

**Transcript: Night-Night...or Not: Talking About Babies, Toddlers, and Sleep
Featuring Jodi Mindell, Ph.D.**

Q: Hello and welcome to ZERO TO THREE 's exciting new podcast series for parents: Little Kids, Big Questions, made possible with the generous support of MetLife Foundation. ZERO TO THREE is a national nonprofit organization devoted to the health and development of babies, toddlers and their families.

I'm Annie Pleshette Murphy, a ZERO TO THREE board member, and the host of this series, which will showcase interviews with leading child development experts on the issues most pressing to parents today, based on findings from a recent parent survey ZERO TO THREE conducted also with support from MetLife Foundation.

I am delighted to welcome Dr. Jodi Mindell, who joins us today to talk about coping with baby and toddler sleep challenges. Umm, I'm sure a lot of people will be tuning in for this. Jodi is associate director of the Sleep Center of the Children's Hospital of Philadelphia, and author of the book *Sleeping Through the Night: How Infants, Toddlers and Their Parents Can Get a Good Night's Sleep*, a really great book I used myself many moons ago. Umm, Jodi, thank you so much for joining us today.

A: Oh, it's a pleasure to be here.

Q: Which is—umm, we're talking about needless to say probably the number-one, umm, issue in terms of what parent's struggle with in the early years. Umm, and—and I—you know, I guess what I'd like to do is when we talk about sleep challenges, especially getting a child to sleep through the night, umm, you know, why is this such a big issue other than just the fact that nobody wants to be exhausted. But what is it about babies and sleep that becomes particularly challenging I think even for parents who have been told it's going to be challenging?

A: I think, you know, whether or not you get a good night's sleep, and whether your baby gets a good night's sleep I think affects so many aspects of functioning, how you feel that day, how you feel about your baby, how you feel about your partner, whether or not you can think clearly, that it just permeates both dreading the night and then the next morning not feeling well. And, you know, you're right,—it's basically the number-three question when you meet a parent, and I hear it over—we hear it all the time, such as on an airplane, "Oh, you have a baby? How old's the baby? Is it a boy or a girl? Is it sleeping?"

And there's a number of things that are going on. You know, you have this image of bedtime being this wonderful cuddly time, and you're rocking in this dark room, and instead the reality is you may have a kid who's—you know, who's upset and crying, and you're trying to get him to go to sleep, and then at two in the morning, you know, there's that little face again, umm, you know, wanting some attention, and I think it's just very, very hard for a parent to handle, because I think the reality is not always right there with, umm, what your dream was.

I often see with expectations on parents' part that you get expectations on—on both ends. One expectation is, you know, at six weeks my baby should be sleeping twelve hours straight, which is, you know, ridiculous. They can't do that. They obviously need nighttime feedings. Then the other side is you have parents of one-year-olds who are waking twice at night to feed, and parents think that's also normal, and it's also educating them on the other side of, "No-no, your baby really could sleep through the night and doesn't need that feeding." So, it's not one side or the other; it's that I think people are not well educated about what to expect at different ages. So, let's start with newborns.

Q: Yeah.

A: Newborns arrive and their sleep is all over the place. And the other thing that's dramatic about newborns is that they have such huge individual variability. So, some newborns are only sleeping ten hours a day, and others are sleeping eighteen hours a day.

Q: Wow.

A: So, you look at your neighbor's child who's gonna be very different than yours, and you don't sort of know how to compare it. And that—that's very different than say an eight-year-old. And eight-year-old—most eight-year-olds are sleeping about the same amount of time. So, especially in those first few months you get these big varied differences. And the other thing to understand is that there's no day or night for a newborn.

Q: Right.

A: They don't even develop that—that hormone that we, uh, use as our sort of sleep guide until about six, eight, ten weeks, so you can't have any expectations about sleep. At three to four months of age, umm, babies

are sleeping anywhere from eight, ten, twelve hours a night and getting about somewhere between three and five hours of naps during the day.

Q: Right.

A: .By a year of age things have really settled down, and babies are sleeping again about ten or twelve hours a night, umm, and taking, uh, typically two naps a day—usually, uh, an hour to an hour and a half in the morning, and an hour to an hour and a half in the afternoon. And somewhere between one and two—usually by eighteen months most toddlers have given up their morning nap. Umm, and so they've really moved to that traditional one nap a day right after lunch anywhere from an hour to—even up to three hours for some of them.

Q: Great. That is so helpful. I think that one of the things you said as you were describing this was talking about sleep habits. I think that so much of what parents are told is that, you know, you have to get your baby on a schedule, and let's say, the baby's three months old, really not sleeping in a way that you want, is—is that a time to actually introduce a—a certain pattern that's gonna help develop these good habits, or is that too soon?

A: No. By three months of age you absolutely want to be developing good sleep habits. And, to be honest, you can even do it at a much younger age and be setting the foundation. Now, there's certain pieces you do at a young age, and some pieces you would wait until later. Umm, but let me just first talk about in general that parents feel very helpless when it comes to sleep. They feel like they have no control over sleep, and it's one of the things that's just a biological function that just kind of happens in their baby. Umm, and without realizing that we, as parents, really guide that. We can set it down this path, to either develop to be very good sleepers or develop to be poor sleepers.

Q: Right.

A.: The earliest thing that you can do from a very young age is start developing a bedtime routine. And I don't mean the day you come home with the baby, but, you know, within a couple of weeks you can start developing a bedtime routine. Now, a bedtime routine with a newborn is gonna be really simple. It's gonna be just, you know, maybe a little washing up, changing from one, you know, one onesie to another onesie, and maybe dimming the lights and singing a lullaby. So, it may only be five or ten minutes, but it's letting you baby know, and they will learn this very quickly, that when I get changed, I'm in dim light, and I hear this

lullaby, that means I'm transitioning from day to night. And if you do that at really little age, they get it very quickly.

Q: Now, how—I'm just gonna interrupt you for one second, 'cause the one part of that routine that of course I would assume would be fairly typical is nursing or giving the baby a bottle. Do you recommend that actually that be a separate thing that you—that you feed the baby, then go through the routine? I mean, I think a lot of parents wonder whether because the baby falls asleep at the breast, or falls asleep sort of halfway through the bottle, is it important to put the baby down when he or she is not yet asleep?

A: Right. So, that's the other piece to it is how does the baby fall asleep. I think of feeding as trying to keep it very separate from sleep. Now, I was a very long-time nursing mom, and I know as a nursing mom the easiest way to get your baby to sleep is to nurse. And it's a great trick you're probably gonna want to use once in a while. But it's not the trick you want to use every night. So, we're not really talking about a two-week-old, but by three months we really want to move feeding separate, and you want to do is do a feeding before you start your bedtime routine.

Q: That's so interesting. That's really different than a lot of what I think parents, you know, do and are taught to do.

A: Right. So, we want bottle, bath, book, bed. Not the other way around.

Q: Okay.

A: It makes no difference if you feed your baby at 7:00 or if you feed your baby at 7:20 in terms of when they're gonna wake up and when they're gonna need their next feeding. So, if you just slip that and make a little space between feeding to sleep, that's that path I'm talking about is getting babies to really start to develop the—probably the most important habit, which is falling asleep independently.

Q: Right. Right.

A: Now, we don't want babies falling asleep, uh, or forced to be able to fall asleep independently, you know, at a week or two weeks, though there are so many, many newborns—you bring them home, you put them down, they're just—they look at that mobile, and off they go—drift off to sleep happily. But by three months of age you really want to start putting your baby down—what we call drowsy, but awake.

A: I'll say, "Did you put them down awake?" "Oh, yeah. He opens one eye and looks at me." That's not awake. —that's asleep. We really want them being put down wide awake so that they can develop that skill to fall asleep independently. And the reason that skill is so important is because all babies wake up anywhere from two to six times per night. And that's kind of an aha for—for—for parents. So, when parents ask the question why does my baby wake up during the night, the answer is that's normal. And we even, as adults—we wake up multiple times per night. We're just not aware of it. Is that all babies, even the bestest of best sleepers, wake up several times during the night, and they fall right back to sleep independently. So, the problem typically isn't why is she waking up, but the question is why can't she fall back to sleep on her own. So, if you're nursed to sleep, rocked to sleep, driven in a car to sleep, pushed in a stroller to fall asleep, any—all the things that desperate parents do is you're not only going to be doing it at bedtime, but you're gonna be doing it at one in the morning and three in the morning.

Q: Right. Right.

A: And it's a skill. It's just like—it's like also learning to crawl. If you're never put on the floor, you'll never learn to crawl. It's like learning to ride a bicycle. If you can ride a bicycle in the morning, you can ride a bicycle in the afternoon. It's just like that with sleep. If you can fall asleep independently at bedtime, you're gonna be able to do the exact same thing in the middle of the night.

Q: Right. Now, the difference, though, Jodi, is that you don't scream your way into learning about a bicycle or, you know, scream your way into appreciating broccoli. And I think the biggest challenge for parents obviously is that a lot of babies when they're—you know, particularly 'cause they're tired, and whatever, you put them down, and then they let out that—as my father would say—a gashry, and you are—umm, you know, you have a hard time just letting them cry it out. And should you let them cry it out?

A: So, let's separate those into two sort of different parts. One part is prevention of sleep problems, and developing good sleep habits early.

Q: Right.

A: So, if you do it early enough, you don't have the crying, because you haven't developed a bad habit that you now have to break and change. So—and I really recommend to parents, which is, you know, at four

weeks, six weeks, eight weeks, put your baby down awake and see what happens.

Q: Right.

A: And I'd say half the time the babies just drift off to sleep, and the parents are stunned about it.

Q: Right.

A: Now, the other babies, if they do cry, please go to them right away. I don't want a—a four-week-old or a six-week-old or an eight-week-old left to cry. And you can see it in large families. You know, by the time it's your fourth child, you're not in that room rocking them to sleep for an hour and a half.

Q: No. No.

A: You can't.

Q: Right. Right.

A: They all go down awake.

Q: Or—or—I have a friend who had triplets, and, believe me, she never went through any problem with getting her kids to sleep. Right.

A: Right. Because there's just not enough hands available.

Q: Right. Right.

A: And so they all go down awake. So, if you can prevention, you don't have that crying. So, one part is prevention. The other part is what we call intervention, which is what do you do if you now have a problem—you now have a nine-month-old, or a one-year-old, a two-year-old, or even a six-year-old who's never fallen asleep independently. Will there be tears? Yes. There will be tears. Any change is hard.

Q: Right.

A: And they're tired, and all they want to do is fall asleep. Now, the tears, though, are typically pretty minimal. It's usually a few nights of tears. One thing I always recommend to parents is start with bedtime first.

Q: Yeah.

A: By three months you can really start to have a set bedtime, and if you have a set bedtime your baby's, uh, internal clock is gonna start getting sleepy that time every single night.

Only put them down awake at bedtime. You know, at 7:00, 8:00 at night you kind of have the wherewithal to do it. It's hard. At two in the morning I want all parents responding to their children in the middle of the night when they're first doing this, because, again, it's a skill. If once they develop that at bedtime, most of them just naturally start sleeping through the night. You never have to do it at two in the morning. And so that way parents can always respond to their children during the night, because they know that—they're more likely to know that something really is wrong rather than it's just a habit.

Q: Right.

A: Umm, there's a few that need that little encouragement in the middle of the night too. And I'm not—I'm not gonna deny that it is very difficult. The first night they're usually upset for a while, which is about 30 to 40 minutes. The second night is almost always worse, and I think that's a really important warning to parents.

Q: Yeah. That is interesting

A: Because they think, "Oh, God, it's getting worse. This isn't working." Is that, you know, the first night they're just like, "Okay, I'm not liking this." The second night they're like, "No. I really don't like this." The third night they're over it, and the third night it may be fifteen or twenty minutes, and then it's a little bumpy along the way and it gets progressively better and better. And I tell parents to just focus on bedtime for at least two weeks. Don't do anything else—make any other changes. Nurse in the middle of the night. Do whatever you need to do to get everyone back to sleep. Umm, and you just find these babies just start sleeping, and it's wonderful.

Q: Yeah, having done just what you're describing when my daughter was I guess about nine or ten months old, and, umm, you know, it was just those first two nights were really real torture. I mean, I remember standing

outside her door and hearing her sobbing and saying, “Ma, Ma, Ma, Ma,” and then the third night I didn’t hear a word. I thought, “Oh, my gosh, you know, she’s choked to death, or something.” I mean, I kind of waited and waited, and when I looked in and she was asleep, I felt as though I had parted the Red Sea. I just was never had experienced such a sense of accomplishment. But those—you know, the first two nights were really tough. And I was actually doing something, which I don’t know whether you recommend, of kind of going in, not going through any routine—not even touching her, but just saying, “You’re okay,” and then going back out.

A: Ex—exactly. And so, you know, the—the big question is what do you do during that, you know, 45 minutes of them being upset. And what you do is you’re looking for that golden moment of them falling asleep on their own.

Q: Right.

A: How you get to that golden moment doesn’t really matter. So, you can go in every 30 seconds. You can go in every five minutes. You can go in every ten minutes. I recommend, though, parents please go in and not just wait out the 45 minutes. I find that the crying lasts longer if you don’t go and check. I really worry about, you know, just making sure the baby’s okay.

Q: Right.

A: What do you do when you walk in, you know, is you’ve got to present this—this sense to your child that everything’s okay, ‘cause your baby picks up their cues from you. So, you need to fake it a little bit and just be like, “It’s okay. It’s night-night time. I love you. I’ll see you in the morning.” And you just say that same calming statement every time, even if you’re not feeling it, umm, and your baby’s gonna sense that everything is okay. Umm, can you pick them up? You know what? Some of the families in our clinic who really struggle, uh, with doing this, we let them pick them up for a moment and put them right back down. I think it works better if you just walk in, say you’re okay, and leave again. But it’s just really what as a parent what do you feel comfortable with, and some parents even don’t feel comfortable with that leaving and just feel like in the beginning they need to just sit there.

Q: Right. Right.

A: Now, I recommend if you're sitting there is you have a book or a magazine. You may not get any reading done, but at least you're not just staring at the baby and the baby staring back at you.

Q: Yeah.

A: You have something else to look at. So, again, just kind of a little bit of break in that eye contact. Umm, so, you know, you have to decide—again, you want that golden moment of your child's falling asleep independently. How you get there is really your comfort level. But getting there is key, and—and we've done studies all around the world literally and found the key to sleeping through the night is falling asleep independently.

Q: Right. And I think, you know, one of the things you haven't said, but I think is so critical, and I know is a big part of your work, is reframing this for yourselves. I mean, what I tell parents is you have to think empowerment not punishment; that you are teaching your child a—a critical skill. I mean, not just critical for your own sanity, but for the child's wellbeing, and—umm, and if you think about it that way as though you're actually giving them the gift of learning to do this, being able to self-soothe and go to sleep is—is a gift to kids. I just spoke to a father recently who was asking my advice about this, and—and he said, "And of course my wife and I don't believe in letting our child cry." And I said, "Well, Bob, you're gonna have a problem. And—I mean, not because I advocate that you let the child cry and cry for hours, but if you think it's a punishment, you're thinking about this the wrong way.

A: Exactly. And it's—I mean, it's just like learning to walk. They stumble, they fall, they cry. You don't say, "Oh, you can never walk again."

Q: Right.

A: You pick them right up and put them right back down, because it is such a critical skill. and I agree with you of thinking about it as a gift, and I always tell parents, "You're not being selfish about this. Your baby will feel better not waking up three times a night just like you're gonna feel better not waking up three times a night." I also worry that a parent can't expect that 100% of time they're gonna be there at bedtime. One night it would be nice for the parents to go out you know, and have a babysitter, or have Grandma or somebody else to be able to put the baby to sleep, is you need your baby to be flexible in this world, because the world isn't always constant.

- Q: Exactly. Well, I—I—this is—this is great advice. And so let's say you—you do have your child, umm, on a schedule at night, I mean, or at least you have your child developing what are good habits going to sleep, sleeping pretty much through the night. But let's say naptime is a challenge. Do you—do you go from the nighttime routine to the nap routine? Or do you do them at the same time?
- A: In terms of falling asleep independently, I always have parents do it in three steps. We do bedtime first, we do nighttime if you need it—and then we do naps third. Naps are much harder to have children fall asleep independently, because bedtime is clear. They're tired. It's time to go to bed for the night. Naps are not clear. You put them down and they cry for 45 minutes. Is that the end of the nap? Or do you get them up? Or do you let them go? What do you? So, I find once you have the skill in place it's a little easier to deal with naps. And I even have parents start with just one nap, and in the second nap do whatever you can to get them to go to sleep.
- Q: Right.
- A: Very young babies nap on one of two different schedules. The first schedule is what I call by the clock: they nap every day at nine and two, or 9:30 and 2:30. And that's pretty typical. There's the other ones, and my daughter was one of those other ones, who take about a 30 to 45-minute nap, wake up happy as can be, and then are awake for two hours, and then they go down to sleep for 30 to 45 minutes and they're awake again for two hours. And I call that the two-hour rule. Neither one is right or better. It's just what your child's clock is kind of driving. And it drives parents crazy, 'cause it makes the day a little unpredictable and they think something's wrong that the child's only napping for 45 minutes. But the child's fine.
- Q: Yeah. No. I—I mean, uh, that's so important, because I think, again, a big part of what ZERO TO THREE has been able to share with parents and with providers and—and people who work with parents is, you know, no child is the same, if you have two kids or three kids baby number two is not gonna be the same as baby number one. And I think that getting to know your baby, getting to know what works is such a critical part of helping them, you know, get a good night's sleep and getting—letting you get a good night's sleep. Umm—
- A: And we see that with twins all the time.
- Q: Yes. That's so interesting. Yeah.

- A: Twins—it's great. You know, they come into clinic and they have one little baby with them, and this is their problem sleeper, and then it comes out that it's a twin—the other one's fine.
- Q: Right. Really interesting. When I think back at my own children that everything can be fine, and then suddenly in the toddler years where it's a little bit about, you know, "You can't tell me what to do," or, you know, a lot of pushback in terms of, "No," and not wanting to go to bed, is—is it—umm, you know, do you still sort of stick to the same idea that they need a schedule, that they, umm, may need to be able to go to sleep independently, that—or do you have to change your strategy once you're dealing with a toddler?
- A: So, toddlers are their own little animals. And they're very cute. And—and those terrible twos really start more like eighteen months. You know, it's a long terrible two. But in—in terms of the basic sleep rules, it's the same. We still want a schedule, a bedtime routine, and falling asleep independently. But there's some nice little tricks that you can start to do—by, you know, two, two and a half, umm, some things that really help. One is a—a bedtime routine chart.
- Q: Uh-huh
- A: It's a chart that literally shows what's gonna happen. And you can say, "What do we do next?" Right? "We brush our teeth, then we put on our pajamas, and then we read two books." And you have to put a picture of two books, and therefore there's no argument about it.
- A: Umm, the other thing is doing things, because when they get to about two and a half or three they really figure out what's the better books. The Dr. Seuss books are the most interminable books. They're wonderful, but they're bad bedtime books. Especially if they pick two of them.
- Q: Right.
- A: You can pick two from this shelf, and this shelf only. Uh—
- Q: Right. Yeah. My kids figured out very—well, you know, that 500 Hats was a really good one to pick.
- A: Oh, that's right. That's another one that took forever. It's a great book, but not for bedtime.

Q: Right.

A: Another thing is making an absolutely favorite activity be the very last thing of the bedtime routine. And so we had one family we worked with, with this little guy. All he wanted to do was play with his G.I. Joes, and he fought his bath, and he fought his bedtime routine, and we just set in place that he and dad got to play G.I. Joes the last five minutes, and we put it on his bedtime routine chart. That kid just zipped through it all.

Q: Right. Right.

A: It's win-win. We want bedtime, to be, umm, successful for everyone. We want it to be this time that everybody looks forward to. And so if it's a fight, you're not going to. So, you know, think about what's his favorite thing that your child always wants to do, and make that your special bedtime thing.

Q: One of the things of course that I'm remembering is the—is the big moment when the difference of course between toddlerhood and babyhood is they can get out of bed. I mean you know, my son could get out of his crib and figured out a way to slide between the crib and the wall, umm, and, you know, that was really scary. So, we changed his bed very quickly. But then he could just show up.

A: Right. And that's a challenge. And do many parents change their child to a bed when they can first climb out of a crib, and a lot of them are still too young to be in a bed. Most two-year-olds can't stay put. They just don't have the behavioral control. And so they just can't stay put. And so what I often recommend for the families is to get a crib tent. And it's all in the cell. You know, they get this really cool thing. They get this cool tent, and that's what big kids get. And they're like, "Oh, okay. That's great." And it keeps them safe and secure. I worry a lot about a twenty-month-old who's wandering around the room in the middle of the night. I think it's much more dangerous than being safely ensconced in their crib and their crib tent. If they're not ready, they're not ready. And—and it's not worth the six months of fighting it, and the tears and the lack of sleep on everyone's part is I'd rather kind of keep them put. And by three, kids have such behavioral control. Uh, most of them is that when you move them from a crib to a bed at three, then they don't get up,

Q: Right.

Q: Let talk a little bit about the impact on parents of, you know, when there are sleep challenges. One of the interesting findings in the Hart

- Research, umm, that was done for ZERO TO THREE was the gender differences around sleep challenges, that twice as many fathers as mothers said sleep and bedtime issues was the top childrearing challenge. And, you know—I mean my first thought was maybe that’s because they’re around more for the sleep time, and, you know, so they have to deal with it. But, umm, is there anything else that occurs to you, or do you think it’s just that, you know, it’s more about the—the fact that frankly more dads may be coming home at that time of night?
- A: Right. And I think they’re coming home—uh, uh, you know, it’s like the witching hour. You know? That’s when kids are falling apart, and, you know, right around dinnertime is the most stressful for families ‘cause the kids are tired and they’re hungry and you’re trying to get dinner on the table. So, I think some of the fathers may be just more present for that. I agree with you. There’s been some really interesting other research that kind of goes along with it, which shows that fathers’ involvement in sleep and nighttime care leads to fewer night awakenings, which is interesting. So, we do want fathers clearly involved. And I get asked this question all the time, and I—I gave a talk the other day, and a pediatrician asked the question, you know, “What do I do about the family where dad comes home and starts roughhousing at bedtime?” I really want to encourage different parenting styles and different ways of interacting. But that roughhousing is probably better at a different time of day. Encourage something else they like to do. Maybe they like to do puzzles instead of read books, or something like that.
- Q: Right. Right. Let’s talk just a little bit about a topic that certainly has been something that’s gotten a lot more press, which is this issue of co-sleeping, and I—you know there are some developmental experts who say that it’s really important for bonding and attachment. Umm, do you have any sense of what the research shows, and—and, more importantly, what’s the impact of co-sleeping on sleep?
- A: So—yeah. Let’s take each piece of that. There is no research that has been able to be done that shows whether or not co-sleeping is good for babies or—and some people would say bad for babies—you know, bad attachment and things like that.
- Q: Right.
- A: You can’t do that research. We can’t say to 100 families, “You need to sleep with your baby every night,” and say to another 100 families, “You’re not allowed to,” and then look at them at five years of age.
- Q: Right.

A: So we just can't do that research. You know, parents who are loving and wonderful, and the babies are attached during the day, need to decide what to do themselves about where they want their child sleeping.

Q: Right.

A: And we talk about sort of two different kinds of families who co-sleep. There's the families where it's a lifestyle choice; where you think it's important for you to have your child close to you. Culturally we know—you know, in many, many Asian countries that's just the norm, and—and that's the expectation. The other group are what we call reactive co-sleepers, which is, "You know what? At one in the morning I can't stand it anymore. I just throw her into my bed." That's a family where we want to make a change.

Q: Right.

A: And what you find, is that, umm, co-sleeping is associated with more nighttime wakings, later bedtimes, less total sleep. But it really has nothing to do with co-sleeping. It has to do with that parental presence at bedtime, those parents who are present at bedtime have kids who have a harder time falling asleep, waking more often at night versus those who are not; it's just that co-sleepers are more likely to be there at bedtime.

Q: Right. Right.

A: So, we really encourage co-sleeping families, have your child fall asleep independently even if you're gonna be there all night, umm, because parents usually go to bed later than their child anyway—I would hope so—umm, I hope that children are going to bed early enough and not at parent bedtime.

Q: Right.

A: So, now we go back to that bigger picture should you co-sleep or not. You really, as a family, have to make that decision based on what is important for you, what works for your family, what gets everyone the most sleep at night, umm, and make that as an informed decision with the codicil that we've got to make sure babies are safe.

Q: So, Jodi, what's safest for the baby. Let—let's talk about, you know, umm, one of the most successful campaigns to help, uh, prevent sudden infant death syndrome, which is Back To Sleep. Is that still something that should be every parent's mantra?

A: The Back To Sleep Program has been instrumental in reducing sudden infant death by almost 50% here in the United States and almost 50% in every country that has adopted it. And so we want all babies sleeping on their backs right from, you know, the day that they are born. Umm, it's gonna make a critical difference in that. Now, at some point your baby's gonna start rolling over. Once they start rolling over, you're typically past the risk period and you can't keep them on their back.

Q: Right.

A: So, it's the Back To Sleep Program until they start rolling over. And then at that point they are—they're usually fine. You know, other safety issues that we're really concerned about, again, with co-sleeping, we don't want any comforters, any pillows—anything that's—that a child can suffocate on. We don't want parents, with sleep problems themselves, like snoring and sleep apnea, rolling over on their babies. So, if you're going to co-sleep, the—the most safe way to do it is with a co-sleeper, which just attaches to the side of the bed. Your baby's then right there at reach, but they're in their own safe space.

Q: Right. Great. What—what about pacifiers? Can they be a good thing in terms of safety and sleep, or..

A: Well, first of all, I'm a—I'm a big pacifier supporter. There are just babies who really need to suck, and it really soothes them, and I think it's important for them. And there's a little initial data showing that pacifier use also reduced SIDS.

Q: Right. Right.

A: So, you know, I wouldn't discourage a baby who's, uh, a pacifier user. You know, you've got the couple of months of you have to still pop it in their mouth in the middle of night 'cause they can't reach it, but then they become great sleepers. You know, a few other things is please make sure that your crib is safe, that all bolts are tightened securely, umm, that slats are the right distance apart—it doesn't have cutouts on it—uh, making sure that where your child sleeps isn't near any cords, either electric cords or cords hanging from, umm, blinds.

Q: Yes. Well, these are all great pieces of advice, and information, and, umm, wisdom. Jodi, I can't thank you enough.

A: Thank you. It's been a pleasure.

Q: Okay, Jodi. Take care.