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Thriving or Barely Surviving?

A Holistic Approach to Infant Sleep and Well-being
of Families with Babies

Metropolia University of Applied Sciences

Bachelor of Social Services

Social Services

Bachelor's Thesis

24 June 2024

Abstract

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Title: Thriving or Barely Surviving? A Holistic Approach to Infant Sleep and Well-being of Families with Babies
Number of Pages: 31 pages + 2 appendices
Date: 24 June 2024

Degree: Bachelor of Social Services
Degree Programme: Social Services
Instructor(s): Katja Ihamäki, Senior Lecturer
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Sleep-related concerns and challenges are common in families with babies. In this Bachelor's thesis, infant sleep and the challenges commonly associated with it are examined from both parental and infant well-being perspectives. Infant rights seen as the most relevant in this context are discussed along with the basics of child development to understand how parents who find infant sleep challenging can be supported while promoting infant well-being.

This functional thesis aimed at creating content for the Mannerheim League for Child Welfare's (MLL) website for parents. The first text includes information on typical infant sleep, suggestions for supporting babies' sleep development and solving common sleep challenges. The second part focuses on how parents' well-being and sleep quality can be enhanced regardless of how their baby sleeps.

The MLL website is directed at parents, but the materials can also be useful for others, such as professionals or volunteers that families may contact for advice concerning infant sleep. This thesis can encourage everyone who aims to support the well-being of families to adopt a more holistic and individualized approach. It also emphasizes the importance of always considering the needs of children when solving sleep challenges.

The texts created as the result of this thesis will replace only a part of the sleep-related materials on the website, and the rest should also be revised briefly. The theory part of this thesis and the references can be utilized when writing more content for the website, especially when updating the section about different sleep training methods.

Keywords: babies; sleep; well-being; parents; families

The originality of this thesis has been checked using Turnitin Originality Check service.

Tiivistelmä

Tekijä(t):	Milla Koponen
Otsikko:	Kokonaisvaltainen näkökulma vauvojen uneen sekä vauvaperheiden hyvinvoinnin tukemiseen
Sivumäärä:	31 sivua + 2 liitettä
Aika:	24.6.2024
Tutkinto:	Sosionomi (AMK)
Tutkinto-ohjelma:	Sosiaalialan tutkinto-ohjelma
Ohjaaja(t):	Lehtori Katja Ihamäki Lehtori Sylvia Hakari

Erityisesti vauvavuoden aikana monet vanhemmat kaipaavat tietoa lapsen nukkumiseen liittyvistä asioista. Tämän monimuotoisen opinnäytetyön tavoitteena on lisätä ymmärrystä vauvojen unesta ja siihen vaikuttavista tekijöistä, sekä tuoda esiin keinoja, joilla voidaan esimerkiksi edistää vauvan unirytmien kehittymistä. Nukkumista ja siihen liittyviä haasteita tarkastellaan sekä vauvan että vanhempien hyvinvoinnin näkökulmasta. Työssä käydään läpi sekä lapsen oikeuksia että kasvun ja kehityksen perusteita vauvojen hyvinvointia tukevien toimintatapojen löytämiseksi.

Opinnäytetyön tuloksena syntyi kaksi kirjallista tuotosta julkaistaviksi Mannerheimin Lastensuojeluliiton Vanhempainnetissä. Ensimmäisessä osassa tarkastellaan vauvojen unta eri ikävaiheissa, siihen vaikuttavia tekijöitä sekä mahdollisia syitä unihaasteisiin. Toinen osio on tarkoitettu vanhempien hyvinvoinnin ja jaksamisen tueksi, ja siinä tuodaan esiin keinoja, joilla niihin voidaan vaikuttaa riippumatta siitä, miten lapsi nukkuu.

Vanhempainnetin materiaalit ovat ensisijaisesti vanhemmille suunnattuja, mutta myös kaikkien vauvaperheiden kanssa työskentelevien hyödynnettävissä. Tämä opinnäytetyö kannustaa niin vanhempia kuin ammattilaisia tarkastelemaan haastaviakin unitilanteita kokonaisvaltaisemmin ja yksilöllisemmin, lasten tarpeet huomioiden.

Tulevaisuudessa verkkosivujen unimateriaalien päivytystä voidaan jatkaa opinnäytetyön tuotoksena syntyneiden materiaalien pohjalta. Opinnäytetyön teoriaosuudessa tuodaan esiin periaatteita sekä lähteitä, joita voidaan hyödyntää erityisesti unikouluihin liittyvien ohjeiden laatimisessa ja päivittämisessä.

Avainsanat: vauvat; vauvaperheet; uni; hyvinvointi; vanhemmat

Tämän opinnäytetyön alkuperä on tarkastettu Turnitin Originality Check -ohjelmalla.

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1 Introduction

New parents have countless wonderful experiences but also various challenges ahead of them. Each stage of child development typically comes with its own, often unavoidable, challenges. Sleep-related concerns are a common challenge and reason for parents to seek support and advice during the infancy and early childhood of their children (Klemetti & Vuorenmaa & Helakorpi 2021:11). Hence, there are countless books about infant sleep and solving sleep problems. Although just a few infant sleep books are available in Finnish, there is much free information on infant sleep online. Additionally, in recent years, the amount of private sleep consultation services seems to have increased radically.

However, after becoming a parent I soon discovered an issue with the information related to infant sleep: it often varies considerably between sources. A study on parenting books shows that it is not a new phenomenon that the information and advice different sources share on infant sleep can be contradictory and even opposite (Ramos & Youngclarke 2006). This observation sparked my interest in learning more about the topic and finding the most preferable approach to infant sleep and sleep problems.

The conflicting advice on infant sleep can be confusing for parents. Since they may not have the resources to study the topic more in-depth, finding the right approach may feel challenging and even overwhelming. Hence it became the primary goal of this thesis to learn what studies say about “normal” infant sleep and to share the results through a platform that anyone with concerns and questions about the topic could access for free. The secondary goal was to provide suggestions beyond infant sleep interventions for supporting parental well-being. I was able to partner with The Mannerheim League for Child Welfare (MLL), and the information will be available for parents, professionals, and anyone interested in the topic on the organization’s website for parents.

I chose to approach the topic from the well-being perspective because decreasing parental well-being is a common reason for seeking help for infant sleep challenges. However, it is essential to also consider how sleep-related challenges and infant sleep interventions might affect the well-being of babies. The rights of the child that I found the most relevant in this context help in concluding what the most recommendable approach to challenging sleep situations entails and what should be avoided. The thesis

also examines data on typical infant sleep and the basics of child development for further understanding of how the sleep and well-being of babies can be supported. Lastly, I also give suggestions for improving parents' sleep and well-being.

2 Mannerheim League for Child Welfare

The Mannerheim League for Child Welfare (MLL), a Finnish nongovernmental organization (NGO), seemed like a good working life partner because of its values and mission. Additionally, their website for parents appears like an effective channel for spreading information; in 2023 it had about 850000 visitors and approximately 1.5 million visits. The number of visitors the website attracts implies that the organization is a well-known and trusted source of information and support. (Laine-Hatami, Puusniekka & Weckström 2024:2).

Like most nongovernmental organizations, The Mannerheim League for Child Welfare is a non-profit organization that receives funding from the government but is not affiliated with it. NGOs often aim to influence policies by raising awareness, bringing up concerns, and advocating for needed changes. They also provide services that aim to complement governmental services. (Karns 2023.) MLL is the largest child welfare NGO in Finland. It has advocated and worked for the well-being of children and their families since 1920. The organization offers diverse services for children, families, and parents, through local organizations and remote services. The contribution of trained volunteers is crucial to making it possible to offer those services. (Mannerheimin Lastensuojeluliitto 2022; Laine-Hatami, Puusniekka & Weckström 2024:2).

MLL's parenting helpline and digital services give parents a chance to discuss concerns related to their children and parenting. This support can be accessed anonymously and free of charge. Additionally, MLL's website for parents (Vanhempainnetti) offers parents of children up to 18 years old information on things such as child development, tips for everyday life, and advice for challenges families with children often face. The contents concerning small children and their development, including infant sleep information, are some of the most read on the website. (Laine-Hatami, Puusniekka & Weckström 2024:14)

One of the main goals of The Mannerheim League for Child Welfare is to make Finland child-friendly (Laine-Hatami, Puusniekka & Weckström 2024:2). Part of this mission is ensuring consideration and respect for the principles of the United Nations Convention

on the Rights of the Child in decision-making on all levels of society (Mannerheimin Lastensuojeluliitto 2019). In addition to considering the rights when making public policies, it is essential for both the present and the future well-being of children that parents also know and follow these principles (Committee on the Rights of the Child 2006:4). Therefore, this thesis uses children's rights as a framework to ensure that the results of this thesis – information and advice on infant sleep for the MLL website for parents – reflect those principles.

3 Family well-being and the rights of infants

There are countless definitions and ways to measure well-being. In this thesis, the term well-being is used quite broadly. It can be defined, for instance, as “a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life” (American Psychological Association 2018). Well-being or good life quality do not mean or require a complete absence of challenges or feeling good constantly (Huppert 2009). Most parents of infants in Finland would likely agree with this sentiment since, according to a survey, they feel their life is in general good, despite some challenges and worries they may have (Klemetti, Vuorenmaa & Helakorpi 2021:1).

The well-being of each family member is often intertwined. Hence, a decrease in the well-being of one member of the family may affect the well-being of others negatively. Parental stress, depression, or parental burnout are examples of issues that may reduce a parent's emotional well-being. These issues may, in turn, affect the parent's ability to meet their child's needs. For instance, someone experiencing parental burnout may end up doing just the bare minimum when caring for the child and become emotionally distant and behave less lovingly towards the child. (Klemetti, Vuorenmaa & Helakorpi 2021:6; Roskam et al. 2021).

On the other hand, health issues or other concerns related to the baby's well-being are challenging for the parents and if there are any other children in the family, are likely to affect them, too. Worries about infant sleep, feeding, and crying of the baby are common and often make parents seek help (Klemetti, Vuorenmaa & Helakorpi 2021:8). Infantile colic – unexplained and excessive crying – is an issue that may feel particularly overwhelming for the whole family since the treatment options are limited and not always effective. (Hannula et al. 2020).

Studies show that people are aware that raising and caring for children is highly demanding and life-changing. For some people, these are some of the reasons that make them less willing to have children in the first place. (Sorsa, Lehtonen & Rotkirch 2023:52–53.) Sometimes the challenges parents of small children face make them postpone having more children although they would like to have them. Some usual challenges include issues with parents' well-being, their relationship with their spouse, or their financial situation. Sometimes insufficient support from society makes life with children feel unnecessarily challenging and it makes some parents decide not to have more children. (Sorsa, Lehtonen & Rotkirch 2023:68.)

In addition to common sources of stress such as work, finances, and health concerns, one applies exclusively to parents: parenting duties. Some studies suggest that stay-at-home parents experience even more parental stress than those working outside the home. One explanation may be that since stay-at-home parents typically have a full-time responsibility to care for their children, they may not get any breaks to relieve their stress related to parenting. (Sinai & Tikotzky 2012.) Daycare might seem like a solution for this, but being primarily cared for by their parents in the early years is usually in the child's best interest and what many parents themselves desire (Jarvis 2022). In Finland, most children under 12 months do not attend daycare, and at least generally, starting it is not even possible before 9 months of age (Varhaiskasvatus 2023; Varhaiskasvatus 2024). Moreover, although employed parents might experience less parental stress, it does not mean they would be less stressed overall. Hence, it is necessary to find ways to support all parents in managing stress – no matter the source of stress – to allow them to meet their children's needs.

Parental burnout, caused by continuous parenting stress, is suggested to be strongly associated with individualistic values. (Roskam et al. 2021). According to the Finnish survey, most parents of infants have several people they can turn to for help and support. Yet some parents have either limited or nonexistent social networks. (Klemetti, Vuorenmaa & Helakorpi 2021:5–6.) Moreover, some parents feel alone in their challenges even if their social networks appear good (Laine-Hatami & Weckström 2022:9). Since individualism is a common value in Finland, it is one potential explanation for the lack of support parents sometimes experience from those around them (Roskam et al. 2021). Individualism may also make asking for help difficult. If parents feel that they must manage without help, it may sometimes result in using less-than-ideal ways to cope with their challenges and care for their children.

3.1 Infant rights and well-being

Understanding and respecting the rights of children is essential when aiming to promote their well-being. The Rights of the Child apply to every child, beginning at birth. Yet the rights and needs of infants are often overlooked although they should be considered and respected as much as the rights of older children. (Committee on the Rights of the Child 2006:1; World Association for Infant Mental Health 2016.) One of the guiding principles of the Rights of the Child is ‘the best interests of the child,’ which should be considered in all situations that may impact children directly or indirectly. However, infants are at a higher risk of not having all their needs met. (Committee on the Rights of the Child 2006:5–6.) If there is a conflict between the needs of an infant and other family members, often the needs of the infant are disregarded (World Association for Infant Mental Health 2016:3). If parental well-being is emphasized at the cost of infants’ needs, it may lead to viewing any means of, for example, getting children to sleep independently or without nighttime waking as acceptable. (Funkquist, Carlsson, & Hedberg Nyqvist 2005:150.) Sometimes certain practices are justified by saying that infants’ perspective does not matter since they do not understand the situation or will not remember it. This view, however, overlooks the significance of early experiences and interactions for child development. (World Association for Infant Mental Health 2016:3.)

The well-being and healthy development of children depend on nurturing relationships, parental responsiveness, and sensitivity toward the needs of children (World Association for Infant Mental Health 2016:3–4). In addition to sufficient sleep, care, and nutrition, children also need age-appropriate chances for learning, playing, and exploring (Committee on the Rights of the Child 2006:3). The relationship and daily interactions with their caregivers are essential for infants because they form a base for instance for their self-esteem and emotional regulation. Additionally, these interactions affect babies’ behavior, and even future relationships and brain development. (Jarvis 2022; Bowlby 1997 [1969]:110–13 in Beckett & Taylor 2019:54) It is noteworthy that challenges in the interactions between parent and baby can contribute to sleep-related difficulties (Paavonen et al. 2020:152).

Understanding baby’s needs is not always simple since they cannot talk. However, parents need to learn to read their baby’s nonverbal cues – through trial and error – to recognize and meet their needs promptly. (World Association for Infant Mental Health 2016:4; The Australian Association for Infant Mental Health 2022:9.) Yet it is impossible to always meet the needs of babies instantly. Thus, occasional delays in meeting their needs and misinterpreting their cues are bound to happen in everyday life. However,

when parents consistently try to meet their babies' needs on time, occasional and minor failures are not harmful. (Gibson & Gibson 2016:21.) However, parents should avoid purposeful neglect because, in addition to the immediate consequences, it can have negative long-term effects on children. Parents cannot be abusive in any way and should also avoid being unnecessarily strict. Instead, the goal should be to be gentle with children. (Committee on the Rights of the Child 2006:5–8.) Parents can be encouraged to treat children appropriately by ensuring their expectations are appropriate. Hence, sharing correct information with parents is an essential part of supporting them in all their challenges, including difficult sleep situations

3.2 Parental well-being as the right of infants and services for families

Promoting parents' well-being is an important part of the child's rights. Parents' ability to care for their children may be negatively affected if they lack the resources to cope with their challenges. Hence, providing parents with adequate support is necessary for promoting the well-being of their children. (Committee on the Rights of the Child 2006). Addressing the long-lasting challenges and life situations even before they start to impact parents' functioning and well-being significantly is essential for parental well-being. Sometimes finding ways to manage and cope with particularly difficult emotions is the most needed for the parents' well-being and, consequently, the well-being of the rest of the family. (Huppert 2009.) Some families need guidance to solve their challenges but sometimes just having a chance to talk about them is enough. At times hands-on support with chores or caring for the baby is what families need the most to improve their well-being and to cope with the lack of sleep and other challenges common early in parenthood. (Hookway 2019:32–33.) Sometimes the support and help from family and friends is sufficient, but other times professional help may be needed.

It is included in the Rights of the Child that mothers must receive quality care beyond pregnancy and the early postpartum period. (Committee on the Rights of the Child 2006:4,9–10.) Ideally, both parents of the infant should have access to services that support their mental health and well-being because infant well-being is intertwined with parental well-being (World Association for Infant Mental Health 2016:4). Contact with the maternity and child health clinic is more regular during pregnancy and the first postpartum months but as babies get older, the visits gradually get fewer (Terveyden ja hyvinvoinnin laitos 2023a). However, municipalities also offer other social and health care services for some specific needs of families. These include, for example, guidance and counseling for helping families find ways to solve and cope with their challenges ideally early on. Arranging peer support groups is another way to promote family well-

being. Sometimes the most needed form of support municipalities can offer is hands-on help. (Terveyden ja hyvinvoinnin laitos b.)

The well-being services counties have a legal responsibility to offer certain services for supporting the well-being of families, parents, and children (Sosiaali- ja terveysministeriö 1301/2014). Yet the availability, quality, and extensiveness of the services often vary based on location, and the FinChildren survey implies that municipal services fail to meet the needs of some families. Although many parents receive adequate professional support for challenges related to, for instance, infant sleep, feeding, and crying of the baby, others may find themselves from early on in challenging situations without sufficient support. (Klemetti, Vuorenmaa & Helakorpi 2021:8,10.)

In addition to municipalities, other entities such as organizations and churches contribute to family support services around Finland, often through voluntary work. Some of these services are accessible to all families no matter where they live, others are only local. In addition to MLL, the Federation of Mother and Child Homes and Shelters is another example of a nongovernmental organization that supports families with children in diverse ways, and many of its services focus on the well-being of babies and small children (Ensi- ja turvakotien liitto). Mothers with mental health challenges can contact for instance Äimä ry and access peer support, in addition to the municipality's mental health services (Äimä ry). Furthermore, the Finnish Association for Breastfeeding Support offers extensive information and peer support for breastfeeding (Imetyksen tuki ry).

3.3 Well-being and sleep

Adequate sleep is essential for well-being whereas sleep deprivation and poor sleep quality tend to decrease well-being at every age. Sufficient sleep leads to various health benefits such as lowering the risk of many disorders and diseases by supporting the functionality of the immune system and metabolism. Sleep is also necessary for brain development and functions, including cognitive functions such as learning and memory. (National Institutes of Health 2023; see also Walker 2019.) Even an occasional lack of sleep often affects emotional well-being and may cause, for example, irritability. The risk of depression and other mental health issues increases with chronic sleep deprivation. (National Institutes of Health 2023) Fatigue and sleepiness during the day are some common symptoms related to sleep disturbance, and worsened sleep quality may also cause difficulties in functioning during the day (Wilson et al. 2019).

As we can see, sleep is undeniably a crucial factor for well-being. Yet sleep-related challenges are commonly reported in families with infants and are often associated with decreased parental well-being. It is common to see a need to choose between the parents and the baby's well-being, but the goal should be to find ways to support both. Since each family and situation is different, often a range of factors must be considered to find the best solution. A correct understanding of child development and infant sleep is essential for considering babies' needs even in challenging sleep situations. The ideal solutions leave room for parents' perspectives and values. They consider parental well-being while promoting practices that protect infant mental health and promote their best interests in other ways. (World Association for Infant Mental Health 2016:4.)

4 Infant sleep and development

4.1 The everchanging infant sleep

Sleep structure, patterns, and needs continually change in early childhood, especially during the first year. Several infant sleep studies have been conducted to define typical infant sleep. The results are never identical, yet they always highlight that the differences between babies can be considerable. (Paavonen et al. 2020; Mindell et al. 2016; Galland et al. 2012).

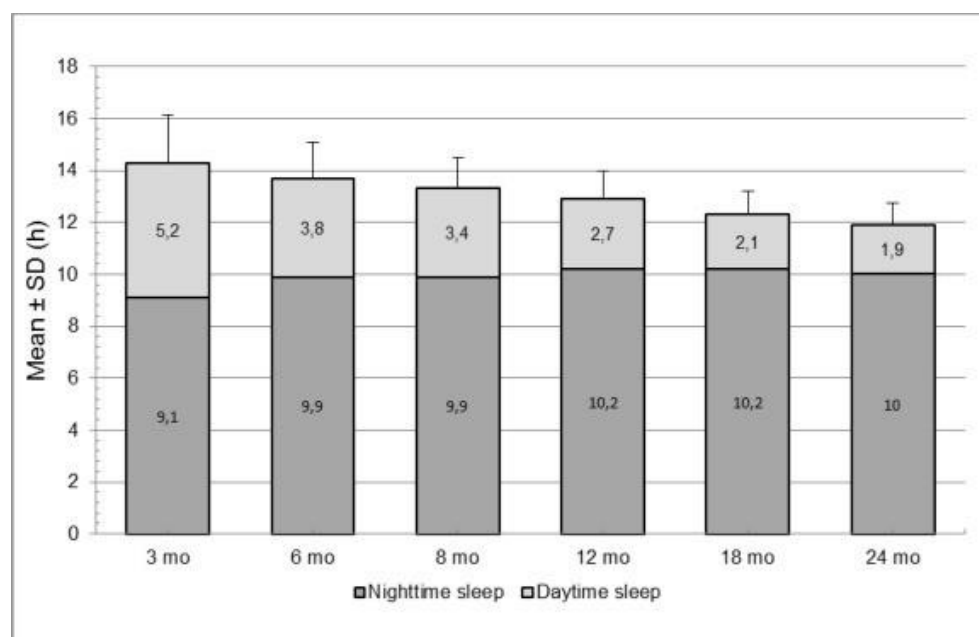


Figure 1. The average nighttime and daytime sleep between the ages of 3 months and 2 years (Paavonen et al. 2020:150).

At first, babies usually sleep and wake around the clock without any clear pattern. However, by 3 months most babies have already started to sleep more at night than during the day. As Figure 1 shows, daytime sleep continually decreases and nighttime sleep increases throughout the first year and beyond. The most notable shift in sleep patterns occurs typically by 6 months of age. (Mindell et al. 2016; Paavonen et al. 2020).

Newborn babies spend most of their time asleep and can sleep up to 20 hours a day. Some parents, though, have reported their newborn sleeping only 9 out of 24 hours which shows how highly variable the total sleep times of infants are. During the first weeks, babies' need for sleep may drop quite rapidly and further decreases throughout the following months and years, although at a slowing pace. (Galland et al. 2012.) For instance, at 3 months the average parent-reported total daily sleep time of babies is about 14.5 hours, albeit with a broad range. As Figure 2 shows, the total sleep time reduces as children grow so that by their first birthday the average daily sleep time is less than 13 hours. (Paavonen et al. 2020:148.)

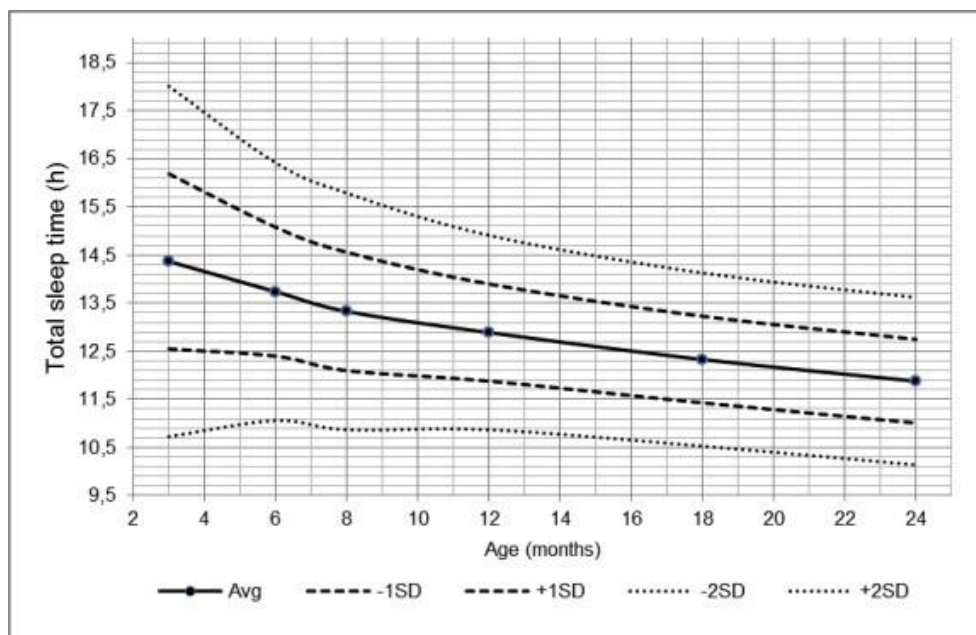


Figure 2. The variability of total sleep times of babies, between 3 months and 2 years (Paavonen et al. 2020:148).

In addition to the variability in total sleep times, the Finnish infant sleep study shows a large variation in how many times a night children wake. Nighttime sleep consolidation rarely happens right after the newborn stage. Most babies still wake up at least twice a night at 8 months and even 2-year-olds may wake up and require parental support to go back to sleep at night. The variability in parent-reported wakings at night is large.

For example, at 3–6 months they range from one to fifteen. Nevertheless, the average number of nighttime wakings decreases to less than two by 12 months. (Paavonen et al. 2020:148.)

For many, the term ‘sleeping through the night’ means not waking up at night but in infant sleep research the term’s definition is usually six or eight hours of uninterrupted sleep at night. Since the total duration of nighttime sleep is typically longer than that, technically, a baby can sleep through the night and still wake up. In one study, 62.4% of the babies slept through the night at 6 months when the criterion was at least six consecutive hours of sleep, but less than half of them got eight or more hours of uninterrupted sleep. At 12 months, more than half of the babies slept at least eight consecutive hours at night, but for one-third, the longest stretch of sleep was still less than six hours. (Pennestri et al. 2018.)

The sleep needs and sleep patterns of children can vary even from night to night. For instance, it is not unusual for a baby who has previously slept through the night without any wakeups to start waking up again. (Pennestri 2020.) Although even frequent waking is quite normal throughout the first year, the time babies spend awake at night typically gets shorter with time (Paavonen et al. 2020:148).

Even after the nighttime sleep patterns have become more predictable and consolidated, the timing and length of naps may still vary daily (Mindell et al. 2016). The number of naps may also vary as it depends on factors such as the length of naps and the total sleep needs of the baby. The number of naps at 0–5 months is 1.2–5 and at 6–11 months 0.9–3.5. (Galland et al. 2012). Most infants in Finland are suggested to have at least two or three naps at the age of 8 months but the number of daily naps drops to one usually by 18 months of age (Paavonen et al. 2020:148).

4.1.1 Factors that affect infant sleep

The sleep structure of babies and adults is different in many ways. Firstly, a mature sleep cycle lasts about 90 minutes while babies’ sleep cycles are typically less than an hour long. Therefore, if a baby and their parent fall asleep at the same time, the parent might be right in the middle of their sleep cycle when the baby wakes up again. (National Institutes of Health 2023; Lenehan et al. 2023.)

Most of the newborn sleep is rapid eye movement (REM) sleep. When newborn babies fall asleep their sleep cycle also starts with REM sleep during which babies may appear restless because of, for instance, moving, making noises, and breathing unevenly. Sometimes parents may mistake these as signs of awakening and may accidentally wake their baby up, for example, by picking them up. In NREM (non-rapid eye movement) sleep, babies seem more peaceful since they do not move, and their breathing is regular. NREM sleep is deep and cannot be disturbed easily. (Lenehan et al. 2023.) Sleep matures throughout the early months and years, and changes in the sleep structure happen even in adolescence (Walker 2019:103). These continuing changes are one of the many reasons why sleep struggles may appear even after the first year.

One of the reasons why some newborn babies may be particularly active and awake in the middle of the night is the immaturity of their circadian system. Several hormones affect circadian rhythm, including melatonin which makes people sleepy and helps sleep quality. The secretion of melatonin starts when daylight diminishes and is at its highest at night when it is dark. Melatonin has a significant role in establishing sleep patterns, but its production does not begin until a baby is about 3 months old. Eventually, this change causes the sleep patterns to shift to more nighttime and less daytime sleep. (Hookway 2019:34.)

Sleep pressure – the need to sleep that increases with the time spent awake – is another significant factor that affects sleep patterns (Jenni & Carskadon 2007 in Whittingham & Douglas 2014). Because babies' total need for sleep is typically high, their sleep pressure rises fast, and they need naps to relieve the pressure. Without adequate nap time they get too tired which can lead to, for instance, sleep challenges and increased crying. On the other hand, too much daytime sleep or napping too late may interfere with nighttime sleep since without sufficient sleep pressure falling asleep and staying asleep is difficult. (Hookway 2019:51–52.)

The individual characteristics and development of each baby, along with environmental and parental factors are some of the several elements that also affect their sleep. Each child is born with a temperament that defines their behavior and preferences from the very beginning (Korhonen 2021). Temperament styles have also been observed to affect sleep patterns and sleep-related behaviors of babies, including how they prefer to fall asleep (Morales-Muñoz & Nolvi et al. 2020).

Feeding is another factor that should always be considered with infant sleep. Newborn babies need regular feeding around the clock, at least eight to twelve times within 24 hours. In addition to ensuring sufficient nourishment, nursing the baby regularly promotes successful breastfeeding. (Imetyksen tuki.) Breastfeeding on demand, also at night, is suggested to aid the development of infant sleep patterns and help babies sleep better due to the special composition of breastmilk. As babies grow, they usually start sleeping for longer stretches and feed less at night. However, there may be temporary increases in night feedings, for example, when the need for nourishment increases because of particularly rapid learning and developing of new skills. Additionally, potential feeding problems should always be addressed if sleep seems problematic because sometimes treating feeding problems may be all that is needed to improve sleep (Hookway 2019:34,151,175).

How child development affects sleep

The first year of life is a time of rapid growth and development. Each child develops at their own pace, and if they continue to grow, develop, and learn new skills, there is usually no need to worry. However, not achieving certain developmental tasks by a set age may need to be investigated to ensure all is well. (Hookway 2019:149.) Babies start practicing their physical skills in the first months by lifting and holding their heads up. Next, they learn to roll over in both directions, typically around six months of age. Then they start practicing crawling, sitting, standing, and eventually walking – the skill most children learn by the age of 18 months, although some much earlier. Alongside the gross motor skills, fine motor skills also develop rapidly after the first six months. (Korhonen 2021; Mannerheimin Lastensuojeluliitto 2023.) Along with the potential need for extra nourishment, learning new skills often disrupts sleep because sometimes babies like to practice their new skills instead of sleeping.

In early childhood, one significant developmental task is forming secure attachment relationships and responsive and sensitive care from parents is crucial for achieving it (Beckett & Taylor 2019:65,67). The base for secure attachment forms through the early interactions of the first months. As the attachment bond between a baby and their parent (or other caregiver) becomes stronger, the baby starts to experience separation anxiety and prefers staying constantly in the parent's proximity. Consequently, even the shortest separations can make them feel anxious and unsafe. (Howe et al. 1999:19–21 in Beckett & Taylor 2019:55–57; Consolini 2022.) Hence, expecting infants to fall asleep independently at this stage is often unrealistic, both at bedtime and after

nighttime wakings, as their need for parental presence is heightened. Moreover, limiting parental presence and responsiveness to achieve more independent sleep can worsen separation anxiety (Kahn et al. 2020).

Children become increasingly capable of feeling secure even without their parents through favorable experiences. As parents respond appropriately and consistently to their infant's needs, day and night, it helps children feel safe and develop trust in their parents. The time spent away from parents increases naturally along with the development of physical and cognitive skills. (Howe et al. 1999:19–21 in Beckett & Taylor 2019:55–57.) The most intense separation anxiety occurs often between 10 to 18 months and lasts for a few months. Its timing, intensity, and duration are highly individual, but separation anxiety usually resolves by the age of two years. (Consolini 2022.)

Often around the same time with separation anxiety babies also start to experience stranger anxiety which manifests as wariness and even fear towards unfamiliar people. Sometimes the caregiver who is present the most becomes the only person the baby accepts. (Consolini 2022) This can make bedtimes and nights more challenging if only the preferred parent can soothe the infant.

4.1.2 Sleep problems and child development

The sleep patterns or behaviors of babies that may feel challenging for parents are usually called parent-perceived or behavioral sleep problems. Most parents might find certain circumstances problematic but overall, the concept of “parent-perceived infant sleep problem” is quite subjective, and the term can be used with any infant sleep behavior or patterns that feel challenging to a parent. (Golberg et al. 2013.) Although the definition of a parent-perceived infant sleep problem varies between sources, they are still commonly reported. The most reported sleep problem in early childhood is nighttime waking. Other aspects some parents find problematic include the following: their baby does not fall asleep independently, requires nursing to fall asleep, sleeps with parents (either in the same bed or room), or takes a long time to fall asleep. (Symon & Crichton 2017; Paavonen et al. 2020.)

The overall importance of sleep for the well-being and optimal development of children is undeniable. Yet the study results on the association between specific sleep parameters and developmental challenges are inconsistent. Adequate sleep is often associ-

ated with sleeping for a certain number of hours, and many studies investigate the negative impact of short sleep duration on the development and well-being of children. Yet, although continuous lack of sleep may cause problems in growth and development, one systematic review found that in many studies it was unclear whether shorter sleep duration was the root cause for the observed issues. (Chaput et al. 2017.) Sleep recommendations vary a lot, and so do individual sleep needs. Hence, sleeping less than is recommended cannot be automatically harmful but it may be worth investigating whether there are some underlying issues behind exceptionally short sleep duration (Paavonen & Saarenpää-Heikkilä 2022).

One study concludes that in infancy the duration of uninterrupted nighttime sleep is not associated with any developmental outcomes (Pennestri et al. 2018). Other studies, however, suggest that waking more frequently than peers is associated with issues in socioemotional development. Sleep latency and less total sleep even in early infancy also seem to be related to certain socio-emotional challenges later. (Mindell et al. 2017; Morales-Muñoz & Lemola et al. 2020:1.) However, some researchers admit that it is unclear whether there is any direct causality between the perceived sleep challenges and the developmental issues observed in their study. The reason is that several other factors besides sleep also affect child development. For instance, parental influence and their approach to challenging sleep cannot be overlooked. (Morales-Muñoz & Lemola et al. 2020:8.) Hence, it might be wise to be cautious about all claimed associations between certain infant sleep behaviors or patterns and unfavorable developmental outcomes.

Although it is the main goal of most sleep interventions, from babies' perspective it seems unnecessary and even counterproductive to try to eliminate all nighttime wakings as early as possible since the needs of infants do not simply disappear at night. Nighttime wakings can be hard for parents but when most children have the same 'sleep problem' it is unlikely an issue from the developmental perspective. (Hookway 2019:49.) Overall, what matters the most is that the total sleep of children corresponds to their individual needs. Yet, although the typical amount of night wakings is not harmful to babies, excessive waking or other sleep behaviors or patterns that differ notably from norms may sometimes be caused by underlying issues that need to be treated (Paavonen et al. 2020:152).

Behaviors such as nursing to sleep or parent's presence at bedtime are often called problematic sleep associations, i.e., things a baby needs so they can fall asleep (Williamson et al. 2019). However, the knowledge of child development and temperament shows sleep associations in a different light: as developmentally normal preferences or means of ensuring the closeness of the attachment figure. There are also several other scientific explanations for why things such as close physical contact or nursing are effective in helping babies fall asleep (Uvnäs-Moberg & Handlin & Petersson 2015).

Some sleep associations may become inconvenient as the baby grows or family circumstances change. However, whether sleep associations that involve parental presence are generally perceived as problematic or acceptable is often culturally dependent (Goldberg et.al 2013). Knowledge of child development shows that limiting parental involvement at bedtime is unnecessary. On the contrary, if a parent's presence helps a baby to fall asleep more easily, removing it is unlikely to benefit them in any way. (Etherton & Blunden & Hauck 2016). Therefore, it is essential to examine each challenging sleep situation objectively and holistically before deciding the best approach to solving it.

4.2 Sleep interventions and infant rights

Since challenges related to infant sleep often are simultaneous with other challenges, such as parents' mental health challenges or marital issues, it is common to suggest infant sleep training as the solution for all kinds of problems in families with babies. Extinction-based behavioral strategies are the most well-known sleep interventions because of their prevalence in infant sleep research and parenting literature. They include strategies known as cry-it-out (unmodified extinction), checking, controlled comforting or controlled crying (graduated extinction), and camping out or parental presence (extinction with parent present). (Etherton & Blunden & Hauck 2016.)

These interventions require parents to limit their responsiveness or to change how they respond when they expect their baby to fall asleep. This may mean, for instance, comforting unsettled and even crying babies only at certain intervals, or trying to soothe them without picking up and holding them. It is thought that when parental presence is completely removed or limited, it gives their child a chance to learn to self-soothe, fall asleep, and resettle independently. (Kahn et al. 2020; Middlemiss & Yaure & Huey 2015.) At the core of this approach is the view that parental presence or intervening at bedtime rewards crying and thus reinforces this so-called "inappropriate behavior" (Symon & Crichton 2017).

Many arguments can be made against this kind of approach. Firstly, children of all ages have a right to express their views, feelings, and needs and they have a right to be heard. Since infants cannot speak, they often communicate by crying. (Committee on the Rights of the Child 2006:7.) Thus, labeling crying as an inappropriate behavior that must be extinguished seems like a failure to acknowledge that right whereas respecting it would involve doing the best to figure out what a crying baby is trying to communicate and responding accordingly.

Secondly, not giving babies adequate attention goes against their needs and rights (Committee on the Rights of the Child 2006:5). It can be argued that ignoring the cries, i.e., the communication attempts of babies, may make them feel that their needs do not matter. Ignoring a distressed child purposefully can even be considered neglectful or emotionally abusive, and it may negatively affect the development of the child, especially if it happens repeatedly (Beckett & Taylor 2019:50; Matsuki et al. 2022). This applies also to sleep strategies that require letting the child cry alone, especially for prolonged periods.

Babies cannot yet regulate their own emotions. Thus, a crying baby – whether scared, hurting, tired, hungry, or otherwise in distress – always needs attention from an adult. Children learn to regulate their own emotions only through countless times of coregulation with their caregivers. (Mannerheimin Lastensuojeluliitto 2017.) Choosing not to soothe a crying baby or responding otherwise unsuitably, the baby's stress levels may rise too high, and an important opportunity to coregulate is missed. Although one such occasion might have no impact on a baby, the repeatedly elevated and high remaining stress hormone levels can at worst even harm the baby's brain development (Hookway 2019:16).

On the other hand, when infants feel heard and cared for, their stress hormones, anxiety, and worry are replaced by the "feel good hormones" and positive emotions (Terveyden ja hyvinvoinnin laitos 2023a). Parents can help their crying baby to feel safe and, consequently, to calm down, especially with their voice and touch (Terveyden ja hyvinvoinnin laitos 2023a.) Touch has a vital role in parent-baby interaction and well-being from the first moments a baby spends outside the womb. The calming effect of physical contact is remarkable, and touch is also essential, for instance, for attachment development. (Norholt 2020) Hence, it is no wonder that falling asleep away from their parents seems

difficult if not impossible for many babies. Yet, sleep strategies that aim at babies sleeping independently often recommend limiting physical contact with babies to a minimum at bedtime.

Since the most common sleep problems in early childhood are temporary, they are less likely to affect well-being in the long term. Thus, the best approach may be to focus on finding ways to effectively cope with temporarily challenging sleep, after optimizing the baby's sleep, and to save the more intensive sleep strategies for treating persistent and severe sleep challenges. (Goldberg et al. 2013; Paavonen et al. 2020.) Nevertheless, considering the overall situation of each family and their baby's traits is vital when choosing the right approach for them (The Australian Association for Infant Mental Health 2022:8). How babies respond to different sleep training methods depends on several factors. Hence, a certain method may be unsuitable and even detrimental for some children although it does not seem to distress others (Kahn et al. 2020). Overall, the child's rights urge favoring methods that are as gentle and responsive as possible (Committee on the Rights of the Child 2006:5).

4.3 Supporting and optimizing babies' sleep holistically

When parents know what typical infant sleep and child development look like, their expectations are more likely to be realistic and reasonable (Hookway 2019:17). Consequently, they are better able to discern whether perceived issues are likely to resolve on their own or if certain changes or sleep interventions are needed to promote optimal sleep (Paavonen et al. 2020:152). Trying to force children to sleep more than is reasonable to expect is not appropriate. Yet many things can be done to optimize babies' sleep in ways that respect their needs. (Hookway 2019:33.) Instead of behavioral sleep training, the primary intervention should be checking sleep hygiene, sleep schedules, and any potential issues that may disturb sleep (Paavonen & Saarenpää-Heikkilä 2022). Some medical conditions or other issues such as feeding problems may directly or indirectly affect sleep. Thus, visiting a professional with proper training is recommendable if parents notice any other challenges besides challenging sleep. (Paavonen et.al. 2020:152.)

The information on babies' sleep need variability highlights the importance of always adjusting sleep schedules according to each baby's age, developmental stage, and individual needs. (Paavonen & Saarenpää-Heikkilä 2022). Sometimes parents follow generic guidelines strictly instead of trying to understand their baby's needs. This may

lead to unknowingly causing sleep struggles such as prolonged sleep latency, challenging bedtimes, or fragmented sleep, especially with babies that thrive with less sleep than their peers. (Whittingham & Douglas 2014:4.)

One of the best indicators of whether someone – no matter their age – is getting enough sleep may be their mood. For instance, moodiness or irritability are often caused by tiredness. Consequently, parents can usually ensure their child is getting enough sleep simply by observing them. Tiredness and lack of sleep may also cause agitation, difficulties settling to sleep, increased crying, or hyperactivity in babies. On the other hand, babies that are getting enough sleep usually seem content when their other needs are also met. (National Institutes of Health 2023; Paavonen & Saarenpää-Heikkilä 2022; Hookway 2019:56.) Finding the ideal timing for naps and bedtime is an important albeit potentially challenging part of optimizing sleep. Since the needs of babies vary daily, parents must learn to interpret their cues to know when their baby is tired, hungry, or needs something else (Whittingham & Douglas 2014:4).

With an ideal sleep schedule, it usually does not take longer than 15 to 20 minutes to fall asleep. If the sleep latency is repeatedly prolonged the sleep schedule may need adjusting, typically because the bedtime is too early, or the last nap was too late or too long. On the other hand, minimal sleep latency may mean that the baby might benefit from an earlier bedtime or more naptime, especially if falling asleep is preceded by hyperactivity, because this may lead to disrupted sleep. Removing the baby's sleep associations is often suggested as a treatment for regular waking. However, adjusting the sleep schedule has frequently proven to be a much more effective and child-sensitive way to address the issue. (Hookway 2019:59,62,163.)

Parents can support the development of babies' sleep patterns from early on. Nighttime sleep increases naturally as the development of the baby's circadian rhythm is supported, for example, by making a clear difference between day and night. It is recommended to get into the daylight and spend time outside during the day, preferably already in the morning. Babies do not need a dark sleep space during naps, especially during the first months. Although loud and sudden noises are likely to wake anyone up, babies can usually sleep through normal daytime noises, and it would be best to try to get them used to not requiring complete silence for sleep. (Whittingham & Douglas 2014:5.) However, dimming the lights and turning down activity levels and all volume as bedtime approaches helps to prepare for going to sleep. The bedroom should be

dark at night. If a night light is needed, it should be dim, so it does not disturb production of melatonin. If the baby wakes up during the night, it is best to speak softly and avoid activating them unnecessarily in other ways. (Hookway 2019:36,66,70.)

Addressing sleep hygiene should be amongst the first things to do if infant sleep seems problematic. Many things mentioned previously can be considered part of sleep hygiene because when the concept is viewed comprehensively, it also includes things that happen during the day. For instance, nap lengths and their timing, daytime activities, and nutrition may significantly affect nighttime sleep. Sufficient chances to play and explore, practice skills, and use their senses in ways that suit their developmental stage also help babies sleep better. A sleep-promoting environment is also a central part of sleep hygiene. The sleeping space should be safe and clean, have the right temperature, and minimal lighting and noise. Additionally, babies should be dressed in the right clothing to ensure they are comfortable. (Hookway 2019:161–171.)

Establishing a bedtime routine is another part of sleep hygiene that may help reduce sleep-related challenges. Changes may not happen at once but creating a bedtime routine early on seems beneficial in the long term. Parents are encouraged to establish a consistent bedtime routine by the age of 3 months, but a simple routine can be started even earlier. The routine may include, for instance, a bath, changing to pajamas, feeding, cuddling, and lullabies. (Mindell et al. 2015; Fiese et al. 2021.)

Nevertheless, none of the components of a routine are likely to matter as much as the emotional atmosphere around bedtime. Bedtimes are more challenging for parents who are impatient, anxious, or frustrated and struggle to cope with these emotions. Emotional self-regulation skills are essential for parents to effectively co-regulate with their babies and help them feel safe enough to fall asleep. (Mannerheimin Lastensuojeluliitto 2021) Parents who are emotionally available at bedtime seem to help children have a good night's sleep and fewer bedtime struggles (Teti et al. 2010 in Middlemiss & Yaure & Huey 2015). This emphasizes the importance of establishing bedtime routines that help children feel close and connected to their parents (Hookway 2019:162).

Babies' need for closeness may sometimes feel overwhelming. Yet, in addition to close physical contact being important for babies, it can have many benefits also for parents. It helps parents to be more aware of babies' cues, to learn to read them, and to meet their needs promptly. (Bigelow & Williams 2020.) Additionally, cuddling and holding babies stimulates the release of the oxytocin hormone which helps in building the parent-

baby bond and can have many positive effects on their emotional well-being (LeWine 2023; Uvnäs-Moberg & Handlin & Petersson 2015). Consequently, abundant physical contact during the day and at bedtime may also help the baby sleep better.

Night weaning, starting solids (early), and feeding the child more during the day are often suggested for reducing nighttime waking. However, none of them is a guaranteed fix and parents and professionals should carefully consider all individual factors when contemplating them since it is common for babies to wake up at night even if they are not hungry. Although it is a common belief that babies do not need night feeding after 6 months, more than half of babies aged 6 to 12 months still wake to feed at least once a night (Brown & Harries 2015.) All babies should start eating solid foods by the time they are 6 months old. Yet it may take time before they start eating enough solid foods to stay satisfied through the whole night. Nevertheless, aiming at regular mealtimes during the day once a baby gets used to eating solids may help to regulate their sleep patterns and reduce the need for nighttime feeding. (Hookway 2019:37.)

5 Improving parental well-being

Parents may perceive infant sleep as a problem even if it is not a problem from the point of view of child development and typical infant sleep. Even normal infant sleep may feel challenging because of the effects, for instance, sleep disruptions may have on parental well-being. Yet advising parents to use an infant sleep intervention in such a situation would be neither sufficient nor helpful. The rights of infants cannot be overlooked, and children should not be forced to adopt developmentally or biologically inappropriate sleep habits to meet the needs of parents (Hookway 2019:33). Nevertheless, if the current situation is affecting a family's well-being negatively, they should be entitled to receive support regardless of the objective severity of the issues (Goldberg et al. 2013). Hence, other solutions and advice beyond sleep training are necessary for supporting parental well-being.

It is crucial to find and address the root cause behind why the current situation feels problematic to parents. Hands-on help with chores or help with other children may seem like a simple solution but sometimes that may be what the parents need the most. (Hookway 2019:32–33.) Families should always be encouraged to reach out to their support network. Still, in many cases, municipal or other professional services for families are essential for ensuring that parents receive sufficient support, adapted for

their needs. When parents know their right to receive support and ask for help when needed, it can help the whole family thrive and may even prevent future problems.

Educating parents on normal infant sleep helps them see whether their baby's sleep is truly problematic. If it seems normal, parents can shift focus from attempting to fix something that is not broken to finding ways to cope with the perceived issue. On the other hand, knowing how to promote infant sleep development and solve specific sleep challenges is beneficial for parents. Nevertheless, sometimes parents can do nothing to improve their infant's sleep, and changing sleep habits, such as learning to fall asleep more independently, takes time and rarely succeeds overnight.

Parents may feel that their child's sleep is problematic more easily when there are other challenges in the family, and each situation may require a slightly different intervention. For example, parents' emotional states, such as stress, tiredness, or depression, are suggested to affect how challenging infant sleep feels to them (Paavonen et al. 2020; Sinai & Tikotzky 2012). Mothers who have both mental health challenges and other stressors in their lives may perceive infant sleep as particularly challenging (Goldberg et al. 2013). In addition to parental stress, infant sleep issues are commonly associated for instance with irritability, depressive symptoms, anxiety, frustration, and even anger in parents (Ball et al. 2018; Symon & Crichton 2017). Infant sleep can feel stressful to parents, but parents' stress can also contribute to babies' sleep challenges (Sinai & Tikotzky 2012). Parental stress and anxiety have been reduced as parents have received correct infant sleep information and adjusted their expectations accordingly (Ball et al. 2018).

Addressing parents' stress and difficult emotions directly may sometimes be the best way to improve the well-being of the whole family. Finding ways to cope with their stress appropriately and regulate their emotions can improve parents' ability to cope with typical infant sleep and potential challenges. This is especially essential in sleep situations that are not quickly fixable. Stress management and strengthening parents' emotional skills may also improve infant sleep and make bedtimes easier because a calm parent can better help a baby feel safe and calm down. (Hookway 2019:17,162.) Assessing their emotional well-being and treating potential mental health issues (e.g., anxiety and postpartum depression) should be standard care anytime a parent seeks help for infant sleep challenges (Goldberg 2013).

Sleep challenges make parents easily let go of caring for their well-being although incorporating small acts and moments of self-care into their day might make all the difference. Regular, nutritious meals are an essential part of self-care. Relaxing and enjoyable activities may also help parents cope with the demands of parenthood and enhance their overall well-being. Although people have personal preferences, studies show that certain activities may be particularly worth trying. For example, different yoga and meditation practices can help relax, release stress, and give energy, in addition to many other potential well-being benefits. (Huppert 2009; Moszeik & von Oertzen & Renner 2022; Whittingham and Douglas 2014:5.) Exercising also tends to improve overall well-being; one reason is its ability to increase hormones that improve mood. Additionally, music and singing have many benefits such as bringing positive feelings by increasing oxytocin levels. (LeWine 2023.) Dancing would combine movement with music, which might double the benefits.

5.1 Shifting the perspective of parents

Some studies suggest that neither parents' nor babies' actual sleep might be as strongly associated with parental well-being, specifically depressive symptoms, and parenting stress as how parents perceive their own and their baby's sleep quality. Viewing their sleep quality as poor seems to increase both parents' risk of experiencing postpartum depression and parental stress. (Bei et al. 2010; Sinai & Tikotzky 2012.) Moreover, parents who see the nighttime waking of the child as particularly problematic may sometimes overestimate how often they wake up (Quante et al. 2021). The ever-changing sleep needs of infants may also feel particularly challenging for parents who feel more comfortable and safer with strict schedules and routines than with flexibility and adaptability (Gibson & Gibson 2016:104).

However, based on the data on normative infant sleep, simply trying to accept some amount of nighttime waking and occasional sleep challenges as a part of the early years, not just the first weeks, might be beneficial (Mindell et al. 2016). This is one of the things Possums Sleep Program focuses on and suggests, for instance, using mindfulness as a tool for stopping unhelpful rumination and negative thinking concerning infant sleep (Whittingham and Douglas 2014:7). Instead of focusing on things that parents may not have control over such as how often their child wakes up, they can shift their focus to things that they can control, such as practicing self-care and doing activities they enjoy (Ball et al. 2018). When parents can intentionally change their thinking patterns and be-

haviors, it may improve their well-being (Huppert 2009). Hence adapting parental expectations and accepting that babies' sleep patterns and needs continue to evolve and change seems like the most sensible approach.

Additionally, viewing things such as babies' need for closeness in a more positive light can further enhance parental well-being. Moreover, reflecting on their values and motivations may help parents decide the best approach to infant sleep for their family (Ball et al. 2018). For some parents, being sensitive to their baby's needs may weigh more than the hope of getting immediate results that a nonresponsive sleep strategy might bring. Consequently, the motivation to live their values may help parents find ways to cope with, for instance, nighttime wakings - even when they can only wish for more sleep or time for themselves.

5.2 Improving sleep and other solutions for enhancing well-being

Some parents cannot sleep even when they have a chance which implies that the baby's sleep is not always the root cause of parents' poor sleep quality (Klemetti & Vuorenmaa & Helakorpi 2021:6). Additionally, since it is not always possible to change how babies sleep, it is important to consider how parents' sleep – and as a result, their well-being – could be enhanced in ways that are not dependent on infant sleep. Sometimes addressing parental stress, mental health challenges and other issues may have a direct impact on parents' sleep quality. For instance, depression and anxiety of parents may cause sleep problems such as prolonged sleep latency – difficulty falling asleep – which is likely to make nighttime wakings feel extra challenging. (Hookway 2019:51.)

In addition to addressing any underlying issues, parents' sleep hygiene, in other words, their sleep habits and sleep environment should be checked and enhanced as needed. Most of the principles discussed earlier in the context of infant sleep also apply to parents' sleep hygiene. For example, a calming bedtime routine can be beneficial also for adults. Some people are more sensitive than others to environmental factors such as light, noise, and temperature. In addition to considering these factors, reducing all lighting, and especially avoiding screens before bedtime and at night may improve sleep quality and make going back to sleep even after a wakeup easier. Checking the phone at night can cause poor sleep for the rest of the night because light can disrupt the body's melatonin secretion. (Hookway 2019:163; Walker 2019:303–305.) Additionally, it is best to avoid checking the time and counting the number of wakeups during the night (Walker 2019:330).

Sometimes rethinking the sleeping arrangements can improve parents' sleep quality. If the baby wakes up often, having their bed as close to the parents as possible may save time, energy, and effort needed to help them back to sleep which also allows the parent to go back to sleep sooner and more easily than if they had to rush to another room to soothe the baby. For some families, sharing the bed with their baby can be the best way to improve parents' sleep quality, especially if the baby wakes up regularly to breastfeed. However, it is necessary to follow certain safety instructions while bedsharing. (Wiessinger et al. 2014.)

Getting even one longer stretch of sleep may significantly improve parental well-being. Thus, if there is another parent in the family, sleeping in shifts would allow them both to get a few hours of uninterrupted sleep at night. (Leistikow et al. 2022.) There may even be future benefits for this kind of arrangement because babies whose fathers are involved in their nighttime care seem to wake up less often at 6 months (Tikotzky et al. 2015). In a single-parent home, or if the other parent is not available, because of work or other reasons, a trusted person such as a friend, a relative, or a professional could sometimes be asked to care for the baby while the main caregiver sleeps. If help is unavailable at night, arranging chances to rest during the day would be helpful.

Using alcohol to cope with the challenges of parenting is problematic in many ways. However, most relevant in this context is to note that alcohol consumption especially at the end of the day may worsen sleep quality and make falling asleep harder (Irish et al. 2015; Walker 2019:307). Other substances such as caffeine may also affect sleep quality; hence parents should be conscious of when and how much they consume it (Walker 2019:38–40). There are many more sustainable ways to relax and increase energy levels than relying on substances for artificial relaxation and fleeting energy boosts. Instead of endangering the following night's sleep, the alternatives can positively impact sleep quality.

Just as exposure to bright lights may erase sleepiness at night, going into the daylight may help parents feel more energetic even after a particularly rough night. Light exercise may also give some much-needed energy. Additionally, all the things suggested previously for enhancing parents' emotional well-being are worth considering. Sometimes parents may feel like they do not have time for relaxing, but the relaxing activity does not need to be time-consuming to be effective. For instance, even short meditations, such as Yoga Nidra, can improve sleep and well-being by lowering stress levels and helping to relax (Moszeik & von Oertzen & Renner 2022).

Lastly, eating regular and nutritious meals, and staying hydrated are essential for parents' well-being, even more so for mothers who breastfeed their babies (Kauranen 2024). A nutritious breakfast instead of only coffee first thing in the morning may help keep the blood sugar more stable so that the energy levels do not drop suddenly and make the parent feel even more tired than upon waking after a rough night. If the parent wants to drink coffee, it may be best to have it after breakfast. (Smith et al. 2020.)

6 Implementation

The development task of this thesis was to renew some of the sleep-related contents of MLL's website for parents. The topics were narrowed down into the following: firstly, normal infant sleep and optimizing it, and secondly, supporting the sleep and well-being of parents. As MLL has people specifically in charge of their website, including the visuals, illustrations, and so on, my job was to focus on the written content.

6.1 Justifications

The MLL website already had many essential elements of infant sleep information and valuable advice, but there was still room for improvement. Hence, I contacted the organization and suggested creating some updated content for the sleep section of the website. The response was at once positive, and they were happy to let me write new materials because they also had thought it needed a renewal.

Previously, the information on infant sleep was divided into 'Sleep of a newborn' and 'Sleep at 6 months of age'. I found the heading of the first part slightly misleading because the part covered sleep up until 6 months of age. Sleep transforms significantly from birth to 6 months of age, hence I suggested separating newborn sleep and sleep from 3 to 6 months into two different sections. It seemed that the individual differences and needs of babies could be emphasized more. This might encourage parents to adjust their expectations and focus on their babies instead of general guidelines. This would help parents care for babies in a way that respects their rights.

Because emphasizing the needs of infants can sometimes be mistaken as dismissing parents' needs, adding a piece about supporting parental well-being seemed beneficial. Additionally, the suggestions for how to take care of themselves in simple ways can be valuable for parents who look for guidance on the website, because changing the focus

from infant sleep to other things can improve their well-being even if the baby's sleep stays the same (Ball et al. 2018).

6.2 Target group

At first, I planned the target group to be parents of children up to 2 years old. However, when discussing with the parenting expert of MLL, we agreed that it would be better to narrow the focus to babies ages 0–12 months. The website materials on infant sleep are meant for all parents with concerns and questions about typical infant sleep and optimizing it. The section on parental well-being, however, is more universal. Although parts of it focus on improving well-being while there is a baby in the family, many of the suggestions can also be helpful for parents of toddlers and even older children. Overall, the materials are meant to help all parents – especially those with babies – find ways to protect and enhance their well-being. Moreover, they offer advice and encouragement for parents already struggling with their well-being.

In addition to parents, the materials on the MLL website are used by many others, including those working with families and students for example in the social and healthcare field. The advice parents receive for caring for their babies typically depends on who they get the advice from. The advice is rarely all-encompassing and often impacted by the professional but also the personal background of the person. (Barry 2021.) The renewed website contents can help all their readers, including professionals from different fields, to consider a more comprehensive approach to supporting the well-being of families.

As an organization, MLL focuses on supporting the well-being of children and families in Finland. Their website for parents is in Finnish and hence that is the language of the content I wrote for them. However, all the information can also be found in English in the theory part of this thesis.

6.3 Description of the process

Since the website already contained some infant sleep information, I was able to utilize some of it as the base for my work. I started by splitting the topic into three sections: newborn sleep, sleep at 3–6 months, and sleep at 6–12 months. Although I thought about it, I decided not to split the last section into two, because of the large variability of developmental differences from 6 months up to 12 months. I started by writing about

what to expect from sleep at different ages and developmental stages. Since parents of babies commonly struggle with sleep challenges, I also wanted to give suggestions that may help to prevent and overcome those challenges. The advice aims at optimizing infants' sleep, helping them get sufficient sleep for their needs. Additionally, I added some information on potential reasons behind common sleep challenges to encourage parents to look for solutions beyond traditional sleep training.

It is not recommended, especially at the newborn stage, to actively attempt to change infant sleep patterns and behaviors. Even with an older baby, it may take time to see any change. Hence, I wanted to write a piece for parents that would provide support for coping with challenging sleep situations, including tips for doable "self-care," and it might even push someone to seek more support before the family's situation worsens. Originally, I planned to make a simple checklist, but realized soon that there is much more to say about improving parental well-being.

I used the same sources for the website contents as for the theory part of this thesis. While going through the sources, I looked for information with a more comprehensive approach instead of the basic behavioral approach that focuses on achieving independent sleep early on. The main requirement was for all the information to align with the child's rights and promote infant well-being based on the basics of child development. I found Lindsey Hookway's book on holistic sleep coaching and publications related to the Possums Sleep Program to be some of the best sources of information and ideas. Their emphasis on looking at the bigger picture instead of focusing merely on infant sleep seems to align perfectly with the rights of infants.

During the thesis process, I exchanged ideas with the MLL employees and asked for their opinions via email and in remote meetings. I presented the original ideas to the head of the department but later cooperated with the organization's expert on parenting support. She is also in charge of the digital services for parents.

As I began to write the materials, I was asked to use the term parent(s) instead of mother/ father to make the texts inclusive of all family types. After submitting the first draft, the parenting support expert gave me valuable feedback and suggestions for some clarifications. She suggested specifying who parents could contact when having concerns and making some changes in the wording to ensure that all families could relate to the texts, for instance, no matter which feeding method (bottle or breastfeeding) they used.

Additionally, we discussed the part about sleep associations because the understanding of MLL's expert on the topic differed slightly from what I had learned. Removing certain sleep associations or avoiding them altogether is often suggested as one of the main solutions for sleep challenges, especially night waking. Yet professionals with a more holistic viewpoint see sleep associations differently and say that removing them may not even bring the desired results. Thus, telling parents to avoid them "just in case" seems unnecessary. However, I added some information on how to make it easier to make changes if the current way parents help their baby fall asleep starts to feel unsustainable.

After sending the pieces to MLL, they will be revised by those in charge of publishing them, and some minor changes may be made to make the texts as clear and understandable as possible. I had a vision for how the updated sleep section could be arranged, and the MLL employee happened to have a similar idea to put all the infant sleep information on the same page, not on separate pages as previously. Additionally, instead of having just one long text, there would be a menu where each section could be opened separately.

The sleep training section of the website caught my attention first as needing changes, but I ended up not rewriting that part because the thesis would have become too broad had I not narrowed its focus. Understanding typical infant sleep and child development is the foundation that can be continued to build on, so I started from there. Updating the sleep training part of the website will be the next step in renewing the website's sleep content, and some suggestions I made have already been partially implemented.

6.4 Evaluation

Overall, I am satisfied with the resulting website contents and the representative of MLL also said she is happy with the results; not only with the content of the texts I wrote but also with how I had articulated it all. I wondered whether the texts might be too lengthy, but it would have been challenging to shorten the texts without taking something important out since only things I found useful and relevant were included. Additionally, since the materials consist of several parts, they can be read one section at a time and then the overall length is not an issue.

Some parents may not find the information on typical infant sleep useful if all they want is to get their baby to stop waking up at night and fall asleep independently as early as possible. On the other hand, I believe some parents will feel relief as they read about

the individual differences if they were, for example, worried about how their child sleeps compared to other babies. I attempted to write in such a way that helps parents keep their expectations of infant sleep realistic while also giving hope that the challenges will not last forever. Additionally, the writings are encouraging and empowering as they help parents trust they can become experts on their babies. The materials also promote infant well-being by encouraging parents to learn to understand the individual cues and needs of their babies.

It can be easy to talk about enhancing parents' well-being in a way that comes across as oversimplifying or dismissing the challenges parents may face. That is why I wanted to acknowledge how challenging parenting can be and yet give hope to parents that they can overcome those challenges. Supporting parents is much more complex than just telling them to do some self-care – hence all the mentions about seeking appropriate help when needed. The tips for enhancing emotional well-being are not meant to replace the proper treatment of mental health challenges. Yet, the advice can support and even speed up the recovery when combined with medications or other treatments. Thus, I believe the texts can be in some way useful for most parents. Additionally, their tone is empathetic and encouraging, which is important since many parents feel overwhelmed and even alone in their challenges.

All these materials help promote the well-being of families with babies. They help parents become empowered and to be the best parents to their children, which also includes advocating for parents' right to receive the help they need. Although even seeking more support may feel overwhelming for a struggling parent, the reminder of their right to it can be a much-needed push for someone. Making the information available through the MLL website can help change the general approach to infant sleep challenges into more comprehensive and child-sensitive and encourage emphasizing alternative solutions instead of infant sleep methods that limit parental responsiveness.

7 Discussion

Parents' understanding and expectations of normal infant sleep may impact their children significantly. Factors such as parents' sociocultural background, current environment, and personal values affect whether they perceive certain behaviors as problematic or acceptable, even desirable. In Western cultures, the knowledge of child development often tends to get disregarded when defining 'normal' infant sleep. The concern that seeing, for example, early independence as a goal is likely to increase the number

of parents perceiving typical infant sleep and behavior as problematic seems to have proven valid. (Funkquist & Carlsson & Nyqvist 2005:148.) Hence, a more comprehensive approach is much needed in research and parenting advice (Barry 2021).

This thesis aimed to increase understanding of infant sleep, find a more comprehensive approach to sleep challenges, and make the information available to parents. As I started working on my thesis, I had previous knowledge and preconceptions, which made me reflect on my potential bias, and how distinguishing mere bias from sticking to a certain perspective may not always be simple. Nevertheless, the point of view of this thesis is justified and made clear in the beginning. I chose to look at the topic through the lens of infant rights because they aim at increasing the well-being of babies, and focusing on infant well-being is necessary because it affects their future well-being.

Along with all the information about babies' sleep, I also learned about the justifications for behavioral sleep training methods, especially extinction-based sleep strategies. The position of this thesis towards these unresponsive sleep strategies might seem too strict to some. However, it is based on the idea that the strategies used to support parental well-being should not potentially risk either the current or future well-being of children. Behavioral, unresponsive sleep training methods do not suit all children and should not be advertised as an effective and safe solution for everyone. Instead of the behavioral approach that focuses on limiting parental responsiveness, families should be offered alternatives that respect the fundamental needs of babies. (Australian Association for Infant Mental Health 2022:8.)

Some might see criticizing the infant sleep strategies that are often seen as the most effective as a way of saying that parents' well-being does not matter. However, it cannot be emphasized enough that parents' well-being is essential for their ability to care for their children, and it is one of the rights of children that their parents get enough support. Some families may choose to use less-than-ideal sleep strategies even after being more informed on the topic if they do not see any other options due to inadequate support. Even though Finnish society supports families in many ways, the system is not flawless. Due to the lack of finances and other resources, professionals may need to get creative to find ways to provide sufficient and holistic support for all the families that need it. Certain cultural changes, such as adopting less individualistic values, might also be needed so that not a single parent feels alone in their parenting journey.

The ideal approach to infant sleep leaves room for individual choices and preferences but always promotes the well-being of infants along with parental well-being (Hookway 2019). This thesis gives parents and professionals the knowledge needed for adopting this alternative approach by encouraging considering things such as individual sleep needs, and the impact of child development on sleep as the first step. Often sleep challenges stem from a conflict between parental expectations and the actual sleep needs of babies. Another reason behavioral sleep training should not be the primary solution to parent-perceived sleep problems is that it can leave the real problem unaddressed. Instead, parents should be assisted to ensure that their baby's sleep schedule is appropriate and have access to advice for changing it based on the potential challenges. The right sleep schedule and proper sleep hygiene can diminish or, at best, completely remove the problems. On the other hand, if the parents still wish to make some changes, it is likely to be easier after first ensuring these basics are in order. (Hookway 2019:171.)

Overall, the topic of parental well-being versus infant well-being and sleep challenges is complex. Often the situations are not black-and-white, and thus finding the best solution may sometimes require making compromises. Nevertheless, in addition to providing information on infant sleep, this thesis aims to help parents and professionals shift their attention to all the other things that may decrease parents' well-being instead of focusing merely on infant sleep. This thesis provides resources for supporting and empowering parents to make informed choices for the well-being of their whole family.

Since all families are different, the information cannot encompass each unique situation, and suggestions that completely change the well-being of some parents may not help others significantly. The information presented in this thesis might not improve family situations dramatically or overnight. Nevertheless, it can have long-term benefits for all families with babies because of its holistic approach to well-being. Once the new content has been published on the MLL website, it can help determine when pursuing better infant sleep is the right choice and when parents should focus on the suggestions for improving parental well-being.

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Infant sleep materials for the MLL website for parents

Vauvan uni

Jokainen lapsi on yksilö myös nukkumisen suhteen. Esimerkiksi unentarpeessa ja nukkumistavoissa voi olla isojaakin yksilöllisiä eroja ja siksi omaa vauvaa ei kannata vertailla liikaa toisiin lapsiin. Siksi ei ole myöskään välttämättä syytä huoleen, vaikka vauvan nukkuminen poikkeaisi paljonkin ikätovereidensa nukkumisesta. Tärkeimpiä vauvan hyvinvoinnin mittareita ovat vauvan kasvu ja kehitys, ja se että hän on hereillä ollessaan pääasiassa virkeä ja tyytyväinen. Sen sijaan että yrittäisi noudattaa yleisiä uniohjeita ja aikatauluja mahdollisimman tarkasti, kannattaa jokaisen vanhemman opetella tunnistamaan oman vauvansa yksilölliset tarpeet ja toimia niiden mukaan.

Jotkut vauvat alkavat nukkua pidempiä yhtenäisiä yöunia jo varhain, mutta on tavallista, että myös aiemmin hyvin nukkuneella vauvalla tulee kausia, jolloin uni on katkonaisempaa tai nukahtaminen haastavaa. Unen kehitys ei ole tasaista, ja esimerkiksi eri kehitysvaiheet tai sairastelu saattavat ajoittain aiheuttaa nukkumiseen haasteita. Yöheräilyt vähenevät ja nukahtamisaika lyhenee pitkälti itsestään vauvan kehityksen myötä, kun vauva on perusterve, unirytmii on vauvalle sopiva ja vanhempi pyrkii vastamaan vauvan tarpeisiin. Jos kuitenkin vauvan nukkuminen tai oma jaksaminen aiheuttaa huolta, on vanhemmalla aina oikeus saada apua eikä avun hakemista kannata epäroidä.

Vauvan uni 0–3 kuukauden iässä

Vastasyntynyt nukkuu yleensä suurimman osan ajasta, usein ilman minkäänlaista unirytmiiä. Vauvan unentarve vähentyy ensimmäisten viikkojen ja kuukausien aikana useimmiten huomattavasti. Aluksi vauva jaksaa olla valveilla vain pieniä hetkiä, mutta valveillaoloajat pitenevät pikkuhiljaa. Vauva saattaa olla iltaisin virkeimmillään, eivätkä yölliset valvomishetketkään ole harvinaisia.

Vauva saattaa herätä juuri silloin kun vanhempi on syvimmissä unessa, koska vauvan unijakson pituus on alle tunnin, kun taas aikuisen noin 90 minuuttia. Onneksi vauva voi myös jatkaa unia itsenäisesti, jos ei sillä hetkellä tarvitse mitään.

Vastasyntyneen vauvan unesta iso osa on ns. kevyttä tai aktiivista unta, jonka aikana vauva saattaa esimerkiksi liikkua tai äännellä ja myös havahtuu herkästi. Vauvan alkaessa äännellä tai liikehtiä kannattaakin kuulostella ensin, onko kyseessä vain kevyemmän unen vaihe vai kaipaako vauva syöttämistä tai muuta hoivaa, jotta vanhempi ei vahingossa herättäisi vauvaa.

Vastasyntynyt herää useimmiten lähinnä ollessaan nälkäinen. Pienen vauvan tulee syödä säännöllisesti, vähintään kahdeksan kertaa vuorokaudessa. Siksi vauvan ei kannata yöaikaankaan odottaa nukkuvan kuin korkeintaan muutaman tunnin pituisia pätkiä.

Vauvan vuorokausirytmistä kehitymistä voi alusta lähtien tukea tekemällä päivän ja yön välille selkeän eron: yöllä on pimeää ja rauhallista, hoitotilanteissakin on vain himmeä valaistus. Päiväsaikaan taas voi olla valoisaa myös nukkuessa. Normaalit elämisen äänet eivät yleensä häiritse vastasyntyneen nukkumista, eikä vauvaa kannata totuttaaakaan täyteen hiljaisuuteen varsinkaan päiväuniaikaan.

Erilaisia nukuttamistapoja on monia ja jokainen vanhempi löytää sopivimman keinon vain kokeilemalla. Tärkeintä on, että vauva tuntee olonsa turvalliseksi voidakseen nukahtaa. Jotkut vauvat saattavat nukahtaa pienestä pitäen omaan sänkyyn, mutta suurin osa vauvoista nukahtaa helpoiten vanhemman syliin tai viereen. Varsinkin yöllä paras nukahtamiskeino on sellainen mikä toimii kaikista nopeimmin, jotta vanhempikin pääsee jatkamaan unia mahdollisimman pian.

Vauva ilmaisee tarpeitaan itkun mutta myös erilaisten eleiden ja käytöksen kautta, joita vanhemman kannattaa opetella tulkitsemaan. Väsymyksen merkkejä voi olla esim. korvien harominen, haukottelu, tyytymättömyys, katseen pois kääntäminen tai tyhjään tuijottaminen. Kun vauva alkaa viestittää nälkää tai väsymystä, kannattaa siihen reagoida mahdollisimman pian, jo ennen kuin varhaiset viestit muuttuvat itkuksi. Mitä enemmän itku ehtii yltyä, sitä vaikeampaa vauvaa voi olla saada rauhoittumaan.

Joskus erityisesti ensimmäisten kuukausien aikana esiintyy usein iltoihin painottuvaa itkuisuutta ja ärtyisyyttä. Moni vauva vaatii iltaisin myös tavallista tiheämpää syöttämistä. Tämä saattaa joskus tuntua vanhemmasta raskaalta. Vanhemman läheisyys on kuitenkin vauvalle tärkeää ja auttaa lopulta rauhoittumaan yöunille. Lisäksi rintamaidon

ilta- ja yöaikaan sisältämä melatoniini tukee osaltaan imetettävän vauvan vuorokausirytmien kehittymistä.

Jos vauva vaikuttaa epätavallisen itkuiselta, syytä on aina hyvä lähteä selvittämään neuvolan kautta. Joskus sen taustalla voi olla syömiseen liittyviä ongelmia, jolloin imeytysohjauksesta saattaa olla hyötyä. Jotkut vauvat saavat helpotusta esimerkiksi vyöhyketerapiasta tai vauvahieronnasta. Vauvan hoitoon kannattaa herkästi hakea apua, koska jatkuva itku käy helposti raskaaksi vanhemmalle.

3–6 kuukauden ikäisen uni

Vuorokauden kokonaisunimäärä 3 kuukauden iässä on keskimäärin n. 14 tuntia, mutta jokaisen vauvan unentarve on edelleen yksilöllinen. Unentarve vähenee pikkuhiljaa vauvan kasvaessa. Muutaman kuukauden ikäinen vauva jaksaa jo valvoa pidempiä aikoja päivisin, ja pisimmät unijaksot ovat ehkä jo vähitellen alkaneet painottua enemmän yöaikaan.

Vauvan kasvaessa ja kehittyessä vauvan nukkuminen aiheuttaa usein vanhemmille haasteita, mutta joissain perheissä erilaiset vaiheet menevät ohi lähes huomaamatta. ”Neljän kuukauden hulinat” on tuttu termi monelle vanhemmalle. Nimestään huolimatta vaiheen ajankohdassa on yksilöllistä vaihtelua. ”Hulinavaiheessa” ympäröivä maailma voi alkaa kiinnostaa vauvaa enemmän kuin nukkuminen tai syöminen. Jos vauva ei malta syödä päivällä, saattaa hän heräillä yöllä useammin syömään. Myös uusien taitojen kuten kääntymisen opettelu voi alkaa haitata vauvan unia, jos hän ei maltaisi nukkua vaan haluaa vain harjoitella uusia taitoja. Lisäksi nukkumista saattaa vaikeuttaa osaltaan myös muuttuva unen rakenne.

Vauvan keho alkaa tuottaa melatoniinia eli ”yöhormonia” noin kolmen kuukauden iässä, mikä edesauttaa vuorokausirytmien säännöllistymistä. Vauvan vuorokausirythmi kehittyy yksilölliseen tahtiin, mutta vanhempi voi tukea rytmien löytymistä korostamalla päivän ja yön eroja. Päivällä ulkoillaan, seurustellaan ja touhutaan yhdessä. Yöllä hoitotilanteet ovat rauhallisempia, ja vauvan liiallista aktivointia kannattaa välttää. Vastavuoroinen vuorovaikutus vauvan kanssa on kuitenkin tärkeää riippumatta vuorokauden ajasta, joten jos vauva yrittää ottaa kontaktia, voi vanhempi reagoida rauhallisesti hiljaisella äänellä, hymyllä ja vastaamalla vauvan katseeseen.

Myös rutiineista voi olla hyötyä unirytmien säännöllistämisenä. Nukkumisia ja syömisiä ei kuitenkaan kannata aikatauluttaa tiukasti vaan päivärytmi on hyvä pitää joustavana, koska vauvan tarpeissa voi olla päiväkohtaisiakin eroja. Päiväunien pituus ja määrä voivat vaihdella ja joskus tulee kausia, jolloin vauva haluaa syödä tavallista useammin. Iltaisin tietyt rutiinit kuten tiettyssä järjestyksessä toistuvat iltapesut, syötöt ja unilaulut helpottavat nukahtamista.

Vauvan unen yhteydessä puhutaan usein uniassosiaatioista eli asioista, jotka vauva yhdistää nukkumiseen ja jotka auttavat häntä nukahtamaan. Lähtökohtaisesti mitään tiettyä uniassosiaatioita ei tarvitse vältellä vain varmuuden vuoksi. Vauvat ja myös vanhemmat ovat tässäkin asiassa yksilöitä, eikä uniassosiaatioista välttämättä muodostu missään vaiheessa ongelmaa. Haasteita voi kuitenkin ilmetä, jos vanhempi alkaa kokea vauvalle mieluisimman nukutustavan hankalaksi ja vauvan on vaikeaa nukahtaa ilman sitä. Vanhemman halutessa luopua yhdestä tavasta vauvan on helpompi hyväksyä korvaava tapa, kun se ei ole täysin uusi. Siksi vauvaa voi alkaa totuttaa useampaan nukahtamis- tai nukutustapaan jo etukäteen. Eri nukutuskeinoja kuten silittely, tapputelu, heijaaminen, hyräily tai vauvan syöttäminen, voi käyttää joko rinnakkain tai vuorotellen eri nukutuskerroilla.

Vauvan uni 6–12 kuukauden iässä

Puolen vuoden iässä vauvan uni alkaa usein painottua enemmän yöaikaan ja hän saattaa nukkua öisin jo useamman tunnin heräämättä. Vuoden ikään mennessä moni lapsi alkaa nukkua jo vähintään 8 tuntia heräämättä, mutta vauvojen yksilöllisistä ominaisuuksista ja tarpeista johtuen pisimmät unijaksot ovat joissakin perheissä vielä pitkään tätä lyhyempiä.

On tavallista, että vauva herää vähintään pari kertaa yössä ainakin 8 kuukauden ikään asti. Vaikka heräilyt useimmiten vähenevätkin ajan kanssa, ovat ne yleisiä vielä vauvuuden jälkeenkin. Vauvan kasvaessa yöheräämiset yleensä kuitenkin lyhenevät. Yli puolivuotiaan vauvan tulisikin pääsääntöisesti jo nukahtaa nopeasti uudelleen yöllisen heräämisen jälkeen, kunhan hänen tarpeensa on täytetty.

Kuuden kuukauden iässä vauvat nukkuvat keskimäärin 12–15 tuntia vuorokaudessa. Vuoden ikää lähestyttäessä unentarve pienenee hieman, mikä näkyy yleensä päiväunen kokonaismäärän vähentymisenä. Puolivuotiaan päiväunen määrä on keskimäärin

3–5 tuntia, mutta päiväunien ajankohta ja lukumäärä saattavat yhä vaihdella päivittäin. Unirytmii muuttuu säännölliseksi myös päiväunien suhteen yleensä vuoden ikään mennessä. Vuoden ikäiset nukkuvat päiväsaikaan (klo 07–19) keskimäärin vähän alle kolme tuntia.

Vauvan kehityksestä johtuvat unihaasteet ovat hyvin tavallisia puolen vuoden iästä eteenpäin. Vauvan unet saattavat häiriintyä esimerkiksi hänen halutessaan harjoitella nopeasti kehittyviä liikunnallisia taitojaan myös öisin. Joskus hampaiden puhkeaminenkin vaikuttaa nukkumiseen. Vauvan kehitysvaiheista myös eroahdistus heijastuu usein vauvan uneen. Vaikka vauva olisikin aiemmin nukahtanut itsenäisesti, se ei ehkä enää onnistukaan vauvan hätääntyessä vanhemman poistuessa viereltä. Eroahdistus saa vauvan kaipaamaan entistä enemmän vanhemman läheisyyttä myös yöaikaan. Paras hetki harjoitella hetkittäistä erossa olemista on päiväsaikaan vauvan ollessa virkeä. Jos vauva hätääntyy liikaa nukkumaan mennessä, voi se vaikeuttaa nukahtamista ja häiritä yöunia entisestään. Eroahdistusta voi yrittää lievittää leikkimällä vaikkapa ”kukkuu”-leikkiä ja näyttämällä vauvalle, että vanhempi palaa aina takaisin, vaikka poistuisikin hetkeksi huoneesta.

Vaikka moni vauva alkaa pärjätä ilman tiheitä yösyöttöjä puolen vuoden iästä eteenpäin, on yösyöttöjä hyvä jatkaa edelleen vauvantahtisesti, vauvan yksilöllisen ravinnontarpeen mukaan. Joissain tilanteissa yöllisiä syöttökertoja voi olla tarpeen yrittää vähentää, esimerkiksi jos vauva haluaa syödä tiheään vaikuttamatta kuitenkaan erityisen nälkäiseltä. Useimmiten ratkaisua tiheään yöheräilyyn kannattaa kuitenkin etsiä ensisijaisesti muualta, koska yösyöttöjen vähentämisestä tai lopettamisesta ei aina ole apua.

Apua unihaasteisiin

Yli puolivuotiaan vauvan nukkumisen parantamiseksi suositellaan usein erilaisia unikouluja. Vauvat reagoivat erilaisiin unikouluihin hyvin yksilöllisesti, ja siksi yhtäkään niistä ei voida suositella takuuarmana tai kaikille vauvoille sopivana ratkaisuna. Siksi vauvan nukkumisen aiheuttaessa vanhemmalle haasteita kannattaakin ensisijaisesti pohtia mahdollisia syitä haasteiden takana. Voisivatko esimerkiksi runsaat, mahdollisesti lisääntyneet yöheräilyt selittyä vauvan kehitysvaiheella? Tai onko perheessä tapahtunut jokin muutos, kuten muutto, vauvan omaan huoneeseen siirtyminen tai päivähoidon aloitus? Joskus myös nukkumisolosuhteissa tai iltarutiineissa saattaa olla parantamisen varaa. Syy rikkonaisiin yöuniin ja muihinkin unihaasteisiin saattaa löytyä

myös siitä, etteivät unien ajoitus tai vanhemman odotukset unimääristä vastaa vauvan tarpeita.

Jos unihaasteet eivät tunnu menevän ohi itsestään, kannattaakin ensimmäisenä miettiä, vastaavatko nykyinen kokonaisunimäärä ja unirytmitys vauvan tarpeita. Sopivan unirytmityksen löytämisessä auttaa, kun kiinnittää kellon lisäksi huomiota erityisesti vauvan eleisiin sekä muuhun käyttäytymiseen, ja laittaa hänet nukkumaan hänen ollessaan selkeästi väsynyt eikä esimerkiksi vain uusien virikkeiden tarpeessa. Uutta unirytmitystä ei kannata heti ensimmäisen vuorokauden jälkeen todeta toimimattomaksi, koska usein vauva vaatii enemmän aikaa tottuakseen muutoksiin.

Tiheää yöheräilyä saattaa aiheuttaa esimerkiksi liian pitkät tai myöhäiset päiväunet. Jos vauva nukkuu paljon päivällä, ei unta välttämättä riitä enää pitkiin yöuniin ja hän saattaa herätä hyvinkin aikaisin. Liian lyhyt valvellaoloaika päiväunien ja nukkumaanmenoajan välillä pitkittää usein nukahtamista illalla. Nukkumaanmenoajan ollessa ihanteellinen vauvan nukahtamisessa ei yleensä kestä 20 minuuttia kauempaa. Liian vähäiset ja huonosti ajoitetut päiväunet voivat aiheuttaa yliväsymystä, joka sekkin voi aiheuttaa iltaisin ilmenevän levottomuuden ja yliaktiivisuuden lisäksi mm. tiheää yöheräilyä. Siksi päiväunien lyhentäminen ei ole joka tilanteessa ratkaisu parempiin yöuniin.

Unirytmityksen korjaamisen myötä vauvan nukkuminen saattaa joskus parantua kertaheittolla, mutta sopivan rytmin löytäminen ei välttämättä ole helppoa. Jos vauvan nukkumiseen liittyvät haasteet jatkuvat eivätkä korjautu edellä mainittujen keinojen avulla, saattaa tarkempi tutkimus olla joskus tarpeen. Jos kuitenkin heräilyille tai muille haasteille ei löydy mitään erityistä syytä ja vanhemman jaksaminen on niiden takia koetuksella, voi yli puolivuotiaan nukkumistapoja yrittää muuttaa mahdollisimman lempeästi. Menelelmää valitessa on tärkeää huomioida vauvan ikä, kehitysvaihe sekä muut yksilölliset tarpeet. On suositeltavaa, että myös uusia nukahtamistapoja opetellessa vanhempi on aina läsnä ja ottaa vauvan tarvittaessa syliin lohdutettavaksi eikä jätä yksin itkemään. Vauvan kannalta on parasta, jos muutokset on mahdollista tehdä vähitellen, antaen hänelle aikaa totutella uusiin tapoihin.

Joskus esimerkiksi yöheräilyt vähenevät tai loppuvat vain ajan kanssa, huolimatta siitä, mitä vanhempi tekee. Siksi omat odotukset vauvan nukkumisen suhteen kannattaa pitää realistisina. Sen lisäksi vanhemman on tärkeää kiinnittää huomiota asioihin, joilla

hän voi tukea omaa jaksamistaan ja jopa parantaa omaa unenlaatuaan huolimatta siitä, miten vauva nukkuu.

Vinkkejä vauvan unen tukemiseen

Raikas ja viileä huoneilma sekä sopivan lämpöiset yövaatteet. Unipussi tai ensimmäisinä kuukausina oikeaoppinen kapalointi saattavat auttaa vauvaa nukahtamaan ja pysymään unessa. Kylmyys saattaa herättää vauvan erityisesti aamuyöstä, mutta vauvalle ei saisi tulla myöskään liian kuuma nukkuessa.

Riittävä iltamaito; vanhemmalle vauvalle tarvittaessa myös muuta iltapalaa osana iltarutiinia.

Vauvan ja muun perheen tarpeisiin sopiva iltarutiini, jota voi muokata vauvan kasvaessa ja tarpeiden muuttuessa. Tärkeintä iltarutiineissa on vanhemman kiireetön läsnäolo sekä vastavuoroinen vuorovaikutus, koska ne tuovat vauvalle turvallisen olon ja auttavat rauhoittumaan yönille.

Riittävästi yhteistä aikaa päivisin. Vauva tarvitsee vanhemman läheisyyttä ja yhteisiä vuorovaikutushetkiä. Vauva saattaa kaivata vanhempaansa tavallista useammin yöllä erityisesti eroahdistuksen ollessa voimakkaimmillaan tai joutuessaan olemaan erossa vanhemmastaan päivän aikana.

Sopivasti virikkeitä sekä mahdollisuuksia harjoitella uusia taitoja, erityisesti liikkumista, päivän aikana.

Jos esimerkiksi perheen muiden lasten äänet tuntuvat häiritsevän vauvan nukahtamista, esim. unimusiikki tai tasainen kohina sopivalla äänenvoimakkuudella saattaa auttaa.

Riittävästi valoa päivisin sekä kodin valaistuksen himmentäminen illalla. Öisin makuuhuoneen tulisi olla riittävän pimeä, ja valaistuksen hoitotilanteissakin mahdollisimman vähäinen. Joskus aikaiset aamuhämmäiset saattavat johtua siitä, että ikkunasta pääsee liikaa valoa makuuhuoneeseen.

Jo muutaman kuukauden ikäisen vauvan kanssa voi vuorokausirytmien säännöllistymistä auttaa, että yrittää herätä joka aamu suurin piirtein samaan aikaan.

TV:tä ja älylaitteita on hyvä välttää vauvan läheisyydessä erityisesti nukkumaanmenoajan lähestyessä.

Päiväsaikaan kantoliina tai -reppu voi olla hyödyllinen apuväline, jos vauva viihtyy parhaiten vanhemman läheisyydessä myös nukkuessaan ja vanhemman pitäisi saada tehtyä vaikkapa kotitöitä. Riittävä läheisyys päivällä voi myös auttaa nukkumaan paremmin yöllä.

Turvallisin nukkumipaikka vauvalle on vanhemman kanssa samassa huoneessa vähintään puolivuotiaaksi asti. Sivuvaunu tai vauvan sänky vanhemman sängyn vieressä on usein suositeltavin ja useimmille perheille soveltuva ratkaisu.

Erityisesti imettävälle äidille perhepeti voi olla parempaa yöunta edistävä ja tiettyjen kriteerien täytyessä turvallinen vaihtoehto. Perhepedissä nukkuvan vauvan tulee olla terve, syntynyt täysiaikaisena sekä mieluiten täysimetyksessä. Vauva nukkuu selällään ja on kevyesti puettu. Sänky ei saa olla liian pehmeä eikä siinä ole ylimääräisiä peittoja ja tyynyjä tai rakoja, joihin vauva voisi jäädä jumiin. Vauvan kanssa samassa sängyssä nukuva ei saa tupakoida, olla päihtynyt tai käyttää väsyttäviä lääkkeitä.

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The text on supporting parental well-being for the MLL website

Pienten lasten vanhempien jaksamisen tueksi

Pikkulapsiarki usein haastavaa erityisesti lapsen unirytmien ollessa vielä epäsäännöllinen. Varsinkin vastasyntynyt vauva nukkuu silloin kun tarvitsee unta ja syö silloin kun on nälkä, vuorokauden ajoista välittämättä. Katkonaiset yöunet jatkuvat usein myös vuorokausirytmien säännöllistymisen jälkeen. Vanhemman tehtävä on varmistaa, että lapsi saa tarvitsemansa hoivan ja levon, mutta tarvitsee itsekin sekä lepoa että rentoutumista. Apua arkiaskareisiin, lapsen hoitamiseen tai muuhun tuen tarpeeseen kannattaa pyytää joko läheisiltä ja ystäviltä tai ottamalla yhteyttä esimerkiksi neuvolaan tai lapsiperheiden sosiaalipalveluihin jo ennen kuin vanhemman voimat ovat lopussa. Vanhemman oman hyvinvoinnin lisäksi erilaiset haasteet saattavat haitata myös lapsen nukkumista ja muuta kehitystä, ja siksi apua on tärkeää hakea ajoissa.

Lasten nukkuminen aiheuttaa ainakin ajoittaisia haasteita todennäköisesti kaikille vanhemmille. Esimerkiksi yöheräilyt ovat vauvavaiheessa hyvin tavallisia, mutta vähenevät useimmiten itsestään ajan kanssa eivätkä pääsääntöisesti kestä varhaislapsuutta pidempään.

Joskus vanhemman haastavaksi kokema unirythmi tai muu lapsen uneen liittyvä asia ei korjaannu, vaikka vanhempi yrittäisi kaikkensa. Tällöin vanhemman voikin olla hyvä pohtia, mihin omat odotukset lapsen nukkumisen suhteen pohjautuvat ja ovatko ne varmasti realistiset. Sen sijaan, että vanhempi keskittäisi kaiken huomionsa lapsen uneen, kannattaa oman hyvinvointinsa ja jaksamisen tukemiseen etsiä ratkaisuja, jotka eivät ole riippuvaisia siitä, miten lapsi nukkuu.

Vanhemman levon mahdollistaminen vauva-aikana

Vanhemman olisi hyvä yrittää ajoittaa oma nukkumaanmenonsa niin, että hän saisi mahdollisimman paljon yhtenäistä unta. Usein vauvan pisin yhtenäinen unijakso osuu alkuyöhön ja heräily saattaa olla tiheämpää aamuyöstä unipaineen vähentyessä. Aikainen nukkumaanmeno aika saattaisi siis olla paras myös vanhemmalle, vaikka moni vanhempi kaipaakin omaa aikaa illalla. Vaikka rauhoittumishetki ja omat iltarutiinit ovatkin myös aikuiselle hyödyllisiä, voi kuitenkin olla hyvä miettiä, olisiko pidempi hetki

omaa aikaa mahdollista järjestää niin, että se ei olisi yöunesta pois. Aikaisempi nukku-
maanmeno aika edes joinakin iltoina voi myös olla hyvä ratkaisu. Lisäksi ”unisyyttö” eli
vauvan syöttäminen juuri ennen kuin vanhempi menee nukkumaan voi joskus auttaa
saamaan pidemmän yhtenäisen unipätkän alkuyöhön.

Suosittelujen mukaan lapsen tulisi nukkua vanhemman kanssa samassa huoneessa vä-
hintään puolivuotiaaksi asti eikä tiheästi heräilevää vauvaa kannata siirtää omaan hu-
oneeseen, koska mitä enemmän vanhempi joutuu liikkumaan yöllä, sitä vaikeampaa hä-
nen voi olla päästä takaisin uneen. Jos mahdollista, toinen vanhempi tai muu läheinen
voisi viettää edes satunnaisesti yön vauvan kanssa eri huoneessa ja tuoda vauvan tar-
vittaessa imetettäväksi. Jos perheessä on kaksi vanhempaa, olisi vauvan hoito hyvä
jakaa niin, että kumpikin saisi nukuttua edes yhden pidemmän pätkän yön aikana. Jos
apua ei ole saatavilla yöaikaan, jotakuta läheistä voi pyytää avuksi päivällä mahdollista-
maan lepo hetken tai auttamaan kotitöissä. Tarvittaessa esimerkiksi lapsiperheiden koti-
palvelusta voi myös saada apua.

Vanhemman unen laadun parantaminen

Vanhemman unen laatua edistää yleisten unen huolto-ohjeiden noudattaminen soveltu-
vin osin. Vanhemman omaa yötä tukevat otolliset olosuhteet, kuten viileä ja raikas
huoneilma, riittävä pimeys, puhtaat vuodevaatteet. Lisäksi TV ja erityisesti älylaitteet
kannattaa sulkea hyvissä ajoin, jotta melatoniinin tuotanto ei häiriintyisi niiden takia.
Samasta syystä puhelimen katsominen yön aikana voi haitata unta ja vaikeuttaa uudel-
leen nukahtamista. Kellon katsomista sekä yöllisten heräämiskertojen laskemista kan-
nattaa myös välttää.

Ulos lähteminen ei ehkä väsyneenä houkuttele, mutta päivittäinen ulkoilu valoisan ai-
kaan tukee vanhemman jaksamisen ja unen laadun lisäksi myös vauvan vuorokausirytm-
in muodostumista. Moni vauva nukkuu päiväunensa parhaiten vaunuissa, mikä antaa
vanhemmalle mahdollisuuden harrastaa samalla liikuntaa tai muuten vaan nauttia ul-
koilmasta. Sopiva liikunta voi parantaa niin mielialaa, jaksamista kuin unenlaatuakin.

Jos lapsi heräilee usein yöllä, kannattaa myös vanhemman ottaa päiväunet, jos vain
mahdollista. Vaikka vanhempi ei pystyisikään nukkumaan päivällä, kannattaa päivän
aikana silti yrittää luoda edes pieni hetki rentoutumiselle ja levolle. Nukkuminen on tär-
keää, mutta myös erilaiset rentoutusharjoitukset, meditaatio, jooga tai mindfulness ovat

hyviä keinoja lisätä jaksamista. Lyhytkin harjoitus voi sekä antaa energiaa että vähentää stressiä, ja auttaa pysymään rauhallisempina haastavissakin tilanteissa. Harjoituksesta saattaa olla apua myös unenlaadun parantamisessa.

Riittävä ja monipuolinen ravinto on hyvinvoinnin kannalta välttämätöntä, ja säännöllinen ruokailu auttaa pitämään energiatason tasaisena. Päivä kannattaakin aloittaa kunnon aamiaisella sen sijaan, että joisi vain kahvia ensimmäisenä heräämisen jälkeen. Heti herättyä juotu kahvi voi tuntua piristävältä, mutta saattaa johtaa vielä kovempaan väsymykseen myöhemmin päivällä. Lisäksi liiallinen tai väärään aikaan nautittu kofeiini saattaa vaikuttaa negatiivisesti myös unen laatuun.

Vanhemmuuden haastavuus

Pienen lapsen tarvitsevuus ja jatkuva riippuvaisuus vanhemmasta sekä mahdolliset nukkumisen haasteet voivat herättää haastaviakin tunteita kuten turhautumista, ärtyymystä tai jopa vihaa. Kaikki tunteet ovat sallittuja eivätkä tee kenestäkään huonoa vanhempaa. Jos lapsen uneen liittyvät haasteet aiheuttavat ahdistusta tai muita vaikeita tunteita, on niitä hyvä käydä läpi jonkun läheisen, toisen vanhemman tai ammattilaisen kanssa. Omia tunnetilojaan on tärkeää oppia säätelemään, jotta ne eivät osaltaan vaikeuttaisi lapsen nukahtamista. Vanhemman on hyvä miettiä, millainen tunnelma nukkumaanmenotilanteessa yleensä on, ja miten omaa rauhallisuutta voisi tarvittaessa lisätä.

Vanhemmalla saattaa olla elämässään myös muita stressitekijöitä tai jaksamiseen ja hyvinvointiin negatiivisesti vaikuttavia asioita vauvan nukkumisen lisäksi. Esimerkiksi mielenterveyden häiriöt, haasteet ihmissuhteissa, tai rahahuolet voivat saada lapsen tavanomaisetkin yöheräilyt tuntumaan vanhemmasta entistä kuormittavammilta. Tästäkin syystä vanhemman on tärkeää kiinnittää huomiota ja hakea apua myös muihin ongelmiin, joita perheessä tai vanhemmalla itsellään mahdollisesti on.

Jokainen vanhempi voi luottaa itseensä oman lapsensa asiantuntijana muistamalla, että asiantuntijaksi tullaan pikkuhiljaa. Lapsi kasvaa ja kehittyy jatkuvasti, ja siksi unitarpeetkin saattavat taas muuttua pian toimivan päivärytmin löydyttyä. Vanhemmuus vaatii usein kärsivällisyyttä ja jatkuvaa sopeutumista, mutta on kaiken vaivan ja jopa unettomien öiden arvoista.

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