How babies sleep: demedicalising and humanising the issue for child health professionals

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As a paediatrician—and presenter of the BBC's *Babies: Their Wonderful World*, the largest study of early childhood development ever undertaken for television—you would think I would have a confident answer when people ask, 'How do I get my baby to sleep?' But the truth is, even we do not know. My brother, a General Practitioner (GP), once called me in a whispering panic from a hallway at 03:00, cradling his howling newborn: 'What's the trick again?'

Despite sleep being one of the most essential aspects of infant development—and one of the most agonising concerns for new parents—it remains scandalously under-researched and under-taught. In all my medical training, I received perhaps an hour on infant sleep. No specialist module. No gold-standard protocols. We are left to piece together advice from outdated behavioural theories, personal instinct and a little desperate Googling. Meanwhile, families are short-changed by a system that cannot answer their most urgent questions.

This is why Helen L. Ball's *How Babies Sleep: A Factful Guide to the First 365 Days and Nights*[1] feels so necessary. Ball, a professor of anthropology and director of the Durham Infancy & Sleep Centre, brings together evolutionary biology, cross-cultural research and feminist critique in a guide that is as compassionate as it is clinically rigorous. The result is a quiet revolution: a myth-busting, parent-respecting, evidence-soaked call to rethink everything we think we know about infant sleep.

CULTURAL BLIND SPOTS: WHY 'NORMAL' SLEEP IS A MYTH

Ball's central thesis is simple but radical: babies are not broken—our expectations are. In the UK, the USA and Australia, around 30% of parents report infant sleep problems. In Japan and Korea, that number is closer to 5%–7%. The disparity is not because Asian babies are better sleepers—it is because their parents are not at war with biology. In Japan, *kawa* (family co-sleeping) is the norm, with babies in close proximity to parents on futons. In Korea, infants are carried in slings during the day and breastfed on demand at night. These practices align with babies' needs rather than trying to suppress them.

Ball's work aligns with that of biological anthropologist McKenna, whose research into mother-infant 'sleep synchrony' similarly challenges dominant models that equate solitary sleep with success.[2] It also resonates with Tomori's *Nighttime Breastfeeding: An American Cultural Dilemma*,[3] which explores how breastfeeding and sleep become incompatible under neoliberal ideals of productivity. Both scholars bolster Ball's claim that Western sleep guidance reflects not science, but ideology.

Meanwhile, in the West, parents are told that babies must 'self-settle' and sleep independently from an early age. Ball shows that this is not grounded in biology, but in cultural ideals of autonomy and post-industrial life. She traces this ideology back to John B. Watson, the American psychologist who warned in 1928 against hugging or kissing your children, lest you make them emotionally weak.

Babies, Ball reminds us, are 'exterogestates'—neurologically unfinished at birth, their brains still undergoing rapid development best fuelled by proximity, frequent feeding and human contact. Expecting them to sleep alone for 12-hour stretches is, she writes, like expecting a kangaroo joey to hop.

Cross-cultural examples show the absurdity of Western norms. In Hungary, infants are swaddled tightly to mimic the womb—resulting in deeper sleep. In Japan, furniture stores advertise beds by how many family members they fit. Among the Hadza of Tanzania, infants are passed among many caregivers. They wake just as often as Western babies, but no one calls it a 'problem'. In these communities, sleep is social, shared and interdependent—never a solitary milestone to be conquered.

I remember one South Asian family who came into the emergency department (ED) late one night, anxious but calm, their baby feverish but settled in the arms of his grandmother. When we asked about sleep, they told us—in a matter-of-fact way—that the whole family shared a bed. Around the room, I felt the temperature shift. Colleagues exchanged glances laced with disapproval. The family became, in that moment, a clinical problem to be managed. I said nothing. But inside, I felt the sting of recognition. I, too, had grown up in a bed shared with parents, siblings and more than once, a visiting auntie from abroad. It had never felt unsafe—it had felt safe. And yet, in that room, under the fluorescent light and the weight of medical orthodoxy, I found myself questioning my own childhood.

THE FEMINIST COST OF SLEEP TRAINING

Ball's critique is profoundly feminist. Western sleep advice pathologises night waking, undermines breastfeeding and heaps guilt on mothers. Maternal exhaustion becomes a personal failing rather than a symptom of systemic neglect. As Tomori argues, the cultural construction of the 'good mother' relies on uninterrupted infant sleep—an ideal incompatible with the reality of care work.

Breastfeeding is often abandoned early because it is seen as incompatible with sleep training. Yet breast milk at night contains melatonin, helping babies—and mothers—fall back asleep. And while breastfed babies wake more often, research by Kendall-Tackett *et al* shows breastfeeding mothers often get just as much, or more, sleep than those using formula.[4] The problem is not babies waking; it is the expectation that mothers should survive on fractured sleep while managing alone.

Class compounds the injustice. In her work in Bradford, Ball notes how middle-class mothers, often isolated in nuclear households, cling to routines and sleep-training regimes in a bid for control. In contrast, Pakistani-British mothers in multigenerational homes embrace co-sleeping and shared care as the default. Like the Beng in West Africa—whose babies nap communally—these families support maternal well-being through kinship networks. The current National Health Service (NHS) guidance is well-intentioned but often lags behind

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evidence. The official line—that babies must sleep separately in a cot—is based on concerns about Sudden Infant Death Syndrome (SIDS). As such, some guidance continues to promote one-size-fits-all advice that alienates these practices and families.

NUANCE, NOT DOGMA: RETHINKING THE NHS LINE

This book should be required reading for every GP, health visitor and paediatrician. The current NHS guidance is well-intentioned but often lags behind evidence. The official line—that babies must sleep separately in a cot—is based on concerns about SIDS. But as Ball points out, the binary between 'safe cot' and 'dangerous bed' does not hold up to scrutiny.

The problem is not co-sleeping per se—it is unsafe co-sleeping: babies on sofas, with intoxicated adults, or in cluttered bedding. But exhausted parents, shamed by scare tactics, often do precisely that in secret. Ball's harm-reduction approach is rooted in reality. She advocates evidence-based guidance on safe bed-sharing: firm mattress, no pillows, breastfeeding dyads and sober, non-smoking adults. Her argument is not against safety—it is against inflexible dogma.

Much of the mainstream advice—from *The Baby Whisperer*[5] to NHS pamphlets—echoes a behaviourist model of child-rearing, where independence is king and emotions are distractions. These texts offer a seductive fantasy of control, but at what cost?

The NHS could save resources and trauma by adopting a more culturally aware, nuanced approach. This means moving beyond the binary of 'safe cot' versus 'dangerous bed' to acknowledge that many families already share sleep in ways shaped by culture, kinship and necessity. A more effective approach would combine realistic education on safer sleep (especially harm reduction for co-sleeping), training for clinicians to engage sensitively with diverse parenting practices, and a reframing of infant night waking as developmentally typical—not pathological. Meeting families where they are, rather than demanding they conform to outdated ideals, would not only prevent stigma and burnout, but reduce unnecessary referrals, prescriptions and ED visits. A parent who understands that night-waking is normal is less likely to seek unnecessary reflux medication or specialist referrals. A father who is encouraged to share overnight care—as in Japan's *kawa* model—can help prevent maternal burnout. This is not about promoting one method of sleep—it is about giving parents permission to choose what works, safely and without shame.

THE TAKEAWAY: TRUST BABIES, SUPPORT PARENTS

How Babies Sleep is a deceptively gentle book. Underneath its calm, practical tone is a powerful political argument: that infant sleep cannot be separated from maternal mental health, gender inequality or the economic structures that shape parenting.

The psychoanalyst Baraitser has written that maternal time disrupts capitalist rhythms: it is repetitive, unpredictable and emotionally intense.[6] Night feeds and midnight wakings do not fit into productivity metrics. They demand a different value system—one based on interdependence and care.

For clinicians, Ball's book offers both a wake-up call and a toolkit. For parents, it is permission to stop blaming themselves—and start asking harder questions about the world we have built around babies.

The most revolutionary thing in this book is not the science—it is the solidarity. And perhaps, that is the real 'sleep solution' we have been searching for all along.

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