Title: Kansas Baby Behavior Campaign Lesson #3 – How Babies Sleep - Lesson Plan for Interactive Center (adaptable for Interactive Self Study Notebook)

Target Audience: PG, BF PP, I < 6 months

Objectives: The caregiver will:

1. Identify the two types of infant sleep
2. Recognize the cues of each type of sleep
3. Know realistic information regarding the amount of time an infant sleeps
4. Understand how the amount of time an infant sleeps changes as the infant gets older

Teaching Materials Needed, Including Handouts:

1. Items for interactive nutrition education display including a set of the pages for attaching to the display or bulletin board or wall.
2. Copies of all handout materials and answer/goal setting forms for each attendee. Suggested handouts are posted in the same location as this lesson plan: [http://www.kansaswic.org/nutrition_education/lesson_plans.html](http://www.kansaswic.org/nutrition_education/lesson_plans.html)
3. The discussion guide for the designated staff person(s), which is posted at their work station. (The discussion guide is created by local nutrition staff, e.g. Nutrition Services Coordinator or WIC Coordinator.)

Advance Preparation Needed:

1. Assemble the display.
2. Copy enough handouts and activity/goal setting forms for each anticipated attendee.
3. Create a discussion guide, on a note card or paper, for the designated staff person(s) who will be interacting with the client. This guide will be used throughout the time that the display is used. Questions that can be listed on the guide are listed below, under #5 of Outline and Methods.
4. The Nutrition Services Coordinator should review all of the materials and discussion guide with all pertinent staff, especially the Concepts and Key Points.

Outline and Methods:

1. The interactive display and handouts will be displayed at the clinic and available during clinic hours.
2. A knowledgeable staff member will be available for caregiver questions regarding the interactive display. See background information on this topic below, under Concepts.
3. Offer the caregiver handout(s) to reinforce the concepts on the display.
4. Once the caregiver reads through the materials and completes the activity/goal setting form, the caregiver will show the completed form to the designated WIC staff person (e.g. clerk).
5. The designated WIC staff person will prompt the caregiver to talk about the information. **(This is a USDA requirement!**) This will fulfill the required interactive component of the lesson.
   a. It is recommended that a note card or paper with discussion questions be posted at the staff person’s desk. Use these discussion questions or develop your own similar discussion questions. All discussion questions should be open ended questions.
      i. “How does a baby’s sleep change as they get older?”
      ii. “How do you know which of the two different types of sleep your baby is in?”
      iii. “Which of these cues have you seen your baby show?”
      iv. “What can you do in the room your baby sleeps in to help your baby sleep better?”
6. The designated WIC staff person asks the caregiver if they have any questions. If yes, refer them to the staff person that can answer their questions.

7. Upon completion, a designated WIC staff person records completion of the lesson in the client’s KWIC record. If the clinic chooses, the client’s goal can also be entered into KWIC.

Concepts and Key Points:

1. For employees who attended the Kansas Baby Behavior Campaign training, refer to this training for concepts and key points.
2. Babies use their bodies and make noises to let their parents know when they need to eat, learn, play or rest. These are cues.
3. Newborn babies are still learning to control their bodies. Sometimes their cues are hard to understand. Watching a baby can help a caregiver learn what the baby needs.
4. Newborn babies have to be fed more often, due to their small stomach size. This is one reason they wake up often.
5. Babies have two different types of sleep – light sleep and deep sleep. Both are important for brain growth and development.
6. During light sleep blood and nutrients go to the baby’s brain and a baby dreams during light sleep. During deep sleep a baby’s brain is resting, which is also important.
7. Cues of light sleep include: may move around and make noises; eyes may twitch or open and close quickly; has fast and slow breathing; wakes easily.
8. Cues of deep sleep include: baby is very still; when the baby’s arms or legs are lifted they flop back down without the baby waking; breathing is regular and steady; may make sucking movements with their mouth.
9. A baby falls asleep in light sleep then advances to deep sleep after about 20 minutes. To avoid having a baby wake up immediately when laying them down, watch for signs of deep sleep, then lay the baby down. Twenty minutes may seem like a long time to wait, but it is better than having to soothe an upset baby that wakes up too quickly.
10. Newborn babies wake frequently during the night, but this decreases as the baby gets older. It is important for caregivers to know this so they are hopeful that it will get better.
11. Babies and adults sleep cycles are different. A baby’s sleep cycle is about 60 minutes, where an adult sleep cycle is about 90 minutes. That is why caregivers may feel sleep deprived. When the caregiver and infant are asleep, the infant may wake up before the caregiver’s sleep cycle is complete and thus the caregiver does not feel fully rested. When infants get older, they may sleep long enough to go through several sleep cycles, 3 hours of sleep = 3 infant sleep cycles. Plus 3 hours of sleep would = 2 complete adult sleep cycles, which helps the adult feel more rested.
12. Keeping a baby active during the day helps him/her sleep better at night. It may seem odd to a caregiver that they can “play” with a tiny baby. But they can sing and talk to a baby or walk around with a baby and point to things in the room. In good weather they can take a baby for a walk outside. Most babies are interested in outdoor noises and will listen when they hear a bird or a dog. Below is a link from the WIC website to a handout on activities for babies, it is only available in English:  http://www.kansaswic.org/download/healthhabitsphysical/Baby_play.pdf.
The links below are for a handout on activities that is available in English and Spanish.  
English:  http://www.nal.usda.gov/wicworks/Sharing_Center/CA/Handouts/PlayTimeLowLit.pdf  

13. To reduce the incidence of SIDS (Sudden Infant Death Syndrome), babies should always be laid down on their backs, with no blankets, pillows, bumper pads or toys. A baby should never be laid down on a sofa. There is a misconception that babies can choke when put to sleep on their backs; studies have shown this is not true.
14. Another common myth is that putting infant cereal in a bottle, along with formula or breastmilk, helps a baby sleep longer. This is untrue.

Interactive Component:  See #5 of the Outline and Methods section

Behavior Change Goal:

The caregiver reads through the materials and completes the answer/goal setting form. The caregiver will show the completed form to the designated WIC staff person (e.g. clerk). If the client did not write a goal on the form, the designated staff person will assist the client/caregiver to set a goal based upon the information they learned from the interactive display.

Procedure for Clients to Ask Questions of Trained WIC Staff:

Upon completion of the lesson, the designated WIC staff person will ask all caregivers if they have any questions. If so, the staff person will either answer the questions or guide the client to the staff person qualified to answer a question posed by the client/caregiver.

Evaluation:

The evaluation will consist of the client completing the activity/goal setting form and interacting with WIC staff as specified under #5 of the Outline and Methods section above.

Adapting this lesson for an Interactive Self Study Notebook:

1. Place copies of the set of pages for attaching to the display into sheet protectors. Include both English and Spanish versions of the pages.
2. Insert these into a notebook.
3. Give each client using this Self Study notebook a copy of any handouts and the activity/goal setting form.
4. See the Outline and Methods section above. Follow all steps #4 through #7. Step #5, the interactive component, is a USDA requirement.

Lesson Plan Written and Approved By:  Julie Ornelas, RD, LD, 2015