

The Crying Confusion (The 6-12 Month-Old Sleeper)

It's 3am,
And our baby is up again.

Is it hunger, teething, gas, or an ear infection?
This calls for medical direction.

If we find out it's neither hunger nor pain,
Do we choose to get up again and again?

How do each of us handle the crying?
For some, hearing the baby makes them feel like dying.

But for long-term gain (many nights of uninterrupted sleep),
It's a short pain (a few nights of prolonged interrupted sleep).

Five minute intervals of Reassurance (up to one hour) without
Rocking, feeding, or singing.
Just let our baby know we're there,
Within three to five days happier bells will be ringing,
And ending this arduous affair.

In the middle of intense crying we must watch the clock,
It seems like such an eternity with each tock.
We must remember a loving parent is firm.
And the eventual peace will bring us a happier developmental term.

Between 5 months to 1 year, parents worry about pain and hunger when nighttime crying and awakenings occur. This happens when children obtain object permanence i.e. when you leave the room you still exist so if your baby cries you will come back.

Here's additional helpful, gentile ways to understand and respond to the crying:

1. Is the crying occurring about the same time every night? This implies a sleep cycle issue rather than pain. When children go through the light sleep phases at night, they may wake up and this is where you can choose to train them to go back to sleep themselves (refer to the poem and addendum) or they will train you to rock them to go back to sleep or feed them (exception to this may be a breastfed baby).
2. Teething Pain- to allay your concerns you can give your child Tylenol or Motrin at the proper dose at bedtime while you are training them to sleep.
3. Is it an ear infection? You may need the physician or nurse practitioner to look, although without cold symptoms, children usually don't have ear infections.
4. Hunger- all 5 months and older babies can adjust to having mealtimes and bottles during the day (again, breastfeeding is an exception).

Addendum on Sleep

1. Remember, when a baby is ill their sleep patterns regress. After the illness is over, reinstitute the 5-minute intervals of reassurance. Often you will find it takes the baby less time to return to sleep through the night.

2. Try to get rid of sleep-associated objects (pacifiers and bedtime bottles) by 6 months of age.
3. Many factor effect when parents are ready to deal with the nighttime awaking. All must be considered.

A. Each parent's ability, emotionally, to handle the crying may be different if one parent tolerates the crying better than the other. They should be going and doing 5-minute intervals of reassurance. In the meantime, the less tolerant parent may sleep in another part of the house. If neither parent can tolerate the crying, that's OK, but you will need to accept some interruption in your sleep. Parents need to communicate their feelings with the other non-judgmental way in regards to their baby's crying, but not in the middle of the night with a screaming baby.

B. With the pressure of both parents working (outside or inside the house) a restful night's sleep is imperative. Start the process early if you can. Again, if you can't, that's OK, but you will need to accept some interruptions in your sleep.

C. Environmental issues such as another child in the same room or living with relatives may make the process very difficult to institute until the environment changes.

An excellent reference which many of these concepts are based from
"Solving You Child's Sleep Problem" by Dr. Richard Ferber.
Lester J. Hartman, M.D.