

Controlled crying is among safe options for baby and parents' sleep

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A study of more than 2,000 U.S. parents of babies aged 3–18 months highlights the benefits and safety of behavioral sleep interventions (BSIs)—as difficult they might seem to implement.

The majority (64%) of the 2090 families reported using at least one of the three common BSIs—"parental presence," "controlled crying" (known as modified extinction) or "cry it out" (unmodified extinction)—as a way to promote infant sleep self-regulation so infants learn to settle themselves to sleep.

"Pediatric insomnia is very common and tends to cause considerable distress for families," says Flinders University clinical psychology researcher and international infant sleep expert Dr. Michal Kahn, who is currently Assistant Professor at Tel Aviv University, Israel.

"In the clinic, we meet parents who haven't had a good night's sleep in months and sometimes years, which of course impacts their mood, cognitive performance (for example, at work), and also the relationships with their partner and baby.

"There is controversy about the safety and even necessity of BSIs, yet claims against these interventions are theoretical in nature, whereas [research evidence](#) to date has not provided any indication of short- or long-term adverse consequences of BSIs.

"Our study provides further evidence for the safety of these interventions by demonstrating that parents who had and had not used them did not differ in measures of parent-infant bonding, parent depression, or parent sleep."

In terms of infant sleep, the study found that implementing unmodified and modified extinction was associated with longer and more consolidated infant sleep, suggesting that these interventions are effective in decreasing pediatric insomnia symptoms.

"Many parents may want to try these interventions but are reluctant given non-based claims that they are unsafe," Dr. Kahn says.

"Parents and clinicians should thus be aware of the range of safe evidence-based treatments available to ameliorate infant sleep problems, which could considerably improve parents' health and well-being."

The U.S.-based study was presented by Dr. Kahn and senior pediatric sleep experts Dr. Michael Gradisar and Dr. Natalie Barnett at this year's World Sleep Congress and has been published in *The Journal of Pediatrics*.

The measures used included questionnaires and permission from families for further evidence from baby monitoring devices.

Participating parents completed online questionnaires regarding their infant's sleep, their own sleep, [daytime sleepiness](#), depression levels, and parent-infant bonding. Infant sleep was assessed via objective, exploratory auto-videosomnography data obtained from the 14-days prior to survey completion.

Key points of the study:

- 64% of [parents](#) reported implementing BSIs. The average age at [intervention](#) was 5.3 months.
- Unmodified and Modified Extinction were rated as significantly more difficult to implement compared with Parental Presence, but also as more helpful, shorter, and quicker to show improvements.
- Infant nighttime sleep was longer and more consolidated in the Unmodified and Modified Extinction groups compared with the Parental Presence and no-BSI groups.
- No differences were found between BSI groups in parent sleep, sleepiness, depression, or parent-infant bonding.

The article, "Implementation of Behavioral Interventions for Infant

Sleep Problems in Real-world Settings" has been published in *The Journal of Pediatrics*.

More information: Michal Kahn et al, Implementation of Behavioral Interventions for Infant Sleep Problems in Real-world Settings, *The Journal of Pediatrics* (2022). [DOI: 10.1016/j.jpeds.2022.10.038](https://doi.org/10.1016/j.jpeds.2022.10.038)

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