SLEEP & STRESS

How to Sleep When Your Newborn Keeps Waking

You cannot make newborn nights predictable, but you can protect the sleep opportunities you do get and recognise when exhaustion needs medical help.

The night has changed shape

You have finally put the baby down. The room is quiet, your body is exhausted-and now you are listening for the next cry instead of sleeping. Or perhaps you drift off immediately, only to wake again before you feel you have properly disappeared. Morning arrives, but the night never seemed to end.

This is not simply about adding up hours. Sleep moves through light and deep stages of non-rapid eye movement sleep and rapid eye movement (REM) sleep. Frequently interrupted sleep may keep you from getting enough of particular stages, even when the total time in bed looks respectable. With a newborn in the house, quantity and continuity can both become scarce.

That matters because sleep supports memory, learning, immune function and tissue repair. Adults are generally advised to get seven to nine hours a day, but a newborn does not consult adult recommendations. The useful question is not whether you can create an ideal night. For now, it is how to stop losing sleep that was genuinely available.

That distinction can soften the pressure. A baby waking is one kind of interruption. Lying awake beside a sleeping baby because the room is bright, your phone is glowing or you feel too alert to settle is another. You may not control the first. You can work on the second.

Exhaustion changes the day too

Sleep loss does more than produce heavy eyelids. It can impair clear thinking, reaction time and memory, increasing the chance of mistakes and accidents. Irritability, anxiety and strain in relationships can accompany it. When ordinary tasks suddenly feel strangely difficult, exhaustion may be part of the explanation rather than evidence that you are failing at them.

A 2024 systematic review and meta-analysis brought together 154 experimental studies involving 5,717 people. Extended wakefulness, shortened sleep and nighttime awakenings all

reduced positive feelings and increased anxiety symptoms. Results for negative feelings and depressive symptoms were mixed, but the broader conclusion was firm: lost and fragmented sleep can alter daytime emotional functioning.

That finding is particularly relevant after childbirth. A 2023 review of reviews identified disrupted and poor postpartum sleep among the risk factors for postpartum depression (PPD). Lack of social support was another. This does not mean a difficult week of sleep predicts what will happen to you, or that sleep alone explains how you feel. It means persistent exhaustion and emotional distress deserve to be taken seriously.

Longer-term research also links short sleep with higher rates of several health problems. A 2018 analysis covering more than five million participants found associations with mortality, diabetes, high blood pressure, cardiovascular disease, coronary heart disease and obesity. Those studies followed people for at least a year, so they should not be used to frighten you about a run of newborn nights. They show why sleep is health care, not an indulgence.

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Protect the sleep that exists

Much standard sleep advice assumes you control your evening. Newborn life exposes the flaw in that assumption. A perfectly consistent bedtime may be unavailable, and avoiding every interruption is plainly impossible. The practical parts of sleep advice are the ones that make a limited opportunity easier to use: darkness, quiet, a cool room and a brief transition away from stimulation.

Bright artificial light from televisions, computers and phones may signal wakefulness. A dark bedroom is more supportive of sleep; a dim night light is reasonable if light is needed. Removing unnecessary sound can help too. These changes will not stop the baby waking. They reduce competition from the parts of the environment that do not need to wake you.

Caffeine and nicotine can interfere with sleep, and caffeine's effects may last for hours. Alcohol is not a reliable shortcut: although it can make falling asleep easier, it can produce lighter sleep and make nighttime waking more likely. Sleep deprivation also magnifies alcohol's impairing effects. In a period when your reactions may already be slowed, that trade-off matters.

Quiet activities can help you wind down: reading, calm music, a bath or relaxation techniques are all established options. But this is not a demand for an elaborate ritual. If you have a narrow opening for sleep, a complicated routine can consume it. Choose the smallest cue that helps your body move from alert to resting, then let sleep-not perfect sleep hygiene-be the task.

Rest is not always sleep

Napping can improve alertness and performance, although later naps may make nighttime sleep harder for people who already struggle to fall asleep. With a newborn, blanket rules about never napping can be unrealistic. The evidence here does not establish a special newborn-parent formula, so beware of anyone presenting one as universal.

It also helps to notice what kind of problem you have. If your sleep is broken because the baby needs care, the opportunity itself is interrupted. If you remain unable to sleep when a real opportunity appears, insomnia may be entering the picture. Those situations can overlap, but they do not always need the same response.

For long-term insomnia, cognitive behavioral therapy for insomnia (CBT-I) is generally recommended as the first treatment option. It can be delivered by a doctor, nurse or therapist, in person, by telephone or online. It combines sleep education with approaches that address anxiety about sleep, relaxation, time in bed and the connection between bed and sleeping.

Do not quietly turn over-the-counter sleep aids or supplements into a nightly experiment. Antihistamine sleep products can be unsafe for some people. Research has not established melatonin as an effective insomnia treatment, and it can cause daytime sleepiness, headaches, stomach upset and other effects. A healthcare professional can review medicines and supplements in the context of your health and responsibilities.

Make one room easier to sleep in

Start this week with one modest aim: prepare the place where you sleep so that an available hour is not lost to unnecessary light. You are not promising yourself an uninterrupted night. You are removing one obstacle before you are too tired to negotiate with it.

Keep the room cool, quiet and dark. Move bright screens out of immediate reach and use only dim light if light is needed. If outdoor light reaches the bed, this step takes light-blocking curtains. They will not change the baby's needs, but they can make daytime or early-morning sleep less vulnerable to the room itself.

Then pay attention to the dividing line between newborn disruption and a separate sleep problem. If you repeatedly cannot fall asleep when you have the chance, or continued sleep trouble is affecting your days, speak with a healthcare professional. That conversation can cover insomnia, medicines, supplements and whether a structured treatment such as CBT-I fits.

For the next week, do not chase a flawless routine. Close the light-blocking curtains, put the

phone aside and use the sleep opening in front of you. In a newborn house, protecting one real opportunity is more useful than designing an imaginary perfect night.

Where this comes from

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