SLEEPING FOR...2

TAKING CARE OF SLEEP DURING PREGNANCY AND THE POST-PARTUM

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TABLE OF CONTENTS

INTRODUCTION

CHAPTER 1 — How do you sleep during pregnancy?

CHAPTER 2 — How important are our behaviours and evening habits for sleep, especially during pregnancy?

CHAPTER 3 — How true are our beliefs about sleep?

CHAPTER 4 — How do emotions and sleep influence each other, especially during pregnancy?

CHAPTER 5 — How do children sleep?

CHAPTER 6 — Valuing and personalising your own sleep to feel better: sleep and well-being for the mother, the child, and the whole family

INTRODUCTION



Sleep is one of the most important functions of our bodies: we need to sleep just as we need to eat and drink. Sleep is essential for the health and functioning of our brain and body, and it also has a direct impact on our mood and overall well-being. The delicate period of pregnancy is especially susceptible to various sleep difficulties, so much so that sleeping well during this time, especially in the final trimester, is more the exception than the rule.

The most common sleep problems during this period are:

- *Short sleep duration;*
- *Poor sleep quality;*
- *Insomnia,* meaning difficulty falling or staying asleep during the night, not feeling refreshed after sleep, accompanied by daytime impairments such as low mood, tiredness, fatigue, and difficulty concentrating.

Poor sleep can lead to negative consequences for maternal health during pregnancy and for the development of the baby while still in the womb. Of course, everyone experiences a few nights of "bad sleep." In times of greater stress, or even simply when we are excited about something positive that is about to happen, we may have trouble falling asleep or may wake more easily during the night. Very often, this problem is temporary and resolves on its own. Sleep difficulties become problematic when they persist over time because they can increase health risks for the woman and the baby, and that is exactly why they need to be prevented and addressed.

BUT WHEN DO WE TALK ABOUT ACTUAL SLEEP DIFFICULTIES AND NOT JUST A FEW NIGHTS OF "BAD SLEEP"?

During pregnancy, about 7 out of 10 women report sleep difficulties not just for a single night, but for many nights. Sleep problems that begin during pregnancy do not always end with childbirth; they can persist throughout the weeks of gestation and worsen in the postpartum period. Research has shown that many women who experience insomnia during pregnancy continue to report these symptoms up to two years after childbirth. Most of these difficulties are often triggered

by the changes that accompany pregnancy, but their persistence and severity are largely regulated by psychological and behavioural factors that can be managed effectively, if well understood.

It is important to know that sleep during pregnancy can be influenced by various factors:

- *Physiological and hormonal changes* can cause sleep disturbances;
- *The growing belly* can make it difficult to find a comfortable sleeping position and may increase the need to go to the bathroom during the night;
- *Social role changes,* such as the early interruption of work activities, can result in irregular sleep patterns;
- *Psychological aspects including stress or worries,* which in turn can lead to greater arousal (cognitive, emotional, and physiological activation) before sleep, which is incompatible with falling asleep easily.

Some of these factors cannot be directly changed, such as physiological and hormonal changes or the growing belly, but they can be better understood and managed. It is possible, however, to act directly on other factors, such as psychological and behavioural ones, which cause and worsen insomnia symptoms. There is no one-size-fits-all solution, but rather personalised strategies based on a proper understanding of sleep and how it works, especially during pregnancy.

The goal of this manual is therefore to promote mindful, effective, and personalised management of your own sleep.

In particular:

- *Mindful:* because it offers the reader a solid understanding of how the processes that regulate sleep work at a physiological and psychological level;
- *Effective:* because the information provided follows the latest and most up-to-date guidelines on the assessment and treatment of sleep difficulties and insomnia disorder, based on the latest scientific evidence;
- *Personalised* because readers are guided in developing sleep management strategies based on their personal needs.

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This book is based on the current empirical evidence on the assessment and treatment of insomnia problems. The authors of this text are members of the European Sleep Research Society and the European Insomnia Network. Professor Baglioni is an expert in insomnia disorder, an area she has worked in for over 20 years and is a board member of the European Academy of Cognitive Behavioural Therapy for Insomnia Disorder. She is one of the authors of the European guidelines published in December 2023 for the assessment and treatment of insomnia disorder and editor of the manual "Cognitive-Behavioural Therapy For Insomnia (CBT-I) Across The Life Span: Guidelines and Clinical Protocols for Health Professionals" published by Wiley in 2022.

CHAPTER 1:
HOW DO YOU SLEEP DURING PREGNANCY?



STARTING OFF RIGHT!

The first trimester of pregnancy is a time of great change, bringing new discoveries about yourself and your body. For women experiencing pregnancy for the first time, everything is new, but even for those who have already had a baby, each pregnancy is unique. During this period, you may feel excited and full of energy, or instead, tired and fatigued - every emotion is understandable. How you feel during pregnancy also depends on how well and how much you sleep. During the first three months, it is common for sudden hormonal changes, nausea, the need to urinate more frequently, and worries related to pregnancy to disrupt your sleep. Additionally, you may feel like you need much more rest than you are actually able to get. This book aims to provide information and tools to help you learn, from the very beginning, how to take care of your own sleep and, when the time comes, the sleep of your newborn.

WHAT IS SLEEP?

Sleep is a fundamental biological process necessary for survival, but it is also a behaviour that is learnt. To explain this, think about eating. Hunger is a process regulated by physiological factors that keep us alive, and eating is a behaviour we learn from a young age, starting with weaning. How many times a day we eat, what we eat, where we eat - these are all behaviours that depend on our choices and habits. Similarly, sleep is a process regulated by physiological factors to keep us alive, and sleeping is a behaviour learned from birth. When we go to bed, where we sleep, and what we do before going to bed - these are all behaviours that depend on our choices and habits.

WHY DO WE SLEEP?

We spend about a third of our lives sleeping: if sleep were useless, over the centuries this behaviour would have disappeared. In fact, from an evolutionary standpoint, we can be at risk while we sleep. Yet evolution has not eliminated sleep. This is because sleep, like wakefulness, is essential not for just one, but for many fundamental processes that enable us to function well both physically and mentally throughout the day. In fact, sleep not only serves important restorative purposes,

but it is also vital for temperature regulation, neurological functioning, learning and memory, managing negative emotions and stress, and much more. During pregnancy, sleep is especially important for fetal growth and the healthy progression of the pregnancy.

HOW DOES SLEEP CHANGE DURING PREGNANCY?

First trimester: During the first three months of pregnancy, daytime sleepiness tends to increase and nighttime awakenings can become frequent. Sleep is influenced by increased stress and emotional load, as well as by physiological changes that lead to nausea, an increased need to urinate, and difficulty finding a comfortable position. Sleep difficulties can be related to hormonal production: in fact, during this period the body produces high levels of progesterone, oestrogen, and prolactin. All these hormones are vital for pregnancy, but on the other hand, they can negatively affect nighttime sleep and contribute to increased daytime fatigue, nausea, and frequent need to urinate. Another important change in sleep during pregnancy is that rhythms change: it is very common, in fact, to feel sleepy much earlier in the evening compared to before pregnancy. To try to compensate for the tiredness, naps during the day become more frequent. Meeting the need for rest is essential, but it is important to remember, as we'll see later in this book, that paying some attention to the duration and timing of naps can help improve nighttime sleep.

Second trimester: Daytime sleepiness and fatigue may improve, but nighttime awakenings persist. You may wake up more often during the night due to the need to urinate or difficulty finding a comfortable position (as your belly starts to grow).

Third trimester: Towards the end of pregnancy, it is common to experience a worsening of sleep, with shorter duration, more nighttime awakenings, and increased difficulty falling asleep. Sleep changes throughout pregnancy and sleep difficulties are more widespread and pronounced in the third trimester. This is also because, as already mentioned, sleep problems at the start of pregnancy, even if mild, tend to persist and worsen over the months if not addressed in a timely manner. Why not take action right away, learning to manage the factors that negatively affect sleep? Let's start with what can be done to best manage some issues related to the beginning of pregnancy: nausea, need to urinate, and difficulty finding a comfortable position.

- *Nausea:* Evening nausea can be eased by a light snack, such as a few crackers before bed. It is also important, when suffering from afternoon or morning nausea, to adjust dinner by limiting foods that are hard to digest, such as fatty, spicy, acidic (for example, tomato sauce), or fried foods. Some women use ginger to combat nausea; it can be a great help, if you like it!
- *Need to go to the bathroom:* The frequent urge to urinate is common even in the first trimester and can lead to nighttime awakenings. To manage this, you can try reducing fluid intake in the evening hours, while still making sure to drink enough during the day. When you wake up during the night, it's important to try to keep the light low, as bright lighting might make it harder to go back to sleep. You can install a soft light in the bedroom, along the path to the bathroom, and in the bathroom itself. Once you've satisfied the physiological need, it is best to return to bed immediately without getting involved in activities like checking on your other children, watching TV, or picking up your phone. Avoiding these activities, which can stimulate your body and mind, can help you fall back asleep more easily.
- *Difficulty finding a comfortable position:* Even in the first trimester, you might struggle to find a truly comfortable sleeping position. What should you do? Experiment! Even if it is not your habit, a recommended position for sleep during pregnancy is sleeping on your left side. This position improves blood circulation, and therefore oxygenation, to the fetus and the mother's vital organs, such as the heart and kidneys. Although the need to sleep on the left side becomes more pressing in later stages of pregnancy as the belly grows, even in the first trimester women may find it beneficial. You can try with a pillow between your legs and another under your belly; there are also specific pregnancy pillows available.

AND WHAT IF THIS ISN'T YOUR FIRST CHILD AND YOU ALREADY HAVE OTHER CHILDREN?

During pregnancy, managing daytime sleepiness and fatigue can be difficult if you have other children. Indeed, it may not be so easy to take a short nap during the day, carve out time for yourself to relax, or go to bed earlier. On top of that, children can require a lot of energy! Especially if they are under three years old, it's not easy for them to understand that mum needs more rest or is more tired than before, now that a new brother or sister is on the way.

What can you do?

If it is not possible to have the support of a babysitter or after-school activities, there are still some adjustments that can be made. You can plan one or two hours of quiet time for everyone in the afternoon: younger children can take a nap, while older ones can spend time on relaxing activities, chosen from those they prefer. Examples could be drawing, reading a book, or listening to music. This is also helpful for the child, who can learn to focus their energy on calming and, perhaps, even creative activities. During this time, it is important for mum to have some time to rest! It is always best to limit television use, especially for younger children, so whenever possible, better to choose other activities.

WHAT ARE THE MOST COMMON SLEEP DISORDERS DURING PREGNANCY?

- *Insomnia:* This is a chronic disorder, characterised by difficulty falling asleep or staying asleep (waking up during the night or waking up earlier than desired), dissatisfaction with one's sleep, and consequences during the day such as tiredness, worry about sleep, poor performance at work or in daily activities, difficulty concentrating, and much more. As we have seen previously, a bad night's sleep happens to everyone from time to time and often resolves on its own, but when it becomes a persistent problem that compromises quality of life, it is important to intervene promptly. In fact, about two-thirds of women suffer from insomnia during the third trimester of pregnancy.
- *Restless legs syndrome:* This disorder is associated with unpleasant sensations in the legs that lead to an irresistible urge to move them. These symptoms get worse when a person is at rest, especially at night, causing difficulty falling asleep. This disorder is more common towards the end of pregnancy, and among its possible causes is iron deficiency. Restless legs syndrome affects about one third of women in the last trimester.
- *Snoring:* Weight gain and nasal congestion during pregnancy lead many women to snore for the first time in their lives! This condition can be a risk factor for high blood pressure.
- *Sleep apnoea:* This manifests as loud snoring, with noises similar to gasping, and repeated pauses in breathing during sleep. Often, it is the partner who notices these symptoms, while the person affected may experience nonspecific symptoms such as dissatisfaction with sleep and increased daytime sleepiness. In fact, apnoeas negatively affect sleep quality. Sleep apnoea syndrome affects one in five women during pregnancy.

WHEN DO WE SLEEP WELL DURING PREGNANCY?

It may seem like a simple question, but actually, it can have several answers. Do we sleep well when we sleep a lot? And what does it mean to sleep a lot? Do we sleep well when we fall asleep right away? Or is it when we wake up feeling refreshed?

During pregnancy, we sleep well when:

- *We get enough sleep:* contrary to what you might think, there isn't a standard amount of sleep that everyone needs in order to wake up refreshed and be efficient throughout the day. In fact, we often hear that we should get at least seven or eight hours of sleep per night, but that doesn't mean there aren't people who feel fine with just six hours, or who need more than eight. You should sleep the number of hours you feel is necessary for you; so don't worry if you sleep too much or too little, as long as you wake up in the morning feeling rested: we are all different and each of us needs a different amount of sleep!
- *We sleep at the right times:* we might think that sleeping eight

hours at any time of day is fine, as long as it's eight hours. But that's not really the case. In fact, it's important not to mix up day and night, and it's best to have your own routine for when you go to bed and get up in the morning. Regular sleep schedules are fundamental for good sleep, because this way our body gets used to our rhythms and knows when it's time to sleep. Also, don't worry if you feel sleepy much earlier in the evening during pregnancy - it's completely normal! In that case, try to listen to what your body needs.

- ***We sleep through the night:*** we can say that sleep is healthy when, once we go to bed, we're able to fall asleep easily and sleep through the night without interruptions. Even here, it's perfectly normal to experience occasional difficulties falling asleep or waking up during the night; you only need to take action if these difficulties persist over time and impact your wellbeing.
- ***We wake up refreshed:*** how wonderful is it to wake up in the morning feeling rested and ready to take on a new day? This happens when we feel we've slept well and are satisfied with our sleep. So, our subjective perception of our sleep is important too. Sometimes, you might wake up feeling you slept poorly or lightly even if you slept for a sufficient amount of time. That doesn't mean you should ignore the fact that your sleep isn't satisfying. Whatever the reason, it's important to acknowledge this dissatisfaction when it affects your wellbeing.
- ***We feel rested during the day:*** when we sleep well at night, in the morning we feel ready to carry out all our daily activities feeling refreshed and alert. In fact, good quality sleep at night helps us be efficient and maintain a state of wakeful alertness throughout the day. In short, we feel more productive and less tired or fatigued, and it's easier to get through daily tasks.
- ***Before bedtime, we unwind and allow ourselves to relax:*** the habits we stick to before going to bed, and more generally throughout the day, affect the quality of our sleep. For example, napping during the day can reduce our ability to fall asleep at night. This doesn't mean "no more naps": daily rest during pregnancy is very important! However, if you find it hard to fall asleep in the evening, it's better to move your nap to after lunch, so that you're sleepy enough by bedtime. Also, certain behaviours before bed can negatively affect our ability to fall asleep, such as eating heavy meals, consuming certain foods like chocolate, exercising late at night, being exposed to light sources for too long, or using the TV or your phone once you're already in bed. As we'll see in the next chapter, if you're having trouble relaxing enough in the evening hours, you can try to create a routine - a series of pleasant and relaxing activities to do nearly every evening, or even every evening.

WHEN DOES POOR SLEEP BECOME A CHRONIC PROBLEM?

How does a few nights of bad sleep turn into a chronic problem? This can happen when three types of factors interact: Predisposing, Precipitating, and Perpetuating (or maintaining) factors. These 3Ps can lead some women to develop an insomnia disorder. Psychological interventions are specifically aimed at managing the maintaining factors as effectively as possible.

- ***Predisposing factors:*** some individuals are more vulnerable to insomnia problems than others. This is due to genetic and physiological reasons, but also certain personality traits. For example, high levels of perfectionism, anxiety, or difficulty managing stress are all personal characteristics that tend to be associated with greater issues with insomnia. However, it's important to remember that not all people who suffer from insomnia have high perfectionism.
- ***Precipitating factors:*** insomnia symptoms often appear following stressful events that disrupt sleep. Precipitating factors can also include various lifestyle changes. For women, one of these factors can be pregnancy itself, even when it is experienced without complications and in a calm manner. It's a very important change in life!
- ***Perpetuating factors:*** even in the presence of predisposing and precipitating factors, not all women develop chronic insomnia. In fact, very often sleep problems resolve with the resolution of the stressful event or with adaptation to it. The persistence of sleep difficulties does not necessarily indicate an inability of the person to cope with the stressful event. Much more often, there are factors

that maintain the insomnia problem, specifically linked to the reaction to sleep difficulties.

These may be:

- *Behavioural:* sleep-related habits, which we introduce in this chapter and will explore further in the next.
- *Cognitive:* beliefs or worries related to sleep, which we will delve into in chapter three.
- *Emotional:* emotional reactions to sleep difficulties, which we will consider in chapter four.



CHAPTER 2:

HOW IMPORTANT ARE OUR BEHAVIOURS AND EVENING HABITS FOR SLEEP, ESPECIALLY DURING PREGNANCY?

HOW DOES SLEEP WORK?

The physiological regulation of sleep: the two-process model

Sleep is an essential function for survival and is regulated by two physiological processes:

- *Homeostatic process:* you become progressively sleepier the more time that you are awake, and this often leads to falling asleep with ease;
- *Circadian process:* there are certain times of the day when our tendency to sleep is higher. These moments depend on a series of indicators, the most important of which is the alternation between day and night.

The ideal onset of sleep occurs at a point in the day when both processes are in sync: enough hours of wakefulness have accumulated, and the propensity for sleep is highest (in the evening). The time in the evening when the gates to sleep "open" can vary from person to person and is generally earlier during pregnancy than before.

The psychological regulation of sleep: associative learning

In addition to physiological processes, habits and routines are also important for falling asleep and having good sleep: in fact, beyond being a physiological process, sleep is also a learnt behaviour. We are the ones who decide what time we go to bed, what time we get up, where we sleep, what we do before bed, and so on. These decisions and behaviours regulate how and when we sleep or stay awake (our sleep-wake pattern). Sleep is a complex behaviour, but its learning, like many survival-related behaviours, also occurs through stimulus-response associations. Just as the dining table or the smell of an appetising meal can make us hungry, our tendency to sleep is also triggered by a series of internal and external stimuli. It is further reinforced by the experience of quick and problem-free sleep onset. When we repeatedly experience "sleep failure," the bed and bedroom can become signals that trigger anxiety and frustration, linked to unsuccessful attempts to fall asleep. These negative emotions increase sleep difficulties and are among the mechanisms that reinforce insomnia. Later in this book, we will discuss more about how sleep is connected to emotions.

WHAT HELPS YOU SLEEP WELL?

- ***Recognise the signs of sleepiness and distinguish them from those of stress and fatigue:*** The signs of sleepines (or drowsiness) are physical signals that indicate we are sleepy. Some examples of drowsiness indicators are: struggling to keep your eyes open, yawning, being unable to sit up straight, or the desire to lie down. When we notice these, we should listen to our body's needs and go to bed. On the other hand, signs of stress and fatigue, such as sensations of muscular and cognitive tension, indicate that we are still tense and alert, and that we need to relax and "unwind." Tension can interfere with falling asleep, so when we notice this it's best to postpone going to bed until we start to feel sleepy.
- ***Unplug at the end of the day and find time for yourself:*** Having a regular bedtime routine helps the process of falling asleep (typically putting on pyjamas, brushing your teeth, etc.). The hour before bedtime should be dedicated to relaxing activities that help quiet the body and mind, leading up to sleep. Examples include reading, listening to relaxing music, or drawing, but everyone can choose the activity that suits them best. Not everyone relaxes in the same way, so it's important to find and recognise what activities are personally relaxing for us, rather than what is relaxing for everyone in general. It's not just about what we do, but also why we do it. In fact, research has shown that anything we do - even reading or meditating - if we do it specifically to help us sleep, can have the opposite effect: our mind reactivates, and we find it harder to fall asleep. The goal isn't to find something that helps us sleep, because sleep comes on its own, but rather to do something enjoyable and relaxing as a break from the busy pace of the day. As Viktor Frankl said, "Sleep is like a dove that rests on your shoulder and stays there as long as you don't turn to look at it." So, we shouldn't try to force sleep; it comes by itself, and our only aim is to enjoy an activity we genuinely want to do. To explain this, think of the difference between someone who reads a book with the intention to read and someone who reads a book with the intention to fall asleep: the first becomes absorbed in the book and may fall asleep easily, while the second is focused on chasing sleep and will have a harder time drifting off.
- ***Don't stay in bed if you're awake, leave the bed instead:*** The idea that we must sleep a certain number of hours at any cost can lead to compensating behaviours to recover lost sleep, but these are actually counterproductive. For example, we might decide to go to bed earlier than usual, regardless of how tired we feel, in order to try to sleep longer. This leads to lying in bed awake and struggling to fall asleep simply because we're not sleepy yet. Other times we wake up early in the morning and can't get back to sleep; as a result, we may decide to stay in bed to try to offset the feelings of tiredness. This behaviour encourages short, fragmented periods of sleep, which contribute to the sensation of fatigue upon waking. In fact, feeling rested in the morning is linked more to having a continuous block of sleep than simply the total duration of sleep. Also, spending a long time awake in bed tends to strengthen the mental link between being in bed and being awake (and at the same time weakens the connection between bed and sleep), with negative feelings such as frustration and worry. So, if you notice you can't sleep, it's better to go to another room and stay up until you feel sleepy again - only then go back to bed! During those periods of wakefulness, it helps to do activities that you have found to be relaxing for you.
- ***Distinguish between the day environment and the night environment:*** A behaviour associated with good-quality sleep is distinguishing as much as possible between the day environment - such as the living room or kitchen - and the night environment, which is the bedroom. Typical waking activities (eating, working, chatting, cleaning, tidying up, watching television, spending time on social media, etc.) should be carried out in the day environment, while the night environment should be used only for sleeping. The only waking activity compatible with the night environment is sexual activity. An exception can be made for reading: reading in bed is fine, but only if we enjoy it and it relaxes us, not because we think it will make us fall asleep. Consistently, periods of sleep should be avoided in day environments, such as taking a nap on the sofa before going to bed. All of this is because, based on associative learning, the amount of time spent awake in bed affects the connection that links the bed (the stimulus) with sleep (the response), and becomes a factor that disrupts our sleep.
- ***Be consistent, but focus on your morning weke-up time, not on when to go to bed:*** It is very helpful to build our own routine and

try to go to bed and wake up at the same time because this reduces levels of fatigue and daytime sleepiness. It often happens that, in order to get the number of hours of sleep that work for us, we change our schedules: for example, if we went to bed late, we try to delay the morning alarm, or we bring forward the time we go to bed to get what seems like an adequate amount of sleep. This is often not helpful, because in the first case, we end up with excessive variability in our sleep schedule, and in the second, we find ourselves going to bed when we are still awake and alert. It is best to try to wake up at the same time every morning, regardless of how many hours we have slept, and go to bed only when we are sleepy. Ideally, this regularity should be maintained on weekends as well. Always getting up at the same time aims to regulate sleep rhythms, increase the positive association between bed (or bedroom) and sleep, and reduce daytime sleepiness and fatigue.

- ***Behaviours after waking up:*** Starting the day well can help us overcome fatigue and feel better. As with relaxation techniques, in this case too, we need to find what works for us. Perhaps at breakfast, we could have a glass of orange juice or eat a croissant, or maybe we could read or listen to music or take a nice hot shower. What matters is not what we do, but that it is functional for us.

CHAPTER 3:
HOW TRUE ARE OUR BELIEFS ABOUT SLEEP?



As we saw earlier, sleep is also a learnt behavior. However, unlike animals, in humans, behavioural choices are also guided by beliefs and expectations. These, in turn, influence the emotions we experience. If a person believes they need to sleep 8 hours and must wake up at 6:00 a.m. for work, they will make themselves go to bed at 10:00 p.m. But what happens if they're not sleepy yet? They will probably feel frustrated and agitated because they can't sleep as long as they would like. The person's belief that they must get at least 8 hours of sleep to feel well (belief) guided their choice to go to bed early (behaviour), which led to difficulty falling asleep and associated frustration (emotion).

But is it really true that everyone needs at least 8 hours of sleep? Or that if you miss a night's sleep, the next day will go terribly?

Sleep is so central to our lives that, as often happens, many myths have sprung up around it. These false beliefs can become weapons against sleep itself, because they increase worry and therefore anxiety, which are incompatible with good sleep and, in general, keep us from living peacefully.

THE MYTH OF 8 HOURS

"We need 8 hours of sleep to feel well and function during the day". This is one of the most widespread myths, and there's a good chance everyone has heard it at least once. But is true? The simplest answer is: it depends. The duration of sleep has long been a focus of scientific research and medical attention. We now know that each age group corresponds to an optimal sleep duration, and that for adults, it's actually between 7 and 9 hours. However, we also know that sleep requirements vary not only by age, but also from person to person. There are significant individual differences throughout life: most people are well-rested with 7 hours of sleep, but some need more than 7, and some are satisfied with 6 hours of sleep. So, there's no rule that truly applies to everyone: it's important to listen to your body and ask yourself, upon waking: "Am I satisfied with the duration of my sleep?"

FALSE BELIEFS ABOUT SLEEP

What is a false belief and why is it important?

False beliefs about sleep are convictions that a person holds, which influence their behaviour and feelings. They are called "false" because, although the person - and sometimes even those around them - firmly believe them, scientific and clinical research indicates that they aren't based on real data but are often the result of anxiety, worry, or simply common ideas.
False beliefs are among the modifiable maintaining factors of sleep difficulties. Often these beliefs turn into automatic thoughts, which is why it is important to learn to recognise them.

SOME FALSE BELIEFS

"I need at least 8 hours of sleep to feel well."

As mentioned earlier, there are individual differences in sleep needs. Rather than following an external rule ("sleep 8 hours"), it's important to understand how you feel after 8 hours of sleep. You may still feel tired or very refreshed - everything depends on your individual needs.

During pregnancy, daytime tiredness increases, and you often need more sleep. However, it's important to remember that sleep requirements don't change drastically: if before pregnancy you felt rested with 6 hours of sleep, you might try increasing it a little, but it's very unlikely that you will suddenly need 10 hours.

We should also remember, as noted previously, that the amount of sleep is not the only thing to consider: its quality is important too. You might sleep 8 hours but wake up often during the night, or spend hours in bed without being able to fall asleep, or stay in bed after waking up in the morning, trying to sleep more. So, even if your sleep lasts long enough, its quality may still be poor. How can you tell if you're sleeping enough? Whether you sleep 6 hours or 9, the important thing is to be satisfied with your sleep and see how you feel during the day.

"I need to take a nap to recover from a night of little sleep."

Napping is generally not recommended if you have trouble falling asleep at night, but pregnancy is a special time, and feeling very tired and sleepy at certain times of the day is completely normal. Daytime tiredness can lead to a need to nap during the day, even if it wasn't a previous habit. If you need rest, it's important to find a moment during the day for a short nap. However, if you have trouble falling asleep at night or are not satisfied with your sleep quality, you can use some strategies without giving up your daytime nap:

- ***Duration:*** Short naps of about 15–20 minutes can be enough to rest without harming your ability to fall asleep at night. As mentioned earlier, it's better to reach nighttime with enough sleep pressure to fall asleep easily!
- ***Timing:*** Evening naps can negatively affect your sleep later on. It's better to nap after lunch, taking advantage of the natural drowsiness that may occur at this time of the day. This way, you'll have more energy in the afternoon to enjoy whatever you like or need to do.

Napping is not a strict rule you have to follow: you should always check in with yourself about how you feel. If after lunch you feel sleepy and tired, it's good to rest. If, on the other hand, you feel full of energy and in good shape, try to make it through to bedtime so you can enjoy your sleep!

"My sleep difficulties will harm my physical health."

Anxiety and worry about the effects of just one night of poor sleep can impact the sleep we get the next night and make us have a rough day. We'll look at these aspects later in this book. However, it's important to remember that variations in the quality or quantity of sleep are completely normal, especially during pregnancy. Furthermore, you can learn about the factors that can lead to chronic problems over time in order to manage them promptly.

Chronic insomnia is a disorder that requires clinical attention, and even persistent sleep difficulties deserve attention. However, these difficulties are not necessarily a lifelong problem and can be treated.

"I no longer have control over my sleep."

Sleep is a physiological process that happens automatically for "good sleepers" but becomes controlled for "bad sleepers." Everyone has experienced being unable to fall asleep and maybe thinking, "If I want to sleep so badly, why can't I?" This can happen precisely because you are trying to command sleep to come. A person who sleeps well doesn't

need to think about it or try to control sleep: it happens automatically, effortlessly. When there are persistent difficulties falling asleep, the process becomes controlled - a conscious effort is made to achieve sleep. This effort has the opposite effect: it inhibits sleep and increases anxiety. Time passes and the worry about not getting enough sleep grows.

If this mechanism sounds familiar, you can try a small technique called paradoxical intention, which involves not trying to control sleep but doing the opposite: making an effort to stay awake as long as possible!

How it works:

- *Turn off the lights and lie down in bed.*
- *Focus on keeping your eyes open as long as possible.*
- *If you feel sleep coming, don't react - just let it happen.*
- *Remember, the goal is not to sleep, but to stay awake as long as possible. Don't check the time or worry about how much time is passing.*

"I slept badly last night: today will definitely be a terrible day!"

Expecting to perform poorly after a bad night's sleep can actually make us perform worse just because we feel more nervous and worried. Even if we slept little or badly, we can ask ourselves how we really feel and discover that, despite everything, we're able to face the day. Or, we may realise that we are truly tired and unmotivated; this may depend partly on how we slept, but also on many other factors. Just as sleep quality can vary from day to day, so can the quality of our daytime energy. If it's a day when we're feeling particularly tired, we can take it easy and rest if possible! A short afternoon nap can help recharge us.

"It's better to take a sleeping pill to get a good night's sleep, it's the only solution."

International guidelines warn that using sleeping pills during pregnancy requires careful medical consideration. Furthermore, the World Health Organization emphasises a basic principle of care: everyone has the right to receive the best evidence-based treatment for whatever is troubling them. In the case of insomnia, the best treatment is psychological therapy, not medication. In fact, the most recent European guidelines, published in 2023 by a team of experts based on research and clinical practice, have confirmed that Cognitive Behavioural Therapy (CBT) is the first-choice treatment for insomnia. It's also important to point out that medication may seem like a quick and easy fix, but it has side effects that CBT does not. There is another principle to keep in mind, reminiscent of the old proverb: "Give a man a fish, and you feed him for a day. Teach a man to fish, and you feed him for a lifetime." Learning to manage your own sleep difficulties also means acquiring tools and skills that can be useful in the future - something that medication cannot provide.

"Today I'm not feeling well because I didn't sleep well."

As we will see in the next chapter, sleep and emotions influence each other. However, our lives are full of events, stimuli, and interactions that constantly affect how we feel. Sleep is important for emotions, but it's not the only thing they depend on!

If we are confused about how we feel, we can try pausing for a moment, taking three breaths, and connecting with our emotions. We might discover that it's not the lack of sleep making us feel sad, but something that happened the day before.

"I won't be able to recover from a bad night's sleep."

The concept of resilience has now entered everyday language. It refers to the ability to face adversity. Sleep difficulties, especially when persistent, can make us lose confidence in our capacity to be resilient. This, in turn, increases worry as we get ready to go to sleep. As we have repeated many times, temporary sleep difficulties do not have irreparable effects on our lives. Moreover, persistent difficulties can be prevented and treated, above all through knowledge and gaining the ability to make conscious choices about our sleep.

"Insomnia has an organic cause, there's nothing I can do about it."

As we saw at the beginning of this book, insomnia is due to a series of factors (the 3Ps) and its maintenance is linked to habits or beliefs

that are mostly changeable. Only in rare cases are sleep difficulties caused solely by physiological reasons, while for the majority there is an interaction between genetic and physiological factors on one side and psychological and behavioural factors on the other. This means that sleep difficulties can be treated by modifying the maintaining psychological-factors.

"I didn't sleep well, so I'd better avoid commitments today."

Worrying about the effects of poor sleep can really limit us during the day. It's important to know that sleep can influence our daily life, but the opposite is also true! Limiting our activities, even those that give us pleasure and are good for us, can make our sleep less restorative. Engaging in enjoyable activities makes us feel good, and when we feel good, we'll be able to sleep better too!

CHAPTER 4:

HOW DO EMOTIONS AND SLEEP INFLUENCE EACH OTHER, ESPECIALLY DURING PREGNANCY?



EMOTIONS: WHAT THEY ARE AND THEIR CONNECTION TO SLEEP

Emotions are short-term responses to stimuli that can be external (for example, looking at a photo can make us feel happy) or internal (for example, a memory can make us feel sad). Even though they are brief, emotional responses are complex and manifest on multiple levels:

- ***Physiological*** *(for example, an increased heart rate)*
- ***Behavioural*** *(for example, crying)*
- ***Experiential*** *(for example, feeling happy)*

Emotions have both valence and intensity.

- ***Valence*** indicates whether the emotion creates a pleasant or unpleasant state in us; for istance, joy has a positive valence, while sadness has a negative valence.
- ***Intensity*** indicates the level of activation the emotion generates. For example, sadness and fear have the same valence (negative) but different intensities: sadness is a low-intensity emotion because it causes a low level of physiological activation, whereas fear is a high-intensity emotion because it triggers a high level of physiological activation (e.g., rapid heartbeat, shortness of breath, sweating, etc.).

Emotions are linked to the health of our sleep: they influence sleep quality, and sleep quality, in turn, influences our emotions. Various studies have shown that poor sleep quality sleep is closely linked to negative affective states. This reflects a common experience: all of us have probably said or heard, at least once, "I had a terrible night" in response to "Why are you so irritable?" It's not unusual to feel sadder, less motivated, or on edge after sleeping poorly or too little. People with persistent sleep problems generally report positive emotions less frequently and negative emotions more frequently than "good sleepers."

Having repeated sleep difficulties can be a source of stress and lead to experiencing a large number of negative emotions related to sleep, such as worry about the daytime consequences of poor sleep or fear

of never sleeping enough. In addition, sleep is important for our ability to cope with everyday challenges: poor sleep quality is associated with a reduced ability during the day to manage emotions, which in turn can intensify the experience of negative emotions and decrease the experience of positive ones.

To cope with intense negative emotions, people with persistent sleep difficulties may try to monitor and reduce them. These attempts are often ineffective and actually further increase the intensity of negative emotions: the more one tries to chase away or suppress them, the stronger they become. Additionally, a person may make ineffective behavioural choices in an attempt to get rid of negative emotions. For example, the belief that a bad night's sleep will strongly affect the next day's performance is generally associated with the emergence of sadness, anger or anxiety after a disturbed night; to reduce these negative emotions, one might feel compelled to focus efforts on controlling the sleep process. As we have seen, these efforts are often counterproductive. Negative emotions, therefore, help perpetuate insomnia and increase the risk of poor psychological well-being.

Therefore, valuing sleep is also important for promoting more effective and enjoyable emotional and relational functioning.

EMOTIONS IN EVERYDAY LIFE: WHAT IS HEALTHY?

Valence: whether they are pleasant or unpleasant, we need all our emotions.

Emotions are very important in our lives. They help us assess situations and guide our choices. Let's take an example. If I start a new job that I enjoy, that I am able to perform satisfactorily, and where I build good relationships with my colleagues, I will feel happy or at ease. This will lead me to see the situation as positive and to invest more in my work. On the other hand, if a new work situation comes with an excessive workload, little recognition, or a tense atmosphere with coworkers, I will feel sad, angry, or frustrated. These emotions help us assess the situation as negative, and realising that we're not comfortable in a situation is useful in making choices that lead to change. However, keep in mind: not all emotions are always linked to such important decisions! I might find myself in a generally positive work environment but have a very demanding day and feel anger or frustration in the evening. In this case, these negative emotions may be linked to temporary stress and may simply indicate the need to change course - in other words, to rest for a moment before starting again. Still, even in this case, negative emotions serve to signal to us the need for a moment of reflection. This means that suppressing them or pretending they aren't there is not helpful. Emotions are signals that are better not ignored.

Emotional reactivity: drifting away from our basal levels of arousal.

Experiencing emotions with a negative valence is something everyone goes through, so there's no need to be alarmed - in fact, even negative emotions have their own purpose. More than the valence of the emotion itself, what matters for our well-being is a person's ability to return to a calm emotional state. Feeling sadness or fear in certain situations is completely normal; these emotions only become dysfunctional when a person cannot return to a state of serenity and relaxation (our basal levels of arousal) within a relatively short period of time. What can be misleading is that sometimes this ability is achieved by doing nothing at all - by simply accepting that we can feel sad or worried, even during a period like pregnancy in fact! Especially during a period like pregnancy, occasionally experiencing negative emotions is completely normal and even helpful. We are going through a very important time for ourselves and our baby, so it's normal to sometimes feel scared or under pressure. If we don't accept this - if we judge how we feel - we'll start trying to fight our negative emotions, and that will only make them stronger.

The regulation of emotions: managing your emotions doesn't mean fighting them.

Affective variability refers to all the emotional fluctuations we experience, in relation to life events, compared to our baseline emotional state. Let's think of this baseline emotional state as a comfort zone in which we feel "at ease." This state is continually subject to variation: both external events and internal ones (thoughts, memories) make us feel more or less happy compared to our baseline state. These fluctuations are therefore normal and are part of our lives. However, extreme and sudden fluctuations can lead to changes in psychological well-being: constantly going up and down is not pleasant at all!

But how can we return to a baseline affective state once we've become

activated in response to an event? We do this through emotion regulation strategies. Emotion regulation is the ability to monitor, evaluate, and modulate our emotional reactions in response to life events. Regulation of emotions doesn't mean control - it means knowing how to manage our emotions and being able to return to a baseline affective state in a short time. It's completely normal to feel sad after watching a dramatic film, but it wouldn't be very healthy for us if that sadness lasted for days. Another important characteristic of "good" emotion regulation is that it's appropriate to the context: laughing loudly at a party is absolutely fine, but doing so at the memory of something funny while standing in line at the supermarket might not be as appropriate. In the first case, there's no need to regulate your emotional expression, but in the second there is!

Research indicates that certain ways (or strategies) of regulating emotions are particularly linked to psychological well-being and sleep quality:

- ***Cognitive reappraisal,*** that is, giving a new interpretation to the event that triggered the emotion, seeing it as "less bad" or "better" ("all things considered, it's not so bad, I can always work things out!").

- ***Acceptance of negative emotions,*** such as sadness, anger, frustration, or worry ("do I feel sad? There's nothing wrong with that, who doesn't feel sad every now and then?").

- A generally ineffective or unhelpful strategy is ***the suppression of emotional expression,*** meaning inhibiting the outward expression of emotion without addressing the emotion itself ("nobody should see me cry about this!").

Which are "good strategies" and which aren't? In general, some strategies are more effective than others, but the context must always be considered. In fact, the purpose of emotion regulation is to adapt to the context or to our goal: in some situations, suppressing emotions is useful (for example, it may be helpful to hide your anxiety during a job interview), but suppressing our emotions in general is not beneficial. This is because if we try to avoid admitting that we're sad, we don't allow sadness to fulfil its purpose of signalling that something needs to change (which, as mentioned above, might sometimes be something small, like carving out half an hour in the day for an activity we love but never manage to do because of our busy schedules). Suppressing the expression of emotions isn't just unhelpful - it can actually be counterproductive: the more we try to fight an emotion, the more intense and pervasive it becomes.

So, a person's well-being depends on:

- how much their emotions fluctuate;
- how quickly they can return to their baseline state;
- how well they can regulate their emotions based on the context they're in or their goal.

All three of these aspects of emotional processes are associated with the duration and quality of sleep. When we sleep poorly, we're more vulnerable to sudden and extreme emotional fluctuations, to staying in a state of alert for longer periods, and to using less effective emotion regulation strategies to return to our baseline state, such as cognitive reappraisal and acceptance of negative emotions.

SLEEP AND EMOTIONS: WHAT HELPS?

As we have already mentioned, our emotions and our ability to manage them can affect the quality of our sleep and the process of falling asleep. It's a common experience that when we go to bed at night, we start thinking about the events of the day that has just passed or those we'll have to face the next day. In some cases, this mental activity becomes intense and prolonged. This runs counter to the processes that initiate sleep, which require both physical and mental relaxation and deactivation. What's more, because we're unable to sleep, we may begin to judge these thoughts negatively, interpreting them as intrusive, unwelcome, and problematic. If we perceive our emotions as unmanageable and if they are keeping us awake, there are certain things we can do to help ourselves feel better without ignoring how we feel.

Emotions by day and by night

To ensure that sleep comes without disturbance, we need to pay

attention not only to what we do before bedtime but also to the activities we engage in throughout the day.
To help the process of falling asleep, we might first dedicate some time during the day to things we enjoy: physical activity, listening to music, painting or drawing, visiting museums, reading, and so on.
In addition, planning our days in a way that schedules our most challenging tasks during the times when we generally feel most energetic can be very helpful. For example, if we're more alert and rested in the morning, it can be useful to try to place our most demanding activities in that part of the day, so we can dedicate the afternoon to less strenuous activities.

Putting the day to bed

It's also very helpful to separate day from evening - to find a moment before or just after dinner to "put the day to bed." This can be achieved in two ways. The first is to organise your evening so that after dinner is reserved only for pleasant and calming activities. The second is to dedicate some time and space at the end of the day to reflecting on the events that have happened and organising the following day. This second strategy is especially useful if you tend to replay the day or plan the next one when you're already in bed.
Taking time to consider worries or problems is also a good habit, as it allows us to better tackle any challenges or daily and work responsibilities that may require more effort, commitment, and investment. Surprisingly, this can even become a pleasant activity! However, it's important to move this activity out of the bedroom and into a more appropriate time of day.
If you struggle with a "racing mind" in bed, try setting aside a specific place at home where, every day, you spend some time (about 20-30 minutes) "putting the day to bed," by writing down your worries, reflections on the day, and plans for the next. It's important that this time is far from bedtime, for example, in the late afternoon or just before or after dinner. This way, it's possible to acknowledge your worries without letting them interfere with your sleep.

Imagination as a resource

During the night, if we have trouble falling asleep or wake up in the middle of the night, we can use certain imaginative techniques. For example, one technique is to create the script for a movie: at an appropriate time during the day (away from bedtime), we invent and write in a notebook the script for a film lasting about 10 minutes, imagining ourselves as the director. We try to come up with a story that is pleasant and interesting, but also relaxing and calm, thinking of all the possible details (setting, characters, events, etc.). Then, we need to learn and repeat the script, always during the day and far from sleep hours. Once the story is well memorised, we can recall it at night if we have difficulty falling asleep or experience prolonged nighttime awakenings.

The right distance

Sometimes worries, stress, or other negative emotions are so present and invasive that nothing seems to work to manage them. When we are sad or stressed, we just wish we didn't feel that way. Often, we start to judge how we're feeling and try to escape from it. However, all of this only increases our suffering. In fact, it's as if we suffer twice: once for what worries us and once for how we react to our worry. When we can't change an event and the emotions it triggers in us, we can try to change our relationship with stress and negative emotions by observing how we feel without trying to change the source of the stress. The right distance from thoughts and emotions allows us to move from automatic reaction to awareness and acceptance. By becoming observers of our thoughts and emotions, we can learn to accept them and not be overwhelmed by them.

As with all the techniques suggested in this book, this one is not necessarily a solution that works for everyone or for every situation. However, the only way to find what works for you is to experiment!

The right distance can also benefit sleep:

- Detaching from automatic thoughts: Non-judgmental observation allows us to detach from beliefs related to sleep (false beliefs) and, as a result, can lower our levels of arousal, making them more compatible with the processes that lead to falling asleep. We can learn to accept that our thoughts might disturb our sleep and not judge ourselves for this.
- Recognising the body's signals: By observing how we feel without judgment, we can improve our ability to pay attention to the

signals our body sends us. This way, we can listen to ourselves and understand when we are sleepy and it's time to go to bed!

- Quieting the mind: And if we're in bed and our mind won't stop racing? We can take a break from our mental activity and observe it non-judgmentally: if we notice that we are starting to move around or ruminate, we can become aware of this wakeful state and decide how to act consciously. The best thing might be to get out of bed and go into another room, or, if getting out of bed feels too difficult, sit up in bed (turning on a dim light).

In general, we can say that, to promote healthy sleep, on the one hand, it's necessary to invest in what helps us: organise and structure the day, take time to do what we enjoy, or dedicate time to activities that help us reach our goals without exhausting ourselves. On the other hand, it's important to let go of what doesn't help us: after all, we cannot command sleep, and if we can't fall asleep one night, we have to accept that we will have a short or not very restful sleep that night. Sleep, like emotions, is susceptible to variation and fluctuation, so there's no need to be alarmed if its quality or duration is occasionally poor: in the following days, we will sleep better!

CHAPTER 5: HOW DO CHILDREN SLEEP?



The beginning of our life is characterised by a great amount of sleep: a newborn baby, and throughout the first year of life, spends most of their time sleeping. Sleep continues to occupy a large portion of the 24 hours throughout childhood and adolescence. However, when and how we sleep (sleep patterns) change significantly depending on age. In the first months of life, babies sleep for short periods scattered throughout the 24 hours, with little difference between day and night. As the child grows, sleep begins to consolidate into increasingly longer periods at night and shorter periods during the day, eventually resembling the typical sleep of adults.

WHY DO WE SPEND SO MUCH TIME SLEEPING IN EARLY CHILDHOOD AND THROUGHOUT THE DEVELOPMENTAL YEARS?

In general, newborns and children sleep a lot mainly because sleep affects their growth. Indeed, sleep is essential for human life and is involved in several functions that vary in importance during development. In particular, sleep:

- ***Promotes optimal brain growth and development:*** sleep in the early years of life supports neural and cognitive development, cortical maturation, and brain connectivity. Poor quality or insufficient sleep during childhood can negatively affect development and lead to impaired later cognitive functioning.
- ***Improves learning, attention, and memory:*** many studies have demonstrated the beneficial effects of sleep or naps on memory. During sleep, a child consolidates all the information learned during the day, such as language and vocabulary. Good sleep quality also leads to increased daytime alertness and attention, supporting learning abilities.
- ***Enhances synaptic efficiency and plasticity:*** during wakefulness as we learn new things, synaptic connections are added to our brains; then, during sleep, the useful new connections are integrated, while the unnecessary ones are eliminated, making our brains more functional and efficient.
- ***Regulates emotions:*** studies have shown that even during

development, better sleep quality is associated with more effective emotional regulation, while insufficient sleep negatively affects emotional well-being.

- *Regulates appetite and eating:* sleep plays an important role in energy balance - an insufficient amount of sleep affects the hormones that regulate appetite and causes dysregulation in eating (for example, increased craving for and consumption of high - calorie foods), thus raising the risk of being overweight.
- *Strengthens the immune system:* sleep is important for strengthening the immune system; indeed, insufficient sleep can weaken it and increase susceptibility to bacterial, viral, and parasitic infections.
- *Clears the brain of neurotoxins and cellular debris:* sleep allows the body to slow down and enables the brain to "cleanse" itself of toxins accumulated during wakefulness.

Therefore, considering all the important functions that sleep performs, adequate sleep appears to be essential, especially during development and particularly in the early stages of life.

WHY IS OUR SLEEP AT THE BEGINNING OF LIFE ORGANISED INTO MANY, BUT BRIEF, PERIODS?

As already mentioned, sleep has different characteristics in the early stages of life compared to later periods. In the first year of life, both sleep and human brain development undergo substantial changes.

At birth, a baby sleeps on average 16–17 hours a day (though individual differences in the first year of life are very large!), and sleep is evenly distributed between day and night. This happens because the newborn has not yet developed a set circadian rhythm. The circadian rhythm is an internal biological clock lasting about 24 hours that regulates the cycle of sleep and wakefulness in a recurring manner. Since the young child does not have this rhythm yet, it is as if they cannot distinguish between day and night, so they sleep in multiple intervals during the day and in short periods at night; this can also be partly due to their feeding needs.

At around *10–12 weeks of age*, the first signs of a circadian rhythm begin to appear, characterised by greater continuity of sleep during the night. Gradually, the duration of nighttime sleep increases and the amount of daytime sleep decreases. The child progressively becomes able to maintain longer periods of wakefulness and sleep.

WHAT ARE THE MOST COMMON PROBLEMS IN EARLY CHILDHOOD AND IN DEVELOPMENTAL AGE IN GENERAL?

Difficulties with sleep during childhood have certain characteristics that are different from those in adults and are associated with behavioural and emotional problems, which in turn affect educational progress and social development.

Neonatal period and early childhood (0-3 years)

Many "sleep problems" that occur before 6 months of age are defined as such because of a discrepancy between parents' unrealistic expectations and the normal maturation of the baby's sleep. For example, parents may expect their baby to sleep through the night, but this is not in line with the developmental processes of sleep in during infancy. Therefore, it is likely that these "problems" are temporary in nature. However, this does not mean that some babies cannot show real difficulties.

The most common issues during this period are:

- excessively long falling-asleep times;
- the child having difficulty initiating sleep independently from the parents;
- frequent nighttime awakenings.

These difficulties primarily depend on the child's acquisition of *self-regulation* skills, meaning the ability to fall asleep without necessarily requiring the active intervention of an adult. This ability begins to develop within the first 10–12 weeks of life. The development of the child's capacity to self-regulate and to return to sleep independently after waking up is a crucial factor in improving these issues.

In this context, the bedtime routine is fundamental: what is done when putting the child to bed can create either positive or negative associations with sleep. If maladaptive associations are developed during this phase,

they can lead to difficulty initiating and maintaining sleep. These associations typically involve excessive parental involvement in the falling-asleep process, such as rocking, stroking, or feeding the child to fall asleep, but even the mere passive presence of the parents during bedtime. All of this can undermine the child's ability to self-regulate, because during the night, active parental involvement will be required to help the child fall back asleep after normal nighttime awakenings. Self-regulating children, in fact, are able to fall back asleep after a brief physiological awakening without the active intervention of an adult: these awakenings will be so brief that neither the child nor the adult will notice them, and it will seem as though they both slept through the night. Children who require adult intervention, on the other hand, will need to repeat the falling-asleep routine in order to return to sleep. In other words, they will not feel secure and capable of calmly falling back asleep on their own. This will cause interruptions in the sleep of both the child and the adult, as well as longer nighttime awakenings. Therefore, it is important to develop the most suitable bedtime practice for the child, but without the parent's constant presence, in order to promote self-regulation.

As children grow, the emerging drive for autonomy and independence can lead to *increased resistance* before bedtime. This may be due either to the child being put to bed at a time that does not match their circadian rhythm or to a lack of a consistent and regular bedtime routine.

Preschool age (3-5 years) and school age (6-12 years)

As the child grows, sleep problems can manifest in different ways. First of all, the child starts attending *daycare* and then *school*, which may lead to a decrease in sleep hours on weekdays, especially because the opportunity to take an afternoon nap is lost.

Then, *involvement in school, social, sports, and family activities*, as well as parents' work schedules, can conflict with time dedicated to sleep. With increased participation in different activities, emotional factors also become more significant. In some children, the need to achieve certain academic results or anxiety about relating to classmates at school can cause nighttime worries, interfering with falling asleep.

As they grow, sleep problems in young children can also be associated with *resistance to following the rules* set by parents. Children become increasingly responsible for their own schedules, and this can lead them to choose to go to bed at inappropriate times more and more often, which obviously affects whether their sleep duration is adequate for their age.

Below is a table summarising all the main sleep difficulties experienced by children in the various age groups.

EARLY CHILDHOOD (0-3YEARS)	PRE-SCHOOLERS (3-5 YEARS)	SCHOOL-AGED (6-12 YEARS)
Nighttime awakenings	Nighttime awakenings	Insufficient sleep
Resistance before going to sleep and excessively long time to fall asleep	Fears and Nightmares	Unhealthy sleep habits
Difficulty falling asleep independently of parents	Resistance before going to sleep	Nighttime worries
		Resistance to following the sleep rules imposed by parents

WHAT CAN BE DONE TO PREVENT OR MANAGE THESE SLEEP PROBLEMS?

You have probably already heard about psychological or behavioural treatment of sleep in early childhood and during developmental stages. This approach has often been criticised for being too rigid, reduced to a series of behavioural rules that must be followed to achieve lasting and stable sleep, but which are less attentive to the child's, and the entire family's, socio-emotional and relational development.

Actually, it's quite the opposite! In fact, as we have seen, sleep and emotions are closely linked. A child who sleeps well has greater resilience for optimal socio-emotional development. A mother who sleeps well is more likely to manage her own emotions effectively and display greater emotional sensitivity toward her child - or her children, if there are siblings as well. Not only that! Promoting healthy sleep in young children from the very first year of life doesn't mean creating a rigid family environment or having to limit closeness. On the contrary, it means creating a more relaxed and mindful family atmosphere, so that it can function well for everyone. In general, it is important to use a consistent approach that doesn't change from night to night.

WHAT DOES IT MEAN TO PROMOTE HEALTHY SLEEP IN CHILDREN?

Knowing!

Knowledge is the foundation for making informed decisions about your child's sleep, especially when they are too young to choose for themselves. It is important, first and foremost, to understand the aspects of healthy sleep in children from birth to school age:

- *Sleep duration:* When are children sleeping enough? The answer to this question isn't simple. In fact, during the first three years of life - and especially in the first 12 months - there is a lot of variability in how long children sleep. In general, the hours of sleep recommended by the National Sleep Foundation are as follows:
  - Up to 3 months: 14 to 17 hours per day;
  - From 4 months to 11 months: 12 to 15 hours per day;
  - From 1 year to 2 years: 11 to 14 hours per day;
  - Pre-school age: 10 to 13 hours per day;
  - School age: 9 to 11 hours per day.

These hours are recommended because research shows that sleep durations shorter or longer than those recommended for each age are associated with daytime consequences in most children, such as poor attention and daytime sleepiness, as well as longer-term effects like a higher risk of obesity and psychosocial issues.

However, every child is different, so in addition to sleep duration, other factors need to be considered.

- *Sleep timing:* Children tend to have early schedules; in fact, most of them have a morning circadian preference, meaning they tend to get sleepy very early in the evening and wake up very early in the morning. International guidelines recommend that, for children up to the end of school, bedtime should be around 8 p.m. Some Italian authors argue that in Mediterranean countries, where schedules are generally later, a 9 p.m. bedtime can be considered appropriate. Regardless, what's fundamental is regularity in sleep-wake times and that schedules respect the child's natural preferences, taking into account wake-up times and sleep duration sufficient for good rest.
- *Sleep continuity: A*nother important aspect concerns how efficient the child's sleep is how quickly the child falls asleep and how well they manage to sleep continuously (within the limitations of their individual sleep patterns). Younger children have much more fragmented sleep than older ones: for example, newborns up to 2 months old generally have sleep periods interrupted by one or two hours of wakefulness, and sleep is evenly split between day and night, averaging 8 and a half hours at night and 5 hours during the day. As the child grows, the number of naps tends to decrease. After 12 months of age, daytime naps continue to diminish, and by 18 months most children have just one nap after lunch. In pre-school and school-age children, usually the time it takes to fall asleep after lights out is about twenty minutes, and sleep is continuous and not very fragmented, with no physiological nighttime awakenings. However, these estimates are very subjective and vary from child to child: what is most important is that the periods of sleep are of good quality.
- *Satisfaction upon awakening:* This aspect is not easy to assess in young children, because we cannot ask them how they feel when they wake up. So, in this case, it is the parent who must observe how the child wakes up in the morning and whether they show signs of sleepiness (e.g., frequent yawning, rubbing their eyes, irritability). As the child gets older, in addition to observing physical signs, we can also ask them directly how they feel in the morning - whether

they feel rested or would need to sleep more. Indeed, the subjective perception of one's own sleep quality is just as important, as is listening to the child when they express their needs.

- *Daytime alertness:* This aspect tells us how the child is during the day and therefore how restorative their sleep was. If the child slept well during the night, during the day they should be alert, awake, and responsive to the stimuli around them. If they slept poorly, during the day they may appear irritable and drowsy.
- *Pre-bedtime behaviours:* The behaviours we engage in before putting the child to bed are extremely important. Activities that help the child relax make it easier for them to fall asleep, unlike stimulating and demanding activities. Just like adults, children also need time to wind down at the end of the day, after having done, learned, and explored so much.

Effective habits!

Promoting functional habits means not only making it easier for the child to sleep but also teaching them to take care of themselves:

- *Regular schedules* (and different ones for children and parents): It is very important to establish regular sleep and wake times. Regularity in activities, in general, is very helpful for children because it helps them know what to expect from the world, when certain things happen, and how to prepare. After all, we must remember that children do not have the same control over their schedules as adults do. Just as it is comforting for children to know when they will eat, it is just as nice for them to know when they will go to sleep and when they should stay awake and active. It would also be a good idea to schedule naps, in order to ensure optimal periods of wakefulness between naps and to avoid having them too close to bedtime (otherwise they may interfere with falling asleep). Children need more sleep than parents, so when planning bedtime, it is important to remember that they should go to bed earlier.
- *Pay attention to the child's circadian preference:* Usually, young children have a morning circadian preference, so they tend to get sleepy early in the evening and wake up early in the morning. However, paying attention to individual preferences can be helpful. How can you figure this out? By observing your child and learning to recognise their sleep signals. For example, when does your child start to show signs of sleepiness, such as rubbing their eyes or yawning? It can be very useful to recognise these signals and follow your child's natural circadian preferences. In fact, overtired children often show high levels of excitement which can be difficult to manage: when it's time for bed, they start to throw tantrums and don't listen. Children who prefer later schedules may have trouble waking up in the morning, especially when they have to go to school. It can be useful to find a compromise between your own needs, school schedules, and the child's natural inclination: a bedtime that is not excessively early, but which allows enough sleep throughout the night.
- *Pre-bedtime rituals:* Before putting your child to bed, it is helpful to involve them in relaxing activities that prepare them for sleep. The bedtime ritual is very useful and can include various activities such as reading a story, singing softly, a lullaby, and so on. The important thing is to include activities the child enjoys, which help them relax and find the right calm for sleep. Usually, the ideal duration is about half an hour. Setting aside time for relaxing activities before bedtime is also an excellent way to spend quality time with your children.

Personalise!

There is no absolute right or wrong; rather, there is a greater awareness and understanding of sleep processes and attention to overall well-being.

- *Schedules* should be adapted to the needs of the family and the specific needs of the child, always keeping in mind what was mentioned above.
- *Pre-bedtime rituals* should be a beautiful and enjoyable moment. It is therefore best to choose an activity that everyone likes. Indeed, a happy child is more likely to fall asleep on their own without protest. Children, just like adults, enjoy sleeping, so if the day and evening have been satisfying, the child is even more inclined to disconnect and sleep.
- *Co-sleeping: yes or no?* Sleeping together with your child is an activity that has received mixed opinions from experts. Generally, if we want to and it feels good, it is possible to do so; otherwise, if we do not want to, it is best not to, especially if we are doing it simply because

we don't know how else to get the child to fall asleep. Research has shown that the impact of co-sleeping on the quality of sleep of the child, the mother, and the family depends on:

- The age of the child: the older the child, the more co-sleeping can lead to dysfunctional sleep. But be careful when the child is very young: one of the risks of sleeping together in the parental bed is the so-called "Sudden Infant Death Syndrome" (SIDS). Therefore, if you decide to sleep with your little one, some safety measures should be put in place (for example, using a crib that attaches to the parents' bed);

- The parents' intentions: if parents practice co-sleeping because they enjoy it, this habit does not appear to be linked to better or worse sleep quality. However, if parents use co-sleeping as a strategy to try to get the child to sleep because they cannot do so any other way, then co-sleeping is associated with dysfunctional sleep.

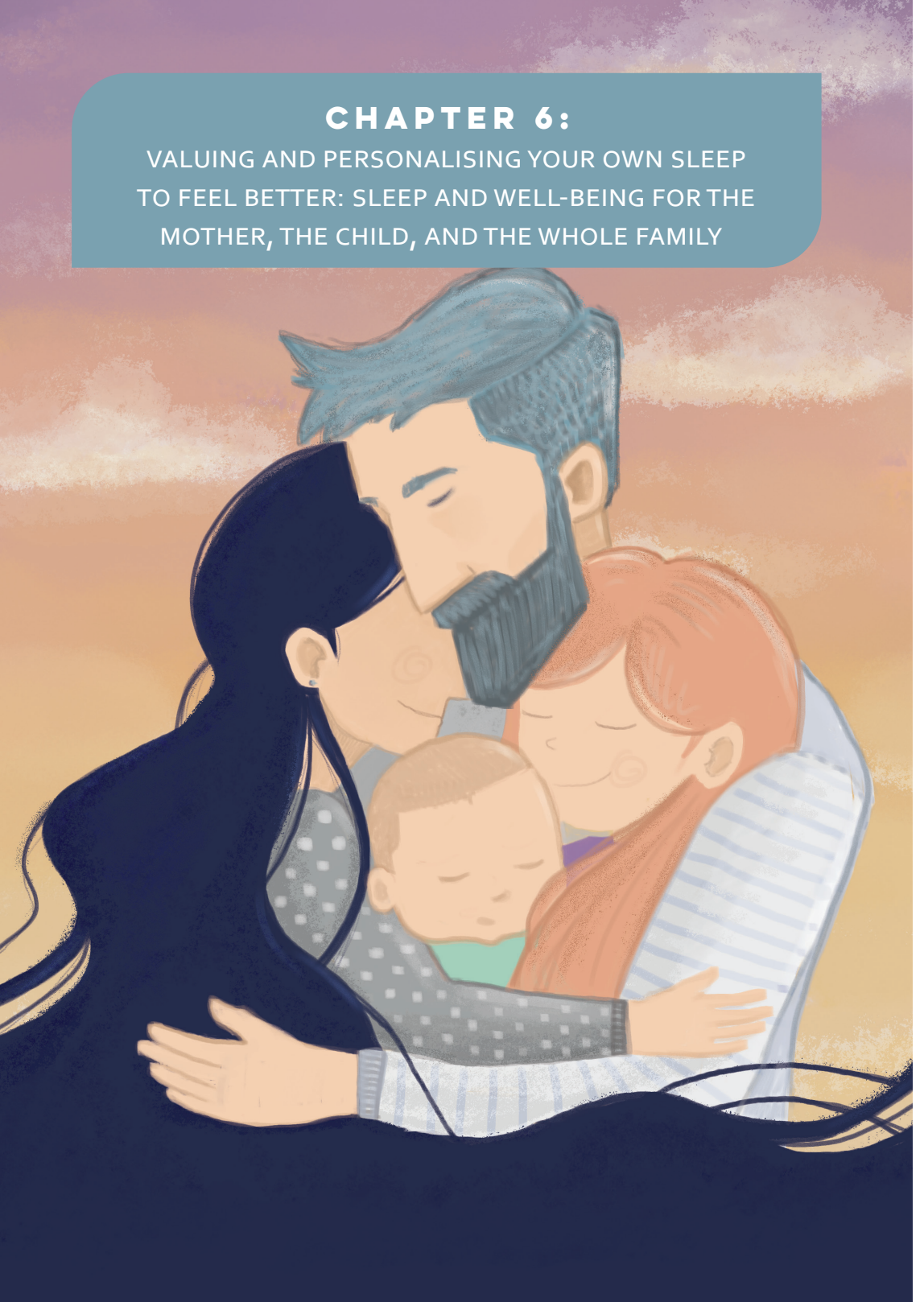
And what about breastfeeding?

Yes, for as long and as often as you like, but not as a strategy to get the child to sleep. In this case, using breastfeeding as a sleep inducer is linked to disturbed sleep. The child will tend to ask for it every time they wake up during the night, even if they are not hungry, because they have learned to fall asleep with the active help of the mother nursing them ("learned hunger"). Studies have shown that night feedings do not improve the quality or quantity of sleep and, for most healthy infants, are not physiologically necessary after 6 months of age. Breastfeeding can continue well beyond 6 months without this being a possible factor in disturbing the sleep of the mother or child. The important thing is that it be a practice independent and separate from sleep, and not used as a strategy to induce sleep.

Teamwork

If possible, nights should be shared equally between mum and dad to make things work best. However, it's a good idea to make a plan before going to bed, not in the middle of the night (don't start discussing or reasoning about what needs to be done, or who should do it, at that time).

These recommendations can also be useful when children get older. It can be helpful to encourage them to develop and maintain healthy sleep habits and to emphasise the importance of getting enough sleep: in fact, this can lay the foundation for the development of positive and lasting sleep behaviours in adolescence and adulthood.



CHAPTER 6:

VALUING AND PERSONALISING YOUR OWN SLEEP TO FEEL BETTER: SLEEP AND WELL-BEING FOR THE MOTHER, THE CHILD, AND THE WHOLE FAMILY

Sleep is one of the most important functions of our body and can be severely tested in certain particular life situations, such as pregnancy. This period is often accompanied by various sleep difficulties that can depend on many factors and that change over the course of the three trimesters. However, if we address these difficulties in a timely manner with some precautions, it is possible to limit them; indeed, it is especially during this period that it is essential to have, and therefore to promote, healthy sleep.

Sleep, in addition to being a physiological process, is also a learned behaviour, so it is important to keep in mind that our habits influence it, such as our pre-sleep behaviours, the regularity of our sleep-wake schedules, or our behaviours upon waking. Some of our behaviours, personality traits, cognitive factors, and emotions can predispose, trigger, and maintain sleep problems and may contribute to making them chronic. One of the factors that helps maintain sleep difficulties is our false beliefs and myths about sleep itself; therefore, debunking them is very important for promoting healthy sleep.

Emotions also play a role in influencing the quality of our sleep: we can learn to regulate and accept them, as all emotions are useful for us. In general, to promote healthy sleep, it is necessary to invest in what we enjoy and what is helpful to us, and to let go of what is not.

Finally, it is also important to know how children's sleep works and to understand the problems that are most commonly encountered at different ages starting from birth, so as to promote healthy sleep in your own children as well.

WE CAN KEEP FIVE PRINCIPLES IN MIND TO MAINTAIN GOOD SLEEP HEALTH:

- *Value your sleep*, as a vital process and a key part of your life.
- *Prioritise your sleep* by organising your day in a way that takes care of your sleep health.
- *Personalise your sleep* by paying attention to what works for you.
- *Trust your sleep*, as it is a natural process necessary for survival and will tend to stabilise and consolidate on its own, especially when we create the conditions that can facilitate it.
- *Protect your sleep* by trying to avoid or monitor those situations

that could disturb it.

Value your sleep

Good sleep quality is crucial for our health, while systematically disturbed sleep is associated with a greater vulnerability to physical and/or mental illnesses. In fact, the complex physiological process that allows us to sleep is linked to mood regulation, appetite, calorie consumption, stress response, and much more. During pregnancy, frequent nighttime awakenings and sleep disturbances (including insomnia) can be associated with negative outcomes in pregnancy and childbirth, such as preterm labour, emergency caesarean section, and gestational diabetes. In addition to these risks, there are also issues relating to the woman's mental health: indeed, insomnia and sleep disturbances are considered a risk factor for developing mental disorders during pregnancy. They are especially a risk factor for the onset of depression during pregnancy and in the postpartum period.
It is therefore important to take care of our sleep and value it, just as we do with nutrition and physical activity. But how?

Prioritise your sleep

One way to take care of our sleep is to make it a priority, for example by organising the day so that after dinner we disconnect from work or planning commitments and devote ourselves to enjoyable, relaxing activities. A good way is to follow a regular bedtime routine or carve out moments just for ourselves.

Personalise your sleep

We are not all the same, and we don't all sleep in the same way!

- Find your own schedule, making sure it's compatible with your daily commitments, and only go to bed when you feel tired;
- Find your optimal duration: if you don't set an alarm and only go to bed when you're tired, what time do you wake up? How many hours do you need to sleep to feel rested in the morning?
- Find your own enjoyable and relaxing activities to do in the evening;
- Find your own enjoyable activities that give you the right energy to start your day in the best way;
- Pay attention to different situations:
  - Other children: learn to balance taking care of other children with self-care;
  - Pregnancy-related limitations, such as having to stay still most of the time;
  - Negative events during pregnancy: in case unpleasant events occur, such as foetal illness or miscarriage, it can be helpful to seek the support of professionals to receive more targeted help and discover a safe space in which to talk;
  - Work and maternity: find out about your rights at work and any possible benefits during pregnancy;
  - Teamwork: let go of traditional roles and find your own personal roles. When tasks are shared between mother and father and parents work together, it's easier to manage children and find balance at home. Don't be afraid to ask for help and support from others during pregnancy or when caring for a newborn;
  - What do you enjoy doing at home? What does your partner/husband like? What works? What doesn't? Invest in what you enjoy and let go of what you don't. Always listen to your body and your emotions.

Trust your sleep

Sleep is a psychophysiological process necessary for survival and, as such, it will carve out its own space on its own. The various tips we have explored in this text create the conditions for achieving optimal sleep. However, changes in habits take time, and even more time to become established. Moreover, progress can happen in fluctuations rather than in a linear way. Building a path of trust based on scientific and empirical support and on knowledge of how sleep works is a useful tool to facilitate healthy sleep. Following the advice in this text can create the right conditions for establishing a healthy sleep pattern.

Protect your sleep

When do we sleep well? And when do we sleep poorly? It is useful to pay special attention to situations that may help or hinder our sleep,

so that we can choose which behaviours to encourage and which to avoid. But does that mean we can no longer go out for pizza because it sits heavy on our stomach and we can't sleep? Or we can't go to the cinema with friends because afterwards we're still wired and can't fall asleep? Or should we quit our jobs because we only really sleep well on holiday? NO! It means knowing yourself and adapting. Maybe it's better not to go out for pizza three nights in a row, but once in a while is fine. It's also okay to choose a compromise: sometimes I'll sleep worse because I decided to have fun. I'll find a balance between going out when I feel like it and taking care of my sleep. Let's always remember that sleeping poorly one night doesn't mean we'll always sleep poorly. So, we can occasionally allow ourselves activities we enjoy, even if they might disturb our sleep that night. What's important is always finding a balance between what we enjoy and what makes us feel good. For example, some people find it especially difficult to sleep after an argument in the evening; you could express this concern to your partner or loved ones: can we talk about tough things in the morning instead? After a good night's sleep we can handle difficulties better.

In any case, the important thing is not to be too rigid in following the "rules" to achieve healthy sleep at any cost. Of course, it's helpful to always be aware of what can facilitate our sleep, but always with the right compromise and keeping in mind what we enjoy!

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