

FINDING YOUR WAY WITH YOUR BABY

The Emotional Life of Parents and Babies

Second edition

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CHAPTER 9 SLEEPING

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SLEEPING

When your baby sleeps peacefully, it can feel that all is well with the world. When he doesn't, it undermines your confidence, exhausts you and makes you feel unable to cope with everyday life.

New babies need long hours of sleep, perhaps to recover from the experience of birth and to help them grow. At first they cannot distinguish between night and day and wake to be fed in the night as often as during the day. You will probably take this in your stride and find that these regular wakings have an enjoyable logic that carries you along with it. A baby's waking and crying need not be as upsetting as you might have expected. The crying is an instinctual signal of need but not necessarily of distress and you may find that the signal and your response form a pleasurable interaction between you and the baby. It is reasonable to want to move towards less night waking in time, and you probably hope to create an atmosphere in which your baby feels safe enough to fall asleep and to stay asleep, but having a baby sleep for very long periods is not the main aim of parenthood.

Sleep is a physiological function but it is affected by emotional states, and babies' ability to get into regular patterns of sleep is influenced by their parents' care. When things go well, babies do gradually sleep for longer at night and have more of their waking time during the day.

In this chapter we look at how to understand what might be happening if your baby does not sleep well and how to cope with your and your baby's feelings.

Nobody sleeps deeply right through the night

When you wake up feeling refreshed after a good night's sleep, you might imagine you've slept solidly from the moment your head hit the pillow. But in fact both adults and children go through many stages and cycles of sleep, including several arousals. Usually we will turn over and

go back to sleep without becoming aware of the arousal, but at times of stress we may find ourselves fully awake and start worrying. Similarly, as we will see, babies can drift comfortably back to sleep if they are not in need of feeding.

From research on adult and infant sleep cycles ...

Sleep can be divided into four distinct stages: Stage 1 is the lightest form of sleep. Adults go first into this stage, giving way after a few minutes to Stage 2 and then to Stage 3. Sometime later, Stage 4, the deepest stage, takes over. These sleep rhythms go in cycles. After about half an hour in Stage 4, the rhythms move back to a state similar in many ways to Stage 1, though this time with certain vital differences added on: in particular, there is now rapid eye movement (REM), the time when we dream. Adults usually have four or five of these cycles a night. We dream more in the later part of the night and have the deepest sleep early in the night. Each kind of sleep has its own particular function. To get the benefit of Stage 4, you need to have a long enough period of sleep in the early part of the night for each cycle to be completed, and to get enough REM, the whole night's sleep must be long enough. Your baby has different sleep patterns. Infants sleep for much longer than adults. Newborn babies sleep for 16 or 17 hours each 24 hours. They need these long hours for physical growth and for emotional and cognitive development. Each period of sleep is no longer than 3½ hours at a time and, of course, new babies need to be fed at least 3- or 4 times hourly. At first, sleep and wakefulness may alternate through day and night, but already by six weeks sleep is more concentrated in the night and wakefulness during the day. This is more pronounced by four months, and at six months they are spending half the time asleep and half awake. By now the longest sleep period usually follows the longest wake period. Some 70 percent of babies are sleeping 'through the night' by three months, and 90 percent by nine months, although it must be said that the definition of this is 5 hours – not a very long night!

As babies get into a day/night rhythm, their sleep cycles also change. Babies have two sleep states: active or REM sleep and quiet or non-REM sleep. Newborn infants go directly into REM sleep, and because they have frequent short sleeps, they have a high proportion of this kind of sleep. As they mature and their sleep becomes longer, the REM sleep moves (like that in adults) to later in the cycle. There is much interest in the function of REM sleep

and infants; as with adults it is a processing time, but it has also been suggested that this 'active' sleep could paradoxically have a contrasting function of providing stimulation for the infant's brain to help with the momentum of development.

In REM sleep, the newborn baby twitches, breathes irregularly, with eyes flickering under eyelashes. In quiet non-REM sleep, the baby breathes deeply and lies very still, occasionally making fast sucking motions or a sudden body jerk or startle.

After three months the baby falls, like an adult, straight into non-REM sleep and plunges rapidly through drowsiness and light sleep into Stage 4 within ten minutes. This is an extremely deep sleep in babies and young children and waking them from Stage 4 may be impossible. A child who falls asleep in his parent's arms may wake if put down in his cot in an early light stage of sleep but not if put down after reaching this later deep stage (based on Daws 1993: 65–69).

How should parents deal with the arousals?

In the early weeks babies may need to be fed at the times of these arousals. As they get older, waking might still signal a need for food or comfort or it may simply be an arousal in the sleep cycle. What happens then depends on how parents perceive it – whether they let their baby drift back into sleep or, feeling that it is a sign of some need, wake the baby more completely.

All of this is particularly relevant to the parents of new babies, who are themselves going through tremendous emotional changes. Going through pregnancy and childbirth, having a new baby and the astounding changes this makes in the first weeks have an emotional impact that could be called a form of stress, however enjoyable. Parents have the exhilarating but terrifying task of being responsible for a new life. Ironically, new parents are the people most in need of a good night's sleep. We begin to see how, when disturbances in babies' sleep lead to loss of sleep for parents, their own ability to deal with the problems is impaired. Focused attention and optimism, which are both affected by REM sleep, are the very qualities needed to help solve such problems.

From research on why we all need sleep ...

Sleep is highly restorative, and the different kinds of sleep restore us in different ways. REM, which is also our dreaming sleep, helps us sort out the events and thoughts of each day and take some of

this into long-term memory. The effect of this sorting process means that we then start each new day less cluttered and confused by all of our previous experience. We are thus able to focus on one thing at a time. The ability to maintain an optimistic mood, energy and self-confidence also comes from REM sleep, as does the ability to adapt emotionally or to manage days of stress, worry or new learning. Stage 4 sleep is also of vital importance: it helps renew the immune system and is when growth occurs.

In addition, we can see how the actual process of waking is difficult, perhaps pulling yourself out of dreams. If you are woken by your baby at that point, you may have difficulty in dealing with him. In dreaming sleep, you are perhaps caught in the middle of working out your own stress and anxieties. In such a state your baby's needs or anxieties cannot be put into perspective. A parent who is more deeply asleep may awake shaky and confused, not easily in control of their body movements, and not able to work out what their baby needs.

However, the opposite may also be true. Waking in the night, especially in the early weeks, to feed or attend to a baby need not be a sleep problem for either parent or baby. Newborn babies have to be fed regularly to survive, and most mothers are more attuned to the baby's rhythms in the early weeks than to their own biological sleep-wake rhythm. In fact, mothers of new babies rarely sleep deeply. They don't proceed into Stage 4 sleep because they need to be able to hear their baby cry. This is not to do with mothers being self-sacrificing. These are mutually satisfying exchanges of biological cues and signals between mother and baby. We can see here the connection between physiological and emotional processes. Parent-infant attachment can override the parent's personal sleep rhythms. This also explains why fathers may be less easily awakened in the night than mothers; their bodies have not had the biochemical sensitisation that giving birth and breastfeeding provide to a mother. However, as discussed earlier, fathers who have very close contact with their babies will also have altered biochemistry and may find themselves similarly listening out for the baby even in their sleep and waking as the baby stirs.

Settling your baby to sleep

Although sleep states are a physiological process, the way in which parents handle their baby affects how he learns to settle into regular sleep patterns. We have seen how, in the first weeks, the sleep-wake cycle goes

on, irrespective of the time of day. It may take until 12 to 16 weeks for the day-night rhythm to get established. This achievement is not just physical. It is partly due to the to-and-fro between parent and baby that takes place through feeding, holding and playing. These affect the baby's level of tension and hence his ability to get into a stable sleep pattern.

Babies, as we know from common sense, are all different. Some need more stimulation or more calming from their parents; others are able to soothe themselves or even prefer not to be handled too much. You may get the feel of how much your baby likes to be cuddled from very early on.

From parents ...

“When my baby was very young I discovered a talent for being “the magical sleep fairy,” as another mum called me. I could see when he was getting sleepy, in need of one of his daytime naps. I knew that babies like the sound of their mum’s heartbeat, so I’d hold him so that he was very securely held in my arms and his head was next to my heart. Then I’d breathe deeply and slowly into my diaphragm, so he could feel it, and say “Sssh, sssh, time to go to sleep now” a few times, very soothingly. And he would! That was a highly potent feeling of satisfaction: I could do something no one else could do – it made me feel very pleased and clever, and pleased with him too!”

How parents perceive their baby can make a difference to how the baby develops.

If you find you are giving your baby ‘a bad name,’ thinking of him as naughty if he doesn’t sleep, perhaps you were unaware of how little babies usually behave. Perhaps you are finding it especially difficult to have to put someone else first, night and day, without ever being able to rely on a good night’s sleep yourself. Talking about these feelings with someone who is sympathetic to both you and the baby could help you sort things out.

From research on the impact of parental expectations on infant behaviour ...

Research has shown that teachers’ appreciation of their pupils affects how well they do in class. This applies to parents, too. If you see your baby as being either easier, or more difficult, than an objective outsider might, this will influence how you interact with

him, and thus influence his behaviour. It is a bit like ‘Give a dog a bad name. ...’ This is a sobering thought, but understanding this can be a chance to rescue things before they get too bad.

Babies, of course, cannot feed themselves or put themselves to sleep, so they need someone else there to help with physical needs such as hunger or getting to sleep. Being put to sleep is in itself an important part of a baby’s experience, and how it is done will affect how the baby feels about himself. A baby who is cuddled and played with before being put to bed will feel differently about himself to one who has just been put there in a perfunctory way. He will also feel different about the parent or other person who has put him there, and these feelings will stay with him as he goes to sleep and affect the quality of his sleep.

Feeling close to you will help him to reach the first stages of separation. Physical closeness is essential for intimacy to develop. You could say that this is the underpinning of human happiness – to experience intimate relationships. If your baby has this, he will more easily be able to have a sense of his own worth and to grow into his own identity as a separate person.

So, helping your baby manage his sleep rhythms involves getting close and into a rhythm of feeding him, holding him and playing with him. As well as you responding to him, you will also be encouraging him to respond to you. So sometimes you might be judging that he can wait a bit longer before another feed. You are giving him the idea that there can be spaces between feeds, a time after the last feed digesting it, and a time anticipating the next feed. Similarly, you will be encouraging him to see different patterns in night and day. You will, if you are feeling well, probably be able to respond instinctively to his day and night need for feeding in the first few days or weeks. After this, as we have seen, his physiology starts to settle down. He responds to the external cues of light and darkness and to your cues.

Babies respond to mothers and mothers respond to babies. So your sleepiness in the night may gradually become a signal to the baby after the first few weeks that you no longer feel as enthusiastic about more than one night feed. This is a dialogue between you. Also, as he grows, your baby’s needs change over time.

Sleep and separation

Sleep can be thought of as a kind of separation, and how both you and your baby view this can affect the way your baby sleeps. Something in

parents' own lives can make it difficult to put a baby down to sleep. This is not to blame parents. If you can spot how a problem has arisen, you are likely to feel more confident in dealing with it.

From psychoanalytic theory and clinical practice ...

Surprisingly often when a baby is not sleeping we find that there has been a bereavement or another serious loss or a separation in the parents' lives. This might be the death of the parents' own parents or events like miscarriages, abortions, stillbirths and, especially, cot deaths. Thus, an ordinary small separation, like putting the baby down to sleep, can feel as though it is unbearable. Sometimes, if you are going through a stressful time yourself, you can find yourself holding on to your baby for comfort rather than the other way round. It can make you feel that your baby can't manage the transition to sleep 'on her own' even though you are actually close at hand.

From parents ...

'I had a miscarriage at five months and even though we now have a healthy baby girl, I disturb us at night checking to see she's alright.'

This is a very understandable reaction, and it can take a long time for the fears about the healthy, live baby to get more into proportion. It does seem to help to remember such events and to think about how they might be affecting you and your baby now. Talking about previous losses does not eliminate their burden, but it can lessen the effect it has on your behaviour with your baby. Sometimes anxiety about separation might be triggered by the upheaval of moving house or a worry that has been planted in your mind by a friend or family member. It is worth thinking through what your worries are and where they come from.

Sleep problems

There are two main kinds of sleep problems for babies: either waking up several times in the night or having trouble getting to sleep in the first place.

If a newborn baby is continuously crying and sleepless, he may be an 'irritable' baby who needs especially smooth handling. One cause for this is a difficult birth. Difficult births are stressful for all

members of the family, and one of the direct results can be sleep disturbances. Your exhaustion, or a feeling of having started off in the wrong way, can make it much harder for you and your baby to get into easy rhythms together. In any case, it can take time for some babies' brains to settle down after a birth. Most irritable babies calm down by six weeks, but that's a long time to wait. Very often, however, it is when parents themselves have had some stressful experience that the whole tension level in the family somehow gets to the baby. You all need to look after yourselves as much as possible and find someone supportive to listen to you and back you up.

As babies get a bit older, parents feel less panicky about how to deal with problems. It may still be helpful to think in terms of relationship factors, but the more practical problem-solving approach becomes easier.

Babies often drift off to sleep while on the breast; if they are then put down asleep in a cot they may wonder when they wake later how they got there. It is a good idea to catch the moment before your baby is quite asleep to put him in his cot, so that he gets used to a few moments of drowsiness there or perhaps the sort of dreamy going-to-sleep thoughts that you or I might have, even if he doesn't have the words yet for these thoughts. Then, if he wakes in the night, he will recognise where he is and be more likely to be able to turn over and soothe himself back to sleep, rather than have to call for a parent.

From parents ...

'Because I always picked her up within a millisecond of her starting to make a crying noise, I created such an intense bond that it makes it hard for her to sleep. She needed me but I needed her, to the exclusion of everything else. She is four now and I still stay with her until she falls asleep.'

'To the exclusion of everything else' – even sleep. This mother eloquently describes how her own needs created a relationship that could get in the way of her daughter's need for sleep.

Parents can support each other in helping a baby to sleep. Fathers may often help mothers in trying something new and particularly in setting limits. There can be a useful balance of one parent, often but not always the mother, being in touch with the baby's needs as they are and the other parent having new ways of doing things in mind. However, if either parent felt neglected in their own childhood, they may 'veto' the other one in setting any limits, perhaps wanting to make sure that their

baby gets what they missed out on themselves. There will be more on this in Chapter 10 on crying. Fathers can sometimes usefully point out that a mother's willingness to respond to her baby can lead to letting herself become exploited by the baby. If a mother has gotten into a habit of responding, rather than thinking about what the baby really needs, the father may be able to bring a new perspective to the situation.

Working parents and their babies may need time together at night to make up for long hours away from each other during the day. In this case the baby doesn't usually have a sleep problem as such, but the whole family may be feeling deprived of enough time with each other.

From parents ...

'I went back to work when my first baby was eight weeks. I know I wasn't ready. I missed her so much in the day, my body missed her. That's why I kept her in with us at night for so long.'

'I could not breastfeed my son because of his cleft palate and I think we kept him in our bed until he was two as a way of making up for the lost opportunities for physical intimacy.'

Older babies wake for different reasons; as they grow more independent, crawl and walk away from their parents, they may also worry whether their parents will be there for them to come back to. This new independence brings with it a quite normal period of insecurity, and many babies wake in the night at this time. The excitement of new achievements may keep a baby of this age awake: after a triumphant day of learning to stand up, it can be quite difficult to calm down enough to go to sleep. Teething can also wake babies, perhaps not just because of the feeling pain; perhaps the teeth also represent newly found aggressive feelings, the pleasures of biting, which also bring worries about hurting others. The teething baby is a developing little person who is starting to take on the complexities of worrying about other people. As well as 'teething gel,' babies at this stage often need cheerful reassurance.

When older babies wake frequently but seem otherwise to be well, they may need to be helped to 'learn' to sleep longer.

From parents ...

'When, after several months, things were getting worse and my baby was waking every forty-five minutes demanding to be fed, my husband stepped in. He held him in his arms while he

screamed. Eventually he would calm in his father's arms and allow himself to be put down. A little later we tried letting him cry in his cot for a while and within a couple of nights he was sleeping through. I know that cruel things are done under the name of "controlled crying," but we had got stuck in a rut and this got us out. We were all so much happier afterwards.'

Although a baby should never be left alone to cry for long, quite often parents interpret any murmur, or sound of protest, as 'crying.' If parents always intervene, you could think they were censoring protest. Some of the sounds that babies make might be part of a self-soothing process. Letting a baby vocalise is not necessarily leaving them to cry.

If you are changing your approach to the baby, tell him about it in words. Even though he can't talk yet, or understand language in detail, he can understand that you have something new in mind. It also helps you to sort out your intentions by communicating them to him. Firmly saying, 'When it's bedtime tonight I want you to go to sleep' may sound simplistic, but the air of resolve can help the baby settle into different ways of behaving at bedtime.

Parents may be dutifully attending to a baby many times during the night but actually feeling really angry about it. Your baby senses this suppressed hostility. He may manage to be comforted momentarily and go back to sleep but does not feel secure enough to settle into deep sleep and wakes again wanting more attention. The interaction between parent and baby then perpetuates the problem.

Other parents may feel so exploited by the baby that they attend to him in an automatic way, without responding emotionally; the baby is left unsatisfied and tries again. Of course, this conflicts with common-sense advice that you should not be too friendly with your baby in the night and let him believe that it is 'playtime,' and many parents do find themselves in a conundrum. A baby demanding endless attention may indeed be ready for less attention but has gotten used to a certain kind of parenting. It can even seem like an addiction. Sometimes, however, the opposite is true, and a satisfying moment of togetherness is eluding the pair but might be what is needed for them to separate well.

A demanding baby can be so irritating to a parent that the temptation is to switch off whenever the baby isn't asking for anything. This, of course, perpetuates the baby's need to be the one to initiate because otherwise he is likely to be ignored. Depressed mothers can find themselves caught in this trap with their baby. The solution can be to take the initiative for a few days and offer attention to the baby before he asks for it. Sometimes mothers and babies who have become irritated with

each other aren't playing or having much fun together during the day and need to get back to finding out how to enjoy themselves.

Bedtime routines

Babies are helped to get to sleep by having routines that they learn to recognise. This means ending the baby's day with a sequence of events, such as a bath, followed by a feed, with a song just before putting the baby down to sleep: a routine that is enjoyable in its own right – pleasurable things that you and the baby do together. The repetition of each activity leading from one to another helps him get into a frame of mind for sleep and helps him to wind down. He will get to recognise the words you use and their rhythm. Playing with and being cared for by you makes him feel good about himself and secure enough to sleep. Bedtime routines can be with either parent. Your baby won't necessarily be confused if each of you does it somewhat differently – he knows you are two separate people – as long as you are both genuinely finding the way that works for the baby and don't have an ulterior motive of putting the other parent in the wrong.

From research on the basic rest–activity cycle ...

Another interesting discovery is the basic rest–activity cycle (BRAC). Adults as well as children have a BRAC. In adults they last about 90 minutes, compared with 45 minutes in newborns. This means that as well as the nighttime cycle, we have cycles during the day of being more alert and efficient, followed by times when we feel less focused. This is not just being tired from working but a cycle in the working of the brain. (One practical application of knowing about the BRAC is that if you ever have bouts of insomnia, you should expect to be awake for about 90 minutes. Most people can reliably expect to fall asleep again after this length of time and worrying about getting back to sleep sooner is wasted energy.) The rest periods do not need to be as long as the active periods, but respecting them can improve our efficiency and safety. Sometimes a few minutes will suffice. It is useful to think of these less alert periods, while awake, as times for losing focused attention, being reflective or daydreaming. This time will thus be restorative in a similar way to REM sleep. Because this cycle is a natural one, mothers who get in tune with their new babies' sleep patterns may find it easier than they expect to have little naps during the day while their babies are asleep (based on Daws 1993: 65–69)

From parents ...

'I pat the baby and say, "It's sleepy time" as I leave him.'

'I rock him, singing a lullaby my wife taught me. She stands with us, rocking in time. We both kiss him before putting him down, and then we both kiss him again once he's in the cot. It's a ritual; we all know what's going to happen next, which is soothing.'

Where should your baby sleep?

These days most babies sleep with, or close to, their parents in the early weeks. This fits with mothers' feelings of anxiety and of being somehow incomplete when separated at all from their infants. When hospitals remove newborn babies to give mothers a rest, mothers may feel confused and lost. Despite the hard work of childbirth, they may find that they are less in need of rest than a chance to get to know him or even just to get confirmation, through his presence, that he really exists. From the baby's point of view, he needs human company. However, there are different schools of thought on co-sleeping. Confusingly, co-sleeping is associated with negative and positive outcomes. It has been co-related with both cot death and good cortisol processing. No causal relationship has been established between either and you will need to make your own decisions based on your own assessment of what the available research suggests, some of which is described in this chapter.

From research on the benefits of co-sleeping in the early weeks ...

Researchers now say that sleeping apart is a sensory deprivation and that parents and infants respond to each other's breathing and movements. Physical contact may have a mutual calming effect on baby and parent. Mothers' and babies' physiologies can connect very closely. One study of co-sleeping showed that infants born to mothers with low heart rates slept for longer and fell asleep faster and generally cried less often than did infants born to mothers with higher heart rates (McKenna et al. 1989).

From research on the risks of co-sleeping in the early weeks ...

In contrast to McKenna et al. (1989) study, the National Institute for Health and Care Excellence advice says that co-sleeping increases the risk of sudden infant death syndrome, especially when a baby is less than 11 weeks old, if either parent smokes, is very tired, has drunk alcohol recently or is on medication or drugs that make them sleep heavily.

From parents ...

'It had never occurred to me and my husband to have the baby in with us at night but, after weeks of none of us getting more than an hour at a time I found myself thinking: "I'll just lie down with her for a minute before I put her back." The next thing I knew we had all been asleep for six hours!'

What happens after the first few weeks?

Some parents keep their baby close after this time. They may then find their baby has difficulty getting to sleep; many do not. It seems that some parents and babies can enjoy being very close but let go of each other emotionally, enough for each to be free to go to sleep. Others seem to find each other's presence intrusive and no one is able to sleep long and deeply. At its simplest, if a baby or young child in his parents' bed is kicking, and thus keeping his parents awake, then he is not being comforted by being with them. Sometimes one parent gives up and goes to sleep elsewhere for a few days or weeks.

From parents ...

'At the moment it is best for all of us if my husband sleeps in the sitting room. I then don't have to worry about disturbing him. I can put the light and radio on and potter about getting the bottle and getting comfortable for the feed. When he's had a good night's sleep – my husband is a morning person so he takes the baby then and gives me a lie-in, usually putting the sleeping baby back in the cot in our room before he goes to work without waking either of us. At the weekend I spend a night next door and he does the night shift. It works for us for now.'

Making sure that at least one person gets a good night's sleep can do much to support a marriage, but there are times when a father leaves the marital bed in response to the disruption in the marital relationship – you could say that the baby is literally kicking the parent out of bed, and it might be hard for the couple to come back together.

From parents ...

'My two- and four-year-olds still get me up regularly at night because I let them get in with me. A part of me thinks that in some cultures that would be normal, so why not? But I often don't sleep next to my husband.'

Breastfed babies who sleep with their mothers are likely to wake more often and have brief feeds throughout the night. This may be very satisfying at first for both you and your baby, and breastfeeding mothers may not even completely wake up. Later, your closeness, the smell of you and your milk, may perpetuate your baby's waking and feeding, when he might have been ready for longer periods between feeds with longer time asleep. Going into his own cot at this point may help him to stay asleep for longer and may also allow you and your partner to reclaim your relationship together.

From parents ...

'I enjoyed having my first baby in bed with me. I could sleep well on my side, curled around her, without moving an inch all night. Neither of us really woke when she latched on in the night and it was all rather lovely. In time I started to want to move around more and felt that she could manage a bit of distance. Because we had her cot right up against our bed with the near side down, I could push her away after a feed without fear of her falling out. At six months she was spending most of the night in her cot and we were coming together where the cot and bed met for feeds every couple of hours. We thought that she might go longer if we put her cot into her room. She didn't, but it was worth getting up in the night to have our bedroom back to ourselves. Our second baby went into her own room at four months, which meant an even longer period of getting up several times a night. They both started to sleep through at around a year.'

When a couple doesn't spontaneously come to feel that it is time to move baby out, it might be that the 'sleep problems' are in fact disguised marital problems.

You and your dreams

You will probably find that you dream about the baby during your pregnancy and just before and after the birth. Dreams are an important part of mental functioning. These dreams can be romantic and enjoyable or disturbing and shocking. This is probably nothing to worry about. They are usually part of the mental processing of all of the changes your body and mind are having to deal with. Dreams that are not remembered may help the dreamer assimilate all of the activities of the day into settled long-term memory; all of the day's conflicts seem to get connected with experiences from the past (Palombo 1978). Remembered dreams can be a useful source of information about what is going on below your conscious thoughts. Even shocking and violent images in dreams are a way of illustrating the fantasies that most women have about what is happening to their bodies and their feelings about the 'alien' creature inside or the devouring creature outside.

From parents ...

'I find breastfeeding very enjoyable but there were nights when I would be haunted by an awful image from a nature programme I'd seen. It was a close-up of a munching caterpillar – its whole face taken up with a circular machine of tiny devouring teeth. When this image flashed into my mind I would nearly jerk with the urge to pull her mouth off my breast.'

However, if you have the same dream repeatedly and you feel upset by it during the day, perhaps anxieties about having a baby aren't running their normal course and you might find it useful to talk to a therapist or counsellor about them.

After the birth many women will find their dreaming time cut by the lack of continuous sleep. If the baby is waking frequently, the very fact of losing sleep, and particularly dream time, makes this waking seem all the more insoluble. However, if in the early weeks you can relax into the same sleep-wake rhythms as your baby, you may find that some of the time awake with your baby, especially feeding at night, becomes a dreamy reflective time that is almost as restoring as being properly asleep.

Fathers and mothers may find that the change in their own identity and the many new responsibilities, welcome or not, will be shown in their dreams. As the baby grows, parents may find themselves dreaming about themselves and their baby and find that the dreams include half-forgotten memories of their own childhood – this can be a fruitful way of connecting the past with the present.

From psychoanalytic theory and clinical practice ...

When working with parents of sleepless babies, a parent's dream often anticipates progress before it has openly been achieved, not as a 'prophecy' but as an acknowledgement of mental work. One father dreamt that his preverbal son asked, 'Daddy, why don't you show me how to get to sleep.' This dream released into consciousness memories that helped Father connect what was happening now with similar problems from the generation before – he felt that his failure to help his son now was connected to his experience that his father had generally failed to help him when he was a child. I felt that it also heralded the progress that this sort of thinking and linking-up of ideas allows a family to make. He was beginning to imagine himself as being able to help his son.