

1 in 3 new moms struggle to get their baby to sleep, but some women have a tougher time

September 25 2019, by Hannah Dahlen, Cathrine Fowler and Virginia Schmied



Parents have lost the village it takes to raise a child and this is taking a toll on new mothers and their babies. Credit: [Alex Pasarelu](#)

Becoming a parent is a wonderful experience but it can also be incredibly daunting. There is no qualification or test you can take to make sure you're ready; you have to rely on life experience, advice from friends, family and experts, and trial and error.

But while most of the time we get parenting right, some people need more support than others.

Our research, published today in the journal [BMJ Open](#), found that while every baby is different, some factors increase the likelihood new mothers will experience difficulties with early parenting. These include the mother's [mental health](#), [birth](#) intervention or emergencies during labor, and lack of support.

Australia has a unique health system

More than 30% of new mothers in Australia report [severe](#) problems getting their baby to [sleep and settle](#). This often results in exhaustion, and poorer [mental](#) and [physical health](#).

Poor physical and mental health during pregnancy and after birth can also have significant short- and longer-term impacts on the [health and development of the child](#). So treatment is vital.

Australia has a unique health system in place to support [new parents](#) who struggle to cope and their babies, including residential parenting services—sometimes referred to as "sleep schools"—such as [Tresillian](#) in New South Wales and Tweddle Child and Family Health Service in Victoria.

These services provide structured programs to help develop parenting skills. Parents attend and stay in the facility for three to four days and are guided through sleep, settling and feeding skills and strategies.

These services are mostly publicly funded and there are often waiting lists due to high demand.

Our research

We studied why some [women](#) and their partners end up requiring admission to residential parenting services in the first year after birth.

We looked at all births in NSW over 12 years and randomly analyzed [300 medical records](#) from women and babies who had a stay in residential parenting services in NSW. We then did in-depth interviews with [women](#) who used the services and [focus groups](#) with staff who worked there.

The primary reason women sought [support](#) in residential parenting services was for sleep and settling (83%).

Over half had a history of [mental health](#) issues.

During their stay, women used a number of services, including social workers (44%), psychologists (52%) and psychiatrists (4.5%).

Intervention in birth can leave women with negative feelings about the birth, leading to struggles with early parenting and depression. This can alter the way women engage with their baby, which can [impact on the baby's development](#).

One in ten women said they had mental health issues [related to the birth](#) and many were [traumatized](#) by their births, especially where unexpected intervention had occurred, such as a cesarean section, forceps or vacuum, or the baby needing resuscitation or intensive care.

Around one in three babies (36%) admitted to residential parenting services had a history of reflux. We have found a [strong link](#) between reflux and intervention in birth, [babies](#) being born early and maternal mental health issues, particularly anxiety.

We also found women admitted to the service were more likely to:

- be admitted as a private patient
- be born in Australia
- have had their first baby
- have experienced intervention during the labor and birth (induction, forceps or vacuum birth, cesarean section, epidural and episiotomy)
- have twins
- have a boy
- have a baby who needed to be resuscitated at birth, go to [intensive care](#), or who experienced birth trauma (particularly to the scalp)
- be aged in their 30s
- have [little support](#).

How the health system can support new parents

Screening and support for psychological and social vulnerabilities needs to be routine.

Depending on the state or territory, most women in the [public sector](#) receive a ["psychosocial" assessment](#) from midwives when they first book in for care during pregnancy and again from child and family health services after they have had the baby. This screens for depression, anxiety, childhood abuse, domestic violence, support and stress.

But this is still not done routinely in the [private sector](#) where 25% of women give birth. This urgently needs to be prioritized, so all women can receive appropriate support.

Women need support to prepare for birth, which may include having a [birth plan](#) and quality childbirth education. This gives couples tools to

manage the pain of labor, avoid unnecessary intervention and [prepare for parenthood](#).

They also need health providers they know and trust. Women who have a midwife they know through the pregnancy, birth and postnatal period have fewer interventions, better outcomes and greater satisfaction than those who are allotted whoever is on duty that day.

Relationship-based care gives women the opportunity to discuss what happened afterwards and debrief.

It takes a village to raise a child

Parents have [lost the village](#) it takes to raise a child and increasingly feel isolated and unsupported.

We need to have conversations with parents about how important this village will become and to start [putting this support in place](#) before the baby comes. This may be moving closer to your parents, finding a good parenting network, connecting with positive online support networks, and not feeling pressured to go back to work before you're ready.

Sharing the parenting and work arrangements as a couple can also help.

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Provided by The Conversation

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