

Creating a Village in our “new normal” is harder than ever and scary with a pandemic buzzing around. For now, don’t focus on the size of your Village, but rather the quality of people in it.

### Suggestions for Building a Modern-Day Village

**Postpartum Doula** – Doulas are trained in everything baby but the biggest part of their job is to keep you and your new baby healthy and safe physically and mentally. Even during a pandemic, a postpartum Doula will have taken all the necessary precautions before entering your safe space and are fully trained in “life with a newborn”. They come fully equipped with tips and tricks and your little one is in good hands when you need to shower or lay down to rest for an hour. They also DON’T come with unsolicited advice and will follow your lead when it comes to taking care of your baby. I highly recommended budgeting for this for your postpartum care and mental health. You can hire one for your entire fourth trimester or throughout the first year. They have options where they come for a few hours a day or are there around the clock (which I highly recommend if you don’t have family or friends close by).

**Your dearest friend(s) or family member(s)** – We usually have one or two people in our life that we can call anytime and they will be there for us. Arranging with this person ahead of time so they are prepared for your SOS call or text anytime during your fourth trimester allows them time to prepare for your new one’s arrival. Not arranging this ahead of time can lead to disappointment

when you do need that person and they aren't prepared or are not available. This ideally will also be a person(s) that you see in your child's life as they grow up. Even though you intend on having all of your close family and friends be some part of your child's life, there are always one or two that you know you can rely on for everything and that you and your child will feel safe with.



Photo courtesy of canva

**Grandparents** – I'm fully aware not everyone has a great relationship with their parents or in-laws. If you are one of the lucky ones, grandparents are a gift and they will be there to take care of your children even better than they took care of you. (Kidding, not kidding, but it's funny how that happens!) I'm also aware that a difference of opinions can overwhelm new parents since your parents are usually the ones who are most likely to tell you how you "should" be doing things. This is where setting boundaries needs to be a priority before your child's arrival. These boundaries are important so you're not dealing with added stress or anxiety during a very fragile time in your life. It is also important to work on a few key phrases if boundaries are broken or things come up that you didn't prepare for. When you find yourself feeling upset by words that are spoken, here are a few great comments you can use.

"We appreciate the advice, but this is how we have chosen to \_\_\_\_\_."

"Thank you, maybe we'll read up on that. For now, we are going to do it this way."

"We've heard of that, but we've chosen to try this way instead."

"We appreciate the advice, however this is working for us at the moment."

"We respect your thoughts and ideas; we just ask that you stick to the way we have been doing things to keep his/her routine consistent."

"Thanks for the tip!"

"Our doctor agrees this is the best for us."

"Interesting..."

“He/she has been responding really well to how we’ve been doing things.”

The key to setting boundaries is to give yourself guilt-free permission to confront the situation if you feel the boundary is being abused or broken. Confrontation does not have to lead to an argument or disagreement. This is a misconception and the main reason why people avoid it. At the end of the day, you are the parent; you are allowed to speak your mind and stand up for what you feel is right for your child. Boundaries are hard but if the people in your life are meant to be a part of your Village, they will respect your boundaries and respond well when you confront them about how you are feeling. If someone in your Village isn’t able to respect your boundaries, they were not meant to be there in the first place.

Sometimes our parents overstep boundaries because at the end of the day they were in our shoes once making all the decisions. Open communication with the people you love in your Attachment Village is important for your maternal/paternal mental health. It’s also important for maintaining consistency in your child’s routine and patterns. Children thrive from knowing what is about to happen next, which is why creating routines around their natural patterns is an essential part of baby-led sleep.

**Food Train** – Designate a close family member or friend to set you and your family up with a food train. This “train” will consist of close family and friends that you trust to make you and your family a meal and deliver it to your door (mask included). Each family member is given a certain day or time so you know who and when to expect them. You can even go as far as listing dietary restrictions and allergies so they prepare items safe for you and your family to eat. Don’t be ashamed to utilize your city’s local restaurants and splurge on takeout once in a while. The less time you focus on cooking and cleaning the more time you get to focus on building a relationship with your new baby and getting the rest you need.

**Housekeeper** – I will forever mention “get yourself a housekeeper!” You don’t need to have a big budget to afford a housekeeper. It’s worth every penny when you come home from a walk or errand and your bathrooms are clean, your shelves are dusted, and the dishes are washed and put away. In the first few weeks when you are not leaving the house, any time a friend or family member offers to help try your best not to respond with “we are OK.” You are NOT! You just had a baby and are healing. Take them up on the offer and ask them to pull out your vacuum, fold a load of laundry, or make you a cup of tea. If they are offering to help, take it! If your city is still in the middle of lockdown, hang in there and remind yourself the house can wait. If keeping a neat space is part of your mental health, give yourself grace and keep the one room you spend the most time in tidy. Otherwise, the rest can wait.

## Let’s talk about bedsharing...

It’s crazy to think there was a time in the world when we wouldn’t even think to ask a new mother where her baby was going to sleep when she brought them home. Now, new parents are filled with fears about the risks associated with “why” you shouldn’t sleep with a newborn instead of being

educated on the safest way to possibly do it, if you think you might. Almost all new parents will sleep with their newborn at least once and, because of the lack of education, they don't do it safely. When cosleeping was studied around the world, the places where it was routinely practiced safely had remarkably lower rates of SIDS. Sadly, the approach Western culture has become accustomed to uses fear as the focus instead of educating parents on the topic in its entirety. As stated in Dr. James McKenna's book *Safe Infant Sleep*, "many parents will think nighttime feeding are safer on the couch or recliner. Infant deaths caused by falling asleep on a couch, chair or recliner are grouped under the umbrella term of 'cosleeping deaths,' or sometimes 'bedsharing deaths,' when clearly they are not. Health authorities then use these numbers as 'evidence' pointing to the dangers of bedsharing," once again.

If you think for a second this is something you might do to support breastfeeding, then you need to make sure you are doing it safely. The Safe Sleep Seven<sup>2</sup> should be followed to ensure your bedsharing is as safe as possible, being fully aware there are always risks associated with any sleep surface you share with your baby. I'm in no way recommending you bedshare if you never intended to; I just want to point you to information/resources if you think this is something you and your family might do. I also recommend you read [Safe Infant Sleep](#) by Dr. McKenna if this is something you are seriously considering as a breastfeeding mama. If you are not exclusively breastfeeding and want to keep your baby close to you at night, there are great products out there, like the [Arms Reach](#) co-sleeping bassinet, to keep your little one safe and within close reach those first three to four months.

#### Safe cosleeping Practices

✦ Smoke free gestation (before, during & after)/Smoke free home.

✦ Alcohol and drugs should never be consumed when bedsharing.

✦ Flat, clean, firm mattress on floor, pulled into middle of room and away from walls. Sleep space should be free from heavy quilts, extra pillows, blankets or any other objects that could be a risk.

✦ Mother's hair tied back.

✦ Infant placed on back with head level to mother's chest. Mother laying on her side with knees tucked up to baby's lower body and bottom arm above baby's head with top arm around infant.

✦ **Exclusively breastfeeding.** (This is known to synchronize mother and infant arousal. Newborns who are bottle fed are less likely to have this synchronicity with the mother so bedsharing is **NOT** recommended.)

✦ Infant always placed between mother and edge of bed, not between mother and partner.

✦ No other children or pets in the bed.

✦ Partner is fully aware of and consents to bedsharing arrangements.

[...] "It is true that bedsharing is less stable and requires careful preparation, but that does not necessarily make it unsafe. I like to remind people that if same-surface cosleeping was too dangerous, infants and parents would have evolved some biologically-based alternative or humankind would have gone extinct. As it is, infant-parent cosleeping in all of its diverse forms continues to be the globally preferred sleeping arrangements for human and other mammal mother-baby pairs."

James McKenna ~ *Safe Infant Sleep*

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<sup>2</sup> Dr. James McKenna, *Safe Infant Sleep: Expert Answers to Your Cosleeping Questions* (Washington: Platypus Media, 2020).

## When sleep isn't "normal"

My focus is to always normalize infant sleep and remind you the only thing consistent about your child's sleep is that it is inconsistent. However, there can be little red flags to keep an eye out for if your child's sleep appears to be out of the norm. A newborn can wake as often as every hour to eat; however, if they are waking multiple times within the hour, seem to be uncomfortable or distressed as soon as they awake, or are having troubles sleeping altogether they could be experiencing the following:

*"There is no such thing as a grumpy baby. All babies want to be happy; and they will be happy when they're not suffering with digestive discomfort and reflux pain."*

*Kaili Ets*

### Tongue Ties

Tongue ties or oral tethered ties can cause an array of issues in infants. The first indicator that a tongue tie may be present is difficulty nursing. (Difficulties can include sore cracked nipples, "lipstick" nipple, poor latch, pain and discomfort.) If a tongue tie is present it will usually be diagnosed and labelled as the reason the mother and child are unable to properly nurse. A "slight tie" will usually be left alone and not released, resulting in a shorter nursing period, leaving mom to pump and bottle feed or use formula and bottle feed. (Disclaimer: Neither of these options are wrong if this is what you are choosing to do.) However, there are other symptoms that can result from a child who has limited tongue mobility. If you notice your little one is experiencing symptoms that are affecting their sleep, mood and overall wellbeing, it's good to know there are things you can do instead of waiting it out.

Photo courtesy of canva



**Mouth Breathing** - The only time an infant should sleep with their mouth open is when they are sick and congested. If you notice your little one's mouth constantly open while awake or sleeping it could be caused by low tongue mobility. When the tongue isn't able to rest on the roof of the mouth as intended, the lips are unable to seal at a rested state. This will cause the infant to breathe through their mouth instead of their nose.

## **What are the effects of mouth breathing and why does it affect sleep?**

### Mouth Breathing

- Stimulates the sympathetic nervous system
- Triggers fight or flight mode
- Raises heart rate
- Increases cortisol (stress hormone)
- Increases stress and work on the cardiovascular system

This can lead to frequent waking (more than every two hours day and night) and can also affect your child's mood since they are not getting enough rest. This causes their cortisol levels to run high instead of getting increased serotonin which is released when they breathe through their nose.

### Why Nasal Breathing is ideal for EVERYONE

- The nasal passages are humidified, warmed, and moistened
- Nasal passages filter air versus when brought in through the mouth (boogers are a good sign)
- Reduces workload on cardiovascular system
- Regulates air intake speed while nasal nitric oxide is released (increases oxygen with fewer breaths required). Nitric oxide is only created with nasal breathing. It is a strong dilator (opens airway), a natural decongestant, and allows oxygen to reach the middle/lower lobes of the lungs for diaphragmatic belly breathing.<sup>3</sup>

Exercise: Place your hand on your lower diaphragm and take a deep breath through your nose, pause, now place your hand back on your lower diaphragm and take a deep breath through your mouth. Notice the difference?

**Reflux** – Although excess air intake (aerophagia) is the root cause, tongue ties can be one of the contributing reasons for infants who suffer from painful reflux. When a child has low tongue mobility, they are usually unable to properly latch onto the breast (also creating discomfort for mom); this results in excess air intake which can also be the case when an infant is bottle fed. Signs to watch for are milk spilling out the corners of the mouth and a clicking noise (loose suction). A poor latch that results in excess air intake during feeds can be the start of a vicious reflux cycle. Adding air during digestion can act like rocket fuel in a pressurized container. When the stomach

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<sup>3</sup> Alison Sigal, "Airway Health" IslaGrace Baby-Led Sleep, September 2020.

turns to start the digestion process the additional air can create an explosive force of contents coming back up or out the back.<sup>4</sup> This can lead to discomfort which can essentially lead to more crying, which leads to more air, more reflux and the cycle continues. Some reflux is normal in ALL babies due to the sphincter at the base of the esophagus not being fully matured. Reflux that causes discomfort and excessive vomiting and crying shouldn't be treated with the "wait and see" approach. Babies with painful reflux will tend to be poor sleepers due to gastrointestinal discomfort and regurgitation when they are placed on their back to sleep.

### Ways to help a baby with reflux

- Keep baby upright for 30–40 minutes after they feed, allowing the stomach time to digest
- Baby wear!!! (*These babies are happiest in an upright position. Bonus—your hands are free!*)
- Nursing or bottle feeding (*stopping frequently to burp*)
- Paced bottle feeding (*with baby in an upright position keeping the bottle higher than a 45-degree angle*)
- Do not pat or bounce to burp. Firmly run your hand from the bottom of their back to the top on the left side of the body. (*Note: The stomach is on the left.*)
- Elevate the change table and bassinet/crib (*elevate legs of the crib instead of the mattress*)
- Tummy time between feeds (*never immediately after*)
- Calm environments free of bright lights and noise (*reflux babies tend to be more sensitive to their environment*)
- Understand YOUR child's sleepy cues (*this is where schedules can be tricky*). Babies with reflux are hard to read and their cries usually all sound the same (*hungry, tired, wet, over stimulated*). The goal is to keep them from getting overtired by creating routines around their sleepy cues instead of following a rigid schedule and wake windows. Overtired babies = crying. Excessive crying = more reflux.

**Nutrition** – When babies are tongue tied, they are usually having to work overtime to get their nutritional needs, especially when breastfeeding. A lot of times these babies will fall asleep at the breast before they are finished eating because they are exhausted from not getting a proper latch; this means less milk intake during each feed. These babies usually wake up five to 10 minutes later ready to eat again. This can be a big sleep interrupter, leaving mom beyond exhausted waking to feed a few times every hour versus the normal every two to three hours.

**What to do about tongue ties (tethered oral ties)?** – If you suspect a tongue tie is present and it is causing your little one to have more than just difficulty nursing, you can make an appointment to see one or more of the following (depending on the concerns):

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<sup>4</sup> Kaili Ets "Debunking Reflux Myths" IslaGrace Baby-Led Sleep, September 2020.

- **IBCLC** – Although they are unable to “diagnose” a tongue tie, they can assess the baby’s mouth and refer you to someone who can. An IBCLC is a great starting point if the tongue tie is interfering with breastfeeding and mouth breathing is present. (They can also provide support after a tongue tie release to help you and your baby get the hang of feeding).
- **Craniosacral therapist** – A gentle, non-invasive, hands-on treatment which works with the body’s natural rhythms, and helps to activate healing and balancing mechanisms.
- **Osteopath** – A DO (doctor of osteopathic medicine) studies using the hands to mobilize and stabilize the spine and body’s musculoskeletal system. Osteopathic medicine is dedicated to treating and healing the patient as a whole, rather than focusing on one condition or body part.
- **Myofunctional Therapist** – Someone who is trained in helping patients correct the postures of the lips and tongue, with the goal of facilitating proper nasal/diaphragm breathing.
- **Occupational Therapist** – Someone who focuses on treating things that keep patients from doing daily tasks. (They are also great if your children need help down the road with sensory processing, speech, or developmental delay.)
- **ENT** – Someone who specializes in swallowing, speech, breathing and sleep issues.
- **Pediatric Dentist** – A dentist that specializes in infants and babies (finding one that treats “oral tethered ties” in their practice is suggested).

Releasing or “cutting” the tongue tie doesn’t have to be your only option when a minor anterior tie (skin connected in the middle of the tongue versus the tip) is diagnosed. If you are uncomfortable with the idea of a medical procedure on your precious new baby, starting with treatments that are noninvasive, like seeing an osteopath or an ENT are a great start. If you are being told by your doctor to “wait it out” just know there are several options available so you don’t have to.

**Food Sensitivities** – Food sensitivities in infants are usually generalized with signs like skin eruptions/eczema, irritable bowel syndrome and nighttime sleeplessness. If your infant is affected by traces of certain foods found in your breastmilk an elimination diet can be performed until the issue is resolved. An elimination diet can be done by removing one allergen food from the diet at a time for a minimum of two weeks until symptoms clear. This means checking labels on everything as there can be traces of allergens in foods you wouldn’t even think of (some potato chips contain dairy, for example). Common food triggers include dairy and dairy products (casein as well as lactose), wheat, gluten, peanuts, eggs and soy. If your baby is formula fed, make sure you read the ingredients list. Some formulas contain certain sugars which can also cause an upset stomach by fermenting in the gut. Comparing ingredient lists on formulas is always recommended. Discuss

switching to hypoallergenic formula (or another option depending on the sensitivity) with your family doctor or pediatrician. Food allergies and sensitivities should always be discussed with your health care provider if you think something is affecting your child's well-being and sleep.

**What to do?** For more serious signs like blood in the stool or vomiting visit your doctor or pediatrician immediately! They will also help with finding a formula that will work for your baby if you are not breastfeeding. If you are breastfeeding and your little one has generalized symptoms, visit a holistic dietitian or naturopathic doctor where screening can be done for allergies or intolerances. They can also guide you with a proper elimination diet. An IBCLC is also a great resource for dealing with food intolerances and breastfeeding.

**Low Iron** – Iron deficiency is found in 25% of babies born yet screening for ferritin levels isn't common practice in newborns. If you struggled with low iron levels during pregnancy, it is possible your newborn could have lower levels as well. Iron deficiency can lead to restlessness (restless leg syndrome) and poor sleep. Ideal ferritin levels should read between (50–100 ng/mL) yet general practitioners use such a large range (30–300 ng/mL) and read levels in the 40s and consider you to be in the “range of normal”. It never hurts to get a second opinion, especially from someone who specializes in micronutrients and vitamin supplementation.

**What to do?** Visiting a naturopathic doctor who specializes in screening for ferritin levels can be helpful to get you and your baby on track for better quality sleep now and in the future. Low ferritin can cause a multitude of issues in a growing child as well as mom.



Photo courtesy of canva

# Colic

Colic isn't WHY your baby is crying.



Colic is a side effect from WHY your baby is crying.

Photo courtesy of canva

## Infant Colic

**“Colic” means inconsolable crying episodes lasting 3h per day, 3 times per week, for at least 3 weeks. The diagnosis of “infant colic” actually doesn’t really solve anything! We have to look at the full picture and do some detective work.**

- **Rule out serious health issues by looking for red flags such as fever, bloated abdomen, lack of weight gain, lethargy.**
- **Look for underlying causes: muscle tension, excess air intake, allergies, gut microbiome imbalances, or stress. (Yes, babies pick up on and respond to stress by crying more!)**
- **An IBCLC can help you delve into these issues and find strategies to manage symptoms of colic!**

Sheena Tabbert, RN, IBCLC

Your little one can also be struggling with adjusting to their new world. Keeping stimulation low (sights, smells, and sounds) and simple things like babywearing to keep them close while creating an environment similar to the womb (white noise, dim lights, warm) can help settle your little one if they are having a hard time.



Photo courtesy of canva

## So what next?

The fourth trimester is HARD but it shouldn't make you hate motherhood every day of your life or have you filled with anxiety every moment your baby is awake and screaming, aggravated or distraught. Yes, all babies cry, but there is a difference between normal communication where they are telling you they are hungry, tired, need a diaper change or just want to be close to you, and the nonstop day and night screaming because they are uncomfortable or in pain.

So what next? Most Western doctors and nurses will tell you your baby is normal and that you just need to wait it out and everything will get better when they are four or five months old. I don't know a single person who would have good mental health "waiting it out" while their helpless baby screamed day and night. There is no harm in reaching out to various resources in different fields who specialize in perinatal care and pediatric support if you are not getting answers from your doctor or pediatrician. Although I always recommend seeing your doctor first, they are not your only option. I've created this Village of support for new moms like yourself to offer options available from a holistic approach if Western medicine isn't providing you with the answers you need. Being a new mom is like being a private detective and it's up to you to untangle the mystery when you have a case that needs to be solved. This is one of the toughest jobs and requires you to be healthy mentally and physically, building your Village to ensure you have the support you need, which allows you the extra time and energy you need to take on each day.

Parents were never meant to raise their children alone but we've created a world where Villageless parents is normalized. It truly takes a Village to raise a baby. Take it from this mama, my life is much more peaceful and my postpartum OCD and anxiety are minimal now that I've built my Village, even if it was six months later than I should have. It's never too late.

If you live in the Edmonton area and decide to work with me, I can also provide you with contacts from my Village of resources that can help with things like tongue ties, low iron, breastfeeding, nutrition, and all other areas specializing in pediatric care.

You are going to be an amazing parent! If you're already a parent and you're reading this, you *are* doing an amazing job.

## Bibliography

Dewar, Gwen. *Parenting Science*, <https://www.parentingscience.com>

Ets, Kaili. “Debunking Reflux Myths.” Presented for IslaGrace Baby-Led Sleep, September 2020.

McKenna, James. *Safe Infant Sleep: Expert Answers to Your Cosleeping Questions*. Washington: Platypus Media, 2020.

Safe Infant Sleep   Arms Reach cosleeper   Baby Butt Balm

BUY



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Sigal, Alison. “Airway Health.” Presented for IslaGrace Baby-Led Sleep, September 2020.

Tabbert, Sheena (@milkbud.lactation.prenatal), <https://milkbudlactation.ca/about-me/>

Blond, Crystal, Crystal Blond Photography  
(@crystalblondphoto)

Wowdzia, Justine, Jaymarie Studios (@jaymariestudios)