



The First 12 Weeks

A survival guide for newborn nights, from a ten-year specialist

LAMPLIGHT · NEWBORN CARE

Before you read anything else

You will be given a great deal of advice in the next twelve weeks. Most of it will be loud. This guide is not.

I have spent ten years in other families' homes at 2 a.m. — through twins, preemie schedules, reflux, travel, and the ordinary, astonishing exhaustion of a first baby. What follows is what actually helps, written down plainly. Take what serves your house and leave the rest.

One note before we begin: this is experience, not medicine. Your pediatrician outranks every page of this guide, and the safe-sleep rules on the last page outrank everything.

How newborn nights actually work

A newborn does not know it is night. For the first weeks, they run on a two-to-four-hour loop — feed, change, settle, sleep — around the clock. This is not a problem to be solved. It is biology, and it passes.

What you can control is not the baby's clock. It is three other things:

- **The environment.** Dark, warm-but-not-hot, boring. Nights should be the least interesting part of your baby's day.

- **The division of labor.** Exhaustion is cumulative. Two half-rested parents make worse decisions than one rested one. Work in shifts, not in parallel.
- **The response.** At night, keep lights low, voices low, and stimulation at zero. Feed, change, settle, done. Save the conversation for morning.

Everything in this guide is a variation on those three moves.

WEEKS 0–2 **The arrival**

What nights look like. Waking every two to four hours is normal and correct. Until your pediatrician confirms birth weight is regained, wake the baby to feed if they sleep past the interval your provider sets — after that, you may let them lead.

The one rhythm that matters. Feed on one side of the loop, sleep on the other: eat → brief wake → sleep. If a baby feeds all the way to sleep every time, that is fine at this age; simply begin noticing the pattern. Noticing is the whole job right now.

Shifts, not vigils. Split the night in two. One parent takes 9 p.m. to 2 a.m., the other 2 a.m. to 7 a.m., each sleeping — actually sleeping, door closed, phone away — through the other's watch. If you have overnight help, this is precisely what she is protecting.

Keep a simple log. Times of feeds, wet and dirty diapers, and sleep. Not forever — just these weeks. It is the first thing your pediatrician will ask about, and the first thing a good night specialist reads on arrival.

Lower the bar everywhere else. The house may be untidy. Visitors may wait. The freezer meals exist to be eaten. The standard for these two weeks is: baby fed, baby safe, parents sleeping in turns.

WEEKS 3–6 **The stretch**

The evening fussing is real. Somewhere in this window most babies develop a fussy period, usually in the evening, that has no cause and needs no cure. It peaks around six weeks and recedes. Hold the baby, dim the room, take turns, and let it be what it is. You are not doing anything wrong.

Begin telling night from day. Mornings bright and social; evenings dim and dull. Take the baby into daylight after the first feed of the day. This — light, not training — is how a newborn's clock is set.

Growth spurts will ambush you. Around three and six weeks, expect a day or two of constant feeding and broken sleep. It is appetite, not regression. Feed through it; it passes in 48–72 hours.

Care for the mother as deliberately as the baby. Someone in the house should be asking, every day: has she eaten, has she slept a four-hour stretch, has she been outside. If the answer is no three days running, that is not a mood — that is a staffing problem. Solve it like one.

A word on the swaddle. Snug at the chest, loose at the hips, arms in or one arm out as the baby prefers — and the moment there is any sign of rolling, the swaddle is retired for good. Your specialist or pediatrician can demonstrate in two minutes what paragraphs cannot.

WEEKS 7–9 **The turn**

Longer stretches begin to appear. One four-to-six-hour block of sleep, usually at the start of the night, is the first gift of this window. Protect it: earlier, calmer evenings; the same simple wind-down each night.

Anchor the bedtime. Pick a modest routine — feed, fresh diaper, swaddle or sleep sack, a song or a few quiet minutes, down — and run it in the same order every night. The order is the point. Babies do not read clocks; they read sequences.

Drowsy, not asleep — sometimes. Once or twice a day, try putting the baby down awake but drowsy. If it works, wonderful. If it does not, no matter — try again next week. At this age it is an experiment, not a requirement.

Nights still include feeds. One or two night feeds remain normal and expected. The goal of this window is not a baby who never wakes; it is a baby whose waking has a shape.

WEEKS 10–12 **The rhythm**

What "sleeping through" actually means. In the literature, it is a five-to-six-hour stretch — not twelve silent hours. Many babies reach a real five-hour stretch in this window. Some do not, and are equally healthy. Comparison is the thief of these weeks; the neighbor's baby is not your data.

The day organizes the night. Aim for full feeds in the day rather than grazing, wake windows of roughly one to two hours, and an early bedtime — most babies this age do best down between 7 and 8. A too-late bedtime is the most common self-inflicted wound of week twelve.

When it wobbles, hold the frame. Around twelve weeks, sleep often scrambles for a stretch as the baby's sleep biology matures. Do not rebuild your system in the middle of it. Keep the routine identical, keep nights boring, and let it pass — it does.

You are allowed to have a life again. By now, one parent can hold the evening solo. Book the dinner. The baby is more portable, and more predictable, than the internet told you.

The nursery at night — a checklist

- Room temperature 68–72°F; the baby in one more layer than you would wear, never more.
- Blackout on the windows; the difference between a 5 a.m. and 7 a.m. start is often the curtains.
- Steady white noise, at the volume of a soft shower, placed across the room — not beside the head.
- One warm, dim lamp for feeds and changes. Overhead lights stay off from the last feed to morning.
- Diapers, wipes, burp cloths, and a change of sleeper within arm's reach of where you actually sit.
- A chair you can half-sleep in without regret.

Safe sleep — the non-negotiables

These are not preferences and they do not bend, at 2 p.m. or 2 a.m., however long the night has been:

- **Back to sleep, every sleep** — naps included.
- **A firm, flat, empty surface.** No pillows, blankets, bumpers, or toys in the sleep space. A fitted sheet, nothing else.
- **The baby sleeps in your room, not your bed.** Room-sharing is recommended for at least the first six months.
- **No overheating.** No hats indoors for sleep; check the back of the neck, not the hands.
- **Swaddling ends at the first sign of rolling.**
- **Anyone who cares for your baby follows these rules** — grandparents, sitters, specialists, everyone. Ask directly. A professional will be glad you did.

When to call the pediatrician — tonight, not tomorrow

- Rectal temperature of **100.4°F or higher**, at any point in the first twelve weeks.
- Labored breathing: grunting, flaring nostrils, ribs pulling in with each breath.
- Fewer wet diapers than usual, a dry mouth, or unusual listlessness.
- Yellowing skin or eyes that seems to be deepening.
- A cry that is different in kind — not louder, different — and cannot be settled.
- **Your own instinct that something is wrong.** It counts as a symptom. Call.

If you bring in help

Whoever enters your home at night — through us or anywhere else — you are entitled to ask, and to see in writing:

1. Who interviewed this person, and in how much depth?
2. What background checks were run, and when?
3. May I speak with two families they have actually worked for?
4. Are they trained and current in infant CPR?

5. What happens if the fit is not right?

Any professional worth trusting will answer all five without flinching. We publish our answers — all nine steps of them — at **lamplight.care/standard**.



Lamplight places personally vetted overnight newborn specialists with a simple promise: matched within seven days, or the booking fee returns. If your nights need attending — or you simply have a question at a reasonable hour — write to hello@lamplight.care. A human replies within hours.

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