

PART OF THE THIS GIRL LOVES SLEEP FAMILY • LISTEN TO THE *THIS GIRL LOVES SLEEP* PODCAST

# THIS BABY *loves* SLEEP



***SIMPLE SLEEP SOLUTIONS*** TO HELP YOUR BABY GET A GOOD NIGHT'S REST  
FOR BABIES UP TO 12 MONTHS OF AGE



**ALANNA MCGINN**  
FOUNDER OF GOOD NIGHT SLEEP SITE

This Baby Loves Sleep

# This Baby Loves Sleep

*Simple Solutions To Help Your Baby  
Get a Good Night's Rest*

ALANNA MCGINN

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Congratulations!

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# Praise For THIS BABY LOVES SLEEP

“In all my years as a parent and potty training expert, I can without a doubt say that the issue of sleep is one big hot button. Enter Alanna McGinn. This girl DOES love sleep and her knowledge of the science of sleep is unparalleled. She instantly puts your mind at ease and gets your whole family sleeping soundly.

I'm over the moon that Alanna has finally written ***This Baby Loves Sleep***. She walks you through everything single thing that is happening with your baby at every stage, so you can feel confident in her direction. She takes the time to dispel the common myths, explain what's happening developmentally, and gives you solid direction so there's no question in your mind what to do.

The best gift you can give your child is the gift of good sleep. It will serve them for years. You are in the best hands with this book!”

• Jamie Glowacki, Author of ***“Oh Crap Potty Training”***, and ***“Oh Crap I Have a Toddler”***, @ohcrapwithjamie

“Children who get enough rest and relaxation are better able to focus, exercise the imagination, and apply themselves. There's nothing like a good night's sleep!

Alanna McGinn shares her expertise on sleep education. Her advice is easy to follow, research-based, and well-suited for parents who seek to establish proper sleep habits for family members of all ages.”

• Dr. Joanne Foster – Gifted education expert, and award-winning author of 5 books including **“ABCs of Raising Smarter Kids”** – [www.joannefoster.ca](http://www.joannefoster.ca)

“Alanna has always been our girl for anything sleep related with our kids. Doing this thing called ‘life’ with seven kids in tow is hard enough, let alone not getting sleep on top of that. ***This Baby Loves Sleep*** takes all of her easy-to-implement advice and puts it into one simple book that you might as well consider your bible until you’re back on a regular sleep schedule. Whether you’re a first timer or you’re on your third and fourth like us, this is a must read. Consider it your first step in gaining back your sanity.”

• Cat & Nat, #1 Bestselling Authors of **“Mom Truths”**, @catandnat

“Alanna is my sleep fairy godmother! My daughter was ready but I was not and the hard part was how to transition. Alanna helped me through it step by step, tear by tear and the transition happened fast and now my little girl knows she has the power and this is the best gift!



Thank you Alanna!"

- Cheryl Hickey, Host **Entertainment Tonight Canada**, @cherylhickey

"As parents of twins, very few things have 'changed our life' quite like Alanna at Good Night Sleep Site. With her education and guidance our boys were napping for 2 hour stretches and sleeping through the night within days. She is not only highly skilled but she is kind, understanding and patient – she gave us the gift of SLEEP and for that we are forever grateful."

- Jessi Cruickshank, Host "**New Mom, Who Dis?**" on Facebook Watch, @jessicruickshank

"'Sleep Training' is a term most new parents are afraid of. Tim and I can honestly say that Alanna McGinn and Good Night Sleep Site helped us release our fear of this with her knowledge about the subject. Once we put her sleep plan to the test, Sonny's sleep patterns improved immensely and we are now on a schedule that is working beautifully for all involved!"

- Whitney Port, Entrepreneur, fashion designer, influencer and TV personality, @whitneyeveport

**"This Baby Loves Sleep"** is a true lifesaver for any parent struggling with sleep! Alanna's loving strategies and

tools are easy to follow and a gift for a lifetime of good sleep habits.”

• Catherine McCord, Founder **Weelicious**, @weelicious

“Alanna McGinn saved my life! At least, that’s certainly what it felt like for an extremely sleep deprived, hormonal first-time mom. I was very hesitant to commit to sleep training but I felt like I was at the end of my rope and more importantly, I felt like I was failing my daughter because she needed sleep even more than I did! I implemented Alanna’s plan for my family and within 9 mins, the seemingly impossible happened: my baby completely self-soothed herself to sleep. No rocking. No feeding. No pacifier. No nothing! She was put down awake and she did it. We did it! Once I saw that Alanna’s method work with my own eyes, I knew I had to stick to it. I’m so grateful for Alanna’s help in getting us through our rough patch swiftly and effectively. My daughter wakes up happier than ever because she’s well rested and confident in her ability to self soothe. This mama wakes up a whole lot happier, too!”

• Shenaë Grimes Beech, Actress and YouTube community, @shenaegrimesbeech

# Introduction

Your baby is naturally capable of being a good sleeper. And you are the expert in helping your own baby make the most of her natural ability to sleep.

These are the main messages of this book.

These are purposefully simple takeaways. I know what it's like to be the parent of a new baby: exhausted, frustrated, struggling. I know what it's like to be desperately searching for answers — often in the lonely dead of the night — about how to get your baby to sleep better at night. You don't want long, complicated explanations or deep dives into biological theories on sleep. You don't want lots of scientific jargon and sleep plans that take months to see results.

You want easy steps to help your baby sleep. You want concrete strategies and solutions. You want to be told the basics of what to do and why. You want the approach to be grounded in the biology of sleep, but you don't necessarily need to know all the science behind it.

This book is about sharing the simple approaches that we at Good Night Sleep Site have used to help thousands of families get the rest they need.

## **My Story**

Writing this book has been a goal of mine since the time I started Good Night Sleep Site in 2012.

My path from becoming a sleep-deprived new mom to the founder of Good Night Sleep Site began when my first child, a daughter, arrived and would not sleep. I had gone through so many parenting classes before she was born. I learned about diaper changing, breastfeeding, the birth experience, swaddling. However, the topic of how babies sleep — and what to do when the family wasn't well-rested — didn't seem to come up other than in side conversations about how we as new parents should be prepared for lots of sleep deprivation.

By the time my daughter was 5 months old, she still had not settled into consistent, healthy sleep routines. My husband and I were exhausted. I wanted more control over our daily routines. I wanted and needed better rest — for myself and my baby. I realized that I didn't have the right information to make any positive changes in my baby's sleep. I simply didn't know what to do. I was one of the first in my group of friends to have a child. At the time the internet wasn't what it was now, full of information about every topic related to child development.

So I turned to books to help me learn about baby sleep. Lots and lots of books. I put together my own personalized family sleep plan, and it worked! I revisited that plan as she went through each developmental milestone and new challenges arose.

Soon my friends and others in my peer group were having babies too, and they wanted me to share what I had learned. I became known as the mom who knew about sleep. Friends and acquaintances would ask me to

help them solve their babies' sleep issues. But it wasn't until I was pregnant with my twins and one of my girlfriends decided to hire a sleep consultant that I realized that I could do this — help families with their kids' sleep — professionally and spread the word about what I now understood and children's sleep. Next, I became a certified Sleep Consultant from the Family Sleep Institute, recognized as one of the few in-depth and extensive sleep consulting training institutes and a leader in our industry, and by the time my twins were 10 months old, I started [Good Night Sleep Site](#).

Since then our company has grown into a worldwide [team of sleep consultants](#) and we continue to expand our reach each year. I now host a successful podcast, [This Girl Loves Sleep](#), serve on the faculty of Family Sleep Institute, am the creator of the Good Night Sleep Educator program, and am the Director of the International Association of Child Sleep Consultants (IACSC).

Helping families sleep better has become my personal and professional mission. In this book, I want to share what I've learned — in clear, easy, flexible steps — to help your family with a new baby on the path toward better sleep.

Before I share the parts of a Sleep Tool Kit that will be the secret to improving your new one's sleep, I want to clear up several misunderstandings you may have about baby sleep. Don't feel bad if you realize that you have been a believer in these myths. You are not alone!

## **Sleep Myths Every New Parent Should Rethink**

### **My baby should “sleep through the night.”**

In my view, this is one of the most poorly understood concepts about baby sleep. Here’s the truth: All of us — babies, children, grownups — wake up throughout the night, sometimes partially and sometimes fully. You don’t sleep through the night without waking up, and neither does your baby. What we really mean when we say “sleep through the night” is that a baby can sleep unassisted through the whole night. In other words, your baby is able to transition between sleep cycles without crying or without any adult intervention to fall back asleep.

So, remember, it’s perfectly normal for your baby to wake up during the night. You should expect this. Your goal is to help your baby learn to fall back asleep on his own.

### **My baby will work around my schedule and lifestyle.**

Experienced parents know the reality of this statement. Before you had kids, you may have thought to yourself: “There’s no way that I’ll be *that* parent who is stuck at home all day because my baby has to sleep. I won’t let my baby run our family’s schedule.”

In the first few months, when your newborn is quite portable, this statement may have seemed true because your baby would sleep soundly when you’re out and about, in different rooms, in different settings, in noisy settings, in cars.

However, once your baby gets older, he'll require a more consistent sleep routine and your days of shopping trips with a napping baby will be (mostly) a thing of the past. Your baby will sleep best once you have established a consistent sleep environment as well as consistent nap times and bedtimes. You will learn to protect your baby's sleep routines.

**If I keep my baby up all day, she'll sleep better at night.**

I was very much guilty of thinking this when I had my first baby. My husband and I first thought that if we kept our daughter awake all day, she would sleep longer stretches throughout the night. What happened when we tried this? These efforts did not work. There's a reason why "sleep begets sleep" is such a common expression in the baby sleep world: It's true. Better-rested babies fall asleep easier at bedtime and sleep more fitfully throughout the night. If you focus on better quality naps and earlier bedtimes, those steps alone can put you well on your way toward better baby sleep at night.

**A late bedtime will help my baby sleep later in the morning.**

Parents mistakenly believe that an early bedtime will cause their baby to wake up even earlier the next day. In fact, the opposite is true. An earlier bedtime prevents your baby from becoming overtired, with stress hormones flooding her body, and thus leads to better quality sleep and more reasonable wakeup times.

## **Eventually my baby will sleep better.**

It's possible that your baby will learn good sleep habits on her own. You could patiently wait for months (or years) for your little one's sleep to improve. However, parents should understand that while the ability to sleep is an inborn skill, the ability to fall asleep *unassisted* is a learned one. Building healthy sleep habits right from the start can save parents the harder task of teaching a toddler or preschooler to sleep better at night. It's not impossible to teach those skills with an older child, but it can be much more difficult once they sleep in a bed and are able to move about freely and resist changes more forcefully and verbally.

## **My baby just doesn't need that much sleep.**

After bedtime battles and nap struggles have worn them out, some parents decide that maybe their baby is an exception, that unique child who needs much less sleep than other babies. I'm here to tell you that your baby needs much more sleep during a 24-hour day than you do. If your baby isn't getting it, he is probably sleep-deprived. Your baby needs up to 14 to 15 hours of sleep per day up to the time she's one year old, and up to 12 hours per day for toddlers. This quantity of sleep is critical to promoting strong cognitive development, immune function, and coordination, as well as better behavior and mood. Don't fall into the trap of thinking your child's sleep needs are different than other children's.



### **My baby is teething so I can't sleep train.**

I tend to smile when I hear this (and, believe me, I hear it often). It's an easy go-to excuse, one that as a new parent I even used! But here's the thing: Teething shouldn't affect your child's sleep, or ability to sleep, too much. I'm not saying there isn't any pain associated with active teething — there can be and every child is different. However, just because your child is teething doesn't mean that you have to throw out sleep routines and go back to old sleep habits. Especially if you have been dealing with sleep struggles for a long time, it's most likely the case that teething is not the cause of your baby's sleep problems.

### **You will have to sleep train over and over again.**

This may be my favorite myth. Remember, in order to be able to fall asleep on her own, your child must learn the skill of independent sleep. This skill is no different than any other skill they will learn throughout their life. Those skills aren't ever forgotten, but sometimes they do need to be refreshed every now and then. After an illness or travel, for example, you may have to brush off the independent sleep cobwebs once things have settled. If you get right back on track and don't persist long-term with any bad habits, you will soon learn that your child is capable of sleeping well again because the skill has been learned before.

### **You need to teach your baby to “self-soothe.”**

If you start reading books and online articles about baby

sleep, you'll quickly notice a split in camps among the "experts" about self-soothing. Some will tell you that your most important job in sleep training is to teach your baby how to "self-soothe," or comfort himself in order to fall back to sleep without your help. You may read from another group of experts that the entire concept of "self-soothing" itself is a sham and that all you are teaching your baby through sleep training is that he will be abandoned by his caregivers to cry helplessly in his crib.

What if I told you that you can forget about the whole concept of "self-soothing"?

In my view, what you want to teach your baby is **not** how to "self-soothe."

**Instead, you want to show your baby that he is capable of falling asleep all by himself.**

Being capable is the amazing skill that you want to pass on to your baby.

From very early on, babies will show us signs that they are beginning to learn how to put themselves back to sleep on their own, but it's easy to ignore or confuse those signals. For instance, your new baby may start sucking on his fingers in an effort to comfort himself as he tries to get to sleep, yet parents may confuse his sucking with a sign that he is hungry. Or he may grimace and groan as he lies in his crib, and parents may interpret those sounds as his desire for a caregiver to pick him up and comfort him. In many cases, those signs (and many

others) could be attempts by your baby to self-regulate and self-comfort.

And what about those other experts who tell parents that sleep training only teaches babies to give up on hoping that their caregivers will respond to them?

Sleep training your baby for a few night's is not in any way the same as chronic emotional and physical neglect. Sleep training does not induce a toxic stress response in your baby like long-term situations of neglect and abuse.

According to Harvard University's Center on the Developing Child, [toxic stress](#) occurs when a child goes through severe and chronic emotional or physical abuse, neglect, exposure to violence, or other traumas. Toxic stress results when our bodies' stress response system is repeatedly triggered, and that continuous activation can impact the development of the brain and other parts of the body, resulting in impairments even through adulthood.

Is this what happens when we teach our babies and children that they are capable of becoming successful sleepers? When we are surrounding them in love and support during the day but still providing them with lessons and allowing them to experience frustrations so that they can learn to figure out a skill on their own? When the science of sleep is taught and understood, and we use all the sleep tools in our sleep kit that we'll explore in the next chapters, we can eliminate much unnecessary crying and anxiety. Our goal is to work with

our baby's basic biological needs and body clock to give everyone the gift of sleep.

My hope in writing this book is that you will teach your baby that he or she is capable.

They can do it themselves. They can be happy and content in their sleep environment and not need you right away. They can be calm and fall asleep peacefully on their own. We want them to know that we believe they are capable. They can do anything, including getting healthy sleep, if we allow them the opportunity to do it.

# 1. The Fourth Trimester: Newborns and Sleep

I remember what it was like to bring a new baby home. It wasn't all that long ago for me. I marveled at my new baby girl, completely in love, totally in awe, and *totally* not expecting how sleep-deprived I would be.

I found so many resources about pregnancy, labor, breastfeeding, bottle-feeding... Where was the information about how newborns sleep? Where was the information about what to do when you (as well as your baby) are exhausted after weeks and months of insufficient sleep?

Let's start at the very beginning of your journey with your new bundle of joy. Your hospital stay went by in a hazy blur, and now you're coming home from the hospital. Now what? Are you doomed to a year or more of sleep-deprivation?

During the newborn period, especially during the first one to two weeks, there isn't much you can or should do.

Still, I can't tell you how many new parents tell me that they think their new babies should be sleeping through the night by the end of that first month. They expect that sleep routines will be established quickly. And I get

why they might have that false belief. Do a quick search on Google, and you'll read a lot of confusing, and even contradictory, information about what to expect from newborns.

Here's what I tell new parents: Relax. Don't worry about routines or have any expectations that your baby should be sleeping through the night right away.

**Enjoy your baby, and don't worry about breaking any "rules" about sleep. Your baby isn't even biologically capable of understanding the concept of "night" and "day" yet!**

Focus on getting the hang of feeding your baby, whose tiny stomach can only hold enough milk to keep him full for just a few hours, and making sure your baby stays rested.

Yes, there are starting steps to get your baby off on the right track. (And, of course, a safe sleep environment should be ready for your baby when you come home from the hospital.) In general, however, don't worry about "messing up" your newborn's sleep. Know that this period of sleep loss for you isn't permanent, and soon you'll be able to take steps to help your baby toward healthy sleep habits.

### **Understanding Your Newborn's Biological Clock**

Before we dive deeper into what to expect during the first weeks and months of your baby's life, I want to explain an important dimension to your baby's sleep patterns: circadian rhythms.

All plants and animals have internal clocks, or rhythms, that regulate daily activity and sleep cycles. For people, the most crucial rhythm is the daily cycle of day/night, light/dark, wake/sleep, or our *circadian rhythms* (the term originates from the Latin for “about one day”). This daily rhythm keeps our body clocks in coordination with the sun’s cycles.

Our circadian rhythms result in physical, mental, and behavioral changes that roughly follow a 24-hour cycle based on dark and light cues from our environment.

The biological clock that controls circadian rhythms are groupings of interacting molecules in cells throughout the body. The “master clock” is a group of nerve cells in the brain located just above the optic nerve. The master clock coordinates all of the body’s clocks. In addition, it is responsible for the release of melatonin, a hormone that naturally promotes sleep. When the retina in the eye is exposed to light, it sends a signal to the “master clock.” The master clock then sends another message to stop the production of melatonin. When it is dark, this clock tells our brains to make melatonin and we get drowsy.

When your baby is born, her biological clock is immature. That’s why a baby’s sleep is so unpredictable and random. Her “master clock” doesn’t yet respond to light and dark cues from her environment. When she was still inside Mom’s dark and cozy womb, she got her sleep signals from Mom. It’s not until many weeks into her life that a baby starts to produce her own melatonin.

Because it can take months for a baby’s own internal

clock to mature, I tell parents that it's difficult to start sleep training before 4 months of age (more on this in the next chapter).

Sleep patterns develop over time. As your baby gets older, into his second and third month, his biological clock and nervous system will mature, making the development of routines and the process of self-soothing much easier. In the meantime, during the first three months, before your baby's internal rhythms develop, there are small steps you can take to make setting those clocks easier. Most of all, your main job is to make sure that your baby is as well-rested as possible.

### **The Fourth Trimester: What To Expect**

Newborn babies sleep a lot, up to 18 hours during a 24-hour day. (Don't worry if your baby seems to sleep less than that!). They take lots of naps, during both day and night.

Although new babies spend most of their days asleep, the frustrating part is that these hours are usually not long blocks. They will often sleep in tiny chunks, and your life might feel like it's revolving around how to get your baby to sleep (again and again and again) and how to keep her asleep. But the fact that your baby needs a lot of help and support to get to sleep? This is entirely normal and natural, and you're not doing anything wrong. Babies' nervous systems and internal rhythms are not developed yet, and it's perfectly okay — expected even — that they need you to soothe and comfort them to sleep. Don't worry about spoiling your baby!



## **First Month (0-4 Weeks)**

### **What's Going On**

During this month your baby will be asleep most of the time. They may sleep up to 2.5 to 4 hours at a time and be awake for 1 to 2 hours between rests. Most likely, you won't be able to identify any patterns in how your little bundle of joy sleeps; your baby's sleep will be erratic and disorganized. Because their internal clocks (those "circadian rhythms") have not matured yet, they will sleep the same way around the clock, day and night. It is biologically impossible for them to adjust to a consistent, schedule routine.

It will be difficult — impossible, perhaps — for you as a new parent to get your usual block of seven or eight hours of uninterrupted sleep. You may find yourself shocked at how challenging adjusting to life with a newborn is and how bone-crushingly tired you are during this period, when you are waking up repeatedly during the night to feed and care for a newborn.

The most comforting part about this newborn period when nobody is sleeping well is how short this time really is, in the big picture of your parenting life with your child. I know it feels like the exhaustion will never end, but in just a few months, you'll be able to start helping your baby make positive changes in her sleep routines.

### **What You Can Do**

Not too much. During this time, your first priority is to enjoy your baby and get to know him. Observe him and

start to notice the beginnings of his personality and preferences emerge. Start to notice what he does — rub his eyes, turn his head, make certain sounds — when he's sleepy and wants to fall asleep. (Knowing your baby's sleepy cues will help you later on.)

During this first month, do whatever you need to do to get your little one to sleep. Your goal is to make sure your baby gets as much rest as possible, and you should do whatever works (soothing, feeding, rocking, singing, shushing, swaddling) to promote rest.

Sleep patterns take months to establish, but right from the start, you can take small steps to help your baby start to distinguish day from night and develop his internal clock. For example, open the blinds and let sunlight into her room first thing in the morning and give her a little exposure to the sun at the start of the day (by going for a short walk, for example). Dim the lights and keep the house quiet during the evenings, and make sure her bedroom is very dark while she is sleeping. These steps can begin to give her little body cues to reinforce the difference between day and night.

Remember, this is not the time to worry about creating “bad” habits. It is impossible to spoil a newborn!

## **Second Month (5-8 Weeks)**

### **What's Going On**

Congratulations! You've made it to your baby's first sleep milestone. Somewhere between 6 and 8 weeks, nighttime sleep becomes just a bit more organized and

consolidated, and your baby's "day-night confusion" wanes. Your baby may begin to have one long stretch of sleep (of between 4 to 6 hours) at the start of the night, and then wake up every 2 to 3 hours after that. Your baby is probably napping 3 to 5 times each day, for about an hour for each nap.

During this time, your baby will become more alert and may show off his first "social smile." Aside from being cute and making your heart burst with joy, those adorable social smiles are also an important clue that your baby has hit — or will soon reach — that first sleep milestone of more consolidated sleep. Why? Social smiles appear due to your baby's increased social awareness and maturation. Your baby has more control over his sleep and can actually resist sleep in order to stay awake, engage with you, and enjoy the pleasure of your company.

As your baby's internal clock starts to develop, bedtime should slowly get earlier. Aim for bedtime to be between 7 and 9 p.m. If you keep your baby awake for too long during the evenings, you may start to interfere with the body's natural process of producing melatonin. (Melatonin makes us want to slow down and sleep.)

Early evening fussiness will peak during this time but will start to improve by 8 weeks. Then it will gradually continue to diminish over the next month or so. This tough time of day for babies has been aptly nicknamed "the witching hour." Some babies may appear to be extremely miserable, screaming intensely for long stretches of the late afternoon or evening, while others

may be just a bit more unsettled than during the rest of the day. Trying to ensure that your baby is well-rested during the periods of the day when he is not fussy may help this period go by easier and quicker.

### **What You Can Do**

Your baby's sleep is finally starting to mature — yay! — and your baby is probably sleeping longer during the night.

You can now start to watch for more cues from your baby. After 45 minutes to an hour of awake time, look for sleepy signs. Your baby might start to “zone out,” rub his eyes, pull his ears, or turn his head from side to side. Every child has her own set of drowsy signals. When you observe these cues, see if your baby will put himself to sleep before you intervene. Or put your baby down in his crib when he is awake. Giving your baby practice in “self-soothing” is a perfect first step in establishing good sleep habits early on.

At this age, if your baby can't put himself to sleep, that's okay! Most babies don't have the ability to soothe themselves to sleep on their own until about 12 weeks of age. It's more than fine for you to step in with your own soothing method to prepare your baby for sleep. Try rocking, feeding, bouncing, walking... Any (safe) method that works!

The goal at this point is to relax and soothe your baby to sleep so that he stays well-rested. You want to prevent your baby from becoming overtired.

Now is a good time to start a consistent bedtime routine. Your baby is old enough to begin making the association between a calming night time routine and the relaxation of putting himself to sleep. The bedtime routine should be short — for example, a bath, a feeding, pajamas, and a short song — as well as predictable and soothing. At this age, however, if your baby is too tired and becomes irritable and fussy, it's fine to skip the bedtime routine and just to put him down in his crib.

Now is also a good time to introduce a crib. Start putting your baby in his crib as much as possible to get him familiar with these surroundings. From day one, your baby should be sleeping in a safe sleep environment (more on this critical topic in our next chapter!). The safest place for your baby to sleep is in their own dark, quiet crib or bassinet. If you haven't already begun putting your baby to sleep in a consistent location at night and during naps, start this transition by the time your baby is two months old.

### **Third Month (9-12 Weeks)**

#### **What's Going On**

Your baby will start to have longer wakeful periods and may nap three times a day (morning, mid-day and afternoon) for 1 to 2 hours. Nighttime sleep will continue to consolidate, with sleep stretches as long as 4 to 8 hours.

Your baby's wake-up time for the day — sometime between 5:30 to 7 a.m. — becomes more predictable.

Bedtime will become earlier again and fall somewhere between 6 and 8 p.m.

Babies at this age can be notorious for short naps. For instance, they may wake up after 30 to 40 minutes for each and every nap. The morning nap is the first to develop, and afternoon naps appear later.

### **What You Can Do**

Keep putting your baby to sleep — awake, not drowsy or asleep — before she becomes overtired. Continue following a consistent bedtime and soothing nighttime routines. For naps, as well as at bedtime, put your baby down in a quiet, dark environment.

If your baby is able to move around and roll over, now is the time, for safety's sake, to stop swaddling.

Your goal should be to make sure your baby is well-rested throughout the day. Starting from the time she wakes up in the morning, keep putting her down for naps after no more than one hour of awake time. Try and stretch out naps as much as possible so that your baby does not become overtired by bedtime. Each nap should aim to be around one hour each. If he usually wakes up much sooner than this, you can try to keep him in the crib and soothe him back to sleep.

### **Overstimulation and Crying**

All babies cry. Babies cry a lot. Some babies cry even more than a lot.

On average they cry a few hours a day. All that crying and fussing can be exhausting, upsetting, and stressful. Sometimes it may seem like it's impossible to soothe him, no matter what you do. And it may seem like all this crying will never end.

The good news is that lots of crying is normal and it does get better. Babies cry a lot for their first few months of life. It is not a sign of bad parenting or a “bad” baby. It will pass, I promise. However, you may need extra support and more breaks during this particularly challenging stage. Keep your sanity with more rest for yourself and some time away from your baby. Lower your expectations about what needs to get done each day. In other words, this is not the time to be worrying about keeping a perfectly tidy house or to be starting big new yard projects!

Remember we talked about your baby's immature biological clock? Your baby's still-developing nervous system also means that he can have a hard time regulating the amount of stimulation flooding his nervous system during his first few months. During this early period of his life, an overstimulated baby will be difficult to calm and soothe.

According to Dr. Ronald Barr, a developmental pediatrician and an expert on infant crying, this stage of intense fussiness can be described as the “[Period of P.U.R.P.L.E. Crying.](#)” No, the name doesn't come from the color of a baby's face when she cries inconsolably. P.U.R.P.L.E. is an acronym which stands for:

**P** = Peak of Crying (Babies cry the most during their second month.)

**U** = Unexpected (The crying appears and disappears with no discernible reason.)

**R** = Resists Soothing (Your baby won't stop even when soothed.)

**P** = Pain-like Face (Your baby appears like she's in pain, although she isn't necessarily.)

**L** = Long-lasting (The crying can last a long time, sometimes several hours.)

**E** = Evening (Late afternoon and evening are the times for the most intense fussiness.)

This P.U.R.P.L.E. period can begin at two weeks and last until your baby is three or four months old. It's often confused with "colic." Colic isn't actually a medical term but more of a catch-all description of a healthy, well-fed baby who cries a lot for no apparent cause. (Colic is often "diagnosed" among babies who cry for more than three hours a day, more than three days a week, for more than three weeks. Doctors call this "the Rule of Threes.")

How does all of this — inconsolable crying and overstimulation — relate to your baby's sleep? An overstimulated baby is less likely to fall asleep easily and stays awake longer, contributing to more crying and more fussiness. As adults, if we're in situations which are too loud, too intense, or too stressful (and we're tired as well), we generally just leave and go to bed. Your baby



can't; he relies on you to pick up on his tired signs and cues and remove him from that stimulating environment. A dark, quiet room with no distractions can be helpful in soothing a baby who is fussy, or on the verge of becoming fussy.

It's incredibly stressful to cope with a baby who cries a lot. Here are some ideas for how to cope:

- Try to look for patterns in your baby's fussiness and crying: Are there certain times of day or certain conditions during which your baby always seems to be crying? Anticipate those periods and plan for them. If your baby cries at 5 p.m. every day — and that's the time of day when you're typically helping your other kids with homework and your partner makes dinner — you will probably have to readjust those routines.
- Be prepared with the soothing techniques (swaddling, rocking, swinging, bouncing, sucking) that have proven to work for your baby. Make sure they're out and available for when the fussy period starts.
- Enlist help. Find a friend to bring dinner or order out, or ask a neighbor to walk the dog. Your partner might be more effective than you at soothing the baby during these times, and that's okay! Take turns with your fussy baby.
- Take a break if you get frustrated or angry. It's easy to get upset and emotional when you're trying to comfort a crying baby who just won't stop. Hand off the baby

and take a little while to calm down and relax if you find yourself losing control.

- Remember, your baby's crying is not about anything you've done as a parent. You may feel intense guilt that you seem to be unable to consistently soothe your baby. This is not your fault. Your baby is (most likely) going through a normal stage of development. This too shall pass.

I asked two physicians — community health physician Dr. Stephanie Liu, who writes at [Life of Dr. Mom](#), and Dr. Michelle Bischoff, a pediatrician and clinical lecturer at the University of Alberta — to explain more about crying in newborns, particularly how to tell if the prolonged crying of colic might be something more serious.

“Colic is generally defined as crying for no apparent reason that lasts for 3 or more hours per day on 3 or more days per week in otherwise healthy infants less than 3 months of age. The cause of colic is unknown but there are likely numerous factors that may contribute, including gut properties and psychosocial aspects.

As a physician, I knew the definition well, but as a mother, I realized how upsetting and scary an infant crying for more than 3 hours can be. I was very fortunate, since there were only a handful of evenings during my daughter's first 3 months of life in which she cried more than 3 hours consecutively and I remember all of those evenings in detail! As a physician, I remember trying to reassure patients that colic, by definition, is not due to an underlying medical illness and that often it resolves

when the baby is 3 or 4 months old. However, as a mother I realized how upsetting and worrying it can be. There are some ways to differentiate colic from a possible underlying medical issue.

All healthy infants cry to an extent. Red flags that suggest a worrisome cause include poor weight gain, bloody stools, vomiting blood or dark green fluid, vomiting in a projectile manner, fever, lethargy, or other signs of illness. Management of colic starts with education and reassurance on what can be a normal crying pattern in infants. It is important to understand that colic symptoms resolve in 90% of infants by 9 weeks of age. In each infant, there may be different factors contributing to colic symptoms, so it is important to see your doctor to help explore these. It is okay to take breaks from your infant by placing on his or her back in a safe environment. With your doctor, discuss your baby's feeding patterns and adjust as necessary. For example, some babies may benefit from smaller, more frequent feeds; burping more often; and being held upright for 20-30 minutes after feeds."

## **Reflux**

Sometimes, intense crying is not colic. Your baby's fussiness may be due to gastroesophageal reflux disease (GERD), or reflux, as it is commonly referred. Reflux in babies can have a broad range of symptoms, from minor to severe. Some babies are huge spitters and don't seem at all bothered by it. (How you feel about having baby vomit all over you most of the day is another story.) Other babies appear to be in great discomfort during or after

feeding, or during or after spitting up. It's important to determine with your pediatrician or pediatric gastroenterologist if your baby's discomfort is due to reflux and, if it is, an appropriate treatment plan.

Here is what Dr. Liu and Dr. Bischoff have to say about reflux:

“Reflux is when the acid that is normally in the stomach backs up into the esophagus, a tube that carries food from the mouth to the stomach. Many healthy babies have reflux and spit up milk after eating. Typically, babies are not bothered by this and it resolves by one year of age.

However, some babies have more severe reflux, called gastroesophageal reflux disease (GERD). Warning signs of GERD, or a more serious medical condition, include excessive crying or arching of the body with or post-feeding, failure to gain appropriate weight, projectile or forceful vomiting, vomiting blood or dark green fluid, bloody stools, fever, persistent cough, lethargy, or other symptoms.

In infants with GERD, the following interventions can be helpful:

- Avoid exposing the child to tobacco smoke which can worsen reflux.
- Provide smaller, more frequent feedings.
- Keep baby upright for 20-30 minutes after feeding.

- Trial dietary elimination of dairy and soy (which includes eliminating these foods from mom's diet if breastfeeding, or administering a hydrolyzed formula) for approximately two weeks or as advised by your doctor.
- Talk to your doctor about a possible trial of acid suppressing medication.

If your baby has more severe reflux, you may need to use more intense soothing techniques, for many more months, than you would other babies. Your baby's progress and development related to sleep may also take longer than it normally would. It can be very challenging and stressful to be the parent of a young baby with reflux. Eventually, your baby will get there and be a great sleeper. He just may need a little bit more help and patience from you along the way."

### **Your Newborn, Feeding, and Sleep**

Newborn babies, with their tiny stomachs, need to eat regularly throughout a 24-hour period. This requirement will inevitably mean that your baby will get up to feed throughout the night during her first weeks and months. She requires food around the clock to grow, but she may also get up during the night hours because of her still-developing internal clock and her immature nervous system.

As babies grow and develop with age, her need for nighttime feedings will decrease.

During their first three months, newborn babies typically

need to eat every 2-3 hours, day and night. Your baby will typically lose weight the first week of their life and once they gain back their weight and reach their weight milestone, you no longer need to wake up your baby to feed him. Instead, you can feed your newborn when they naturally wake up throughout the night.

As your baby reaches six weeks and beyond and his body begins to mature, he may start to decrease the number of times per day that he eats, resulting in some four-hour stretches (or longer) between feedings. As the newborn period comes to a close, he likely may be eating two or three times per night. He's beginning to consume more of his calorie requirements during the daytime, rather than at night. Typically by 2 to 3 months of age, a baby will start sleeping for longer stretches at night, sometimes as long as 8 hours or more.

### **Breastfeeding and Your Newborn**

Whether you're breastfeeding or feeding your baby formula or both, all parents of newborns are exhausted. New moms who are breastfeeding can have unique challenges. Dr. Stephanie Liu of [Life of Mom](#) describes her personal experience with breastfeeding, as well as the professional advice of she and Dr. Suzanne Black, M.D. BSc(hon) for moms of new babies:

“Breastfeeding was not intuitive for me, and I struggled. After birth, both the mother and her baby are often very sleepy, and establishing a consistent breast-feeding routine can be difficult. The lack of frequency or consistency in feeding can lead to difficulty with

breastfeeding. What I found particularly difficult in the first 2 weeks postpartum, was learning how to breastfeed on demand. Breastfeeding on demand refers to when the mother is able to breastfeed her infant in response to the infant showing signs of hunger. If you are struggling with learning how to breastfeed, here are some breastfeeding tips that provide to my patients.

**The first few weeks postpartum are key to establishing breastfeeding and learning how to breastfeed.**

After birth, infants will typically feed every 1 to 4 hours. It is typically recommended not to wait more than 4 hours for a feed. New mothers should expect to breastfeed their infants 8 to 12 times per day, including overnight periods, until breastfeeding is well established and you are able to breastfeed on demand.

**The best breastfeeding tips I received postpartum were about the signs of infant hunger and satiety.**

It is important for first-time parents to learn the cues of infant hunger and satiety when learning how to breastfeed. This will help you establish your breastfeeding routine and begin to learn to breastfeed on demand. Early signs of infant hunger include:

- Moving hands toward the mouth, or sucking on fists
- Smacking or puckering lips
- Opening and closing mouth repeatedly

- Rooting on the chest of whomever is carrying them looking for a breast

**Late hunger cues may not be seen in some infants:**

Late hunger cues may not be seen in premature infants, or infants with an underlying neurological or muscular condition, since they may lack the strength or coordination.

Late hunger cues include:

- Acting irritable or restless
- Flailing the extremities
- Crying

**Feeding your infant in response to the early signs of hunger is the best for both mother and baby.**

It is easier to initiate a healthy breastfeeding relationship with your baby if you are both calm (I definitely struggled with staying calm during the first two weeks of breastfeeding!). This allows for better practice of latching and honing skills.

Once a baby becomes very hungry and is crying and agitated, getting a proper latch becomes more difficult and heightens anxiety.



**Signs your infant is satiated during or following a feed include:**

- Turning their head away from the breast or bottle
- Relaxing the face muscles, relaxing and removing the hands from the breast
- Empty looking cheeks
- Stop sucking
- Closing their lips
- Falling asleep

**Establish a consistent and frequent breastfeeding routine:**

One breastfeeding tip I give to expectant mothers is to anticipate having to integrate breastfeeding into your routine before you give birth! After birth, mother and baby can be drowsy, and establishing a consistent breast-feeding routine can be difficult. The lack of frequency or consistency in feeding can lead to difficulty with breastfeeding, or difficulty with breastfeeding on demand.

The average woman will breastfeed 8 to 12 times per day in the first 2 weeks postpartum. Breastfeeding on demand frequently and fully emptying the breasts with each feed or pump will likely increase milk supply.

Poor and inconsistent feeding routines in the early postpartum period are the most common cause of

difficulty with how to breastfeed. It may be tempting to stretch out feeds to 4 hours, or give your baby a pacifier to prolong the time between feedings. Milk is produced when the breasts are empty, so the more frequently the breasts are emptied, the more milk will be produced.

**Offer both breasts at each feeding, but alternate breasts:**

The first breast that should be offered during a given feed should be alternated at each feeding. Offer both breasts at each feeding, starting with the breast you did not use first at the last feeding.”

**References used by Dr. Liu**

[1. Section on Breastfeeding. Breastfeeding and the use of human milk. Pediatrics 2012; 129:e827.](#)

2. Implementation guidance: Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018. <https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/>

At a certain point, after many weeks and months of waking up again and again at night to feed your baby, you will start to wonder: When can I expect my baby to sleep through the night without requiring food? Unfortunately, there’s no one-size-fits-all answer to this question. According to many [research studies](#), it’s true that most parents claim that their babies are “sleeping through the night” — or reliably sleeping in one long

stretch of at least five or six hours — by five or six months old, but if your little one isn't one of them, you have lots and lots of company! And you'll soon learn that there's a whole lot that you can do to help your baby show that he too is capable of sleeping independently.

## Fourth Trimester Round-Up

- Prioritize daytime sleep. Keep your baby well-rested. Inadequate sleep during the day can result in the release of stress hormones and overstimulation.
- Put your baby down to sleep awake as much as possible. But if you need to swoop in and help, that's okay.
- Find the soothing strategies that work for your baby. Try to start with ones that do not involve nursing or feeding.
- Create a soothing, dark sleep environment for your baby. Keep out distractions and entertainment. Most importantly, make sure that this sleep environment is safe for your baby.
- Don't feel pressure to make your baby into a perfect sleeper during the fourth trimester. Don't focus on any "rules" you may have in your head about how your baby should be sleeping. You are doing a great job if your baby is well-rested, now matter how you accomplish that goal.

# Alanna's ADVICE



1. PRIORITY DAYTIME SLEEP  
KEEP YOUR BABY WELL-RESTED.



2. DON'T FEEL PRESSURE TO MAKE YOUR BABY INTO  
A PERFECT SLEEPER DURING THE FOURTH TRIMESTER.



REMEMBER, DON'T FOCUS ON ANY "RULES" YOU MAY HAVE IN YOUR HEAD ABOUT HOW YOUR BABY SHOULD BE SLEEPING. YOU ARE DOING A GREAT JOB IF YOUR BABY IS WELL-RESTED, NO MATTER HOW YOU ACCOMPLISH THAT GOAL.

3. CREATE A SOOTHING, DARK SLEEP ENVIRONMENT FOR  
YOUR BABY. MOST IMPORTANTLY, MAKE SURE THAT THIS SLEEP  
ENVIRONMENT IS SAFE FOR YOUR BABY.



*babies are safest...*

ALONE (NO BLANKETS OR BUMPERS)  
PLACED ON THEIR BACK  
IN A CRIB, BASSINET OR PLAY YARD

*click*



*click*

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## 2. Sleep Tool #1: Environment

In my experience, when parents start to think about making changes to their baby's sleep, the first questions they ask are: Which sleep training method should we choose? Should we start off with a "cry-it-out" method or would a "no-cry" method work instead?

What I teach parents is that a sleep training method is just one component of an overall sleep training program. We use four powerful tools (a conducive Sleep Environment, restful Naps, Age Appropriate Bedtimes with Consistent Routines, and the right Sleep Method) to develop an overall sleep training program, and a sleep training method is actually the last of the four tools we consider.

Before parents select a method, I urge them to make sure they are using the other three sleep tools properly and consistently. With these first tools in place, often parents see dramatic progress in their baby's sleep, even before they try a specific sleep training approach.

### **Sleep Environment**

Did you know that your baby's surroundings play a vital role in determining how well she sleeps? The first tool in our sleep training tool kit is sleep environment. If you're like I was as a future new parent, you imagined that your

new baby would sleep anywhere and everywhere, as you go about your daily routines and errands. While this may be somewhat true at the very beginning of your baby's life, once her sleep becomes more mature and organized (as soon as two months), your baby will become much less portable.

Let's review the three most critical aspects of where your baby sleeps: Your baby's sleep environment should be **safe, conducive to sleep, and consistent.**

### **Sleep Safety**

The most important thing to consider when planning for where your baby will sleep is ensuring that your baby is safe. For babies, a safe sleep environment is one that minimizes the risk of [S.I.D.S.](#), or Sudden Infant Death Syndrome as well as the risk of suffocation or injury. SIDS, sometimes called "crib death," is the unexplained death of a baby who is under one year old.

**SIDS is the most common cause of death in babies aged one month to one year, and its direct cause is not fully understood.**

While SIDS deaths can happen anytime during the first year, almost 90% of these deaths happen in the first six months.

Although it is referred to as "crib death," cribs themselves do not cause SIDS. However, a baby's overall sleep environment can be a major risk factor. As parents, we can take precautions to reduce these risks.

Both the American Academy of Pediatrics and the Canadian Paediatric Society recommend that parents follow the A-B-Cs of safe sleep. Babies should sleep:

**A = alone**

**B= on their backs**

**C= in a crib or bassinet**

Babies should sleep without loose or soft bedding or other objects, including sleep positioners or wedges. This also means no bumpers, stuffed animals, or pillows. Cords, including those connected to baby monitors or blinds, can also pose a strangulation hazard to babies. Keep cords tied up and out of reach from babies in their cribs.

The safest sleep surface for your baby is a fitted sheet on a firm, certified, standard crib mattress. Car seats, napping pods, or bouncy seats are not safe places for your baby to rest. Most especially, never put your baby down to sleep on a couch cushion, waterbed, or other soft surface.

I've been particularly concerned about the widespread use of napping pods as well as reclining baby sleepers, which have been the subject of widespread safety recalls due to the number of SIDS-related infant deaths tied to these products. I truly understand, in the midst of the fog of sleepless nights and exhausting days, why parents would turn to these products in desperation. They're searching for anything that will allow their little one to sleep just a little bit longer. Do a quick Google



search, and you'll find endless baby sleep devices to buy, accompanied by photos of newborns and babies sleeping cozily using these products.

The truth is that these products are not designed for (or tested for) use as a sleep aid for babies. They're meant to be used for babies to sit in, relax, and play for short periods, and that's all, never for naps or overnight. The truth is that these products put babies at risk for suffocation. The gold standard for your baby's safe sleep environment is the flat surface of a crib or bassinet, without the use of positioners or any other kind of sleep device.

You should also check to make sure that your baby's crib, particularly if it's a second-hand one, has not been recalled for safety reasons. (Be sure to fill out product registration cards and check for recalls at [www.recalls.gov](http://www.recalls.gov).)

To eliminate the potential for overheating, another SIDS [risk factor](#), make sure that your baby's room is kept cool and avoid hats or overdressing. Heart and breathing monitors have not been demonstrated to reduce the risk of SIDS and should also be avoided. Make sure that your baby is not exposed to second-hand cigarette smoke in her sleeping environment.

Always put your baby **on her back** to sleep both at night and at nap time, never on her stomach or side. Make sure that any of your baby's other caregivers (daycare providers, grandparents, nannies, friends) know to do this as well.

As soon as your baby can roll over, for safety's sake, you should stop swaddling your baby.

### **A Word About Room-sharing and Bed-sharing**

The decision about where your baby should sleep is a personal and significant one. You may be familiar with the continued controversy over co-sleeping, with strong opinions both for and against. First, before we explore this topic, let's get some terminology straight. "Co-sleeping" simply means sleeping with your baby. It could mean in the same bed or merely the same room. "Room-sharing" means sharing a room with your baby but not your bed. Your baby is in her own crib, bassinet, or co-sleeper attached to your bed. "Bed-sharing" is when your baby sleeps in the same bed as one or more of his parents.

The American Academy of Pediatrics (AAP) recommends that parents share a room with their babies (but not a bed) up until six months of age and ideally for up to one year. According to the AAP, room-sharing could be a protective factor against SIDS, reducing the risk by up to 50%.

However, many other researchers and [doctors](#) have been critical of the AAP's recommendations. They point to [many reasons](#) why parents may decide that they do not want to share a room with their infants.

Room-sharing has been shown to lead to less sleep for parents. (Babies are noisy and unsettled sleepers!) When parents' sleep is disrupted frequently, moms and dads

are more likely to be short-tempered, have marital problems, get into car accidents, and make risky parenting decisions (such as falling asleep with their babies on a couch or chair). In addition, sleep deprivation in new moms is associated with an increased risk of postpartum mood disorders, such as postpartum depression and anxiety. [Critics](#) also point to the fact that much of the research in support of room-sharing is out of date and not of sufficiently high quality to prove causation.

Babies who sleep in their own rooms might also become long-term better sleepers. A recent study, for instance, found that babies who slept in their own rooms before they turned four months old slept more and for longer stretches than babies who stayed in their parents' rooms.

So what should a parent do — share a room with their babies as long as possible or put them to bed in their own separate rooms?

Only you can answer that question. Think about your own peace of mind. Will you sleep better if you have your baby next to you? Or will you wake up with every squeak, grunt, or cry? Would room-sharing make breastfeeding easier for you (if you have chosen to breastfeed)? Or would their presence keep you (and your partner) from the sufficient rest that you need to be a good parent? Make sure that you follow the other safe sleep practices (baby asleep on her back, alone, and on firm bedding), and talk to your pediatrician if you have concerns.

In terms of bed-sharing, or sharing a sleeping surface

with your baby, the evidence is much more clear: It is [not safe](#). For example, in one study of 3,000 unexplained deaths of infants, 64% of the babies had been sharing a bed with someone else. To be sure, the most dangerous situation for a baby is to share a soft surface such as a couch or a chair with an adult. However, any form of bed-sharing poses risks to a new baby, and I (as a sleep professional) cannot recommend this practice for families.

In reality, I know that a situation in which the baby ends up in bed with his parents is common. While, again, I do not advise parents to share a sleep surface with their babies, there are [ways](#) to make bed-sharing safer.

- Always keep your baby on his back while sleeping.
- The sleep surface should be firm. No old or sagging mattresses, waterbeds, pillows, sleep positioners, or sheepskin. Any bedding, such as fitted sheets, should fit tightly to the mattress.
- No loose blankets or pillows should be on the bed.
- Make sure there is no space where your baby could be trapped between the mattress and the wall.
- Avoid bed-sharing with premature or low-birth weight babies.
- Avoid any alcohol or drugs that might impair your ability to respond to your baby.
- Babies should not be swaddled while sharing a bed

with one or more parents. Also, siblings should not be in the bed.

### **Keep It Cool (And Dark, Stationary, and Boring)**

To create a sleep environment that is set up for sleep success, keep the room where your baby will be sleeping dark, motionless, and dull. While you may have received bright and colorful mobiles, quilts, and toys for your baby's nursery, your baby will sleep best in a setting that is very dark and free of distractions.

**The darker your baby's room is, the better.** Even a sliver of light peeping out from the edge of a curtain could be enough to wake the most sensitive of sleepers during their sleep cycle transitions. Blackout blinds or curtains (or even tinfoil or garbage bags!) can be your best friend. When you're getting up to feed your baby during the night — or if you just want the option of a nightlight — I recommend a low-watt nightlight (4-7W). Stay away from blue or white lights because exposure to these colors of light can [suppress](#) the production of sleep-inducing melatonin. Try a red or yellow light bulb instead.

**Babies rest better when they're cool.** If you think your baby might get too cold at night, try a sleep sack or a wearable blanket. However, don't determine whether your baby might be too chilly based solely on how her hands and feet feel. Touch and look at her torso as well. If it's warm and pink, your baby is fine. Blood circulates to the large organs first, and then to outer limbs (hands and feet) last. As babies get older and their circulation

improves, their hands and feet won't get as cold! You can also get a better sense of your baby's temperature by placing two fingers on his neck.

**Remove any distracting toys or decorations — mobiles, aquariums, toys with flashing lights — from your baby's sleep environment.** The real business of your baby's room is sleep, and we don't want anything in there to distract from that goal.

**White noise can be a powerful tool to help babies sleep better.** Outside noise can also make it hard for your baby to sleep well. You can consider a white noise machine to block out that form of stimulation, to serve as a cue for your baby to know that it's time to fall asleep, as well as to lull your baby into each next sleep cycle. I recommend one that makes continuous noise (not music) and will stay on continuously until you turn it off. You don't necessarily have to invest in an expensive white noise generator. You can use a free app on your phone, try static from a radio or TV, or use the noise from a fan, an air conditioner, or air purifier.

**The best sleep is motionless sleep.** Motionless sleep may be safer than sleep on the go. In a joint statement on Safe Sleep, the Canadian Paediatric Society, Health Canada and several other important children's safety organizations released this statement: "Strollers, swings, bouncers, and car seats are not intended for infant sleep. When sleeping in the sitting position, an infant's head can fall forward and their airway can be constricted. This risk reinforces the importance to move an infant to a crib,

cradle, or bassinet to sleep, or when the destination is reached.”

Babies have more restorative rest when they sleep on a stationary crib, bed, or bassinet. Parents often rely on naps in strollers or car seats when they are running errands during the day. Or they find that their baby will fall asleep much easier when they put them in a baby swing. As babies get older, it becomes increasingly difficult for them to get the deep sleep they need when they are not in a consistent, quiet, and motionless sleep environment.

### **Genevieve and Rob’s Sleep Story**

When Genevieve and Rob contacted Good Night Sleep Site about their baby Mark’s sleep issues, it was clear that Mark’s sleep environment was inconsistent and not conducive to quality sleep. Their story demonstrates how transforming a baby’s sleep environment can produce fast, amazing results.

The entire family — parents, their 2.5-year-old daughter Camila, and 4.5-month-old Mark — slept in the master bedroom, despite the fact that their home had 3 bedrooms. Camila slept in bed with her parents, and her parents wanted to avoid a similar bedsharing situation with Mark.

Here’s how Genevieve described Mark’s sleep: “His naps are inconsistent and his night wakings have gotten worse. He’s been only sleeping 2-3 hours at a time and sometimes he has to sleep in my arms or else none of us

won't sleep. When we put him down in his crib he starts to cry."

The first thing discussed with Mark's parents was the importance of a conducive sleep environment during nighttime and nap times. The room was not kept dark because Camila would protest. Mark would sleep sometimes in his crib, sometimes on his parents, sometimes on the go in his car seat, and sometimes swaddled. His sleep environment changed constantly.

The first recommendation was to move Mark and his crib to his own bedroom. Blackout shades were put up, and a white noise machine was used. At Mark's age, it was the right time to transition out of swaddling and into a sleep sack. After the night, Rob was amazed by the results. He wrote: "It went really well! We learned a few things. Wife felt a bit liberated and said it wasn't as 'scary as she thought.' It amazes me how much they can sleep! Never knew a baby can sleep so much when given the opportunity."

Within 4 nights, while also implementing the Wait It Out Method at night, Mark slept through the night with no wakings. By the end of two weeks, Mark's naps had lengthened to 1.5 hours each.



## **Sleep Environment Round-Up**

- Your baby should sleep alone in an empty crib on a firm mattress on his back.
- Your baby's room should be dark, cool and free of distractions.
- Consider using continuous white noise during naps and at night.

# Alanna's ADVICE



1. YOUR BABY SHOULD SLEEP ALONE IN AN EMPTY CRIB ON A FIRM MATTRESS ON HIS BACK.

2. YOUR BABY'S ROOM SHOULD BE DARK, COOL AND FREE OF DISTRACTIONS



BABIES REST BETTER WHEN THEY'RE COOL

20-22°C  
KEEP BABY'S ROOM BETWEEN

68-72°F

3. CONSIDER USING CONTINUOUS WHITE NOISE DURING NAPS AND AT NIGHT.



"THE *best* sleep IS MOTIONLESS SLEEP!"

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# 3. Sleep Tool #2:

## Naps

Now that you have a safe, dark, and boring place for your baby to sleep, you're ready to move on and work on the second tool in our toolkit, Naps.

I'm not going to sugar coat it: Naps are hard. Nap issues can take a long while to solve. Getting your baby to sleep during the day can be a lot more challenging than at nighttime. Why? Your baby's sleep drive — or her powerful, biological need for sleep — is weaker during the day than it is at night. Your baby is also likely to be more stimulated during the day. Babies learn that it's much more exciting to be awake during the day than it is to be napping alone in their cribs. They'd rather stay with you and their exciting new world than head for slumber alone in their dark, dull cribs.

And when babies don't get enough nap time, as we all know, they become tired and cranky and no one wants that! So how do you prevent your baby from becoming overtired and fussy and instead make them into a champion napper?

### **Time For a Schedule**

After your baby reaches four months, her sleep becomes more organized as her circadian rhythms mature and she might start taking longer (but fewer) naps. When

you notice this trend, you can start putting her on a schedule of more planned morning and afternoon sleep. Yes, it's at this point that you will begin "watching the clock" (as well as your baby's sleepy cues) and putting your baby on a more predictable sleep routine during the day.

What's important to understand is that there are times of the day that are biologically most appropriate for your baby to be sleeping. Our bodies naturally follow a 24-hour clock, and this internal clock controls the changes inside our bodies that help us sleep.

It's during those optimal times that your baby will be able to get the best, more restorative sleep. Think of good naps for your baby as not just any kind of sleep your baby gets during the day but as the *right* amount of consolidated sleep at the *right* times.

If you put your baby to sleep at the times of day that her body is telling her that she's ready for rest — the right "sleep window" — two good things happen:

- It's easier for her to fall asleep because she's less likely to fight sleep, and you might be able to skip the soothing techniques of bouncing, rocking, or driving around in a car.
- Her sleep quality is better, and she becomes better rested and happier while she is awake.


Depending on your baby's age, he will need different levels of "help" — outside soothing from you or other sources — to fall asleep at nap time. A newborn or

younger baby might need to be rocked, fed, or bounced to sleep and that's okay to do in the 4th trimester. An older baby should need much less assistance from you and is capable of starting to do it on his own.

**Putting him to sleep at just the right times consistently coupled with a dark, calming sleep environment can help him master the skill of independent daytime sleep.**

So how many naps should your baby have? For most babies between four to eight months of age, a quick answer is three: a long morning nap, a long afternoon nap, and a short “catnap” in the late afternoon.

Somewhere between six and eight months, babies can often start to tolerate a longer awake time before bedtime, and the catnap disappears. Once that late afternoon catnap disappears, babies will have two naps until about 15 to 18 months, when another nap is dropped.



AGE	AWAKE STRETCH	NAPS	NAP DURATION	NIGHT STRETCH
0 - 4 weeks	45 min - 1 hour	6	30 - 45 min	2.5 - 4 hours
5 - 8 weeks	1 - 2 hours	3 - 5	45 min - 1 hour	4 - 6 hours
9 - 15 weeks	1 - 2 hours	3 - 4	45 min - 1.5 hours	4 - 8 hours
4 - 8 months	2 hours	2 + cat nap	1 - 1.5 hours	6 - 12 hours
8 - 12 months	3 hours	2	1 - 2 hours	10 - 12 hours

## Naps and Your Baby's Schedule: What To Expect

### Newborn Period (0 to 12 Weeks)

When your baby is very young (up to four weeks), he is sleeping most of the time. His sleep is disorganized with no consistent sleep patterns. Naps can be long or short, and those variations are all normal. Your baby is still being fed throughout the night. Bedtime is late, typically between 8 and 10 p.m.

By the end of the second month, slight patterns begin to emerge in your baby's sleep. Your baby is probably napping 3 to 5 times each day, for about 1 to 2 hours per nap. Your baby's day/night confusion has probably ended. You may start to see longer stretches at night, possibly 4 to 6 hours beginning late in the evening. Bedtime is around 7 to 9 p.m. You're watching to make sure that your baby's wakeful periods aren't too long. It's okay if he can only last 45 minutes to an hour between sleep phases.

By the third month, your baby might be sleeping in stretches as long as 4 to 8 hours between wakings. Her morning wake-up time has become more predictable, usually sometime between 5:30 and 7 a.m. Bedtime moves earlier again to between 6 and 8 p.m. Your baby is awake longer during the day and is gradually moving toward 3 naps per day for around 1 to 2 hours per nap.

### **Four to Eight Months**

Once your baby reaches four to six months old, your baby has now reached the stage where you can take a lot more control over your baby's sleep schedule. Their natural sleep rhythms are developing and you can start using the clock as a guide quite a bit more. While your baby's tiredness cues are still important (she should never become overtired!), your baby is ready for a more consistent daytime nap schedule.

A natural wake-time for this age group is between 6 and 7 a.m. Choose a time between this range, and this will be when you get your baby up and fed, and then start

your day. Whether it be for morning wake-up time or nap times, there are two things we want to see happen. First, we want our babies and kids to sleep the entire time they are in their sleep space.

We also want to teach them to be happy and content in their crib or beds and not need you right away. These are important goals to strive for!

Your baby's **morning nap** will then be between 8 and 8:30 a.m. (By six months of age, aim for an 8:30 naptime.)

Your baby will wake up from her nap and eat sometime between 10:30 and 11.

The **afternoon nap** will start between 12 and 12:30. (Again, by six months, try for a later 12:30 start time.)

Your baby will wake up and eat between 2:30 and 3 p.m.

A third nap, a short **catnap**, should begin no earlier than 3:30 and no later than 4:15 p.m. Your baby should get up no later than 5 p.m. This nap will be dropped between 6 and 8 months.

Bedtime is between 5:30 to 6:30 p.m.

## **Eight to Twelve Months**

You shouldn't expect huge changes during this stage, except for a later shift in your baby's schedule and the elimination of the late afternoon catnap.

The **morning nap** should begin around 9 a.m and last until 10:30 to 11 a.m. (By the time your baby is 10 to 11



months old, she should be ideally waking up at 10:30 a.m.)

The **afternoon nap** will start at about 1 p.m. and last until 3 p.m.

**Bedtime** is between 5:30 and 6:30 p.m. (While your baby is dropping the third nap — the short catnap — keep bedtime at 5:30 p.m. until she has adjusted to having only two naps. Once she seems happy with two naps, you can slowly shift bedtime later.)

### **How to Handle Short Naps**

There is almost nothing more frustrating than short naps. You spend ages soothing your baby to sleep, and you're ready to take a shower (or make a phone call or write an email) after gulping down a cup of coffee when all of a sudden she's awake again after just 20 minutes. And worst of all, your baby is fussy again very soon after she wakes up from her short nap. Finally, short naps during the day can lead to an overtired baby by the end of the day and more disrupted night sleep.

Naps can be the hardest part of a baby's sleep issues to solve and struggles with nap time can lead to more crying than at bedtime. It's not uncommon for a baby's night issues to get worked out before naps do.

**As you work on your baby's nap schedule, don't be discouraged if you don't see immediate results. It could take weeks for your baby to lengthen those naps.**

Please be patient. I know that it's easy to become obsessed and fixated on why (oh, why??) your baby just won't be a good napper. As long as you are persistent and consistent, it will happen. (Remember again that short naps are not abnormal for newborn babies.)

Why does your baby take these short naps when longer naps are much better for her? Let's first examine what we know about sleep cycles. All of us — babies, children, and adults — go through cycles of deep and light sleep, also known as REM and non-REM sleep. When we transition from one stage of sleep to another, it's common to wake up just a little bit. (Sleep experts call this brief awakening a "partial arousal.") While adults switch between sleep cycles every 90 to 110 minutes, babies' do this much more often, about every 45 minutes or less.



So how do we keep them from fully waking up when they shift between sleep cycles?

First, make sure that you cover all the basics we've already discussed:

- Keep your baby's sleeping area **dark and safe**. Install black-out curtains for daytime sleep if you need to.
- Make sure the room is **still and quiet**. Keep external noises masked with a white noise machine. Those sounds can help lull your baby back to sleep and into the next sleep cycle.

- Your baby should be **cool and comfortable**, not warmer than 68 to 72 degrees.
- Keep your baby's napping area and times **consistent**. Make sure your baby is sleeping in the same place and around the same time for both daytime naps and overnight sleep. When you're working hard on improving naps with your baby, it's particularly important to postpone trips out of the house during naptime, and to make sure that your own schedule makes it possible for your child to be in her crib at very consistent times each day.
- Use a **predictable, soothing routine** before each nap. (More on this third Sleep Tool in the next chapter.)

After those essentials are addressed, you can help your baby learn the skill of falling asleep unassisted. When your baby seems to be waking up (fussing, moving around, crying) before the nap should be over, don't immediately rush in to help. Instead, stop, wait, and listen. Let him practice soothing himself back to sleep without your assistance.

I want you to get in the habit of thinking of nap time as... well, nap time. Sounds simple, right? Instead of second guessing when you should get baby or how long is too long to leave him when he might be crying, switch your perspective. From now on, nap time is from this time to this time, no matter what your baby may be in his crib, awake or asleep. This way you know baby is getting a lot of practice time and his schedule stays consistent.

Importantly, you are guaranteed some much-needed quiet time as well.

### **The 80/20 Rule**

One thing that I hear from parents, when they contemplate making big changes to their baby's sleep schedules, particularly naps, is the worry that they'll never be able to get out of the house during the day — or for an event that conflicts with an early bedtime — ever again. They are afraid because their family has worked so hard to make progress with their baby's sleep and don't want to do anything that might jeopardize those gains, even if it's a joyous occasion like a birthday party or a family visit.

That's when I reassure them with the 80/20 Rule.

Yes, schedules and routines are important to healthy sleep habits. But life is also about balance.

The 80/20 Rule means that once your baby is getting sufficient rest and is on a predictable schedule, you can start being a bit more flexible some of the time. Families should try and keep sleep the main priority 80% of the time. The other 20% of the time? You can change up the schedule a little when things (doctor's appointments, travel, parties) come up.

Predictability and routines are important for your baby's sleep. Protect your baby's sleep (predictable nap times, sleep environment, early bedtimes) most of the time. However, you are not a prisoner in your home. Some of the time it's okay to be flexible and have a nap on the go,

keep your baby up for an event, or skip a nap while at Grandma's. Go back to your normal schedule as soon as you can, and your baby will adjust.

### **Mary Catherine's Sleep Story**

Mary Catherine contacted Good Night Sleep Site about her 5-month-old daughter Lilly's disorganized and short naps. At the time Lilly was taking several catnaps each day, some as short as 10 minutes, as well as sleeping in her parents' bed, a bouncy seat, play pen, or car seat. Her bedtime was between 11 p.m. and midnight.

With our guidance, Mary Catherine made several changes to Lilly's sleep, including eliminating her pacifier, an earlier bedtime, and a consistent nap schedule. Lilly was offered a morning nap at 8:30 a.m., an afternoon nap at 12:30 p.m., and a catnap at 4 p.m. Bedtime was moved to 6:30 p.m. Within 5 nights, Lilly was falling asleep quickly and sleeping through the night. Instead of waking in the morning and from her naps with screaming, she woke up happy and playing. By the end of two weeks, Lilly was able to fall back asleep if she woke up from a too short nap.

Mary Catherine wrote: "We awoke at 7:15am, and Lilly was quietly laying in her crib sucking on her fingers. She was just waking up and it was nice to see that she didn't wake up and scream but rather was enjoying herself!!"

Working on naps, however, was hard for Mary Catherine because she hated to hear her baby cry, but she

remained consistent and within another two weeks, the naps had lengthened and crying in the crib had stopped.

## **Nap time Round-Up**

- Start putting your baby on a “nap schedule” at around 4 months.
- Expect three naps until your baby is somewhere between 6 to 8 months, the point at which the late afternoon “catnap” is dropped.
- Even though your schedule becomes much less flexible, it’s important to make consistent nap times a priority.
- Short naps are common and hard to fix, but you can stretch them out with consistency and patience.



# Alanna's ADVICE



**1. START PUTTING YOUR BABY ON A "NAP SCHEDULE" AT AROUND 4 MONTHS.**



*pro tip*

KEEP YOUR BABY'S NAPPING AREA AND TIMES CONSISTENT. MAKE SURE YOUR BABY IS SLEEPING IN THE SAME PLACE AND AROUND THE SAME TIME FOR BOTH DAYTIME NAPS AND OVERNIGHT SLEEP.

**2. EVEN THOUGH YOUR SCHEDULE BECOMES MUCH LESS FLEXIBLE, IT'S IMPORTANT TO MAKE CONSISTENT NAP TIMES A PRIORITY**



**3. SHORT NAPS ARE COMMON, BUT YOU CAN STRETCH THEM OUT WITH CONSISTENCY AND PATIENCE.**

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# 4. Sleep Tool #3: Routines and Early Bedtimes

Your baby's sleep environment is safe, consistent, and calming and you're now putting your baby down for sleep based on their biological rhythms. What's next? The third sleep tool is about finding a soothing sleep routine that serves as a cue to your baby that sleep is soon to come. We also want to make sure that your baby's bedtime is early enough that she gets adequate sleep and well-timed to align with her biological rhythms.

## **A Consistent Sleep Routine**

A bedtime routine is just a set of steps that you go through with your baby before sleep. It's as simple as that. It's a way to signal a transition time between active, wake time and time for rest, as well as a special time for you to bond with your baby. You can choose what to include based on your and your baby's preferences. Some babies might love to be sung to but hate books, while others might prefer to be rocked and cuddled. Experiment and see what works best for your child.



What's most important to remember is to leave yourself enough time — usually around 15 to 30 minutes — for a bedtime routine. Your routine should be relaxed and calm and shouldn't feel rushed. Your baby can pick up on your emotional signals; try to avoid feeling anxious or hurried.

Take a look at these two different bedtime routines.

## Schedule 1

**Monday:** Brush Teeth, Song, Pajamas, Story, Cuddle

**Tuesday:** Bath, Pajamas, Story, Brush Teeth

**Wednesday:** Brush Teeth, Pajamas, Song, Story

**Thursday:** Song, Pajamas, Brush Teeth

## Schedule 2

**Monday:** Bath, Brush Teeth, Pajamas, Story, Cuddle and Kiss

**Tuesday:** Bath, Brush Teeth, Pajamas, Story, Cuddle and Kiss

**Wednesday:** Bath, Brush Teeth, Pajamas, Story, Cuddle and Kiss

**Thursday:** Bath, Brush Teeth, Pajamas, Story, Cuddle and Kiss

Using which schedule would a baby probably have an easier time falling asleep?

The steps in a bedtime routine should be consistent, the same every night, just like the second bedtime routine. In other words, what you do each night or before each nap should be predictable. You're doing the exact same activities in the exact same order each time, and your

baby will learn to relax at bedtime if she knows what to expect every day. It's not as important what you choose to include in your routine as long as your steps are the same and you are soothing and calm.

Make sure the final activities occur in the bedroom. Once your baby is relaxed and in her crib, try to leave the bedroom before she falls asleep. (Babies do not yet have the skill of object permanence. This means that babies don't understand that things and people who aren't visible to her still exist. When she falls asleep in your arms being rocked and then wakes up in the middle of the night, she'll be distressed because you're no longer there.)

Here are examples of activities to include in a bedtime routine:

- Taking a bath
- Giving baby a massage
- Brushing teeth
- Changing a diaper
- Putting on pajamas, a special sleeper, or a sleep sack
- Reading a book
- Singing a song
- Feeding from a bottle or breast
- Cuddles and kisses

- Turning off the lights

(Note: Some babies become overstimulated by bathtime. This was the case with our babies, and we moved bathtime to after their afternoon naps.)

For a young baby (under a few months old), start with a very simple routine of just a few steps. As your baby grows older, you can add more steps.

At naptime, you should still have a predictable routine — in the same steps and in the same place — but it will be shorter. For example, you may not change them into special sleep clothes, or you might only do songs instead of stories.

Some babies also do well with a transitional object — a lovey, a stuffed animal, a favorite little blanket — incorporated into the bedtime routine. Your baby could hold a cuddly teddy bear during most of the bedtime routine and be another soothing signal that sleep time is near. Transitional objects also can be taken along in new situations or settings as a comfort object. Remember, however, that babies under 12 months of age should sleep in an empty crib — free of pillows, bedding, and even loveys — to lessen the risk of suffocation.

### **Early Bedtimes: Hard But Worth It**

A baby's bedtime should be between 5:30 to 6:30 p.m.

Did your jaw just drop at the earliness of that bedtime range?

**I'm definitely an early bedtime pusher and while I understand that the same bedtime will not work for every child or family, aiming for an earlier bedtime so that our babies can begin to sleep before they become overtired will help make for an easier bedtime for all and even a better night's sleep.**

One of the first questions I ask families we work with is "what time does your baby go to bed?" as often a later bedtime can result in more night wakings and even an earlier wake time. Sometimes just by making bedtime earlier we can prevent an overtired child, therefore eliminate restless sleep and frequent night wakings, and even push out early morning wakings as a more restful sleeper will sleep longer in the morning.

Early bedtimes can be a challenge for many, if not most, families, because of work and daycare schedules, as well as other family commitments. As a sleep educator and a working mom, I have had to make adjustments to our family schedule in order to help facilitate early bedtimes, and it hasn't been easy.

Even a bedtime that is 15 or 30 minutes earlier can make a big difference in how well-rested your baby is and how easily they fall asleep. If it's impossible, given your family's schedule, to make these changes to your baby's schedule on weekdays, try for an earlier bedtime on weekends, while also protecting nap times.

I truly believe that once you see how accepting your child

is of an earlier bedtime it will be very difficult to keep the later bedtime.



## **Routines and Early Bedtime Round-Up**

- Your routine before naptime or bedtime should be calming and unrushed.
- Include an age-appropriate number of predictable activities, done in the same order each time.
- The last activities of your routine should be in your baby's bedroom.
- At the end of the routine be sure to leave the room before your baby falls asleep.
- Early bedtimes help babies fall asleep faster and get better sleep overall.



# Alanna's **T.C.L.S.** ADVICE

**1.** YOUR ROUTINE BEFORE NAPTIME OR BEDTIME SHOULD BE CALMING AND UNRUSHED.

**2.** INCLUDE AN AGE-APPROPRIATE NUMBER OF PREDICTABLE ACTIVITIES, DONE IN THE SAME ORDER EACH TIME.



**3.** EARLY BEDTIMES HELP BABIES FALL ASLEEP FASTER AND GET BETTER SLEEP OVERALL.

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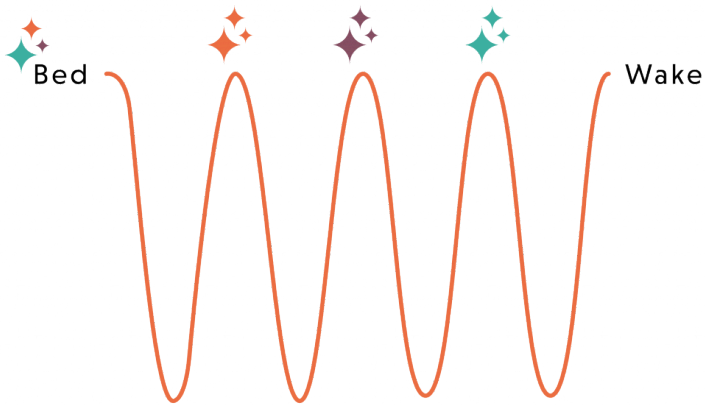
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# 5. Sleep Tool #4: Method

You may be surprised that choosing a sleep training method is the last sleep tool we'll discuss. However, I find that families often see huge changes in their baby's sleep just by implementing the first three sleep tools: creating a safe, consistent, and conducive **Sleep Environment**; following an age-appropriate schedule of **Naps**; and putting into place an age appropriate bedtime with a calm, soothing **Routine** before bedtime and nap time.

If you are still seeing less-than-stellar sleep after working on your baby's sleep using the first three sleep tools, you can now think about choosing a sleep training method. Your goal is to teach your baby to fall sleep — and stay asleep — without any assistance from her parents or caregivers.

# Sleep Association Needs



Moore M, *Journal of Clinical Psychology in Medical* 2012  
Meltzer U, *Behavioural Sleep Medicine*, 2010.  
Mindel JA et al. *Sleep*, 2006

*These stars represent the external prop that your baby needs to help them fall asleep at bedtime and when they wake up throughout the night. Stars = feeding, rocking, bouncing, pacifier, etc.*

The sleep training method that you choose will determine how you will respond to your baby when she cries at bedtime or when she wakes up during the night. But, first, before we talk more about the possible methods, let's go through several important considerations to think about before you start the process of sleep training.

## **When Is The Right Time to Start Sleep Training?**

Confession time: I successfully sleep trained each of my three children at 3 months old. By the time they were 12

weeks old, they were sleeping through the night without any night feedings. They were healthy, eating well, growing and gaining weight appropriately, and I was confident in my decision to take on the challenge of teaching my babies to sleep independently. To this day, I do not regret my decision to sleep train at this young age.

They are now 11 and 8 years old and are healthy, happy rock-star sleepers who love me dearly... most days.

I know it's possible to sleep train before the recommended age of 4 to 6 months of age. It can be done. And yet... **I don't recommend that my clients start formal sleep training until a baby is at least 4.5 months old.** Here's why:

Although the development of healthy sleep habits can start early on in a baby's life, even as early as 8 weeks old, it's only at around 4 months of age that babies start to develop those internal sleep rhythms and regular sleep-wake cycles that are critical for learning to sleep independently. Before this age, I recommend that parents focus on establishing healthy sleep habits and routines, and this foundation will make sleep training easier. (It's also important to keep in mind that if your baby was premature, you should base your baby's readiness for sleep training on his estimated due date, not on his age based on his actual birthdate.)

**One of the biggest sleep training mistakes I see from my work with parents is starting a sleep**

**training method too soon, without the proper support and education.**

Without this guidance, parents are likely to quit their attempts when the process doesn't come together. They get discouraged, and this discouragement can become an obstacle to starting the process all over again.

**Other Issues to Consider Before You Begin**

Parents should also make sure that their baby has **no medical issues**. I recommend that parents talk to their pediatricians about starting sleep training during a baby's 4-month appointment. Reassurance from a pediatrician can give you more confidence to stay fully committed to the sleep plan you've chosen.

Another factor to keep in mind before starting a sleep training method is Mom's **milk supply**. If she is concerned about her supply, sleep training can be delayed or a more gradual approach can be chosen. It's also okay to keep 1 or 2 feedings each night, if those feedings make you more comfortable with your decision to sleep train. However, by around 6 months, I encourage parents to cut out night feedings altogether. By this age, almost all babies no longer require feedings during a full night's sleep (11-12 hours).

Next, think about whether this is **an appropriate time** for your family to begin a sleep training method. Will anything seriously disruptive to your family's daily life be happening in the coming weeks? Are you going on vacation, or will a family member be visiting? Is Mom

going back to work? Will your baby be starting day care? If any major disruptions to your household will be occurring during the next few weeks, it might be a good idea to wait just a little while.

Finally, ask yourself: **“Do you have the guts?”** This question was the headline of a New York Times [article](#) about sleep training, and it’s a good one to ask. The decision to sleep train is tough, and the process can be even tougher. You must be fully committed to the process.

It’s crucial that **you and your partner are in agreement about sleep training**. It’s important that both partners feel comfortable and are willing to stick to the plan. I recommend that you sit down with your partner and make sure that you are clear about supporting each other throughout the process. Similarly, everyone that will be part of the sleep training process, such as grandparents or other caregivers, should be on the same page as well.

If you — or your partner — are not 100% ready to commit to sleep training, that’s okay. You have to be fully committed to the idea that you won’t be rocking, bouncing, or feeding your baby to sleep anymore. You can start it when you feel that you and your baby are more ready. Until then, keep working on smaller steps, such as setting up a consistent and safe sleep environment, following a biologically-appropriate schedule, and avoiding extended wakeful periods in order to avoid overtiredness.

## A Word About Crying

When parents think about their “comfort level” with sleep training, what they are really contemplating is how they will react when their baby is crying. They imagine their beloved baby screaming in a crib on his own for hours and hours at a time. The good news about crying during sleep training is that it’s temporary and usually not as bad as you expect. The bad news is that crying can and does happen, even with the gentlest of methods.

You may be concerned that crying during sleep training will damage your baby as well as your relationship with her. The internet is flooded with articles about the “dangers” of sleep training and “cry-it-out” techniques. These articles purport to warn parents that sleep training is a form of child abandonment that could potentially destroy your baby’s attachment to you or others in the future. I want to assure you — using my own years of knowledge, training, and experience — that these alarmist blog posts and articles are simply not true and reflect a fundamental misunderstanding of infant sleep, toxic stress, and human biology. According to the Harvard Center on the Developing Child, [toxic stress](#) in children occurs “when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support.” That’s scary stuff.

However, a closer look at the studies that these sleep



training skeptics point to reveal that they are based on research with children who are nothing like the loved baby you are raising in your family. These studies are typically conducted involved the most extreme situations of childhood trauma and toxic stress, such as children living in Romanian orphanages or with other children who were subject to severe, long-term forms of abuse and abandonment. (In other words, not children in loving homes with caring parents who are sleep trained over a short period of time.)

Luckily, there has been published research specifically about children who are not orphans or abused infants who were sleep-trained. As Emily Oster (in her book *Cribsheet: A Data-Driven Guide to Better, More Relaxed Parenting, from Birth To Preschool*) and many others before her have explained, this relevant research demonstrates that instead of harming the infant-parent relationship, sleep training may actually strengthen these bonds. In these studies, babies who have gone through sleep training were found to be less fussy, more secure, less stressed out, and to cry less during the day than babies who were not sleep trained and continued to sleep poorly. This makes sense because a well-rested baby is a happier baby!

One example of such a study is [one](#) from 2016 published in the journal *Pediatrics*. The study involved 43 babies and examined two sleep training techniques, gradual checks and bedtime fading (more on both later in the chapter!). It found that the use of either technique led to babies who fell asleep faster at bedtime. The study

found that babies' stress levels did not increase during or after sleep training and that parental attachment was not affected, even in the long-term (12 months later).

To summarize (and to reassure you!), there is absolutely no good evidence that your baby will be harmed in the short-term or the long-term by the limited, short-term crying involved with sleep training. Of course the decision to sleep train is an individual one for each family, but you can be assured that sleep training techniques will not result in toxic stress for your baby.

### **Choosing A Method**

You must be comfortable with your plan so that you can be consistent. Consistency is the key to sleep training success. Results will not (usually) be immediate. When you introduced a bedtime routine, you didn't expect that your baby would understand on the very first night that the steps would eventually serve as a cue to sleep. Similarly, when you choose your method, you need to allow for at least 7 to 10 days before changing or tweaking any aspect of your plan. You must have faith that your baby *can* and *will* sleep independently although it might not happen in just a single night.

The three methods presented here are not exhaustive of all the sleep training methods out there, but these are the ones that we have found work the best again and again and are supported by our sleep consultants here at [Good Night Sleep Site](#). I'm presenting them in order of methods that involve the least amount of parental involvement (and are generally faster and more efficient)

to those that are slower and require more patience and more parental involvement.

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### **Wait It Out (WIO) Method (Least Parental Involvement)**

This method is also sometimes called “extinction” or “cry-it-out.” It’s also the most controversial method. Short-term, it may result in more tears, but it also works the quickest and is the easiest to follow.

Here’s what to do: After finishing your baby’s soothing bedtime routine, you place him in his crib alone and awake and then leave, not going back into the room until the next scheduled feeding or until the morning.

And that’s it. That’s the whole method. Your baby will cry, and, as you can imagine, this will be tough to hear. If you choose this method, you and your partner must be 100% committed, since taking any steps back (such as going back in to soothe your baby) will confuse her and slow your progress. If you go in to stop her crying, there’s a very good chance that next time she will only cry harder because you’ve taught her that crying hard eventually brings Mommy (or Daddy) back to her room.

A tip to help you get through the crying and fussing is keep busy! Make dinner, start a home project, fold laundry, better yet take a shower. (The noise from the shower will keep you busy and drown out the noise.) It really does help you get through it when you are doing something and not just sitting there listening. Also, after

your child has been crying for 20 or 30 minutes during nap time and you are reaching your breaking point **think to yourself**, if I go and get him now I will have just made him cry for 20 minutes for nothing. If he stops as soon as you pick him up what will he have learned? Not to fall asleep on his own, but that his mommy will come get me if he cries long enough.

Every baby is different with a unique personality, temperament, and persistence. I can't tell you the longest your child will cry will be 10 or 20 minutes. In all honesty, it could go on for much longer than that. If you remain strong and consistent, it will be short-term. Everyday those crying times will get shorter and shorter but only if you are **consistent**.

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### **Pause and Peak Method (Mid-Level Parental Involvement)**

Often confused with cry-it-out, this method is also called "Ferber-izing" (named after Dr. Robert Ferber and his 1985 book *Solve Your Child's Sleep Problems*) or "graduated extinction."

Here's how you follow this method: After the predictable bedtime routine that you've already put in place, put your baby down in his crib and leave the room. If he starts crying, you go back into the room at timed intervals to soothe and comfort, without letting him fall asleep. You could pat your baby's back or talk to him in a calming voice, but you should not feed him or pick him

up. Each time your baby wakes up during the night and with each day of sleep training, the intervals you wait before going into his room will get progressively longer.

Using this method allows parents to reassure themselves by going in to check on their baby to make sure they're okay. However, this method also lengthens the process of learning to self-soothe. This method can also result in more tears overall and more intense distress since your baby could become very frustrated by the fact that you are in the room where she can see you but not soothing her in the way that she's used to (rocking, nursing, bouncing).

**If the Pause and Peak method sounds like it could work for your family, here's what you do:**

DAY	FIRST INTERVAL	SECOND INTERVAL	THIRD INTERVAL	FOLLOWING INTERVAL
1	4	6	12	12
2	6	11	14	14
3	11	13	17	17
4	13	16	19	19
5	16	18	22	22
6	18	21	27	27
7	21	26	32	32

1. Finish your bedtime routine as you normally would. Make sure your baby is drowsy but not asleep when you put her down in his crib. Ideally we want your baby to do 80% of it herself. Leave the room. If she starts crying right away, start timing and check in on her in increasing intervals (see chart). Or if she falls asleep right away but then wakes up later, use the same time intervals. Be precise with the timed intervals and be as consistent as you can.

2. When you go into her room to check on her, try to be as quick and as boring as possible. Limit your visit to no more than a minute or two. The purpose of your visits is to reassure her with your presence, not to stop or prevent crying or to help her to fall asleep. Remember, how your baby falls asleep at bedtime is how your baby will need to fall asleep when she wakes throughout the night. That's why we need her to learn to do it on her own. During your visit, you can reassure her with your voice or pat her bum, etc. but make sure you are not creating more associations where now she needs you to do that to help her fall asleep. Stop doing either or any if you see her dozing off. Your baby may stop crying temporarily when she can see you but then start up again when you exit the room.

3. If you do reach the maximum number of intervals for that night at bedtime, keep leaving your baby's room at that same interval length.

4. If she wakes up and she has been sleeping less than 2 hours, continue with the interval that you were on when she went to sleep. If it has been more than 2 hours, start

the schedule from the beginning of that day with the shortest interval.

5. By Day 3 or 4, you should be noticing that your baby is waking up and crying less. Be sure to stay consistent until Day 7. If your baby is still waking up through the night, it may be time to reassess your approach.

6. Stick with this routine all night until your desired wakeup time. If she is still crying or fussing in the morning when it's time for her to get up, make sure that you're clear that it's now officially wakeup time. Announce "Good morning!" loudly, open the curtains, and then pick her up.

### **Amy's Experience with The Pause and Peak Method**

Amy's baby Jordan was 8 months old when she was reached out about her baby's sleep. He was nursed to sleep at bedtime and when he woke up at night. Although she recognized that Jordan was unable to put himself to sleep, she was uncomfortable at first with any sleep training method that involved crying.

First, Amy learned about what an ideal schedule of naps and an earlier bedtime would look like. She also decided to use the Pause and Peak Method because she felt better that she would be able to check and comfort Jordan if he cried.

During the first days of implementing the new sleep plan, Jordan's reactions and progress with the timed checks were closely monitored. Within five days, Jordan

was falling asleep on his own with no night wakings and he no longer needed any checks!

Amy reflected on the whole sleep training process: “When we reached out to [Good Night Sleep Site], it was a last resort. I had spent the better part of eight months being convinced that my baby just didn't sleep as much as other babies, and that he would never like his crib. I had resigned myself to life as my son's only acceptable sleeping surface, was exhausted, and hadn't had a normal not rushed conversation with my husband in months. After two weeks, my baby is sleeping through the night, napping more consistently, is eating better and happier during the day, and I have actually been able to reclaim my evenings.”

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### **The Sit and Settle Method (Most Parental Involvement)**

Using this gradual method, you once again place your baby in the crib awake. Instead of leaving, you sit in a chair next to the crib until your baby falls asleep. If your baby wakes during the night, you would sit once more in the chair. Every few days you move the chair further out of the room until eventually you are completely and gradually fading out your presence.

Similar to the Pause and Peak Method, this method can also produce more crying because your baby might get upset that you are present but not responding to him like you normally do. It can also be hard for parents to



watch their babies struggle to learn to fall asleep on their own.

### **Here's how the Sit and Settle Method works:**

**On Days 1-3:** Next to the crib, put your chair. You should only sit in the chair if your baby cries. If your baby doesn't cry when you put him down, leave the room.

When sitting in the chair, imagine that you are in a calm and "trance"-like state. Pick a word or phrase to repeat again and again, such as "It's time to sleep" or "Sweet dreams." While also keeping minimal eye contact, you can pat your baby while repeating your phrase until he goes back to sleep. Once he goes to sleep, leave the room. Repeat these steps throughout the night, as often as necessary.

You and your partner can choose shifts throughout the night. However, if Mom is nursing, you may find it easier for the other partner to be in charge of the first nights of sleep training in order to break the habit of being nursed to sleep. During this process if he were to wake and cry and by the time you got to his room he had stopped crying, then you don't have to go in. You should only go in the room if he is crying by the time you get there.

What happens if it's 6 a.m. — or whenever wakeup time has been designated — and you're still in your chair next to the crib? Get up slowly and walk out, and then reenter with a big smile and full eye-contact. Announce loudly, "Good morning! It's time to get up for the day." Pick her

up from her crib and begin your day. If your baby is still asleep, enter the room when she wakes up or by 7 a.m.

Repeat the same process for nap times as you did at bedtime, starting off with placing your baby in his crib awake, for up to 1.5 hours. When the nap time is finished, again go in and announce this in a positive and loud voice to your baby. If you're still in the chair with your baby crying after 1.5 hours, leave the room, reenter, and make your announcement.

**Days 4-6:** After 3 nights, move the chair in the middle of the room, half-way between the crib and the door. Repeat the same process as the first nights, except now you should only use your voice, without touching your baby.

**Days 7-9:** The chair should be put next to the door.

**Days 10-13:** Place your chair outside of the door. Make sure, however, that your baby is still able to see the chair and you.

**Days 14-16:** Move the chair away from where your baby can see it.

**Days 17 and beyond:** Delay using your voice as reassurance. Begin by waiting 15 minutes before you respond with your voice, and add 15 more minutes each day.

Your baby may respond to this method and start sleeping through the night much sooner than 17 nights

or more. However, be sure to move your chair each night in case she does wake up sometime during the night.

**More tips for the Sit and Settle Method:**

- Keep an early bedtime, especially if your baby is not napping well. Do whatever you can to make sure that your baby is getting enough sleep.
- Naps are difficult, and you may find that you are making more progress at night than during the day. You may find it easier after a few days to skip the Sit and Settle Method (and the chair) at nap times and use a more direct approach like the Wait it Out.
- Be sure to move the chair if it's time even if the night before has been difficult. Also, it's not uncommon for babies to resist (by crying more forcefully) each time there is a new chair position.
- When you are in the chair, stop patting and reassuring once you see that your baby is about to fall asleep.
- If you become alarmed because she is crying hysterically and uncontrollably and you feel that you must intervene in the process and pick her up, try your best to keep her over the crib. If you do end up moving away from the crib, be sure to stay in your baby's room. Part of the learning process is for your baby to associate sleep with only his own bedroom.
- Remain in the room at bedtime and when she wakes up during the night until you are sure that your baby is asleep. If you get up and leave too soon, before she is fully

asleep, you could wake her up and have to start all over again.

- Do not prolong the process by delaying the scheduled changes every 3 days or less. Dragging it out will make it harder on everyone, especially your baby.

### **Suzy's Experience With the Sit and Settle Method**

When Suzy contacted Good Night Sleep Site, her baby was taking only one hour-long nap and was waking up several times during the night and being nursed back to sleep. She was also waking up way too early in the mornings.

Here's how Suzy described the situation: "Even if her bedtime is set at 8pm, she isn't going down until 9pm so I usually am in the room with her for an hour. She wakes through the night and cries, needs to be nursed to sleep or sometimes even after a feed wants to stay up and play until sunrise. Daytime naps are inconsistent but I'm ok with at least one nap for her benefit. But with the inconsistent sleeping and night wakings and early rising, it is very difficult for me to get any sleep."

As a sleep training method, Suzy and her husband chose the Sit and Settle Method. It was also critical to offer sleep at biologically correct times for a baby her age. Suzy would now take three naps per day (morning, afternoon, and a catnap during the late afternoon). Bedtime was adjusted to 1.5 hours after the last catnap, or to 5:30 if the catnap was skipped. After several days

of skipping the catnap, bedtime was moved to 5:30. All night feedings were eliminated as well.

The first few days of implementing these changes were hard, with a lot of crying.

The couple found it helpful for her husband John to be the one to stay in the room with Amy, rather than Suzy. Suzy said: “At some points she cried harder than the other days but on average it seems to have calmed down. I do think it’s because John is in there and not responding to her crying.”

After 7 days of the Sit and Settle Method and earlier bedtimes, Amy stopped waking up at night and would now wake up at 7 a.m. (rather than 5 a.m.) The morning nap was consistently 2 hours, and the afternoon nap had started to lengthen as well.

By the end of sleep training, here’s how Suzy described the changes in her daughter: “My daughter went from being so fussy and cranky to being so smiley and happy during her times awake with us.”

## **Dream Feeding and Night Feeding**

Some families choose to “dream feed” at night. They may be worried that their baby isn’t ready to go for a full night (11 to 12 hours) without a feeding or may be concerned about a nursing mother’s milk supply. Dream feeding means giving a final feeding before you (the parent) goes to sleep. Dream feeds are mostly about reassuring

parents that a baby has a full belly throughout the night and if he wakes up at 1 or 2 a.m., parents know that this wakeup isn't because he's hungry.

You enter the baby's room, pick him up, and feed him, possibly changing a diaper, if needed. In and out, no playing or stimulation. Dream feeds are given no earlier than 10:30 p.m. and no later than 11 p.m.

Between the ages of four and six months, your baby should be feeding no more than once per night, including an early morning feed that is not at the time of your baby's wakeup and breakfast feeding. By six months, you should be working toward eliminating all night feedings if your baby is healthy and Mom doesn't have any milk supply issues.

### **A Word on Early Morning Wakings**

Babies are biologically programmed to wake up very early. Their internal clocks tell them to get up far earlier than a lot of us — especially those of us who are not morning people — did before we had kids. (Sorry about that!)

They're also biologically wired to need a lot of sleep. And paradoxically later bedtimes — when your baby is trying to go to sleep when she is overtired — and insufficient rest during the day often lead to earlier wake-up times. And, thus, an early bedtime can in fact result in your baby sleeping in later in the morning.

A typical baby wakeup time is somewhere around 6 to 7. There are babies, unfortunately, whose internal clocks

tell them to wake up — no matter how well-rested they are — at 5 or 5:30. This doesn't mean that you have to start your day at that time however.

So if your baby is waking up too early, here are a few suggestions:

- Make sure that your baby's sleep environment is calm, quiet, and dark. Is the sun coming in through the windows too soon after dawn? Are there early morning noises that are waking her up? White noise, blackout curtains, or other adjustments to your baby's sleep environment may make a difference.
- Push bedtime earlier, not later.
- Check to see that your baby is getting enough rest during nap times. Naps may need to be lengthened.
- Pick a wakeup time for your baby between 6 and 7 a.m. Hold off going into her room and keep your baby in the crib until that time, even if she is awake. Gradually, she will either learn to go back to sleep during this stretch or will become accustomed to entertaining herself in the crib for a little while until it's time to get up for the day.

### **Some Final Thoughts on Sleep Methods**

- No matter which sleep training method you and your family chooses, you should keep in mind that during the first week of your plan your baby may actually get less sleep than usual. You'll be making a lot of changes in a

short period of time (how your baby falls asleep, where he sleeps, when he sleeps), and he'll need time to adapt. Be patient, especially at first. Your baby is not feeling upset, abandoned, or traumatized. He's simply on the path toward getting more consolidated sleep and will need a little while to adjust to these changes.

- Again, no matter which sleep training method is chosen, pay more attention to your baby than to your watch. If your baby is showing sleepy signals before the scheduled nap or bedtime, put her down for sleep.
- Trust your “intuition.” No sleep training plan is a replacement for a parent's own instincts about their baby. It's more than okay to listen to what your instincts as a parent is telling you about what is best for your baby.



# Alanna's ADVICE

**1.** THINGS MAY GET WORSE BEFORE THEY GET BETTER. AS BABY ADJUSTS TO THE CHANGES IN ENVIRONMENT AND HOW YOU'RE RESPONDING. HE MAY BE GETTING LESS SLEEP THAN USUAL. THIS A NORMAL PART OF THE PROCESS AND JUST BE CONSISTENT AND PATIENT.

*Remember*  
YOU'LL BE MAKING A LOT OF CHANGES IN A SHORT PERIOD OF TIME (HOW YOUR BABY FALLS ASLEEP. WHERE HE SLEEPS. WHEN HE SLEEPS). AND HE'LL NEED TIME TO ADAPT. BE PATIENT.

**2.** TRUST YOUR "INTUITION." NO SLEEP TRAINING PLAN IS A REPLACEMENT FOR A PARENT'S OWN INSTINCTS ABOUT THEIR BABY. IT'S MORE THAN OKAY TO LISTEN TO WHAT YOUR INSTINCTS AS A PARENT IS TELLING YOU ABOUT WHAT IS BEST FOR YOUR BABY.



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# 6. Twins and Multiples

Caring for a baby isn't easy. It's joyous and awe-inspiring, yes. But easy? No.

Now imagine two little bundles of joy. Double the joy but also double the exhaustion.

Nowhere is the challenge of twin parenting more obvious than in the area of sleep. It's challenging enough to try to get one baby to sleep but two or even three or more? Yikes. So it makes sense that two newborns with erratic schedules would translate to even less sleep for parents of twins and multiples than other parents. A Case Western University [study](#) confirms this sleep gap for twin parents. This study of twin parents found that moms of twins get an average of 5.4 hours of sleep in a 24-hour period during the babies' first month of life, while dads averaged just a bit less. During the first few months with twins, researchers concluded that parents of twins averaged about two hours less sleep than parents with single newborns.

As you know, sleep is critical for every member of your family, including parents. If you have twins, it may be harder for you and your babies to get the rest you need, especially at the beginning. But it's not impossible!

How should the parents of twins and other multiples

cope? What strategies should they use to help their babies sleep better?

First, before we recommend some sleep tips, a few questions should be considered:

### **What is the corrected age of the multiples? Were they premature?**

Twins and other multiples are more likely to be born prematurely. Premature babies are more vulnerable to SIDS, and a safe sleep environment is particularly important. When determining the right age to begin sleep training or other sleep interventions and to create daily routines, make sure to use the babies' adjusted age (not age from birth). Premature infants may take longer than other babies who were born at the time to reach sleep milestones.

Formal sleep training for twins — just as for singletons — should not begin until babies reach four months. For premature babies, again this means parents should use twins' adjusted age.

### **Are there ongoing medical considerations?**

Twins and other multiples are more likely to have [medical issues](#) at birth — such as low birth weight or birth defects — that may persist beyond the newborn period. Be patient with your babies and realize that they might not follow the “typical” schedules and routines. Good sleep will come. It just may take a little longer.

## **Are the twins identical or fraternal?**

Fraternal twins are to be treated just as biological siblings would. They will each have separate personalities, and each will adjust to sleep plans individually. In contrast, identical twins tend to respond at the same rate, since their temperaments are more similar to each other. Identical twins tend to match their schedules more easily than fraternal ones.

## **More Twin Sleep Tips**

What else can parents of multiples do to make their lives easier and their babies better rested?

### **Create a coordinated feeding and sleeping schedule.**

Try to establish a shared schedule as soon as possible. The sporadic, on-demand schedule typical of newborn babies will quickly lead to a nonstop cycle of exhaustion and confusion with one baby always eating or sleeping for families with twins. Parents of multiples will especially need the time during naps to rest and to prepare themselves for the next part of the day.

**Bedtime routines will be longer.** Don't rush your twins' routines before nap time or bedtime. There are two (or more) babies instead of one who need to be soothed and calmed. Be patient.

**Keep twins in the same crib until they're around 4 months old.** For safety's sake, avoid using a bassinet or smaller space than a full-sized crib for both babies. Somewhere between 3 and 6 months of age, your twins

will start moving around more in their crib. To ensure safe sleep, put them in separate cribs.

**You don't need to separate twins or multiples during sleep training.** In fact, I generally recommend that twins stay in the same room during this process. Most parents plan on having their twin babies stay in the same bedroom together at least through toddlerhood. Thus, babies need to get used to the sounds of their siblings. However, just as with single babies, we don't recommend that parents share a bed with their twins.

**Sleep training may take longer for multiples.** Once again, be patient. Make sure your babies' sleep environment is conducive to good sleep habits. Using a sound machine is particularly useful for twins! All of the other sleep tools discussed in this book apply to sleep for twins and other multiples as well. Similarly, just as with singletons, be sure to tackle daytime sleep at the same time as night sleep, and create a 24-hour plan for your babies' sleep.

**Cry-it-out is the fastest and easiest for twins and other multiples.** If parents are comfortable using this method, we recommend this strategy for multiples. In our experience, both the Sit and Settle and Pause and Peak method are too logistically complicated for sleep training twins, especially if the mom will be on her own during large portions of the day or night.

## **What Twins Can Teach Us About Sleep**

Twin parents get to experience something that other

parents don't: They get to see how two babies, born on the same day being raised by the same parents in the same house, can have profound differences in their personalities, development, and, yes, even their sleep styles and sleep needs.

When my own twins were born, I got to see those sleep differences first-hand. One of my twins was a "bad sleeper" and the other was a "sensitive" sleeper.

### **The Bad Sleeper and the Sensitive Sleeper**

There are many sleep gurus who will tell you that no child is ever born a "bad" sleeper. I'm going to have to agree to disagree with those people. In my view, bad sleepers do exist.

My twin son was my bad sleeper. He was the king of taking 30 to 40 minute catnaps, of skipping naps entirely, and of fighting any new sleep strategy that we introduced to him. It was harder for us to break his bad sleep habits.

On the other hand, my son started to drop naps successfully before his twin sister did and could go to bed later without being affected negatively by the slight loss of sleep.

In contrast, my twin daughter was my "sensitive" sleeper. She was much more sensitive to her environment and changes in routine than her brother. She fell asleep easier on her own, took long naps, and was the first of the two to begin sleeping through the night. At age 3, while my son could drop naps completely, my sensitive

daughter still needed hers and even now still requires greater amounts of sleep. Her sleep was more thrown off — and still is today — by changes in routine.

Twins teach us that genetics, personality or temperament, and behavior all influence how babies sleep. However, all types of sleepers — bad sleepers, sensitive sleepers, and everything in between — can benefit from using all of the four sleep tools we've explored. With enough support in place, all babies can become successful sleepers.

### **Paige's Sleep Story**

When Paige contacted Good Sleep Sleep Site, her twins Matt and Ben were 7 months old. The twins were waking up multiple times during the night. Paige and her husband, with each wakeup, would “help” them back to sleep by feeding them or comforting them. After one twin would wake up and be soothed back to sleep, the other twin would take “his turn,” making for a very long night, especially for Paige, who was nursing.

Paige describes what nights were like at her house: “They were my third and fourth babies but completely different from my first two. [The twins] were getting up 3 to 5 times each night so I was spending all night switching back and forth between babies.”

In addition to the parents' choice of the Pause and Peak Method as a sleep training method, our sleep consultant recommended a few changes to the twins' sleep schedule: bedtime became earlier and their nap

schedule was adjusted slightly to allow for earlier and longer naps.

Within a few days, while also implementing the Pause and Peak method at night, the twins' night wakings began to disappear. By the end of the first week, Paige chose to switch to the Wait It Out method because she felt it was easier for the boys to settle themselves without interference from their parents. By the end of the second week, the twins' naps were becoming longer and more predictable.

After the process was over, Paige told us: "Now they sleep for 12-13 hours with no feedings. They go to sleep within minutes. And for the most part stay asleep. If they do wake in the middle of the night, they can get themselves back to sleep pretty quickly with no intervention from me. I feel like I have my life back, it's amazing. There were some nights that were difficult, but we all pushed through and I'm so happy with the results.... And now that they can sleep through the night they can have sleepovers at Grammy's house so I can get a date night in. This has been life changing!"



# 7. Life With a New Baby: Parental Mental Health

New parenthood is an emotional roller coaster ride. Life with a new baby can be overwhelming, terrifying, exhilarating, and awe-inspiring — all in the same hour. It's normal to feel sad, worried, unprepared, moody, and — above all — exhausted. No one goes into parenthood thinking that their pre-baby sleeping habits will return immediately, but most parents are still surprised by how soul-crushingly and dizzyingly tired they feel during those early weeks and months of parenthood.

For many new moms those normal feelings of sadness and moodiness become something much more serious.

**According to the National Institute of Mental Health (NIMH), about 80 percent of new mothers experience the “baby blues,” which are fairly mild feelings of anxiety, sadness, and exhaustion that last up to a week or two and disappear on their own.**

About 15% of mothers experience postpartum depression (PPD) or other postpartum mood disorders sometime during the 12 months after birth, and those feelings are much more severe and get in the way of

normal functioning and a mom's ability to take care of herself or her baby.

Sleep plays an important role in regulating our moods and emotions. Studies have shown that sleep deprivation and exhaustion are common risk factors for postpartum mood disorders. The symptoms of PPD are many and vary from woman to woman but may include crying, anxiety, difficulties with concentration, anger, loss of interest in former activities, difficulty with bonding with the baby, withdrawal from relationships, and eating too much or too little. Both partners should be aware of the signs and symptoms of PPD, since often mothers often don't realize what's wrong and may feel guilty and ashamed about these confusing emotions. Click [here](#) to take an online quiz to find out if your symptoms might be typical for new moms, or if they could indicate that something more serious is going on.

Another common symptom is insomnia, or the inability to sleep even when the baby is sleeping and the mother is exhausted. Severe sleep loss during new parenthood can increase your risk of developing PPD and can also impact how severe your symptoms become. (Insomnia can also be a problem during pregnancy, and one study demonstrated that treatment of sleep problems during pregnancy can lessen the severity of postpartum depression after the baby is born.)

The good news about postpartum mood disorders is that they're very treatable with medication or therapy, or a combination of both. An important part of treatment should include making sure that a new mother is getting

enough sleep, which should also be the goal for every new parent, whether she develops PPD or not.

What are some ways that you can make sure you're getting enough rest, even when you have a new baby in the house waking up around the clock?

### **Sleep Tips For New Moms**

- Sleep when the baby sleeps. Yes, it's old advice, but it's also important wisdom. The dishes, thank-you notes, your older kid's school project, the piles of new baby laundry are all less important for your health and your new role as a parent than getting enough rest.
- Ask for and accept help. Don't feel guilty for reaching out and asking friends and family to help with household chores and baby duties. Make a list of tasks so that when a neighbor or family member asks how she can help, you have lots of suggestions ready to share.
- Think about sharing a room with your baby. Especially if you're breastfeeding, you may find that you are able to get more rest if your baby is right next to you in a flat bassinet or flat co-sleeper (not an inclined sleeper of any type).
- Feed your baby before you sleep at night. If you know that your baby is fed and has a clean diaper, this knowledge may help you sleep a little better.
- Get Dad involved. Fathers play an important role in making sure that moms avoid severe sleep deprivation and get enough rest to thrive in her new role as a

mother. If Mom is breastfeeding, she'll probably be handling most of the feeding, but a new dad can find lots of ways to support his partner. He can make sure that he is helping out with all those household chores that go along with a new baby (laundry, sterilizing bottles, preparing quick meals.) He can learn to become a "baby whisperer" by mastering the art of soothing the baby when he starts to cry with lots of swaddling, singing, rocking, and walking him in a carrier. A new dad can also help out at night by changing diapers and taking over when the baby is still awake and the feeding is over, as well as helping out during the mornings by getting up with the baby to allow Mom a few extra minutes of rest. During feedings, he can make sure she is comfortable and relaxed by making sure she has water, a snack, her phone, the TV remote.

## **Sleep Tips For New Dads**

There's a lot of sleep advice for new moms (and with good reason!), but not as much for Dad. Yet new dads often lose nearly as much sleep as new moms during those first sleep-deprived weeks. One 2013 [research study](#) even found that new fathers got *less* total sleep than new moms! (Moms got more sleep in total, but their sleep was more fragmented.)

New dads may get up during the night for a bottle-feeding, a diaper change, or a cuddle session when the baby needs to be soothed and often wake up early to be with the baby while Mom sleeps in for a little while. And even if Dad isn't getting up as much during the night with the baby, the constant disturbances of a partner

getting out of bed and a crying baby can make for a poor night of sleep when Dad has to go into work the next day. If you're back at work, you'll need to be a safe driver during your work commute and will have to complete job tasks that require focus and attention. Sleep deprivation is never a badge of honor, and new dads need to respect their need for sufficient rest as well.

For both parents to function and to get the rest they need, families need to figure out a plan. Ideally, each parent should try to aim for a 6 to 7-hour stretch of sleep each night.

Here are some more practical tips for dads:

- Invest in ear plugs, sleep mask, and black-out curtains to allow you to rest whenever the opportunity arises, even during the day or when a baby is crying.
- Cut down on booze. Drinking makes restorative sleep much harder. While drinking may make it easier to fall asleep initially, alcohol has negative effects on the overall quality of sleep by reducing REM sleep.
- Stock up. Make sure that the family has plenty of diapers, wipes, and everything else you need for those middle-of-the-night feedings and diaper changes and ensure all those supplies are accessible every night at baby's changing station.
- Don't stay up late. Try to resist the urge to watch another episode of your favorite Netflix show. You'll be much better off heading to bed with a newborn in the

house whose unpredictable night wakings may make you regret those minutes of missed sleep.

- Eat well. Pack a nutritious lunch for work. Avoid heavy meals, and try to make good food choices throughout the day. Good nutrition will help you tolerate sleep deprivation and allow you to sleep better at night.
- Sleep someplace else. Try sleeping in a spare room or on the couch, at least for a few nights during the work week.

Above all, both moms and dads should protect their body's physical and emotional need for sufficient sleep, even if there's a newborn at home who seems to be doing everything possible to make sure that this rest doesn't happen. The severe sleep deprivation of new parenthood is generally temporary, but can have a big impact on both parents' mental and physical health. Most of all, it's important to reach out and get support from medical professionals if you feel like you need help with managing all of the emotions that go along with new parenthood.

### **More Postpartum Advice: Self-Care**

I asked Tania DaSilva, a clinical director and a child and family therapist from [Behaviour Matters](#), to offer more advice to new moms about how to cope during the postpartum period. Here's what she wrote:

“The postpartum period begins after the delivery of the baby and involves the mother experiencing many changes, both emotionally and physically. All of this

happens while she's learning how to take care of a child, processing her new role and navigating through all the relationship and life changes that come with motherhood. A mother not only needs to rebuild her strength after birth, she needs to develop a self-care plan to reduce the stress that is often felt due to the big changes to her life, body, and emotions.

Physical and emotional self-care should be made a top priority post-baby, while being considered and planned for pre-baby. Mothers are always planning for baby while forgetting about themselves. Planning for you is equally as important. Below are a few suggestions to help put yourself and your self-care at the forefront. Remember, you cannot show up for your child if you forget to show up for yourself.

**1. Find a therapist pre-baby to work through current challenges and plan for post-baby challenges in your emotions and relationships.** Include your partner in some of these sessions so you're both on the same page and ready to support each other after the baby is born. This creates a professional support system and can hold you and your partner accountable for making your self care a priority

**2. Rest is important for our body and mind.** Plan for rest by discussing how your support circle can step in so you can step out and shut down. Do not feel guilty. People are coming over to help support you, so let them know exactly what you need. Have others relieve you of most responsibilities other than feeding the baby within the first few weeks. Using your visitors to help you get naps

also relieves the worry about being asleep if your baby needs you. Plan to have friends and family visit at times when you can nap, and they can spend quality time with your baby or children

**3. Get outside for a few minutes each day, journal, call a friend, mediate or go for a short walk.** These steps will help lessen your feelings of isolation by getting you out of the house even if its just to the front yard or around the block. This is also a small realistic promise to yourself and will make you feel like you are making self-care a priority even if it's just sitting on the front steps to get some fresh air.

**4. Meet with a dietician to create a plan for vitamins, supplements and overall intake needed.** Prenatal supplements are important and focusing on what your body needs post-baby should be as well.

**5. Take time to think about your new identity:**

- Ask yourself who were you pre baby? What went into your identity pre-baby?
- What do you think a mother's identity is composed of? Who do you want to be as a mother?
- What traits do you want to keep, which ones do you want to develop, and which would you prefer not to pick up?

Reflect and adjust regularly to avoid feeling like you losing yourself.



**6. Many women don't know how to explain what they are feeling. This creates feelings of hopelessness and overwhelm.** Using a feelings wheel to explore your emotions is a great way to practice self care and make sense of the emotional rollercoaster that accompanies postpartum. Read over the emotions, look them up, notice which ones stand out to you and journal about that feeling. This is a great exploration technique for mothers who have no idea how to identify what they are feeling, but know something doesn't feel right.

*Self care is extremely important, you can't care for others if you aren't caring for yourself."*

# 8. Sleep Regressions

Let's say you've successfully implemented all four of the sleep tools and your baby is sleeping great. She's sleeping through the night. Her naps are (usually) over an hour long. She wakes up happy in the mornings and goes to sleep independently in her crib at night. You're rightfully proud of yourself and your baby for working hard to make all of the changes necessary to help her become a good sleeper. Life is good.

And then all of a sudden this predictable pattern ends out of nowhere, and you're left wondering what you did wrong and whether your baby (or you!) will ever sleep well again.

The bad news: Your baby's sleep will not always be perfect. There is no way to avoid this. Your baby will sometimes not sleep as much as she should or will wake up and refuse to go back to sleep or will resist a nap (or many naps). There **will** be setbacks toward your goal of raising a well-rested baby.

The good news is that there are usually reasons for why your baby's sleep suddenly deteriorates for awhile, and there are strategies for dealing with those setbacks.

A sleep regression is a period of time (a week or two, sometimes more) when out of the blue your baby stops sleeping well. It's like one day you had this perfect baby

who sleeps like a champ. And the next day? No one is sleeping, and you have no idea why.

As mysterious as they sometimes seem, sleep regressions do have a few common culprits.

## **Teething**

Teething doesn't tend to disrupt sleep as much as we think it does. Any new mother will soon learn that as soon as her baby cries in public or she confesses that her baby is having trouble with sleeping, she'll be greeted with choruses of people telling her that her baby must be teething.

However, despite popular belief, for the most part, teething is generally not the cause of serious or long-term sleep disruptions. Yes, it may cause some discomfort in some babies, but don't assume that your baby's sleep will *definitely* be negatively impacted by teething. If your baby is clearly uncomfortable, speak to your pediatrician about giving a pain reliever when he is actively cutting a tooth. You can also get him to chew on a small washcloth dipped in chamomile tea after you've put it in the freezer. If you feel like you really need to provide some middle-of-the-night comfort, make sure that once the active teething ends, you go right back to your normal sleep routines.

## **Illness**

If your child is sick, congested, has a fever, or is just downright feeling awful, then do what you have to to get them comfortable throughout the night. If that means

extra cuddles, sleeping in your arms, and some extra nursing sessions, that's perfectly fine. That's what I've done with my own kids. Remember that your family should get right back to its usual routine and soothing methods as soon as your baby is well again. You can expect that your baby's sleep might be a bit unsettled for a couple nights even after she starts to feel better. Stay consistent, and an illness shouldn't disrupt your baby's sleep habits for too long.

## **Developmental Milestones**

Your baby is learning amazing new skills all the time — beginning with flipping over and then to crawling, talking, pulling themselves up, and walking. Unfortunately, while she's learning a new skill, she may spend part of her nighttime thinking about and practicing these new talents. Her mind and body are working hard! Your baby may resist falling asleep at bedtime and start waking up (and staying awake) during the night. Just like when your baby is sick, now is not the time to start changing your routines. They may need a little time to figure out and get used to this new and amazing development (maybe even a week or two), but sleep will become a priority again.

## **Age**

If your baby isn't teething, sick, or going through a specific developmental milestone, even the best sleepers may still hit rough patches in their sleep at predictable times in her life: at 4 months, 8-10 months, and 18 months.

By the time your baby is four months old, she will begin to sleep more like an adult. Your baby can no longer easily block out loud siblings, grocery store noises, or the blasting car stereo. Unlike a newborn, babies will now (like grownups) sleep in cycles of light and deep, rather than just in deep sleep.

These light and deep sleep cycles may lead to your baby waking up more often. While they're in a state of partial arousal, babies may need your help in getting back to sleep. They may need the environment in which they fell asleep — being rocked or nursed to sleep — to be recreated. That may be okay for younger babies for the short-term, but the long-term solution is practicing good sleep habits, such as sleeping in a consistent place, putting your baby to sleep in his crib while he's still awake, and practicing a soothing, consistent routine.

Somewhere between 8 and 10 months, another sleep regression may appear. More developmental milestones may need to be practiced. Their cognitive development, including early language skills, is exploding. When they're practicing and experimenting with their new skills of crawling, pulling up, and cruising, sleep may take a back seat. Also during this time, babies may be transitioning from 3 naps (losing that late catnap) to 2 naps.

So what can you do while you're waiting for these temporary sleep regression phases to pass?

**Be consistent.**

It's crucial to keep up with good sleep habits. Even though it's very tempting to try to help your baby fall asleep quickly during a night waking, now isn't the time to start rocking or nursing to sleep again. You do not want a temporary sleep regression to become a more permanent state.

**Remain calm and patient.**

Your baby may need time (even a week or two) to figure out these incredible new developments.

**Be flexible with bedtime.**

If your baby is not sleeping well at night or during the day, it's important to make up that loss of sleep with an earlier bedtime. You do not want an overtired baby. Bedtime should remain earlier than usual until the regression is over (or until your baby has adjusted to the new nap routine).

# 9. Other Sleep Challenges

Your baby's sleep will never be “perfect” indefinitely. No matter how diligent you are about supporting healthy sleep habits with a conducive sleep environment and consistent routines and bedtimes, life will happen. There's no way to avoid this. Setbacks — both predictable (a family vacation) and unpredictable (an illness) — will disrupt your baby's sleep.

Even once your baby has shown that he's capable of falling asleep independently, these challenges may still have a big impact on how well your baby sleeps, at least in the short-term. But with consistency and the right tools, you can make sure that her sleep will be on track once again.

## **Travel**

At some point you're going to want (or have to) to stay someplace else with your baby other than your home — on vacation, a visit with relatives, a weekend getaway. For many new parents, that idea is terrifying. I get it. You have no idea how your baby will sleep in an unfamiliar environment. It's almost inevitable that her sleep routines will be disrupted, and that is anxiety-inducing.

Although some disruption is inevitable, there are ways to help minimize the effects of travel on your baby's sleep

(and to make sure that you and your family don't end up more sleep-deprived than before you left on your trip).

### **What To Bring**

- A special blanket or other comfort items. Even better, bring two in case one gets lost or left somewhere during travel.
- An unwashed sleep sac and crib sheets. Bring along the sleep sac and sheets that your child has slept in at home. It will retain the smell of home, and your baby may feel more secure in a new sleeping space.
- A sound machine.
- Black trash bags and painters tape or travel black-out shades. If you will be staying in a hotel, the curtains should have decent black-out liners. However, at a relative's home, you may need to darken the room for your baby to nap and sleep at night.

### **Other Travel Tips**

If you are travelling by car, drive during naptime and compensate with an earlier bedtime, if possible, when you arrive. If you know that the children's sleep spaces will be ready to go when you arrive at your destination, driving around bedtime can work out well. Before leaving put your baby in her pajamas and do your best to transfer her to their crib or bed as soon as you arrive.

If you'll be traveling by plane, whenever possible, book a seat for your baby and bring a car seat on the plane.



Children are safer and more comfortable in a car seat than sitting in the airplane seat. They are also more apt to sleep on the flight if they are in a car seat. Always book bulkhead seating if you can.

Bottle feed or nurse on take-off and landing to lessen the chance of your baby's ears being bothered by the pressurization of the cabin.

Don't worry too much about trying to maintain your baby's sleep schedule on a travel day. If your baby falls asleep at the "wrong" time on the flight, that's great! The flight will be easier for you and he'll get some rest for the next leg of the journey. If he does not sleep at all, once again, don't stress. Do your best to get them to bed at a reasonable hour once you arrive.

If you are staying at a hotel for more than one or two nights, if at all possible, try and reserve at a suite-style hotel or reserve two adjoining rooms. You can then put the baby to bed and still be able to relax and watch some TV or read. If there is no way of placing the crib in a separate room, try and place the crib as far from the bed you will be sleeping in.

If you have to help your baby by staying near the crib or rubbing their back (or other ways of "helping" your baby to fall asleep), that is fine. Try and lessen your involvement each night you are away and then plan to get back to your normal routine when you get home. If your baby wakes early and realizes that you are in the room, ignore her if she is quiet and she may fall back to sleep. If she gets upset, quietly encourage her to go back

to sleep and try to avoid taking her into the bed with you. If you have to make accommodations to make sure others are not awakened (your aunt sleeping in the next bedroom may not be too happy about losing any of her sleep to a crying baby), then do what you have to do and commit to getting back on track the day you get back home.

## **A New Time Zone**

What if your travels involve staying in a new time zone? Traveling to a different time zone can have a profound effect on all of our internal body rhythms.

On the first day you arrive, let your baby sleep as much as she needs to and wake her for meals based on the new time zone clock. Eating during the new meal times is one way to communicate to the body about the new time zone. Babies are usually very tired from travel, so put him to bed at a time when he'll be able to sleep 12 hours or more during the first night. In the morning, get him out in the sun, no matter what. **Exposure to morning light is the fastest way for our bodies and minds to adjust to a new time zone.**

If you're traveling only one time zone away and your stay is short (a few days or less), you might consider keeping your child's regular schedule. You can keep your watch on home time and try and stick to your home schedule. If you'll be away for a longer period of time, switch to the new time right away and expect things to be a bit bumpier.

## Daylight Savings Time

### Spring

Spring arrives, and Daylight Savings Time hits. Yes, it's that time of year again when we change our clocks one hour forward. How does this change affect your baby's sleep? The truth is that it can really wreak havoc on our little one's routines and ours as well, since all of us will lose that hour of sleep.

You can slowly introduce your baby to the new time change, by waking him up slightly earlier than usual. If his usual wake time is 6:30 a.m., try a 6 a.m. wakeup time a few days before the actual time change with the hope that once the clocks spring forward, he will already be adjusted to the new times. Also, to achieve your desired wake time, you could also move the entire day earlier by at least one hour, including meal times. It shouldn't take more than a week for your child to adjust to the new time change.

If you're happy with your baby's sleep schedule, my advice is to keep wakeup and bedtimes the same using the new adjusted time. You would wake your child at his usual wakeup time on the Sunday morning of the time change and carry on the day as usual. It will take a few days for your little guy to adjust, but he will fall into it.

With any kind of sleep transition your child might fight bedtime and wake up too early in the morning. If you're not already using them, black-out curtains and white noise machines might be your new best friend.

## **Fall**

In the BK era — Before Kids — changing our clocks back meant we could enjoy that extra hour and bask in slumberville. Now that we have kids, our perspective on that extra hour may change a lot.

By setting our clocks back an hour, what was once a 7 a.m. wakeup for your baby will now turn into a 6am wakeup. The fall time change could mean days of early rising cries and late bedtime battles.

So what do you do?

The first thing to do is take a deep breath. These time changes happen twice a year and we always manage to get through them relatively unscathed. We adjust to the time change and so do our children.

### **The “Jump Right In” Approach**

The easiest option to take, and the one I recommend most to clients, is to just jump into the new times and wait it out. This method can work great for the baby who isn't super sleep sensitive. You may have a fussy little one for a few days, maybe up to a week, but they will adapt if you remain consistent.

### **The “Gradual” Approach**

There is also a gradual approach for those who want to take it a bit slower. In this approach, you can shift your routine a few days before the actual time change. You would move your little one's entire day-to-day routine

– naps and mealtimes included. Shift the morning nap forward by fifteen minutes. So, your normal nap time of 9 a.m. will get moved to 9:15 a.m. and so on each day. The same will happen for your afternoon nap and bedtime as well. Then once the clocks “fall back” your child will already be adjusted.

Consistency is the key to whichever approach you take. Keep your bedtime and nap routines as consistent as possible.

### **Baby Sleep At Daycare**

Another common challenge for parents who are trying to work on their baby’s sleep — and then keeping it consistent — is keeping regular routines between home and daycare.

Daycare providers should be aware of your baby’s usual sleep routines at home and try to maintain them at daycare as much as possible. I’ve heard (from both caregivers and parents) about the difficulties of maintaining productive levels of communication and coordination about baby’s schedules and routines. Both parents and daycare providers should develop a shared game plan about how to approach your baby’s sleep, and that can be awkward and hard to do.

So how can parents and all caregivers work together to make sure your baby is rested at home and at daycare?

### **Maintain a consistent sleep environment.**

Parents should create a familiar dark, quiet, and cool

sleep zone at home for both naps and night sleep. Staying consistent with this will help your child feel secure and safe in their sleep environment. Parents can ask their provider if they can bring in a white-noise machine (one that runs continuously) from home to leave at daycare to mask external sounds.

Day care providers should have a room or area designated for sleep and have the same child or children in that room every day. (When you are looking for the right childcare provider, this is one important thing to ask about!) They should encourage parents to bring something familiar from home, such as a blanket or stuffed animal that they can cuddle and soothe with or unlaundered crib sheets.

**Ensure that baby is falling asleep independently at home and at daycare.**

Parents should communicate with childcare providers that their baby is learning the important skill of falling asleep without adult assistance (rocking, feeding, holding) and share with them how they are putting their babies to sleep at home. You may find that your baby ends up having a much easier time falling asleep on her own at daycare because the group dynamics create a sense of “peer pressure.”

**Set an earlier bedtime during the daycare transition.**

When your baby first begins at a new daycare, this major transition can result in disrupted sleep. It can take your baby awhile to adapt, and during this adjustment, it's a

good idea to move bedtime earlier to make up for any lost sleep.

# 10. Conclusion

At the start of the first chapter, I told you that my main message in writing this book is for you to understand that your baby is capable. Capable of learning new sleep habits. Capable of falling asleep on his own. Capable of becoming a good sleeper.

When you first started reading this book, you may have felt a bit desperate, hopeless, and overwhelmed. I hope now you feel more empowered, committed, and confident in helping your baby make positive changes in how she sleeps. I also hope that you understand how vital sleep is to your baby's development, to your family's happiness, and to your overall mental health as parents.

I can't promise you that teaching your child the skill of independent sleep will be easy or without bumps in the roads. I can promise, however, that it is most certainly worth all of your efforts to help your baby learn the skill of independent sleep.

I wish restful and restorative sleep for you and your family!



# For More Individualized Help

Are you thinking that you might want a more personalized, [one-on-one sleep coaching experience](#)? Are you still struggling with getting your baby to nap longer or fall asleep on her own? Do you want a certified sleep consultant's opinion about which sleep training method is right for your family or situation?

We have a variety of [sleep coaching packages](#) to fit every budget and every family situation. Your personal certified baby sleep consultant can create a sleep plan and method to accommodate to your lifestyle and value system.

Click [here](#) to contact a Good Night Sleep Site Consultant who can help you with each step along the way in creating your family sleep plan.

# Recommended Additional Resources

Our Good Night Sleep Site website is a trusted source of more information about sleep, with resources on baby, toddler, kid, and adult sleep. You can read more client stories about families who were able to transform their baby or child's sleep.

[Good Night Sleep Site Website](#)

Listen to my podcast, [This Girl Loves Sleep](#), to hear more about my thoughts and perspectives on sleep for the whole family.

Listen to it on [iTunes](#)

Listen to it on [Spotify](#)

Want to be kept up-to-date with all our sleep tips, announcements, and top parenting articles? [Join](#) our monthly newsletter to stay in-the-know!

Ready for more? Don't forget to Like and Follow Good Night Sleep Site on social so I can say hi and we can chat!

[Good Night Sleep Site Facebook Page](#) – Give us Like!

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[Instagram](#) – Follow us and say hello!

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# About the Author




Alanna McGinn is Founder and Certified Sleep Expert of [Good Night Sleep Site](#), a global sleep consulting practice. She serves on the faculty of The Family Sleep Institute and is host of the ['This Girl Loves Sleep' Podcast](#). Alanna has established the world-wide brand of Good Night Sleep Site as being a #1 sleep resource for families and for over 12 years she and her team of sleep consultants strive in helping families (baby to adults) and corporations overcome their sleep challenges and have well-rested smiles in the morning. You can follow Alanna's expert advice in national publications like Macleans, Prevention Magazine, Today's Parent, and Huffington Post, and has

appeared as a leading sleep expert on The Marilyn Denis Show, Your Morning, City Line, and Breakfast Television. Alanna lives in Toronto, Canada with her husband and their 3 children (1+twins!)

You can find out more about Alanna McGinn and how to work with a Good Night Sleep Consultant at [goodnightsleepsite.com](http://goodnightsleepsite.com) and follow Alanna and all her sleep tips on [Instagram](#).

# Sleep Tracker

Print out our Sleep Tracker to help you get started!



**SLEEP TRACKER**  
PROVIDED BY GOOD NIGHT SLEEP SITE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE:							
6 AM							
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 PM							
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# Congratulations!



## *Congratulations!*

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