

Tips To Help Babies Sleep Through The Night | Sleep Expert | Kerry Bajaj

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SUMMARY

Kerry Bajaj, a sleep expert, shares her journey from struggling with her own children's sleep to helping families achieve better sleep routines. She emphasizes the importance of understanding sleep cycles, creating sustainable sleep associations, and recognizing when intervention is necessary for better sleep outcomes.

- *Artificial light disrupts melatonin production, making it crucial to create a dark environment for sleep.*
- *Parents should identify pain points in their children's sleep routines to determine if intervention is needed.*
- *Realistic expectations are important; newborns will naturally wake frequently, but sleep should stabilize around 5-6 months.*
- *Sustainable sleep associations, such as avoiding feeding or rocking to sleep, are vital for encouraging self-soothing.*
- *Wake windows (time a baby can be awake before getting overtired) should be managed to prevent stress and improve sleep quality.*
- *Co-sleeping is common in some cultures, but parents should prioritize what works best for their family dynamics.*
- *Teaching children self-soothing techniques, like the "Kissing Hand" method, can help them connect sleep cycles independently.*
- *Parents should be proactive in managing daytime naps to avoid long sleep stretches that disrupt nighttime sleep.*

Speaker 1: I became known as this mom that had two kids that were sleeping from 7 to 7. And people would really come up to me and ask me a lot of questions and I would get phone calls from strangers wanting to know how I make my kids sleep. And artificial light disrupts the production of the sleep hormone melatonin. So I want to help babies and children to kind of get ready for bedtime so by just simply turning down the lights and making the house dark.

Speaker 2: Kerry Bajaj, the sleep expert. Hi Kerry.

Speaker 1: Hi. Thanks so much for having me.

Speaker 2: And you know, you're one of the most requested people because you're really the genie, right? Like people who've had sleepless nights can just, and had raccoon eyes can now like just thank you forever for transforming their lives.

Speaker 1: And it is the most satisfying work ever to be able to help a set of sleepless, sleepless parents who come to you stressed out and in despair and to really see a transformation with their baby's sleep.

Speaker 2: Right, Gary, for everybody who doesn't know you just tell us a little bit about yourself in terms of, you know, what, like, were you always doing this? What's the history and how did you decide to become a sleep expert?

Speaker 1: So what happened is my background is I'm trained as a nutritionist and I worked with an amazing doctor in New York as a nutritionist for, for years. And then I moved to India with my six month old baby and my two year old and when we came here, actually the six month old, her sleep completely went for a toss. She was up every single hour in the night and for the first few weeks we were like, oh, jet lag and hopefully it'll get better.

Speaker 1: And then it didn't get better and we, we had to really study and figure out what to do about her sleep. And, and once we resolved her sleep issues, it was really an amazing transformation from like a Friday to a Monday and she is about to turn four. She's been an amazing sleeper ever since. So then after I got settled here and I started making friends and I put my kids in school, I became known as this mom that had two kids that were sleeping from 7 to 7 and people would really come up to me and ask me a lot of questions and I would get phone calls from strangers wanting to know how I make my kids sleep.

Speaker 1: And I could really understand the struggle because I had gone through it with my little one and I, it just became interesting to me. I could see that there were different elements culturally that are affecting sleep in India. But, but it felt Like a puzzle that I wanted to solve. I felt like, well, it must be possible for the kids to sleep well. And so that kind of set me on a journey of studying sleep, becoming certified as a sleep consultant, writing a book about sleep, and working with hundreds of families.

Speaker 2: How did you realize that this needed

Speaker 1: intervention with my daughter? Yes. Well, essentially, it became such a stressor for us. Um, and I see this in all of the families that I work with. The first thing I do is really help them identify what are the pain points. Because that way we can understand that, yes, we do have to make a change. So on so many different levels. Like, she was about six months old. We don't have any family here. So we hired a nanny, you know, and I was really afraid that she would quit because she wasn't sleeping.

Speaker 1: Yeah, nobody was sleeping. My husband was starting a new job. That's why we moved India. He was not sleeping, and so that was stressful for him. I felt tense because it felt like whatever I was doing was wrong. And, you know, and we were kind of passing her around like a hot potato, giving her the bottle, the breast, putting her in the cot, bringing her to bed, giving her to my husband, to me. And we just didn't know what to do to.

Speaker 1: I mean, being up every single hour in the night is not a good feeling. Yeah. So that's how we knew.

Speaker 2: Right. And tell me, so what are the signs that people typically need to say that, okay, this one is normal, or it's a little bit of a deviation, but doesn't need intervention versus, you know, this will settle or this will. This needs intervention? Like, how do you distinguish between the two?

Speaker 1: Well, okay, yeah, so realistic expectations are always good. And so it's important to know for newborns that they are going to be up all night, they have to take feeds all night. Their sleep is going to be very fragmented, they'll take lots of little cat naps, and all of that is completely normal. And I think the piece that I'm able to help people with is understanding that as you reach five or six months, that the sleep should start to kind of settle and the naps should start to become a little bit predictable.

Speaker 1: And. And the night sleep can be pretty good at that age.

Speaker 2: Yeah, typically about 11 to 5 is a 5.

Speaker 1: So a lot of times I have people putting the baby to bed and then giving a feed, like a dream feed around 11pm and then the baby can usually go until morning. But that said, the parents may have to be a little proactive about kind of dropping Night feeds. At the right age, if you only follow the baby's lead, you can easily reach a place where you are up every single hour. Essentially when you reach five, six months, however, you're putting the baby to bed at night becomes very significant.

Speaker 1: So if they are feeding to sleep, then during their night wake ups, they will think that they can only fall back asleep by feeding.

Speaker 2: Right.

Speaker 1: Or if they're rocking to sleep during the night wake ups, they'll think that they can only fall back asleep by rocking. So I use this concept of a signaler versus a self soother, which I learned from a pediatrician in Mumbai. And she talks about how the signaler will essentially raise their hand every single night, wake up and say, hey mom, come help me. I, I need you to put me back to sleep. Whereas the self soother will be able to connect the sleep cycles on their own.

Speaker 2: Right. So you, I think it's so interesting that you mentioned this, that how you put the baby to sleep is of the essence. Right. So tell me, how do you put the baby that you actually have self soother or not? A signal.

Speaker 1: Right, Right. Okay. So when they're reaching five to six months, what you want to do is start thinking about sustainable sleep associations. And the example of an unsustainable sleep association is driving your kid around in the car. We've only five minutes. I mean, it's fine to do once or twice, but the idea of doing that every single night, it's obviously inefficient.

Speaker 2: What do you do, Kerry? I mean, sorry to interrupt, but what do you do if he's just howling and there's just no way to pacify.

Speaker 1: Okay, so I have the answer to this. And I think this is where people use phrases like she's a magician. It's because I get the baby on the right daytime schedule. And what I mean by that is I'm very passionate about wake windows. Wake windows are the amount of time your baby can be awake at any given point in the day before they get overtired. So for a six month old baby, that might be about two and a half hours.

Speaker 1: So what that means is if they're waking up at 7:00am, that nap number one would be at 9:30am and then they'll take that nap and then for the rest of the day, each time they're awake, it's only for two and a half hours between their naps and before bedtime. And what I find is that if there's a baby who's howling, usually when I look at the Daytime schedule. I find a wake window that is enormous and enormous could be four hours for a six month old baby.

Speaker 1: That is more than their body can handle. As soon as we fix that, as soon as we correct for that, the drama goes down. The. It's like you, you can feel the nervous system of the baby calming down. Being overtired puts the baby's body in a state of stress. Cortisol, adrenaline, stress hormones. When we make those wake windows smaller, then they, their body can relax, they're easier to put down for naps, they go down cheerful, they wake up cheerful.

Speaker 1: And the big thing that I see often is parents get in that space of thinking, I'll keep them up for a long time and then they'll sleep well. And that just backfires. And so that's something I'm always correcting for. Even after the third nap of the day for a six month old, I only want them awake for two and a half hours before bedtime. So then once we do that, there's no howling at bedtime and you don't have to drive around in the car

Speaker 2: to put them to sleep. So tell me, what's the ideal way to put a baby to bed? So you don't have the signaler.

Speaker 1: Okay. Yeah. So the ideal way is you get them ready for bed, whatever your bedtime routine is. Probably a bath, a final feed and pajamas and maybe some lotion, maybe singing a lullaby, reading a book. And then you put them in the cot and you say, night, night, love you. And then you kind of step away. Or if they need a little bit more than that, you do some patting and shushing.

Speaker 1: And the reason this is important is because if you're giving them some soothing, do it while they're in the cot rather than rocking them to sleep. Because what I find is that with rocking to sleep, it just becomes back breaking for the parent as the baby gets older and heavier. And that is something I would consider kind of an unsustainable sleep association. So many parents come to me that rock their baby's flavor for 45 minutes. That's too long, you know.

Speaker 1: So what I talk to them about is working on kind of passing the baton to the baby and starting to have

the confidence that the baby can fall asleep with less assistance. So a lot of my sleep training is training the parents.

Speaker 2: Right. That's why I'm kind of talking on raising your mind.

Speaker 1: Yeah, yeah. It's opening their eyes to what the baby is capable of. And what I expect explain is that as a newborn the baby needs so much from us in terms of soothing. They need to be swaddled, they need to be burped, they need, they need to feed all the time. But as they cross for five and six months, they are able to start rolling over, which means they can find comfortable positions for sleep and they're not swaddled anymore.

Speaker 1: So they can kind of use their hands for self sleep soothing. They can look at the fan spinning, they can rock their head from side to side, they can hum. So all of these become the foundation of self soothing.

Speaker 2: Right.

Speaker 1: And the parent's job is actually to take a step back and to kind of trust and believe that the baby could start to develop some independent sleep skills.

Speaker 2: Right. But Demi, so there are two way interesting things. One you said is the swaddle, which is a very Indian concept. And the second is there's a difference between, you know, the way Indian parents really put their babies to sleep. Right. Because we believe in co sleeping. We believe that that kind of gives the kids a lot of comfort and, you know, security and, you know, people have had views for and against. Right. So what is it that, that you feel about co sleeping versus just, you know, like you said, put the baby in the car.

Speaker 2: Is there an Indian way and is there a western way of getting your kids to sleep?

Speaker 1: Okay, good question. Well, one thing I'll say about swaddling is, as far as I have studied, in terms of SIDS guidelines, you're actually not supposed to swaddle the baby if they are co sleeping because they'll lose that ability to kind of signal to the parent if the parent is getting too close. Okay, but that's just a safety note in terms of co sleeping. Yes, it's definitely common here. It's more common in India than it is in the West.

Speaker 1: I am completely agnostic. I would say. I work with families that are co sleeping and I work with a lot of families that want to sleep independently.

Speaker 2: Right.

Speaker 1: And I think part of what I do in my work with families that want to sleep independently is in a way I give them permission because they might feel a little bit of guilt, they might feel a little bit of pressure culturally. But I remind parents that you're the adult with the cognitive thinking skills that can really know what's best for your family in the big picture. Maybe you're working, you know, maybe whatever factors it is, whatever space

constraints you have in your family, you are the best one to decide.

Speaker 1: And another little pep talk that I give parents is that just be careful who you're giving a Vote to essentially I want it to be that the two parents are and the pediatrician are getting a vote about the baby's care and not too many other caregivers or family members.

Speaker 2: That's very uncommon in India. Right. Because we're staying all in a big joint family. And then the grandparents will say like, we've raised kids too and you're not the only one. And sometimes, I'll be honest, I found it soothing sometimes to listen to them because what they sometimes mention or the traditional Indian practices of if the baby's too colicky or is just crying out of colic or whatever, and there are some Indian home remedies that just work like magic.

Speaker 2: So would you say that you, that you still have the vote just with the three of you all or so

Speaker 1: you can certainly incorporate other people's guidance? I think we do that as parents all the time. Right. We're always seeking guidance about how to take care of our children. But you shouldn't listen to every single thing.

Speaker 2: Yeah.

Speaker 1: There needs to be a filter and there needs to be some boundaries.

Speaker 2: Yeah.

Speaker 1: And it really needs to work for you, your spouse and the baby first and foremost.

Speaker 2: Right. We always have a lot of newborn, you know, parents of newborn who say, but my kid will play through the day and only play through the night and sleep through the day. Okay, so how's that? Like, do you hear a lot of that as well?

Speaker 1: Yes. And I say something that sometimes people find a little scandalous, which is that I wouldn't really let the baby sleep for more than two hours at any given time in the day. And what I mean by that is if they're taking a really long nap, then I would just open the curtains, turn off the white noise machine, give them a few minutes, make some noise, and then I would gently go over and kind of scoop them up and offer a feed and then proceed with the day.

Speaker 1: And of course, since their wake windows are so tiny when they're little, then they'll go for the next nap soon enough. But I would pick them up, give them the feed and try to discourage like 5 hour long naps in the middle of the day because that we

Speaker 2: also going to be like, like he's sleeping for five hours. Do I really need to wake this?

Speaker 1: I know, I know. I was actually at a client's house the other day and I gave them this whole spot speech and then we tiptoed into the baby's room to look at her and they were like, I guess we should pick her up because you just told us, that's what we should do. And I was like, no, no, no, no, no, don't touch that baby. Because I was like, she just looks so sweet. I said start that tomorrow, but not right now.

Speaker 1: No. It's hard, all of this stuff. A lot of the sleep work is easier said than done, but you kind of have to just do it. Um, and, and you shape the baby's schedule that way.

Speaker 2: Tell me how. What's that? If you have to just tell the parents one tip or trick that they can get that dream sleep that you mentioned, that five hour dream sleep.

Speaker 1: Right.

Speaker 2: How do you do that? Because I know parents who've been, you know, even with babies who are like two years old, three years old, they still haven't managed to get that five hours straight.

Speaker 1: Okay, well, for a two, three year old, I'm much more ambitious. I want them sleeping for 11 hours of night sleep, not five hours. Um, so part of it is that, that I'm setting more ambitious goals than people would even set for themselves. There's one that I can highlight for you. Feeding to sleep is very common. And what I do in terms of feeding to sleep, we talked about it earlier, that the problem becomes that the sleep association is so strong that when the baby has the partial awakenings in the night, they feel that need to take a feed in order to fall back to sleep.

Speaker 1: So what I try to tell parents is to think about that last feed at bedtime being 30 minutes before bedtime. And if that can't happen, then try to think about it being about five minutes before bedtime. So even if you're giving the feed that you're doing one other part of the bedtime routine before they go to sleep, and if that doesn't happen, if the baby falls asleep at the breast or at the bottle, then put them down and this part's really scary.

Speaker 1: But give their body just a little nudge and by doing that you are not waking them up. You don't want them to wake up. You want their eyelids to flutter open a tiny bit. By giving that little nudge, you're helping them to kind of know where they are so that they're oriented instead of disoriented later when they find themselves.

Speaker 2: What about like.

Speaker 1: No, that's even for not just newborns, but six month olds, one year olds.

Speaker 2: Yeah.

Speaker 1: All the way through. Yes. Yeah.

Speaker 2: Not nursing.

Speaker 1: Okay, so, okay, so the question is, how do we get them to sleep through? Okay, I know the answer to this one. This comes up a lot now. I think it's really fun working with kids that are verbal because we can involve them in the process and we can communicate with them about sleep and we can give them lots and lots of praise. And so what I do with this age is essentially you want the child to be able to connect the sleep cycles in the night without needing assistance from the parent.

Speaker 1: One of the ways I do this is by teaching them the Kissing Hand. The Kissing Hand is a really cute children's book about a baby raccoon that goes to school and he's going to miss his mother when he's at school. So she says, oh, I'll give you a kissing hand. She kisses him on the. On the palm of his hand. And in the illustration, you see the hearts, like, go all the way around his body. It's very cute.

Speaker 2: We're just going to contribute a lot of love to somebody.

Speaker 1: I know, I know. No, but I love this book. I always recommend this book. So what I want the child to know in the night is that if they're waking up, they can give themselves the kissing hand. So they take that palm and they just put it to their cheek or to their heart. That's how they feel the closeness and connection with their parent. But without waking them up. The other way to do this would be to give them, like, a soft cotton T shirt that smells like you and.

Speaker 1: And they can give that a hug in the night if they're wanting to feel close and connected to you but without waking you up. Another way is some kids are really literal and we just have to kind of teach them and coach them about how to fall back asleep. And the way we do this, I talk about bed rules. It's just teaching them, close your eyes and try to sleep. Or what I tell my daughter is, close your eyes, think about all the people who love you and try to sleep.

Speaker 1: And so then you're kind of giving her that guidance of exactly, step by step, what to do, because some kids don't know and they really struggle with it.

Speaker 2: Okay, Kerry, you did very well. Thank you so much. And I'm sure that a lot of parents are going to benefit from this. And, yeah, I look forward to, you know, more parents getting more sleep and being happier parents.

Speaker 1: Yes, me too. Thank you so much.

Speaker 2: Thank you.