



Episode 3: Sleep
with Tara Mitchell, the Gentle Sleep Specialist

Sleep

An insight into our baby's sleep, what to do & what not to do!

Tiffany: Hi everyone. In today's episode, we'll be chatting all about baby sleep patterns, sleep routines, and discussing some simple, practical ways to help you all get a good night's sleep. We're so excited to once again to have Tara from the Gentle Sleep Specialist joining us. For those of you who have listened to previous episodes, you would have heard Tara on episode six. If you haven't, be sure to check it out after today's episode. It's so lovely to have you back, Tara.

Tara: It's so good to be here. Thank you for having me again.

Tiffany: Well, it's an absolute pleasure. So sleep is important to all of us. So when we think about sleep patterns in babies, how do they differ from children and adults? A lot of people don't necessarily know the differences between, so it'd be great to hear a bit more about that today.

Tara: Yeah, for sure. So our babies actually tend to be on much lighter surfaces of sleep and active surfaces of sleep. And it's quite amazing to recognize, or to be able to recognize that a lot of what we think is still awake behavior from our little ones can often be them either in a light or active phase sleep, and also getting into that sleep process. Babies actually begin their sleep cycle far earlier than what we might observe or think that they are. So they tend to spend around 75% of their sleep cycle on lighter surfaces, whereas by adulthood, we're closer to 50% in those lighter or more active phase sleep. So we look at REM and non-REM essentially. Whereas, what you'll also find is the little ones, their sleep cycles will only be around 40 to 90 minutes long. As we get older, those sleep cycles start to go up and up in terms of length. So yeah, they tend to sleep a little bit lighter and have much shorter sleep cycles as well.

Tiffany: Wow. That's so interesting. I'm sure that all of our listeners will agree that that's just so helpful to know a little bit more about that too, and it really helps people to put a bit of an idea around this whole sleep thing, because it's such a tricky thing to figure out.

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Tara: Interestingly, all of us actually spend the first four to five hours in our deeper sleep, and then the second half of the night tends to be the lighter sleep cycles. So we go into that deep sleep at the beginning, and then we go through our lighter sleep in the early hours of the morning as well. So we share that in common.

Tiffany: That's good to know too. It's good to know that obviously, there are real similarities there, but some real differences that we'll talk a bit more about today, so that'll be fantastic. So recently, I've heard though that routines with babies and things like that is still important. However, a lot of midwives now tend to say it's best not to stick to them to the minute, as it can cause a lot of stress for parents. So would you say that's correct in your experience, Tara, because I think that there is a bit of misconception out there about routines now?

Tara: Yeah. Listen, I would say I'm in middle road here. So it is so imperative for us to somewhat lead our babies. So I do tend to find that setting some sort of pattern for them can be really important from the get-go. But that doesn't have to mean strict schedules, that we have to wake babies, strict feed times, and a lot of pressure around that. So I tend to run middle road. And what I would be aware of is their awake times and how long they should be awake for, for each point or each month or age. And then focus on effective feeds in that time, so keeping them just that little bit more awake, so they're having a good feed in that awake period, and then offering the sleep before they get really overtired.

But you don't need to stick to these real ritualistic, you have to pull the blinds at this point, then you have to say a certain phrase or a certain song, and everything has to be run by the minute, and we have to wake our baby after 30 minutes, and those sorts of things. We can definitely relax and find that middle road between leading with a pattern, leading with the right awake times, offering the sleep when it's due. But then at the same time, just removing some of that really strict pressure building schedules as well.

Tiffany: That makes so much sense. I think with my first, I remember actually I felt a lot of pressure to stick to a really strict routine. That was what I was told because my oldest is now 19, so that was a long time ago. And I remember even waking her at times when she was due for a feed and I thought, "I'd better feed her or it's going to stuff everything up."

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Tiffany: (cont...) So, I was completely different though with my other two. So my second and third babies, it was a completely different story, because I knew by then that it wasn't imperative to stick to that routine, and I had to do what I felt was best for that particular baby.

So a completely different story the second and third time around, that's for sure. So Tara, it'd be great to learn more about how babies develop when they're sleeping. Can you give us a little bit of insight into that today, because I think that's so important to understand that?

Tara: This is one of my favorite things to talk about because when it comes to little ones and sleep, we often underestimate it. I think society has this view that sleep, it's a luxury if you get it, but sleep really is health. And so, basically when they're sleeping, their connections form between the left and right hemispheres of the brain and they're more strengthened. We get myelin forming around nerve fibers in the brain. So a lot of the way to look at that is that they learn during the day, and they store and process and then create memories around that, so it's almost like the networks form during the night, during their sleep time, be that day or night, but during sleep.

So brain functions mature, critical abilities, such as language, attention, impulse control, feeding success, skill development, those things are all so reliant on good sleep. Growth hormones are released in good sleep, there's a reduction of stress hormones, there's a building of immunity during sleep. There's actually so much. Sleep is health. And the more that we can recognize that for our little ones and consider that as a priority and encourage good sleep patterns, the better because it is so essential for their brain forming, and also for their development and for their growth as well.

Tiffany: Wow. Sleep really is so important, isn't it? And I think that's something, like you just explained, it's so much to do with your actual overall health. And with so much happening during that time when you are asleep, it's clear that getting a good night's sleep is really so vital for everyone. How do parents create a safe sleep space for their baby, and what's involved with that? Because I think there's again, a lot of information about that out there, but it's great to have a bit of advice from someone like yourself, who is dealing with these sorts of things and sleep all the time.



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Tara: Yeah, totally. So when it comes to their sleep space, and this is just some general advice as well, you don't need to overdo too much. We want to keep it nice and simple. You can put stickers on the wall and have all those nice things, but in terms of safety and that side of things, you want to make sure firstly, that you've got a really flat, firm sleep space for them, with nothing else in that safe space basically. So we want to make sure that they have just that clear area to sleep.

You need to be mindful of things that, for example, some of the nests and co-sleepers and things like that, make sure you check the regulations around those things first. But typically, whether it be a bassinet or a cot, having them in their own safe sleep space, sleeping them in your room is recommended for the first six to 12 months if possible. Then what I would do from there is basically look at making sure there's nothing else in the cot for them, keeping an eye that the room isn't too hot. So we're keeping an eye on that temperature as well. That can be such an anxiety-triggering area. It's like, "Oh, do I dress them in this or that?" But you don't need to stress too much. Just that common sense around making sure the room is not too hot.

They really don't need pillows and bedding until they're three and over, and in a bed for example. And then basically, what you would just be making sure is that there's no shelves, cords, things like that. So there's nothing that they can be reaching the curtains or the blinds, that they're not right underneath a shelf, and that they're not near cords or power points, because they do surprise us sometimes when they start to move more, and some people put their monitor in the cot, or white noise things in the cot, but we really want to make sure that that's all cleared out and they've just got a really simple space to sleep in. And then making sure, obviously that they don't have big blankets and things like that on them as well.

Tiffany: Yeah, absolutely. I think that that's so great to have a bit more detail about that, because I think it's good to have some practical things to tell people as to what they need to do, and there's some great tips out there. And I think we often talk about the SIDS safe sleeping recommendations and things in nesting workshops that we hold, and I'm always talking about that. And there's great brochures on their websites. So it's awesome that we've got all those resources today to help and support parents in setting those safe sleep spaces up, for sure. So Tara, what else can parents do to help the little ones get to sleep?

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Tiffany: (cont...) This is a big question, but are there some other things that you always recommend that you would say are definitely top tips?

Tara: Yeah. Well this is my jam, so this is a great question. So I would just, as a general overlook on how we can help and the things that we can just have as considerations. So first of all, just being mindful of awake times, so that's really important. And what I would say is that little ones generally track very similarly to one another. So they move from three naps to two naps, two naps to one nap, within a couple of months of one another typically. And so, just having that general awareness around your little one's awake times for each month, for example, and then you pair that with observation.

So what I would look for is I'd be like, "Right, I've got a six month old. Their awake time might be close to two hours, but my little one might get a bit tired beforehand or a little bit over." So what I would be looking at is the calm before the storm, and what that means is that you might find that they lose a bit of engagement prior. So they're not interacting so well, they're turning away, they're trying to avoid that interaction, they're going a bit more quiet. And that's usually a better time to look for. By the time that they're really rigid in their movements, red eyes, irritable, it might just be that little too late. So know their general awake time, and about 15 minutes before that, do some observation and just look for those signs. Then once you can pick up that up, then you can know, okay, my little one does better, for example, with an hour 45 awake time, or just over two hours, that sort of thing. Just being mindful and knowing how many naps that they should be on for their age.

And then what I would work on is what you want to do is build a sleep pressure, but not from making them overtired. So one key thing is that in their awake time, instead of, for example, trying to get them really overtired to see if they will then pass out and it'll make you easier settled, it tends to be the opposite. The more tired our babies are, the higher levels of stress, hormones, adrenaline, and cortisol they have on board. And those particularly make it really hard for them to get into deep sleep.

So what we want to do is build their sleep pressure by making sure in their awake time, they're really awake.

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Tara: (cont...) So we want to make sure when they're feeding, they're having a good feed, when they're playing, they're having a good play, because if they take multiple times in their awake periods, let's just say they're for example, on the feed and they're really dozy, or they're having multiple feeds in that awake period, and they're very drowsy and then they fight sleep, it's most likely because they've lost that sleep pressure.

So it's focusing on making sure they're awake in their awake time, then they have that pressure to need to go to sleep and to have that appetite for sleep when it's due essentially. So then I'd look at that feeding side of things and just take note. If your little one particularly fights sleep, particularly at bedtime or nap times, making sure that you're keeping a check, well actually, have they spent half of the awake time on and off the breast, or on and off the feeds? And then in that case, are they losing that pressure for sleep? So keeping an eye on that, and also how long they're feeding for, because that can impact their ability to want to go down. Tiffany: Yeah, of course.

Tara: Then I'd be basically looking at offering them the opportunity to know where they're going to sleep, and that sleep is something that they are very capable of doing. And so, one big thing is when it comes to sleep habits and sustainable sleep practices, is that the more roles we play in getting them to sleep, the more roles they think we need to play in getting back off to sleep. Basically, our babies they're meant to awaken. So we all awaken throughout the night a number of times, and it's essentially the way I want people to look at it is that that's actually more of a safety check.

Tara: So of course, little ones might need us overnight, but it's kind of like, is everything as it was? And if we're playing big roles in getting our little ones to sleep, and they're falling asleep on us, and then waking in completely different setting, or without what they had, for example, there's a really good chance you're going to get that sudden waking and crying, to come and mimic exactly as it was. So just starting to offer them their own sleep, basically starting to encourage them to get to know that, to fall asleep when and how they're going to wake up, so that they can rest in that and get into some of those deeper sleep rhythms, as opposed to just staying on these really light surfaces. It's almost like they sleep with one eye open, right?

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Tara: And then just looking at that sustainability. Can I keep rocking my baby until they're possibly two? How will I navigate that transfer from arms into cot, as we lower the cot? Can I keep driving around to give them their naps? That sort of thing. And just addressing that with, "Okay, I might just start to work on getting them used to their own sleep space. We might stay home for the first and second nap," for example. So usually, first and second nap, they're better naps to practice if they're on a few naps in the day, and then bedtime. So just committing into that for a little while to start to get them used to those things, because that's where we look at the sustainability of that moving forward, because it can get a bit tricky, right?

Tiffany: Absolutely!

Tara: Particularly as they're getting older, they will just push off you and try to crawl away when you're trying to rock them and things like that.

Tiffany: Yes. Well addressing sustainable sleep habits and sleep association was absolutely wonderful. I know myself, I struggled with things with all of my children for different reasons. And I think too, when you have a toddler and then you've got the second or third baby, then you often are so busy, you're rushing out. So it's difficult to sometimes have that sleep association and have that same space that they're going to sleep in all the time. So I know with my second, I really struggled with that for a little while, and that was really tricky. And I think sleeping them, as you said before, not having them too hot. I know sleeping in natural fibers and things and having good air flow definitely made a huge difference. And I'm sure that you'd agree with that too.

Tara: Yeah, absolutely. That air flow plays such a big role in SIDs recommendations.

Tiffany: Absolutely. I actually lived in Queensland for quite a while, so it was extremely hot. So it was really important to just make sure that the airflow was always there and that there was some way in which I could just obviously try to create a really comfortable environment for my little ones. So yeah, it is tricky.

Tara: You can then rest them that much easier, hey?

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Tiffany: That's right. I have another question that often used to baffle me, and a question that often would be something that people would ask as well is why do babies cry while they're sleeping? Because this is something that I know I used to go and check on my little one and they'd be crying but actually asleep, and I was like, "What's going on here?" So it's difficult to know whether to pick them up or not and what to do.

Tara: Yeah, for sure. So there's a few reasons why this will happen, so I'll list those. So one of them is over tiredness. So as I mentioned before, those stress hormones, so as soon as little ones start to get really overtired, they start to log on these adrenal stress hormones, which will be your cortisol, adrenaline, those sorts of things. So it's almost like that fight or flight response coming into play.

Which then means that then they go to bed overtired, a little bit more wired. So they're more prone to being up much more regularly, very unsettled, unable to get into a deeper sleep cycle. And also, they can be quite wired, so they're more prone to wake with almost like a hysteria, that really sudden cry.

So that's one big thing. So just managing your baby's awake times and also just, if you think that's coming into play, try taking off 10 to 15 minutes toward their last awake period, and just see if that helps them drift into a better sleep cycle for the nighttime.

The other thing is sleep associations. Just as I mentioned before, babies awaken, we all awaken, but we almost shouldn't know about them. So you and I, unless you've got little babes, we probably wouldn't know that we're waking many times in the night and checking everything is as it should be or as it was, and then going back off to sleep again. Whereas babies who for example, like I mentioned, if they get put to sleep in your arms and then wake up their sleep space, if they fall asleep with a dummy and then that's gone, or the breast isn't in their mouth, or whichever one it might be, any of those changes then trigger that alarm. So it's like this alert during the night that something isn't right here, and can we recreate that, right?

Tiffany: Yeah.

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Tara: Which then comes back to that whole idea of just beginning to work more and more on them being able to fall asleep, as it will be when they wake up, so allowing them to go down in their own sleep space can really help with that sudden waking and crying. Sometimes it can actually also be that they're still in sleep. So some little ones will cry in their sleep. It's very common, especially as we spoke about before, they're in much lighter surfaces of sleep than us. And so they are more prone to these active sleep cycles, which mean that they'll do all types of weird and wonderful things while they're asleep. You'll see them smile, and they might be moving, some will do this little whinge or a whimper, or things like that.

So that can come into play as well. So sometimes I would encourage folks to just keep a check on them. You can stay watching the monitor or stay near them, just give them a moment because if their eyes are shut, it might just stop within a couple of minutes and then stay in that sleep. So it's just holding off for just a moment, keeping an eye on them and then deciphering, okay, do they need me to step in now, or are they still in sleep as well?

Tiffany: Yeah. Well that makes perfect sense.

Tara: Yeah. Those are the main reasons that you'd see it. So it's more about overtired sleep associations, and then also, it can just be this light surface of sleep dreaming, that sort of thing can really come into play when it comes to that sort of thing.

Tiffany: Yeah. Awesome. It's just so great to have a bit of a look in at that sort of thing, because I think it's one of those things that a lot of people do struggle with. I know myself, I did. And because you're listening to your baby, or if you are in the same room with them, you can hear all those little whimpers, and cries, and you just don't know what's happening. So it's great to get a bit of an idea about why that might happen.

Tara: Totally.

Tiffany: A lot of people get a bit concerned about having their baby on their side or tummy. I know it's a question a lot of listeners will probably want to know about and will ask at some point, or realize it's something they want to know about. So is it safe for babies to lie on their side or tummy, typically?

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Tara: So as long as they position themselves there. So the Back To Sleep campaign that was run, I don't know exactly when it started, it's reduced SIDs by such a significant amount. So it's really important that we just pop them down on their back. However, once they start to position themselves there, on their side or tummy, that's when we don't have to step in and continue to reposition them on their back. So our job is basically, at that point to make sure that their sleep space is free of anything that could cause issues. So making sure that they've got that firm, clean, flat sleep space. Then their job is to, if they want to, to get from their back onto their tummy or side, and then of course, they can stay there once they do that. And it's quite natural. It's not always that you will see little ones once they can roll, staying on their back. Many will sleep on their side or tummy, and it can make us a bit nervous initially, but it's okay once they start to do it themselves.

Tiffany: Yeah. Well, I remember my babies, when they got a little bit older, particularly from four months on, I remember them moving around a lot more, and I'd go in and check on them and they'd be on their side or their tummy. And of course, as they get even older, you'd go in and they'd be up the end of the cot, in completely different places.

Tara: Oh my gosh. They sleep in the most weird and wonderful positions.

Tiffany: Yeah, they do. So I can totally relate to that. And when they're quite little, you get a bit concerned when they move around a bit like that, because when it suddenly does start to happen, you're like, "Oh, I wonder if they're safe in that position." So that's great to know a bit more about that. So thanks so much. So Tara, why do some babies sleep with their eyes open? And if they do, what's the best course of action here? Because I know we just spoke a little bit about them waking up crying when they're sleeping and that sort of thing, but I know you can go in sometimes and one eye is open. So what's the best course of action there when troubleshooting this issue?

Tara: I just think, pause. Just always think about that pause first before stepping in and thinking, "Oh, are they awake? Oh gosh, they only slept for 20 minutes. Let's quickly go in and fix them back off to sleep," because this can actually be a part of their light sleep phase. So this can be when they're either going back into a sleep, when they're starting their sleep process. And also, they can do it during REM sleep, right?

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Tiffany: Yeah.

Tara: So it's really important to just pause and go, "Right, do they need me right now? Or can I give them a moment to see if they are still in sleep, or if they're about to drift back into that deeper sleep?" And it can also be caused by the fact that their nervous system is still developing, so essentially, it can just be an immature nervous system initially that that causes that as well. But either way, I would always just think first, just pause, and just give them a chance to see if they are going to go back off to sleep again, or if they will stay in that REM sleep that they already most likely in.

Tiffany: Yeah. Great. There's some great tips there, I think, because it can be really tricky again to work that one out. So this next question is something that I actually came across with my second baby, actually. So what do you do if your baby won't sleep in their cot or during the day? I know, as I said, I had issues with my second with this a lot. So what are some tips around that one, Tara?

Tara: The main reason why day naps fail is typically coming down to two things. So the first thing is that sleep pressure. So you know how I spoke about before? Essentially, with their awake times, naps typically fail if they've lost their appetite for sleep. So if you've got a little one who's snack feeding, and then almost snack dozing on these feeds, there's a really good chance they then count that as their sleep. Particularly newborns.

So a lot of people come to me and say, "My newborn doesn't sleep for six hours, or five hours." Or, "They don't sleep all day." And I say, "Okay." "How many feeds do they have?" "They have three in this period, or they're on and off for this period of time." And I say, "Okay, were they pretty drowsy? Pretty zoned out or dozing?" "Okay. Well, your baby probably had about four naps in that six-hour period, and all of them were during the feed," if that makes sense.

Tiffany: Yeah.

Tara: So basically, what I would be looking at during that time is just going, "Okay. During their awake period, can we work on that actually being a complete awake period? Can I engage them more?"

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Tara: (cont...) Maybe move the feed, say 20 minutes after they wake, so you let them wake up properly first. It's not too close to when they're getting tired, they're due for sleep, and then go from there, when it comes to that feed, then feed them and do a lot more engagement on the feeds and interaction to make sure that then they've still got that appetite for sleep. So that is such a biggie when it comes to them going down in their cot during the daytime.

The other thing is over-tiredness or under-tiredness so once again, just becoming aware of when they're actually due for their sleep and trialing. So just go, "Okay, how did the settle go? Did I feel like they even took to it a little bit more when, for example, I took off 15 minutes of the awake time I thought they might be on? Or should tomorrow I try adding 20 minutes to when I thought they should be going down?" And trialing and seeing which one they respond better to, and just give you a really good direction to head in, right?

Tiffany: This is such helpful advice. It's incredible.

Tara: Totally. And also, I'd just be aware that sleep associations. So again, if they won't go down in the cot, what I would ideally run close to it is waiting 20 minutes, doing the feed, keeping them awake, then basically offering them the opportunity to go down in their sleep space and working on that for a couple of days. So what I do when I work with clients is about looking at how can we get them to start associating their sleep space, not something you have to do time and time and time again with sleep?

Because it's repetition and association. So if they're used to us doing something time and time again for sleep, of course, when we go and put them down, there's going to be this period of change, where we then have to manage that change with response and all of that, but just basically getting them more accustomed, so they learn that and then that will become their new familiar. Because all it is that if we repetitively put them in the car to sleep, or they are in the carrier to sleep, that's what they learned to know and that's what becomes their familiar, so it feels comfortable. So the change can feel a little uncomfortable at first, but once we start to practice that and get that as their new familiar, it just makes those day naps so much more achievable.

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Tiffaney: Yeah. That's great. It's just so good to have those practical things that you can actually consider and think about because I think it all just becomes a bit overwhelming and it's hard to know where to start, so that's great.

So if your baby's overtired, what is the best thing to do in your mind? What is your typical response to that with people?

Tara: What I would always look at it is, "Okay, how has this happened? Can I prevent it for the next time?" And that might be that for example, you've been out and you've tried to keep them awake until you get home, and then it's backfired, let's just say. So in that case, you just know, "Okay. Next time I'm out, I'm just going to let them have a sleep, and then we'll run the next sleep at home," for example. And so, just being aware of those times when it did happen and going, "Okay, how can we manage that next time?" knowing their awake times and being aware of those.

But then the next thing that I would do is, once they are overtired, you really want to almost bore them. Especially if they're younger and in swaddles, I would swaddle bub, put them in the wrap. You can also put them in a settling hold. So sometimes not making eye contact can actually be more soothing in terms of them being able to shut out the external stimulation. Whereas sometimes, we go the opposite, when they're crying and overtired, we pass them around, we shake rattles in their face, we're kissing them, we're right in their face. Whereas often, it's just almost I want you to add a bit of that comfort, so keeping them close to you.

Don't do too much eye contact. That doesn't mean you can't look at your baby, it just means trying to lessen what's coming into them. Then a bit of motion and some white noise or a shush. But particularly white noise because it helps block out external. Sometimes babies who are really overtired will actually cry as a preservation mechanism, to block out external input.

Tiffaney: Wow.

Tara: They're very clever. That essentially is, in my opinion, where some of this colic can come from, is babies who are obviously windy, and there's lots of different theories, but there's a really great idea of boring your baby out of colic.

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Tara: (cont...) So it's essentially just making sure that we're trying to just lower things. Not try and snap them out of it, but more just trying to soothe them through that period of time, so minimize the interaction, a wrap, dark room, white noise, and just get them to sleep however you can. So even if you've been working on some in-cot settling, even if you don't usually do a particular thing to get them to sleep, do what you need to at that point. It might be a feed to sleep, let them have a rest and then reset.

Tiffany: Okay. Yeah. That's a great idea. I think to give a bit of a tip there because I think again, if you do have a structure you're trying to work on, you really worry, I think if you're breaking that cycle or breaking that structure.

Tara: Yeah. You don't have to.

Tiffany: So I think it's good to give yourself permission to go, "Okay, well this particular instance is different. Let's just deal with this," and then as you said, start fresh.

Tara: Absolutely. We just don't need to be in too much pressure. We want to try and simplify things and also be kind to ourselves during that process, and just be like, "Right. Bub just needs some rest. Let's just do what we can. I'm walking the pram. Whatever we can do," and then reset from there.

Tiffany: Yeah. Well it's a tricky one in my opinion. I've dealt with that throughout my life with my children, and definitely was a tricky one. So thank you so much for coming on today, Tara. I'm sure everyone listening has picked up so many new tools and tips.

Tara: Yeah. It's my pleasure. Thank you for having me, once again. It's been a pleasure.

Tiffany: Wonderful. Thanks again. So if you'd like to learn more about baby sleep patterns, routines, or other super useful sleep tips, please check out Tara's website at www.gentlesleep.com.au, or her Instagram at [@thegentlesleepspecialist](https://www.instagram.com/thegentlesleepspecialist). Sleep well, everyone.