Conscious Life presents

SLEEP SUPER CONFERENCE

Pediatric sleep solutions

Guest: Dr. Susie Menkes

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[00:00:10] Meagen Gibson

Welcome to this interview. I'm Meagen Gibson, cohost of the Sleep Super Conference. Today I'm speaking with Dr. Susie Menkes, founder of Healthy Little Sleepers. She's an applied developmental psychologist and certified pediatric sleep child behavior consultant, who has been in this line of practice since 2012.

She enjoys working together with parents, helping them navigate the nuances of newborn, older baby and toddler sleep, through one on one consults, online programs and corporate seminars. Susie is passionate about helping parents find more peaceful nights, confidence and empowerment through the power of knowledge. Dr. Susie Menkes, thank you so much for being with us today.

Dr. Susie Menkes

Thank you for having me. It's an honor to be here.

Meagen Gibson

Awesome. Well, it seems like everyone has an opinion about babies and sleep. Once you have one, they come out of the woodwork. So I'd love if you could start by telling us about it from an expert point of view. What is normal, what's not typical and could use kind of intervention and what are your thoughts on things like sleep training?

Dr. Susie Menkes

Sure. Well, I do sleep training with families all the time. That is my role, plus doing child behavior consulting. But sleep training is really important for families if they are getting stuck and their little one is struggling with sleep and that means being up two to three times a night and having difficulty falling back asleep. Now if your little one's waking up once a night for a feeding, that's A-okay, and a lot of times in the sleep training process, we encourage you to keep a night feeding, especially if it's required by your pediatrician. We're not going to tell you to not feed your baby.

I think a lot of people equate sleep training with this idea that you can't feed your baby in the middle of the night. So that's not accurate. Typically for babies four months and older, you can see them sleeping through the night and that's about 10 to 12 hours and maybe with a night feed and then naps at around four months of age also start to consolidate. So you'll see those 30 to 45 minute naps start getting longer and we want to see at least an hour nap because an hour nap is considered restorative.

[00:02:25]

Anything shorter than that is when you kind of want to really work on extending those nap lengths. And that's what we do with sleep coaching and sleep training, that's one and the same too, so we don't need to get those mixed up and how people refer to it. That's really kind of what we want to look for is what's the family's goal? What do they want out of this? Maybe it's not like the quickest way to get to A to Z, but maybe it's more of a gentle approach to sleep training and navigating everything because it's not just about the middle of the night message, but it's also about day time, and wake up time, and bedtime and nap times, and how long those naps are happening. And so we help them navigate and understand their little one based on their developmental age so that they can make the best decisions for them, their family and their baby.

Meagen Gibson

And I assume that that has a really custom assessment feel to it. Because every family is going to be different, have different needs. The child themselves is going to have different needs. If you had a premie or a baby that, for whatever reason with no blame associated, had a failure to thrive when they were an infant. Like they're going to require more responsiveness in the middle of the night, or maybe they might need more feeding or these kinds of circumstances that would make you adjust a sleep training plan.

Dr. Susie Menkes

Absolutely hands down.

Now at the end of the day, while every baby is unique, sleep needs are typically the same. But it's how you go about sleep training and what the family is comfortable with. And then obviously if you have a premature baby you want to take their developmental age into consideration because they're going to be behind the ball a little bit. So we really talked to families about when these developmental sleep milestones are coming into play, including nap transitions, so they can make those best decisions to understand when those nap transitions are happening and it not being a developmental milestone that's messing the sleep.

Meagen Gibson

And it's so hard. Because traditionally for years and years and years and hundreds of years, we relied on the generation before us to help us, mentor us in how to raise our babies from infancy. And it feels like now every generation's parenting style, parenting philosophy, especially based on behavioral science and what we know, changes drastically. Like my mom certainly didn't raise me the way that I raised my kids. Like I said, not passing judgment either way, things have just changed and progressed.

And so the best meaning advice and commentary can sometimes go against your own greater instincts or you can just end up feeling a little bit lost where you're like, attachment parenting, and things that we sometimes misunderstand, we might think oh I need to be completely ready to feed, responsive, always answering my child's cries with food in the night, or as long as they're changed and comfortable. And so it's got to be a really confusing time. I mean, tell me about the families that you meet and where they are and how they might feel and kind of how you start that process with them.

[00:05:35] Dr. Susie Menkes

Yeah, so I work with families that are night and day from each other. I have attachment families who do want to co-sleep or have a floor bed, and I have families that tend to be working parents who are like, we got to get this done because I'm going back to work in three weeks. Is this possible? But yet still want to maintain connection. And that's something we always do, is maintain connection. So this kind of fear of sleep training being also synonymous with "cry it out" where you put your baby down for sleep and you leave the room and you don't come back in till the morning, is also a little bit more of an archaic view of sleep training because there are so many different approaches out there.

So it's really educating. And we teach all of them. So me and my team, we're not trained on one particular method, but all of them. So we can help parents understand kind of what the training style is, what it looks like, how long it will take, what to expect, and kind of navigate the process with them from there.

I think also with sleep training, like you said, attachment parenting. We all want that secure attachment and I think there's a really big confusion around attachment parenting and attachment theory. Attachment parenting is a style of parenting and attachments, getting a secure attachment, is theory based and it's all about meeting your child's basic needs and forming that secure attachment, which often forms in that first four months of life where we're not sleep training, you can't sleep train a newborn. So there's this fear of "if I'm not an attachment parent, my child won't have a secure attachment" and that's not the situation or case whatsoever.

Meagen Gibson

I really appreciate you differentiating the two because you're absolutely right, and it leads to a lot of confusion, a lot of shame, a lot of guilt in our attempts to make sure we're not traumatizing our infants, if you will.

Dr. Susie Menkes

I think there's a big fear around sleep training that we're going to traumatize our children. And there's actually research studies, randomly controlled trials, which are the gold standard in research on sleep training while maintaining connection, just using the methods we use here at Healthy Little Sleepers and there's no adverse effects. And there's a five year follow up study on those kids who were, this is with Price and colleagues in 2012 had a study, and it was a five year follow up study of eight to ten month olds, and there were no adverse effects. And they looked at maternal wellbeing, they looked at sleep, psycho-social functioning and there were no adverse effect of sleep training.

And I think that's the biggest fear of like, is my child going to be a schizophrenic? I've had people tell me that. If you sleep train your baby and you let them cry, they're going to turn out to be schizophrenic. I'm like, what are you doing? There's a lot of polarization around sleep training. I know it isn't for everybody, but for a family who is looking for more sleep, who want better sleep for their baby and for themselves.

Because let's face it, as a parent, when you're not getting good sleep, your day, the next day is thrown off. You can't think clearly, make decisions, be the best parent. Maybe you have a little edge to your voice because you're so exhausted and really sleep training in the grand scheme of maybe two to four weeks can change all of that.

[00:09:14] Meagen Gibson

I love this. So I want to talk about what might be signals that your child and you, the relationship between you and your child, could use some sleep training. Or on the opposite, that sleep training could possibly help, but there might be other factors involved that you might need help outside of sleep training to address in a baby.

Dr. Susie Menkes

So in terms of looking for things where you might need sleep training is one your own mental well-being. How exhausted are you? Are you up more than once or twice a night? Can you function during the day? Are you falling asleep every time you sit down? That's a good indication that you probably need some more sleep too.

Your baby, in addition, there's so much memory consolidation that happens during sleep. So we want to think about their well-being. And so the first chunk of their sleep they spend mostly in non REM sleep, which is one of the most deep sleeps that we get. And our brain actually shrinks and flushes out the toxins for the day. So if they don't have that first five to 6 hours stretch of sleep consolidated, that's not great. And now we're not talking about initially when your little ones are waking up here and there every 2 hours.

Meagen Gibson

We're not talking about the infancy.

Dr. Susie Menkes

We're talking about chronic, like long-term. So this is what we really want. And the earlier you start, the easier it is for your baby. And I think that's also a fear from parents like my baby's too little right now, I'm not ready for it. Which is okay too. But you might want to start with some little things. You don't have to jump into full sleep training. You can just learn about the pieces of the puzzle, the other pieces of the puzzle that go into sleep training beyond the method, beyond the middle of the night message to help them with sleep.

Meagen Gibson

Okay, so that's a really good indication you're exhausted and you need some help.

Dr. Susie Menkes

So between four and six months of age, your little one will consolidate those naps. So if they're consistently taking those 30 to 45 minutes naps, which is very common, it's called "A brief awakening". It's the end of one sleep cycle and the beginning of another and we actually want them to transition into the next week cycle. So if they don't have that practice or that ability yet, we really want to work on those naps. But night-time sleep will always come together, I should say almost always come together before those naps do. Every once in a while we have a good napper and not a good nighttime napper, but more often than not the other way around.

[00:11:49] Meagen Gibson

And especially, I can imagine for parents who have older children, the younger ones getting carted around, doing drop offs and activities and things that might disrupt naps. Because life gets in the way, not all of us have had the opportunity to just protect our children's naps.

Dr. Susie Menkes

It's so hard. We call them those crap naps where you're just kind of going with the flow. And that's what we work with parents too with multiple kids and how you navigate those naps. And sometimes we don't have a choice and you're going to do the best you can in terms of those naps. But we're going to try and maybe on the weekends really work on those naps or maybe there's soccer and you can't. So it's just understanding what's going on and why you might start seeing those night-time wakings again because that nap today wasn't so great.

Meagen Gibson

And that super high quality sleep that you mentioned earlier factors into how you sleep at night. If you've got a high quality nap, you're actually going to sleep better at night. From what I remember, and it's been a few years since I've had infants, but sleep begets sleep is the phrase that I always remember hearing so much.

Dr. Susie Menkes

Yes, it absolutely does. And this idea that if you keep them up during the day, they're going to sleep longer at night is a complete myth. So you're right, sleep begets sleep. And it's also really up to a point too, because too much daytime sleep can also lead to night-time wakings or early mornings because they're not as tired.

So typically we don't want naps lasting longer than probably 2 hours, depending on how old your little one is and kind of what number nap they're on and things like that. So we're definitely looking at quality sleep, it's super important because what we're trying to do is balance out cortisol levels from being overtired. So when we're overtired, even for us, our cortisol levels go up. And so when we're overtired, and that even means not sleeping at the right time of day that's in line with their sleep rhythms. Yes, they're getting sleep, maybe not the same quality sleep because they're sleeping at times that are not in line with their rhythm, but over time that can also lead to night-time wakings. We refer to that as junk sleep. They might be getting the same amount of sleep but at the wrong time of day. So we really want to balance off that cortisol and flip it to have higher levels of melatonin, which is our powerful sleep hormone.

Meagen Gibson

Yeah, and I was just going to mention anybody that's not up on sleep or body hormones altogether. The cortisol is a stress hormone. We naturally produce it to respond to everyday stress. You're crossing the street, you see a car coming, you're going to produce cortisol and a bunch of other hormones to respond. Or long term stresses. But also your cortisol rises, if I'm correct, in the morning in order to warn you, awaken you, get you ready for your day. So it's not a stress hormone. It doesn't make you stressed. It responds to stress, as I understand.

[00:14:42] Dr. Susie Menkes

Right exactly.

Meagen Gibson

And then melatonin also being a hormone that's secreted at night in order to help your body know that it's time to actually rest, recover and restore your body and go to sleep.

And all of these things, if we're taking care of ourselves, if we're eating well, if we're in as much control of our natural cycle of wake and sleep as possible, these are things that should just occur naturally and you shouldn't have to struggle with them.

Dr. Susie Menkes

And I think families are worried about the sleep training process and raising cortisol levels. But if you have an overtired baby, the cortisol levels are already high. By no means is it dangerous that the cortisol levels are high at the moment. That's chronic sleep deprivation. There's negative effects. This is just the beginning, and let's get them set up on good sleep so we don't have that problem.

Meagen Gibson

Yeah, exactly. All right. So I want to talk about things that sleep training wouldn't necessarily benefit, that would be kind of outside intervention. Because I know when my first born was born, and it was about three months into his life, that I had a family member pull me aside and be like, this is not normal. I had a very choliky baby who was miserable, and I was miserable and sleep deprived, but I thought I was like, this is a normal baby's cry. Because I didn't know I was the first one in my family to have it. So I had no idea. So kind of go through the things that aren't necessarily typical and that might not be successful at first with sleep training and might need some additional support.

Dr. Susie Menkes

Sure. So, like you mentioned the choliky baby. It's no fault of parents. You just have a choliky baby and it's the rule of three. So they cry 3 hours a day, 3 days a week for 3 weeks straight and it continues. And no matter what you do, you're nursing them. You're trying to rock them. Like there you're standing in the kitchen with the vent on, vacuum cleaner, whatever white noise you can make first.

Meagen Gibson

It was Brazilian music. We played really loud drum Brazilian music.

Dr. Susie Menkes

That's amazing. So whatever you can do to soothe them. And so at that point, closer to three to four months of age, they start coming out of that phase. And that's when you're coming into the time where you can actually sleep train, because their sleep rhythms have developed by that point. So everything with the cholic, those stages are moving out and you're ready to officially sleep train.

And you're much more used to crying. So it's a little bit easier for parents to have a choliky baby because you're doing everything you can already and they're just crying in your arms and so they've probably gotten used to a lot of that.

[00:17:32]

Another thing you want to look out for is tongue ties that's a little bit more obvious and pediatricians are checking a lot of those now. But not only does it affect sleep but it affects breastfeeding and in the future, language development. So a tongue tie is when the frenulum, the little strip tendon strip under the tongue, that is short and the baby has a little heart shaped tongue so they don't have good swallow suck patterns. And what you actually want to have happen, they end up mouth breathing and breathing with their mouth open.

And so what you want to do is if you have a baby with their breathing with their mouth open while they're sleeping, you kind of want to put your thumb under the chin to try and close their mouth, tongue tie or not. But the thing is, with a tongue tie, the tongue ends up resting on the bottom of the mouth, not the roof of the mouth. And what happens is we want our babies to be obligated nasal breathers, which is important for their mouth to be closed, but the tongue can't reach the roof of the mouth properly and there's a ton of receptors behind where our front teeth would be that send signals, like those good for you like endorphins, serotonin, oxytocin, to the brain that are self soothing to the baby.

So they don't have that opportunity to get those skills or that sucking down internally with their mouth because of a tongue tie and they have a harder time falling asleep and that's when a pacifier comes into play. But you also want to be careful with pacifiers because sometimes they're great for soothing for newborns. But if they need it for an extended period of time, it might be for a structural need, not a sleep needs.

So if the jaw is reset, if they have a tongue tie or their mouth is open and they need something to help close their mouth. So those are things you kind of just want to look out for beyond your basic sleep things that can influence your little one's sleep. Those are the two main things I come across.

Reflux is another one. We're seeing a lot of babies with reflux, that's the third one. And reflux is basically when the esophageal flap that covers the esophagus that goes down to the stomach, the muscle is weak. And so a lot of times the contents come right back up. Now there's a difference between having a happy spitter, where you're seeing a lot of content up, that was my son, he always spit up some of his milk no matter what but he wasn't uncomfortable.

But the reflux part of it is like when that bile comes up and it's burning. You can still sleep train, but you just want to make sure the pain is managed by medication. And then reflux there's challenges because they can't eat as much. So a lot of times in sleep training we work on feeding and sleep to coincide with one another. So the plan for a baby with reflux becomes a little bit different because you're dealing with different feeding needs.

Meagen Gibson

You don't want to put a baby to sleep with reflux that's got a full tummy in the same way you would a different baby.

Dr. Susie Menkes

Exactly. Doctors usually recommend keeping them upright 15 to 20 minutes and which is really hard for a newborn because their wake window tends to be really small in the first place. So it's a really fine line.

[00:20:59] Meagen Gibson

And then I know we mentioned tongue tie and breathing, but it can also affect snoring and things like that even in kids, right?

Dr. Susie Menkes

Yeah, in older kids. So snoring that often has to do with either enlarged adenoids or tonsils, and they're often need to be removed, or maybe a deviated septum. Snoring is an indication, snoring and mouth breathing. So definitely looking into a pediatric ENT is really important because that can disrupt sleep and sleep apnea as well.

Meagen Gibson

And then you and I mentioned, because I have personal experiences with this as well, is parasomnias as you call them. But basically night terrors, sleepwalking, things like that, and what causes that and what can you do to intervene in that sort of problem?

Dr. Susie Menkes

So there's nothing you're doing to cause it or your little one's doing to cause it. It's actually hereditary. So if you have sleepwalking in your family and you're experiencing your little one having these night terrors, it's not just crying in the night where you pick them up and they get consoled. It's crying in the night where they're kind of like in another world and they're not engaging with you, they don't even know that you're there.

So the best thing you can do is not even do anything but stay outside of their vision in the realm, making sure that they're safe. And oftentimes they will go right back to sleep. They're scary. Night terrors are scary. And then night terrors turn into night walking, sleep walking. So they go hand in hand. So if you have night terrors, you're more likely to have a sleepwalker. The best thing you can do in those situations is a cool room. An overtired baby or child are more likely to have night terrors and sleepwalking. So making sure that you have an age appropriate bedtime, and then those are basically the main two things you can do. But you can't necessarily stop them.

But just make sure. It's just like sleepwalking they don't know that it's happening either. You're just kind of probably following them around the house like what are you doing? What do you need? And all of a sudden let's go back to bed and they're kind of just like they call back into bed and you ask them the next morning, what was going on last night? And they're like, what do you mean? So night terrors, though, for our little ones, as toddlers, can be super scary, but just know that try and go for those earlier bedtimes.

And what's scarier is if you're holding them, trying to console them, and they wake up, they're going to be more startled that you're holding them than if you are just there patiently making sure that they're safe. It might last 5 minutes, it might last 30 minutes. But even if you try and talk to them, they're not going to see you. So that definitely is another one. But there's nothing we can do, unfortunately, to eliminate them.

[00:24:01] Meagen Gibson

I think parents really like to hear, it's not your fault, it's hereditary, but obviously you can do some things to make the conditions less likely to create them. I love that you said, keep them cool, keep them safe. I've had both experience with both of those things, trying to modify both pajamas, comforters, temperature of the room, like all the kind of combinations of things. And then the keep them safe part, you're right. I act more like a rubber bumper on the bowling lane, where I just kind of say don't go this way. No exterior doors. I'm just going to kind of like she purged you back towards your bedroom, you're going to crawl back in. We're not going to talk about this in the morning.

Dr. Susie Menkes

And with an older one, even if you have a toddler, let's say that's still in their crib. Maybe they banged their head on the side of the rail. You can cut a pool noodle, and once they're asleep, just cover the crib railing, and that will act as a little bumper to them.

Meagen Gibson

Yeah, absolutely. Okay. I love that. And then as we shift into school age, we've talked a little bit about things like sleepwalking, but what should sleep look like as children kind of transition out of toddlerhood, drop their naps and they're getting typical sleep every night.

Dr. Susie Menkes

Yeah. So school age kids can vary. So you still have your early bedtime goers, who will probably always be early bedtime goers until they're maybe 8 or 10 years old. But until then, you might see something like a 7, 7:30 bedtime, and you have other kiddos who have no problem staying up till 8:00 and getting up at 7 in the morning and getting 11 hours of sleep. So we're looking similarly 10 to 12 hours of sleep for a school age kids, minus the nap. That doesn't change that much. In terms of night time sleep.

Meagen Gibson

And I want to go back to one thing that you said that I just thought of. So recommendations for parents specifically. So let's say you've got a child with, I can't think of the word. An issue. That's the word. A challenge, an issue. And a young child, like a baby, not an infant, with something like cholic, something like reflux that is causing issues. And you've been up a lot. You're trying to transition into sleep training and getting better sleep yourself. But you've got them settled, you've got that figured out, but you're the one that's still amped up anxious. It's like your body is responding to what it used to need and it's not used to sleeping regularly. You can't let go of the response that has been necessary for so long. What kind of advice do you have for parents in that situation?

Dr. Susie Menkes

That's hard. So, one, I would say if it's true anxiety, if you're having maybe continuous postpartum anxiety. And if not, it's interesting because a lot of families don't realize that, oh, I do have postpartum anxiety, but it's not the typical way you think about it. But if you have the slightest worry of are they breathing? Are you jumping up to check their nose? I did that all the time. They're in a different room, they slept for so long. Like, I have them trained, but I can't sleep. So that's something you want to kind of navigate with your doctor too.

[00:27:35]

If you have that worry, if you have that anxiety, because it's real and it doesn't have to be exacerbated as you're an anxious person. I'm not an anxious person, but I had postpartum anxiety and postpartum depression and I didn't even know it because they weren't the typical symptoms that I associated with those things. Because I was functioning. I was functioning just fine. Another thing you want to think about is if you have those worries, do whatever you can for your baby to make sure that there are things in place that you know that they're safe.

So maybe it's a breathable mattress. There are breathable mattresses out there. Maybe it's one of those monitors that have a heart rate monitor and you don't have to worry, things like that. And then in relation to your sleep, it's just about retraining. It's almost like if you were to set your alarm at 06:00 a.m, or you're getting up at 06:00 a.m every day for your baby, you have that internal clock. So similarly, just like retraining yourself, you kind of want to think, what is my number of hours of sleep right now? And how can I shift them?

So maybe you're going to bed at 11:00 and waking up at 4 in the morning. That's not enough sleep. So you're having a max of 5 hours of sleep and you want to start waking up at six. So start actually pushing your bedtime later to get that 6:00 a.m. wake up and then slowly start moving yourself backwards to a normal bedtime. So that's one strategy. Another one, doctor approved, is if you need melatonin to help reset your system is a really good idea. I would say that would be the last resort, especially if you're nursing.

And then really think about your screen time, because our screens emit, and even our television screens, our phones, computers, Led light. And that's a blue light wavelength that actually mimics the sun. And so that suppresses the production of our own melatonin. So if you're in the middle of the night, I do this and have done this I try not to very often, is my phone is next to my bed as that's also my alarm clock, but it's set aside. If I wake up, I'm like, oh, I can't fall back asleep. I'll go to my phone and then now I say, what am I doing? I got to put it down and close my eyes. But that screen suppresses my production of melatonin. And our melatonin is highest from 2 to 04:00 a.m.

So if we're up during those hours, we're suppressing the most important time of day where our melatonin is being produced. So think about at the very least an hour before bedtime to shut off your screens, read a book. I'm phenomenal at falling asleep reading. I read so much. But if I actually sit down around bed, I'll fall asleep.

Meagen Gibson

I mean, research papers are fantastic for that, aren't they?

Dr. Susie Menkes

Yes, they are. And then the other thing is essential oils. So having lavender or I work with someone at doTERRA who's a doTERRA rep, and she's phenomenal. But just when you think, whether it's because of anxiety too, it relaxes your system and you're like, oh so it takes the edge off, it reduces cortisol levels. There's actually research on lavender reducing cortisol levels. So that is a really important thing. And I would do that above and beyond taking melatonin. So those are kind of the 3, 4 things I would recommend for parents.

[00:31:14]

And turning off the monitor. Because we are so keen to be, I would stare at the monitor watching my baby sleep, but I would be up not getting the sleep. And so if you know that you can hear your baby from another room, turn the monitor off. Because we have those brief awakenings too, just like our babies do. We might open our eyes, scan our environment, roll over and fall back asleep. But with the monitor, light is something that will catch our eye and fully awaken us up. Same with our little ones.

So I talk about this with families. When and why are blackout shades necessary? It's not always necessary, but if your little one is sensitive and the sun is coming up early, like in the beginning of the summer months, then they might be waking up super early because that little bit of light that's coming through the blinds is waking them up. The light, temperature, noise can always wake them up at 4 or 05:00 a.m. An hour where they have a more difficult time falling back asleep because their sleep drive isn't that strong. So same for us.

Meagen Gibson

Yeah, I can relate. Everybody in, I would say northern North America, northern Europe, your summer's, the light, it never sets and it comes out 04:00 a.m., and everyone there has very dark blackout curtains. And I understand why. Because you have to black it out or you get so confused.

Dr. Susie Menkes

You have to mimic your Las Vegas hotel room where you wake up.

Meagen Gibson

Sensory deprivation.

Dr. Susie Menkes

Yeah, right. Yeah. And that will help parents, too. But likely you're going to have your own little baby alarm clock that'll be waking you up between 6 and 07:00 a.m., and that's a typical wake up time for most babies.

Meagen Gibson

Yeah, and I love what you said about sleep cycles. I think a lot of people don't know that it's natural to wake up between sleep cycles, just like your baby would if you don't have the monitor on. Like, this is not a cry for help necessarily. It might just be a little bit of stirring and they'll fall back asleep. Same goes for parents, especially if you're cycling out of that response cycle and starting sleep training. You're going to wake up and you're going to think, like your body is going to respond and be like, I'm supposed to be awake, I'm supposed to be doing something.

And you might get bored. You look at your phone, it emits all that blue light, and now what could have been 2 to 02:30 in the morning wakefulness is now 2 to 4. So I remember when I was nursing my son, I bought a little digital solitaire game with no blue light display on it from a gas station or

a drugstore or something because I needed something to do with my brain while I was up with the baby. I mean, not that my baby wasn't beautiful, but you do get bored.

[00:34:02] Dr. Susie Menkes

I had The Food Network on and it cycled through infomercials and I'm like, oh should I get that? I'm like, I need to turn this off. I didn't do that with my daughter and she slept much better. Because the thing is, with melatonin production, we're reducing our own, and it's highest from 2 to 04:00 a.m.. And when that happens, and you're nursing, at 2 to 04:00 A.m. you still want your melatonin production to be high because it passes through the breast milk.

So you're helping them set those rhythms. But if you're watching TV or you're on your screens, it can mess up with your own melatonin production and make it harder for them to develop their own kind of rhythms and system, too. And that's in the newborn stage where we really want to try and help set those rhythms for them when they aren't born with any of them.

Meagen Gibson

That's a really good point. I never even considered that. But of course it does. Of course it passes through. And then you said something, gosh, I wanted to come back to it, and now I can't remember. Oh, I just wanted to come back to postpartum anxiety and postpartum depression because I, too, suffered from postpartum anxiety. And back when I had my first child, no one was talking about postpartum anxiety. I don't think it was really a thing that anybody had named yet. And now that we know so much more.

I'm so glad that you named it and described it. I think people have a handle on what postpartum depression is now, but I like to talk about postpartum anxiety a lot more because you're right, it's a different super high functioning. I was a very responsive mom and had everything dialed in and everything was taken care of. I just couldn't sleep, couldn't relax, couldn't eat.

Dr. Susie Menkes

And if my baby was out with someone else, I'd be like, where are you? When are you coming back? Because I need my baby. Why?

Meagen Gibson

Because I don't know how to do anything else. No one can take care of my baby better than I can, that's why.

Yeah. Intrusive thoughts, fears about what's going to happen to them when you're not with them or when you are with them. I only name it in case somebody's confused that's watching or doesn't know that that's them, because you definitely need support. I wish I had known. I wish I had gotten more support.

Dr. Susie Menkes

And there's different levels and extremities of it, like the intrusive thoughts, the harming your baby. I didn't have those ones, but that's a higher level of postpartum anxiety. And I have many clients

and friends that she didn't want to be left alone with her baby. She was so scared she was going to do something to hurt him. Yeah. Wow. It's scary. And so while it's not normal, it's not uncommon. And to let parents know that it's not just you, and to mention this to your doctor because it's going to be okay.

[00:36:45] Meagen Gibson

Yeah. Super treatable. Once you name it, you can get a ton of support.

Dr. Susie Menkes

And maybe you're lashing out at your partner irritability. All those little things.

Meagen Gibson

And, I mean, we're all extremely good at calmly stating our needs when we're sleep deprived and anxious and postpartum we're very. It sounds sarcastic, but I know it's just like you're getting somebody at their literally least resourced moment and asking them to name their needs. I know it sounds ridiculous having been there, but at the same time, it's important that you do so.

Dr. Susie Menkes

Yeah. And it's hard because you want to put on this strong front, like, I got this, my mom did it, my sister did it. You don't want to feel weak or feel any less than, but really, it's not about that. You're stronger for bringing it up.

Meagen Gibson

Absolutely. And I want to just say that dads can also get postpartum depression and postpartum anxiety. Anybody can. It's a big transition. It's a lot. So get the support you need.

Dr. Susie Menkes

Yeah. And I have a lot of fathers, too, who feel disconnected on the other end because they don't know how to bond.

Meagen Gibson

I can't catch a ball yet. What am I supposed to do? Not to be totally gendered about it, no.

Dr. Susie Menkes

But they can get involved, whether it's giving one bottle a day or changing the diapers or giving the bath time. That's all super important time. Even 10 minutes. Holding the baby while mom showers. Mom, let dad or your other partner do things.

Meagen Gibson

Right. Literally. Yes.

[00:38:32] Dr. Susie Menkes

Yeah, because there's mom gatekeeping too. That can happen, which I was definitely guilty of.

Meagen Gibson

Let me just say, no one will do this as well as I will. We're all victims of ourselves.

Dr. Susie Menkes

And then that backfires later on, because then you're like, why can't you do this? That's my fault.

Meagen Gibson

Yeah. We got to help us help ourselves.

Dr. Susie Menkes

Yes.

Meagen Gibson

Easier said than done. Now, in hindsight. All right, so, Dr. Susie Menkes, how can people find out more about you and Healthy Little Sleepers?

Dr. Susie Menkes

Sure, you can go to my website at healthylittlesleepers.com. You can also follow me on Instagram, which my handle is Healthy little sleepers. So it's all very simple and straightforward. And Instagram, we are always sharing new workshops, programs that we're doing. They're also on our website. But first time is usually an announcement on Instagram or our newsletter as well, which you can sign up for through the website.

Meagen Gibson

Fantastic. Thanks again for being with us today.

Dr. Susie Menkes

Thank you so much.