

All Things Sleep: Kids!

An easy-to-read, yet comprehensive guide for parents to be able to choose a sleep training method that will work best for their family by understanding the factors that affect sleep

By,
Ronee Welch

Dedicated to my 4 precious children who have always been my driving force in wanting to help other parents, and they are my reason for never wanting to stop learning!

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Introduction To Sleep Teaching / Training and About The Author

Congratulations on your decision to teach your little one the skills he/she needs for independent sleeping! Sleep deprivation is not a joke! Lack of adequate sleep for both children and adults can create mood or behavioral changes. Examples include behavioral problems (ie tantrums, acting out), crankiness, irritability, depression (including post-partum), aggressiveness, hyperactivity, exaggerated emotions, and being overtired. It can also reduce physical performance, such as both the large and small motor skills, memory loss, impaired hand-eye coordination, and lack of concentration. Physically it can affect your immunity, which makes you both more prone to getting sick with a harder time of getting over it, as well as affecting balance and coordination.

One of the most crucial elements for teaching children to go to sleep and stay asleep is helping them develop self-soothing strategies. We all have them; some of us have to be in a certain position in order to fall asleep, some of us need the window open and our socks on, and some of us need to listen to music or other white noise in order to fall asleep.

Whatever it is, we all have ways that we soothe ourselves into sleep. If your child depends on a “prop” to fall asleep – such as breastfeeding, bottles, pacifiers, patting, rocking, co-sleeping, having you lay with them, or even playing with your hair – then they will find it difficult to get back to sleep without their “prop”, as they transition in between sleep cycles. It is important that we

teach our children these skills so they can do it themselves and begin to sleep more peacefully and independently.

Also, it's helpful to prepare your child about these upcoming changes by talking to them that day about what's going to be happening that night. I don't recommend telling them a week ahead of time, as it's only going to make an older child more anxious and possibly upset about what's to come, and a younger child will have no idea what you're talking about. Regardless of your child's age though, let them know that even though you might be changing the bedtime routine and how they go to sleep at night, you will still be there to comfort and love them. Try to make it sound as exciting as possible about all of these new changes, as children feed off of their parents' excitement!

A Little About Me:

I wanted to take a minute to tell you a little about who I am, what my qualifications are, and why I decided to write this book. Throughout the book you will receive useful information that will hopefully educate you about why your child is not sleeping well, and of course give you tools to use to change this around! I will also share some personal stories of my own, because after all I am a parent too!

I've survived getting 4 children to sleep through the night (including twins), so I know the struggle! At the time I'm writing this book, I am a married mom of a 16 year old daughter, 7 year old identical twin girls, and a 5 year old son. Having worked with my own children and many clients over the years, I've been able to use my trials and tribulations to your advantage. I don't want you to have to struggle for your answers. I want you to walk away with some really great knowledge and CONFIDENCE! I talk a lot about being consistent in this book, but guess what? You can't be consistent if you don't feel confident about what you're doing. I hope I am able to give you that confidence by filling in some of the gaps that parents worry about most.

On a professional note, I have a dual Bachelor's of Science degree in Marketing and Management. I'm a certified pediatric sleep consultant, lactation counselor, infant massage educator, infant and child mental health professional, and integrative adult sleep coach. I'm also a facilitator of the Love & Logic Early Childhood Parenting Made Fun!® curricula. Finally, I'm the Eastern Regional Director for the Association of Professional Sleep Consultants. I take what I do quite seriously, and continuing education and being a part of the sleep consultant community is a big part of my dedication to helping families.

I wrote this book because my goal, my passion, is to help as many families as I can. As you'll read with a few of my personal stories, I learned things the hard way and it wasn't always a lot of fun. I always wished there could be a person to tell me I was on the right track, give me some advice, or tell me I needed to make some changes but there was no one. I had to scrape together a confidence I didn't have in order to make sleep training work for my one twin daughter. It was a tough road for both of us, but in the end we were successful. Now I want to help other families understand the types of sleep training methodologies out there and figure out which one will work best for them so you don't have to travel down the same path as me.

Every day I hear parents talk about cry-it-out (CIO) like it's a one-size-fits-all type of program. They wrongly assume that any type of sleep training must mean that you're just letting your child cry, and that's simply not the case. I want to let parents know that there are several methods out there, and each of them is right for some families but none of them is right for all families. There are other things to take into consideration when you're thinking about sleep training, like your child's temperament, your parenting style, the child's room environment, your bedtime routine, your child's daytime schedule, your child's lifestyle, and more!

Again, my point in writing this book is to give parents a place to go to learn about all these things and to be able to make an educated decision about the choice they need to make for their family. However, if you feel like you still have some questions or need some guidance, you can always become a member in

one of my VIP groups. These groups will allow you to get answers to many commonly asked questions, get access to helpful forms, and get your specific questions answered so you can move forward with your sleep training journey. I invite you to please go to www.sleepasticsolutions.com for more information on the Sleeptastic Solutions membership programs.

Chapter 1

Sleep Science

I realize that some parents will enjoy this chapter more than others, so I've tried to make it as "parent-friendly" as possible. I want to start by giving you some interesting statistics about sleep in America, both for parents and children. The following statistics come from The National Sleep Foundation's 2004 "Sleep In America – Children and Sleep" poll. I know the poll is 12 years old, but the data is still quite valuable. For the record, they do come out with new polls every year, with an emphasis on a different topic compared with sleep; however, this one is the most accurate for this discussion. For the results below, an infant is considered aged 0-11 months, a toddler is aged 12-35 months (younger toddler is 12-23 months and an older toddler is 24-35 months), a preschooler is aged 3-5 years old (or 6 years old and in kindergarten), and a school-aged child is in 1st through 5th grade.

- 71% of infants, 46% of toddlers, 36% of preschoolers, and 14% of school-aged children woke up at least one time per night during a 2 week time frame
- 54% of infants, 24% of younger toddlers, and 16% of older toddlers are put to bed already asleep
 - Infants and toddlers who were put to bed already asleep tended to sleep less than those put to bed already awake (8.8 hours versus 9.9 hours)

- Children who sleep the right amount or more than needed are more likely to not wake in the middle of the night and need attention as compared to those receiving less than average sleep (73% vs 62%); they're also more likely to take less time falling asleep at bedtime (15 minutes versus 18 minutes)
- 32% of infants, 32% of preschoolers, 52% of preschoolers, and 42% of school-aged children stall before bed
- Room sharers and bed sharers are 3 times more likely than solitary sleepers to wake up 2 or 3 times during the night (13% versus 3%)
- 76% of parents of all children polled said they would change something about their child's sleep
- 68% of parents of infants, 43% of toddlers and preschoolers, and 23% of school-aged children are still in the room when the child falls asleep
- When asked whether or not a child woke up in the place that they originally starting sleeping at bedtime, 43% of infants, 27% of toddlers, 28% of preschoolers, and 14% of school-aged children had some change in their location (ie started off in their bed but ended up in their parents room or somewhere else by morning)
- Parents of children aged 10 years and younger reported sleeping 6.8 hours a night on average, with the exception of parents with children aged 0-2 years old who reported sleeping 6.2 hours per night
 - When asked how much sleep they thought they needed, 59% said that they needed between 8 – 9 hours a night
 - 64% of parents reported that they did not get enough sleep
- 19% of parents report having daytime sleepiness so severe that it interfered with their daily activities

Besides this being some eye-opening information, I hope it shows you that you're not alone! Many parents struggle with sleep for their child or children. As widespread as it is, it doesn't have to be that way! As you're going to find out

while reading this book, there are many things that you can do to help your child sleep well, including sleep teaching (newborns) or training (4 months and up).

Now that I showed you some statistics about sleep issues around the US, let's talk about why these issues are occurring and how you might be able to prevent them from happening in the first place. Parents are often feeling frustrated and are asking themselves what they did to make these things happen. They feel like they are responsible and somehow failed their job as a parent because their child isn't sleeping well. That's a terrible feeling to have and one that's pretty unjustified.

Yes, you may have unknowingly done some things early on that have helped to create an unwanted habit, but that's okay! I call those first few months "survival mode" because that's what we're in! It's okay that you created sleep props that you now want to get rid of because you gave your child what they needed at that time...unconditional love, bonding, nourishment, a warm place to sleep (even if that meant it was on your chest or in your arms), a clean diaper, and attentive parents. Never feel guilty about fulfilling your child's needs and ensuring their emotional well-being was being taken care of!

But now here you are wanting to change some of those habits, and that's okay too! Children are resilient! Thankfully for us parents, our kids allow us to give "do-overs". They may not like the changes initially, but they will soon enough. Kids don't often like changes in any form or fashion, as many adults don't, but we adapt and we move on. Now let's learn about why your child isn't sleeping well (besides the obvious sleep prop reasons)...

Sleep Cycles and Regressions:

When a baby is first born, the length of time they spend in their sleep cycles and sleep phases is different than in older babies and adults. Newborns fall immediately into and spend a lot of time in "active sleep", where their eyes may flutter, they have irregular breathing, they have sudden body movements, or you may hear them grunt or whimper. This can make it difficult for some babies to be

put down after they've fallen asleep. If you try to put a baby down soon after they fell asleep in your arms, chances are good that they're going to wake up upon transfer. Unless of course you've waited a little while until they've fallen into a deeper sleep.

This means that when your baby falls asleep, she is almost immediately going right into a REM-like sleep (rapid eye movement), which is a light phase of dreaming sleep. Newborns spend about half their sleep in this "active sleep", and the other half is spent in a quiet Non-REM-like sleep. Let's take a look at both:

- **Active/REM** - A light sleep when dreams occur. Babies' eyes may flutter or move quickly back and forth under the eyelids.
- **Quiet/Non-REM sleep: 4 stages** -
 - Stage 1: starting to doze, get drowsy, eyes may droop or open and close
 - Stage 2: light sleep, baby may startle or jump with sounds or sudden movement
 - Stage 3: deep sleep, baby is quiet and still
 - Stage 4: very deep sleep, baby is quiet and does not move

Baby will enter stage 1 at the beginning of the sleep cycle, then they'll move into stage 2, before going to stage 3, and finally stage 4. Then they will reverse this sequence by going from stage 4 back to stage 3, then stage 2, and finally returning then to REM. This may seem like this would take a long time, but one complete newborn sleep cycle will take only about 45-50 minutes to complete.

These cycles may occur several times during sleep though, giving baby a nice 1.5-2 hour nap or a nice stretch of sleep at night. Many newborns awaken though as they pass from deep sleep to light sleep and may have difficulty going back to sleep. Newborns aren't born equipped with their own circadian rhythms of

melatonin (hormone that makes us sleepy) production, nor are they producing it for the cortisol (hormone that makes us alert and awake) production. It can take up to three months for their circadian rhythm or biological clock to start functioning like adults.

There are a few things you can do to help your newborn ensure they don't get their nights and days mixed up.

1) Dark vs Light – If the baby is sleeping here, there, and anywhere throughout the day and night due to your survival mode, it can be confusing. The living areas (ie kitchen, living room, dining room, etc) need to be well-lit, bright, and not overly quiet during the day hours, while the bedrooms should be dark and quiet. Normally, I would suggest that baby takes all of their naps in a dark, quiet bedroom so that they can associate that environment with sleeping. However, in the case of a baby who likes to sleep all day, I suggest limiting their naps to slightly noisier and brighter rooms until things are normalized. A child who naps in a well-lit room tends to sleep less minutes overall than one who naps in a dark, cave-like room.

Then, when it's bedtime, make sure the room is nice and dark, quiet (or a white noise machine is fine), and a comfortable temperature (68-72 degrees is ideal). Along with that, it's important to have a relaxing, consistent bedtime routine. You want to show baby that bedtime looks different than naps during the day. A newborn doesn't need an elaborate bedtime routine, but instead a few simple things that are just for bedtime (ie bath, massage, pajamas, final feed, swaddle or sleep sack, into the crib sleepy but awake).

2) Feed More During the Day – You want to be sure that your baby is eating enough during the day so that they can sleep longer stretches at night. Now, this doesn't mean that you should expect your 4 week old to sleep most or all of the night. No, newborns need to eat every 2-3 hours if breastfed and every 3-4 hours if formula fed. But you do want to make sure that the majority of babies calories are

coming in the daytime and not overnight, so that when baby is able to go longer stretches that it can happen. And of course for older babies who may not need any more night feeds, you will also want to make sure that the calories are happening during the day and not so much at night, so you can easily cut out those last one or two night feeds.

In order to feed more during the day baby needs to be awake long enough to do so (ironic, I know). I realize it can be extremely difficult to feed a sleepy baby but it's necessary! You can't afford to have a "snacking and snoozing" baby all day long, because it will just lead to a hungry, non-tired baby at night. If baby keeps falling asleep during feeds, you can change their diaper, change the scenery, talk to them, temporarily remove the breast or bottle, give a bath, or anything else you can come up with to keep the child awake.

One thing to note if you're breastfeeding is that your body is helping baby to get sleepy at the right time, as melatonin (the sleep hormone) is increased in your breastmilk in the evening and night. This can be a great tool to help you get baby sleeping at night! But if you're pumping and giving baby expressed milk in a bottle, you might want to label the milk by what time you pumped. If you're giving baby a bottle at 9am filled with pumped milk from 10pm last night, then you're giving baby another reason to be sleeping more than needed during the day.

3) Get Yourself Some Help – One reason parents get into this predicament is that after a long night with the baby, mom is expectantly exhausted the next day. So when baby wants to nap the day away, mom is right there with the baby! Of course you're going to want to sleep when the baby sleeps, especially if you've been up most of the night! But if you let your baby sleep all day, they're simply not going to be ready to sleep at night. And then you're back to square one the next night with the same pattern repeating itself. Before you know it, you will have completely turned your own circadian rhythm (or biological clock) upside down. So find someone to stay with the baby during the day to help cap their naps and

keep the baby up more while you nap. This way you will find the energy to keep moving towards getting baby to sleep less during the day.

Let's fast forward to 3-4mos of age now. Your baby's circadian rhythm has now changed so that most of their wakefulness happens during the day and most of their sleep happens at night. By now many babies are starting to sleep in bigger chunks of time and requiring less night feeds. For example, instead of your child waking up at 11pm, 2am, and 5am for night feedings, they might skip the 11pm and sleep straight from 8pm to 2am before waking for a feed.

By about 17 weeks old, your baby's rhythm will fall into a more predictable pattern and mirror that of an adult's. This is an extremely important fact, so stay with me here! As adults we start off by falling into 2 lighter phases of sleep, followed by the deeper stage (non-REM), and then into our dream stage (REM), before returning to a light phase and then starting all over again. We go through about (5) 90min cycles each night (newborns' sleep cycles are about half that).

As we transition from one sleep cycle into the next, we very lightly wake up (stage 1). If everything around us is the same as it was when we first went to sleep, then we will just roll into a new position and transition into that next sleep cycle without ever really waking up. If, however, something has changed (ie our blanket fell off, partner left the bed, sound machine went off, etc), then we will more fully wake up at this point to investigate or fix whatever happened.

If you were feeding, rocking, patting, holding, using a rock-n-play or other device, or otherwise helping your baby get to sleep in those first 3 months, then baby was relying on you or these other props to get to sleep and is likely not able to do it on his own. While that didn't matter so much in those first 3 months, it very much so matters now in the 4th month (ie the 4 month "regression"). So now when you go to lay him down after falling asleep while feeding (the #1 sleep prop), he will startle, wake, and cry, leaving you to wonder what's going on. Remember, if he needed your help going to sleep initially, then he's going to need your help getting back to sleep again...and again...and again!

This is when most parents will start noticing that their good sleeper is no longer sleeping that well, or that their baby who was moving in the right direction with sleep seems to be taking a step backwards (ie “regression”). As you can see though it's not a regression, it's actually a natural developmental milestone! Their circadian rhythms are now starting to look like those of an adults! The key here is to put baby down into her crib when she is sleepy but still awake. Try to let her fall asleep initially in the place you want her to end up being (ie her crib or bassinet), so that when she transitions into a new sleep cycle during the night or at nap everything will be the same as it was when she first went to sleep.

Now that you understand why it is your baby is randomly waking up a couple of hours after you stealthily transferred them to their crib and ninja-style crawled out of the room, let's see how much sleep your little one really needs.

HOW MUCH SLEEP DO WE NEED?

TOTAL HOURS	AGE
14-17	Newborns (0-3 months)
12-15	Infants (4-11 months)
11-14	Toddlers (1-2 years)
10-13	Preschoolers (3-5 years)
9-11	School aged children (6-13 years)
8-10	Teens (14-17 years)
7-9	Adults (18-64 years)
7-8	Adults (65+ years)

*According to the National Sleep Foundation in 2015.

It's great that newborns sleep 14-17 hours a day, with 6-7 small nap periods throughout the 24 hours! It gives mom a chance to physically recover from birth and start to carve out the resemblance of a new routine, as well as helping the baby to grow, since 65% of a baby's growth is done when they are sleeping (this is how they're able to double their body weight in just a couple of months)!

But as you can see, it quickly changes. In fact the amount of sleep your child needs in the first two years is continually changing. Just when you think you've figured out the perfect daytime and night time routine, they go and change on you again! They'll start fighting a nap, taking shorter naps, taking longer to fall asleep at night, waking early in the morning, etc. Here's my advice for that...when changes start happening that you don't like, check the daytime schedule! It's usually overlooked as to the reason why there are night issues, but most issues start and stop with the daytime schedule. You'll read more about this in an upcoming chapter.

Chapter 2

Things That Affect Sleep

Besides sleep props affecting your child's sleep (you'll read more about those later), there are many environmental factors that can also do. With my school aged children and adult clients, I will discuss the "wheel of health" with them. It's a pie chart that shows you 8 pieces of the pie:

- 1) Sleep
- 2) Nutrition
- 3) Hydration
- 4) Movement
- 5) Breath
- 6) Thoughts
- 7) Stress and Communication
- 8) Medications and Medical Conditions

These categories make up our overall health. When one piece of the pie is missing or not functioning properly, then the rest of the pie is affected. When your child is not sleeping well, then often they're not eating as well, aren't as energetic, and they may feel stressed out. Of course this is even truer for children as they grow up and for adults, as young children don't really have thoughts and belief systems yet. Let's examine each of these categories and see how it relates to children.

1) Sleep:

It's extremely important that your child is not only sleeping through the night, but that they are sleeping for enough hours overall as mentioned above. If you have an older, school aged child that is having trouble falling asleep at night, you want to keep an eye on things like what they ate during the day and what time of day they ate it, did they get enough exercise during the day, and are they going to bed at a realistic time for their age.

Also an 8 year old should be going to bed a little later than a 4 year old, as they're going to need less sleep overall. Kids in elementary school should be going to bed by about 8:30pm, while it might be about 9pm for a middle school child, and by about 9:30 or 10pm for a high school student. Your teen might not agree with this, but believe me they need it! Don't forget they have to get up very early in the morning!

For the rest of the things concerning sleep, just continue reading this book! It's important to look at the bedroom environment, bedtime routine, and a consistent bedtime and awake time all week long (especially for middle and high school kids who might want to stay up extra late on the weekends). Ever wonder why Monday mornings are the hardest for everyone? Well, it's because teens and adults like to stay up late on Friday and Saturday nights, which means that they'll likely be sleeping in on Saturday and Sunday mornings. If you don't get up until 10am on Sunday morning, you're not going to be able to go to bed at 10pm that night. No, you'll likely be wide awake until after midnight because you just haven't been up long enough to be ready for sleep. I recommend sticking to your bedtime and morning awake time within 1 hour of your normal times on the weekend, so that your body's not so thrown off come Monday morning.

2) Nutrition:

What a child eats and drinks *can* have a big impact on their sleep. This is true for children of all ages, though specifically for those who are eating solids and

drinking things other than breast milk or formula. If you're lacking in nutrients and vitamins, it can lead to restlessness and insomnia at night and make you feel lethargic and groggy during the day. Be wary of caffeinated products for older kids, as they can actively stay in their system for up to 6 hours (up to 14 hours total) and disrupt how sleepy they are.

Vitamins most likely to impact sleep are Vitamin D (which is not even really a vitamin but a hormone), iron, and magnesium. There are foods that help us sleep and those that prohibit it. Here are some foods that can help a child to feel sleepier:

- Tuna fish, shrimp, lobster
- Jasmine and white rice
- Tart cherry juice
- Whole grains
- Fortified cereals
- Kale
- Honey
- Walnuts
- Almonds
- Lettuce
- Cheese and crackers
- Pretzels
- Chamomile, passionfruit tea
- Chickpeas
- Dairy products (they have tryptophan in them that makes you sleepy)

Here are some foods and drinks that give a child energy include:

- Sweet potatoes, spinach, tomatoes, peppers, beans
- Bananas, apples, blueberries, cantaloupe, strawberries, mangos, oranges
- Citrus fruit
- Honey

- Almonds
- Salmon
- Yogurt
- Dairy products (it's the sugar in them)
- Eggs
- Oatmeal
- Brown rice
- Shrimp
- Hummus
- Air-popped popcorn
- Water

Please note that these foods are all great to eat at the right time of day, but you just want to avoid them right before bed or a time that you want your child to sleep. Instead use them as an energy booster in the middle of the day when your child is feeling sleepy but it's not nap or bedtime. And honestly almost all fruits should be on this list as they contain natural sugars. Great pick-me-up for the middle of the day slump!

As for Vitamin D, the best way to get your fill is to be in natural sunlight! The sun gives us all the Vitamin D we need. Just 10-15 minutes of sunlight a day will give your child the Vitamin D they need in a day. To be clear, this is direct sunlight so be careful that your child is not going out in the hot afternoon summer sun without sunscreen. The best way to get it is to go out in the morning when the sun is not hot. Also, it's important to note that sitting in the house next to window where sunlight is pouring in is not the same as being outside, because many window manufacturers make their windows so that UV rays can't come in. When they block the UV rays, they're also blocking Vitamin D, so unfortunately sitting inside isn't going to help unless the window is open.

Another thing to be aware of food allergies and intolerances. Not all symptoms are obvious ones, such as itchy hives (which of course will affect sleep). Sometimes

it might be diarrhea, nausea, stomach pain, runny nose, sneezing, cough, odd taste in their mouth, itching... all things that will definitely affect not only their day, but their night as well!

3) Hydration:

We all know that we need water to live, but do you know why? Do you know what water does for our bodies? It's a carrier for essential nutrients to be carried to cells, tissues, and organs. It keeps your tissues moist and helps to protect your spinal cord. It aids in digestion and can help to prevent urinary tract infections (UTIs) and kidney stones. It controls your body temperature, reduces fatigue, increases motivation, can relieve headaches, can prevent and relieve constipation, help with memory and brain performance, and can help with weight loss.

Water also removes waste products, including toxins from our body. How much water we need depends on the climate we live in, our level of activity, and whether or not you have any illnesses or health conditions. Doctors used to give adults recommendations of drinking eight 8oz glasses of water a day, but that has since changed. Now they recommend just drinking until your thirst is quenched. Dehydration can also cause cramping, which often appears overnight and cause sleep disturbances. So it's imperative that your child is drinking enough water throughout the day so that they can remain healthy and sleep well at night.

4) Movement:

Exercise is something we all need to stay healthy and fit, but kids need it for more than that. They need to expel their energy throughout the day so that they're sleepy enough at night to fall asleep quickly. Not moving enough can slow their internal systems down. Children will sleep better when they get regular exercise throughout the week. In fact having just 30 minutes a day of some sort of exercise can help them not only sleep better, but it can provide extra energy throughout the day and make them feel better overall.

That being said, there is a better time of a day for them to get that exercise. For instance, the best optimal time to work up a sweat is 6 hours before going to sleep. This is because it takes the body that long to return to its normal resting temperature, which is when you will naturally get sleepy.

For example, if your child goes to bed every night at 7:30pm, then exercising 6hrs beforehand can help with getting to sleep easier (ie 1:30pm). If getting exercise 6hrs beforehand is not an option (I know you can't control things when they're in school), then you should shoot for any time during the day, as long as it's not within 3hrs of going to sleep. Anytime within 3 hours before their bedtime is not ideal, as they'll have a harder time falling asleep.

I understand that older kids have activities at night, which can't be helped. Luckily, most times those kids are exhausted by the time they've gone to school all day and had their night activity so they just crash once their heads hit their pillows! It's the younger kids who often need more of a wind down time. But if your older kid is having a hard time falling asleep, try to give them a few extra minutes of quiet time in their room before shutting the lights off. Reading a couple more books or chapters may give them that nudge they need in making them sleepier.

5) Breath:

Breath is important for more than just breathing. Breathing raises your blood oxygen levels, improves mental health, fitness, and immunity. It can calm the Central Nervous System, and quiet the mind so you can relax. When you focus on your breathing, it can reduce anxiety and stress. This is true for both adults and children. You know that if you take a deep breath, you often feel a little calmer and are able to reassess a situation with less anger, frustration, or stress. The same can be said for your child. You can teach your child how to take deep breaths.

Try doing this exercise... Tell your child to pretend it's their birthday. Then ask them to sniff or smell some yummy cake, so that they can take a nice deep breath in through their nose. Then have them release their breath by blowing out the birthday candles through their mouth. It's a simple exercise that you can have

them repeat a couple of times to help them calm down if they're upset by something, or if they tend to have anxiety before bed. I've personally been doing this with my twins for over a year now, and it's really helped the one who tends to be anxious right before bed.

6) Thoughts:

This one might sound a bit odd to you since we're talking about children, but they have thoughts just as we do. If your young child has negative thoughts about going to bed, then this can be a problem. The whole point of sleep training is to retrain your child about how to sleep on their own and preferably through the night, if applicable. You better believe that your child has their own opinion on this topic!

It's important throughout this process that your child keeps a positive outlook about their bedroom and going to bed. You don't want them to become scared or upset every night, as that's certainly not going to help the situation for either of you. I suggest visiting the child's room throughout the day at non-sleeping times so they can spend time in their room where there's no fear, sadness, anxiety, or stress.

If you have a baby or toddler, then just go in their room to play on the floor for a bit, and then leave again. That means that you don't do this as part of a naptime routine where you take them from happily playing and put them into their crib to take a nap, where they may become upset. Babies and younger children might be upset for a bit about going into their bedroom, because they know what's coming and they're less than thrilled about it. But don't worry, they should go back to liking their room within a few weeks of being sleep trained. Some kids never have this issue and some do, so I wanted to prewarn you in case it happens to your child. Rest assured, they'll be back to normal in no time! For older preschool and school aged children, you might take them in the room to do activities, like reading some books, putting their laundry away, cleaning up toys, making their bed, etc. The point is that you spend time in there with them to show them that their room is still a nice, fun place to be.

7) Stress and Communication

I'm putting these two categories together, because for younger children they kind of go hand-in-hand. Younger children experience stress and communication problems too, only it comes out in the form of temper tantrums. If a 2 year old is stressed you're going to know it! They often have trouble communicating their thoughts and feelings, which can make them even more stressed and frustrated. The more you can talk to your child, listen to them, and keep them calm, the less upset they will be. Just like with adults, the less stressed we are the better we will sleep.

It's not unusual for school aged children to experience stress and anxiety when it comes to school and friendships. It's tough being a kid! They have the same worries as we have as adults. Will I like the kids in my class (or workplace for adults)? Will they like me? What if no one is nice to me? Will I get good grades (or do well with my job)? At least for adults we have outlets for our fears and frustrations, like speaking to a therapist or venting to our friends or family. Children often don't have the vocabulary it takes to dispel those fears. For some kids, these fears may come out as soon as they walk in the door, but for others those fears may manifest all day and come out at bedtime.

I used to think my one twin was just trying to stall at bedtime as she would always want to talk about her day at bedtime. One day I finally stopped to listen to her and I realized that it wasn't a ploy for a bedtime delay, but it was a ploy to get my help. Her twin sister was the opposite with her questions and anxieties. She would come home and immediately tell me if something was bothering her and it would bother her all day long. After years of seeing how different my identical twins were, you would think I would have picked up on this difference right away but I didn't.

By the end of the day, most of us parents are exhausted and just want to finish up with the bedtime routine so we can relax, clean up, or go to bed ourselves. While I completely understand that, I encourage you to stop and listen to your

kids, especially if you have a child like my daughter. In order to keep bedtime on time, I suggest heading to bed a little early so you can have plenty of time to talk. Let your child vent their frustrations to you and ask your opinion or questions about things. It will help them be able to relax and drift off easily to sleep.

Also, if you have a child who was a good sleeper, but then just starting having sleep or behavioral issues one day, you might want to dig a little deeper. Oftentimes, there are things going on in the child's life that are affecting their sleep and possibly their behavior. Examples of things that can affect your child include (but are not limited to) having a new sibling, moving/going to a new school, parental divorce, death of a family member or friend, loss of a pet, being bullied or picked on at school, serious illness, a recent traumatic event, or anything else that is upsetting to your child. Sometimes the child can act like they're fine at first, only to have unwanted behaviors creep up out of nowhere, while other times it's blatantly obvious that they are upset or being affected by something.

If you're not sure what's going on, the best thing you can do is to talk to your child in a loving, non-accusatory, non-judgmental way. Your child needs to know that you are asking questions because you genuinely care about their feelings. You want to try hard not to make fun, accuse, threaten, scare, or otherwise intimidate your child, even if you think they are being silly or overly dramatic. They will appreciate your time, attention, and belief in what they're saying. If there are things going on that you feel are beyond your parenting skills, please talk to your child's pediatrician, a child psychologist, or even the school counselor.

8) Medications and medical conditions:

You can't control a medical, mental, emotional, physical condition, or illness your child receives, nor can you control if your doctor prescribes your child with a medication to help with the symptoms of these issues. But you can understand what the effects of those conditions are, as well as the side effects of the medications prescribed.

It's important as a parent to understand what these things are doing to your child's body, spirit, and mind. If they have ADHD, for example, they may have trouble focusing through the day and for bedtime routine. If they have autism, they may have trouble falling asleep, be up in the middle of the night, or just seem to need less sleep overall. If they are blind, they may have trouble distinguishing night from day. These are not reasons to just give up on sleep and assume there's nothing to do. There's plenty you can do, though you might need to make some adjustments to a "regular" sleep training method.

If your child is taking medications, the side effects can greatly impact your child's personality, temperament, and sleep. Some side effects can cause insomnia, hyperactivity, diarrhea, cramping, loss or increase of appetite, and many other bothersome symptoms. All of these things can affect your child both during the day and at night. It's a little hard to sleep when you're feeling high strung or have a bellyache!

Again I'm not saying that there's anything you can do about these things, but as a parent you owe it to your child to understand what they're going through and talk to their doctor about things if necessary. Sometimes there are other options – both medical and holistic. There may be other things you can do to help, so it's worth the conversation. I highly encourage you to do your research, talk to other parents with children similar to yours, and then talk with the pediatrician or specialists treating your child. You can also talk to a functional medicine or holistic doctor at the same time to see if there are other treatments available. It often takes a village to help us raise our children!

Chapter 3

“Cry-It-Out” and Stress

Now that you understand the difference between good and bad sleep props, you are probably wondering how you're going to get your child to go to sleep without any! Most parents know that they are helping their child get to sleep, but most don't know how to get them to sleep without having their child cry, scream, and throw a fit all night. When it comes to sleep training, parents are often concerned the most with two things: crying and getting rid of the night feeds. Let's start by exploring the differences in cries and stress levels, and we'll get to talking about the night feeds in a later chapter.

“Cry It Out” (CIO)

No author can guarantee that your child never cries at any point throughout their program's use. If you find one that says they do, then they're not likely telling you the entire story. Babies do not have many ways of letting you know that they're not happy, so they cry. Even when they can speak well as older toddlers or preschoolers, they don't always know how to communicate their unhappiness or they're unwilling to, so again they cry. Crying is not always bad and not all sleep training is “cry it out” (CIO)! Yes, there will likely be some crying or protesting, but that doesn't mean that you will be abandoning your child or that they will be permanently traumatized by it.

With all the methods I will be talking about later, there will likely be some protesting though the level of it will vary based on the method you choose. So let's talk about the 3 different levels of stress we all have, because I know you're thinking about them! The 3 levels are positive, tolerable, and toxic stress. We're going to talk about each of these so you can understand the differences, as talked about on the Harvard University's Center on the Developing Child website.

Stress

- 1) Positive stress is moderate and short-lived. It can motivate you, help you focus your energy, improve performance, and feel exciting. For children, examples include learning how to walk, crawl, jump, or swim. Examples of this for adults include starting a new job, getting married, buying a home, taking classes, retiring, or having a baby.
- 2) Tolerable stress is when a temporary stressful event is happening in a limited time period. This stress is put to ease though because mom or dad is there to provide baby with security, love, and comfort afterwards. It allows baby to see, feel, and navigate some stress with their parent or caregiver in close proximity to buffer them from possible damaging effects of the stress.
- 3) Toxic stress, as the name indicates, is not a good stress. It's the kind of stress that happens when a child cries for any reason and then that need is not attended to by the caregiver to calm and protect the child. An example would be that the child is from a home where domestic violence is present. The baby might be left unattended to cry in his swing while his parents are arguing. This type of stress is toxic to the baby because not only are mom and dad fighting and unavailable to the child at that time, but it happens frequently where baby can't rely on his parents and thus their secure

attachment is affected. In order to be toxic, this would have to be happening often, so don't feel too guilty if you've had scenarios like this occur but they're few and far between.

Another example would be children in orphanages in other countries, where they are left to CIO daily with no loving, close relationships with their caregivers. This is an unhealthy stress that keeps the child's cortisol (ie stress) levels high for long periods of time. Prolonged stress like this can have damaging effects on learning, behavior, and health spanning across a lifetime. Of course this is an extreme example and doesn't happen here in the US, but it does happen in other countries and it's extremely sad to see it.

I've seen sleep training be classified as both a positive and a tolerable stress, but personally I think it probably falls somewhere in between. If you have a secure attachment with your child, in that you are there for his/her every need throughout the day with feeding, diaper changes, bathing, playing, snuggling, loving, and doing whatever is necessary to make your little one happy (which most of us do), then sleep training your child over a few nights or a week is not going to create a toxic stress situation. It's tolerable when you're actively training in the first few days, but it quickly turns to positive once the child has begun to understand what's being asked of him/her.

With 3 of the 5 methods I will talk about later, you will still be there to comfort your child throughout the new experience. And when you're done, your child will have mastered a valuable, new life skill: self-soothing! It is definitely a skill that is vital to your child's future health, since you already know how many things lack of sleep affects!

To sum it up, putting aside the reason WHY the child is crying (ie using sleep training, couldn't pick him up right away, she has a soiled diaper, he was scolded for hitting his sister, she's throwing a tantrum, etc), the important thing to consider is what your reaction is. If you're there to meet your child's needs

throughout the day, and you have a secure attachment with one another, then a week or two of tolerable stress will not likely harm your child.

However, if things are not near perfect by the end of the second week, or there is still a lot of crying, I strongly suggest joining my private Members Only group or contacting me directly for help. Prolonged stress *could* have an effect on your child's emotional well-being, so it's important that you succeed with any program you choose within a reasonable amount of time. But before giving up, let me help you finish what you started and I'm sure that together we can quickly turn things around.

Chapter 4

Reflux vs Spit Up

What is Gastro-Esophageal Reflux Disease (GERD)?

Reflux happens when the Lower Esophageal Sphincter is weak and does not fully close to prevent the return of the stomach's contents from coming back up into the esophagus. The regurgitation is sometimes in the form of spit up, projectile vomit, or is "silent" where you aren't even aware it's happening to your child because you can't see anything coming up.

Why is reflux a problem?

It can damage the esophageal tissue (which can lead to other medical issues later on). Could cause possible failure to thrive, as baby is always hungry but is not getting the proper nutrition they need to grow. Parents are often upset by it. And it's more of an issue with formula-fed babies than with breastfed ones because of the alkalinity in the breastmilk that helps reduce that burning feeling.

Signs and symptoms of reflux:

- choking/gasping during feed
- wheezing or chronic cough
- sudden crying ("colicky")
- avoids a feed
- arching of back during or after a feed
- excessive amount of hiccupping

- inconsolable crying and irritability
- sleep disturbances, frequent wakings
- recurrent ear infections/pneumonia
- baby screams when placed in a car seat or similar seating
- bad breath
- chronic sore throat
- eczema
- asthma

What is normal spit-up vs not normal?

First of all, spit up IS normal! According to the KellyMom.com (and other sources cited on the site), spitting up peaks at 2-4 months old, about 50% of all babies spit up at least once per day, and most will outgrow it by 12 months old. Now if reflux begins after the introduction of solids, it's most likely a food intolerance so you'll want to talk to your child's pediatrician.

Normal	Not Normal
Spit up from nose or mouth with NO distress	Accompanied by distress
Small volume	Frequent projectile vomiting
Often doesn't happen every time	Large volume
Right after feeding or 1-2 hours after (breastfed infant stomach takes 2-3hrs to empty; formula-fed takes 3-4hrs)	Presence of reflux symptoms

What can you do at home to help WITHOUT using medication?

1. **Overfeeding** - determine if overfeeding is a problem (too much or too frequent)

- a) Feeding Too Frequently: Oftentimes parents don't recognize the difference between sleep cues and hunger cues so they just feed the baby whether they're truly hungry or not. Unless a few hours have passed since baby's last feed, then chances are that baby is just tired and needs to go to sleep! Having your child use the "feed-activity-sleep" (FAS) routine can help get you on a good schedule and be feeding only when baby actually needs it instead of using it as a means to put baby to sleep. "FAS" means that your baby would eat upon waking, then have an awake or activity time, before needing a nap (not another feed) or bed. Then once baby wakes up from their sleep, then you start over again, beginning with a feed.
- b) Feeding Too Much: Other times parents are feeding their babies too much at one feeding. If your child seems overly hungry, try giving your baby 3 feeds every 35 minutes instead of one large feed.

2. Baby stomachs are small and really only need the following amounts per feeding session:

- a) 0-3mos – 1-2oz/feed
- b) 3-6mos – 3-4oz/feed
- c) 6-8mos – 4-6oz/feed (*child does not usually ever go above 6oz any time thereafter because solids are introduced)

3. Mom's diet/baby's diet (if breastfeeding)

- a) Mom's diet if nursing can and should be adjusted when the baby has reflux. Mom should remove chocolate, caffeine, dairy, soy, corn, gluten, processed foods, spicy foods, and alcohol from diet (raw milk is ok though).
- b) If baby is older and is eating solids remove all grains (all baby cereal too), chocolate, caffeine, dairy, soy, corn, gluten, and processed foods from diet.

4. Delayed maturation of GI system/ Prematurity

- a) Babies will eventually grow out of it, but premature babies will take longer.
- b) The more premature, the more likely they will have reflux issues.

- c) The goal is to make baby comfortable until they can outgrow it.
- d) Regulating times of feedings can give the GI system a rest!
- e) Sleep helps baby cope!

5. Slumped/horizontal feeding and sleeping positions: Using FAS helps with reflux since baby will stay up for at least an hour after feeding and before sleeping!

- a) No slumping!
- b) Make sure baby burps enough to get out any trapped gas
- c) Avoid positions that compress the abdomen
- d) Minimize the use of car seats, as they hurt their bellies
- e) Use positioners that allow stretching out of the torso
- f) Feed in an upright position
- g) Hold baby upright or carry for 10-15mins after a feed
- h) For sleeping, use mattress wedges or put towels/blankets under one side of crib mattress to prop the head up
- i) Encourage tummy time

6. Overactive letdown – Too much breastmilk at once can cause choking and taking in extra air, which can cause reflux symptoms.

- a) You can pump a few minutes prior to feeding baby to avoid too much milk at once.
- b) You can lay back to nurse so that the flow is naturally slower, though be careful that baby is not lying flat.

7. Swallowing too much air

- a) Don't let baby cry before feeding, as this can cause too much air intake and gas pains. Again FAS will help with that because you will be feeding right after baby wakes, so she should be fairly happy at that point. If not, give her a few minutes to calm down before feeding. And then you will also know that the next time she's crying it's because she's tired and then you will be putting her to sleep.

- b) Slow down an aggressive eater by stopping to burp often.
- c) Keep a distracted baby feeding by removing outside stimuli as much as possible (ie go into a quiet room), have mom wear a nursing necklace or keep a small toy close for baby to focus on.

8. Diaper too tight

- a) Avoid putting baby's diaper on too tight (you can use pull-up style to help avoid this if necessary). Tight diapers might help diaper contents stay in place, but unfortunately they don't allow for proper digestion and comfort once baby is sitting upright.

When is medication needed?

You want to watch and wait a bit first. Initially, the above items should be tried before any medication should be given. And even then it should only be administered if the child has the above reflux symptoms, and it's accompanied by poor weight gain and growth. You'll of course want to talk to your child's pediatrician about their symptoms, as again not all reflux requires medication. Also, thickened feeds are generally not recommended, but your child's doctor will advise you for sure. And you also may want to have your child evaluated for milk protein allergy (and possibly consult with pediatric gastrointestinal specialist).

Medications:

Oftentimes doctors will recommend that you put your child on a prescription medicine to help with their reflux symptoms. Since you understandably want your child to feel better, you will do as you're recommended to do. But I think it's important to understand what your child is on and what it's doing to their little bodies. While these things are usually fine for adults to take, they're not always approved for babies.

- Antacids (ex: Maalox, Mylicon, Mylanta, Gavison) are not recommended for babies under 6mos, as there are no studies on long-term effects.
- H2 Blockers (ex: Zantac, Tagamet, Cimetidine) suppress acid production and block action of gastric parietal cells. They have many side effects such as headache, tiredness, confusion, diarrhea, constipation, rash, B12 and Magnesium vitamin deficiency, increased risk of developing food allergies, and more!
- PPIs (ex: Prevacid, Prilosec, Nexium, Omeprazole) are not recommended for children under 12mos and often "off labels" are used. They interfere with the proton pump, which is the last step in gastric acid production, and they decrease stomach acid production by <70%. Side effects include, but are not limited to, nausea, diarrhea, abdominal pain, fatigue, dizziness, B12 and Magnesium deficiencies, vitamin D deficiency, flatulence, constipation, rash, itch, anxiety, increased risk of food allergies, bone fractures, renal failure, pneumonia, heart arrhythmia, and more!

Biggest problem with using medications:

Every human being (both babies and adults) needs stomach acids, as they help our bodies absorb nutrients, digest proteins, destroy unhealthy pathogens, to maintain a healthy flora in our intestines, and to prevent fermentation of carbohydrates in our stomachs that produce gas. The biggest problem with giving your child any medication is that their gastrin levels will remain elevated more than

50% post-medication! This reduces the “burn” of stomach acid but it does not stop the actual spitting up.

I’m not trying to make you feel guilty about giving your child necessary, doctor-prescribed medicines. I just want you to feel educated about what you’re giving your child, and more importantly I want you to know that you have tried holistic approaches first. And please, do not start or stop any prescribed medications unless authorized by your child’s pediatrician.

Chapter 5

Your Child's Temperament and Your Parenting Style

Webster's dictionary describes temperament as being the usual attitude, mood, or behavior of a person or animal. We all have different temperaments. It's what makes us who we are. We choose a mate based on whether or not their temperament is compatible with ours. We may fight or argue with our siblings or parents, because their views, energy level, or mood might be quite different than our own. As we grow up we either learn to adapt to our family's temperaments or eventually we move out and move on. You have choices as you grow up as to whether you want to deal with those other personality types.

But what do you do when you have a child who has a temperament that is very different than yours? You can't act like an 8 year old and tattletale on him to your mom or fight with them about boyfriends or girlfriends in your teen years. Nope, you have to raise this child with lots of love, and you have to respect their way of thinking and how they act. It can be extremely hard to do this, especially if you have a child that is not anything like you! And the more children you have, the higher the chance you have in getting at least one child that is polar opposite of you. This child will try your patience like no one before them. They will do and

say the opposite of everything you do or say. They will make unrealistic requests, they will throw fits, and they will argue with you all night long over wearing socks to bed.

As you can probably tell, I may have one or two of these types of children myself! People may call them “spirited” or “high needs” children. Whatever fancy words or categories you use to describe these children, the bottom line is that they don’t always jive with their parent’s personalities. It can be really tough to parent a child that is so unlike you, but somehow for every negative thing they say or do, there are 2 or 3 cute things they will do next that will make you forget all about the other things! It’s a good thing that we parents are equipped to look past the unwanted behavior and still love our kids unconditionally!

All that being said, there are some differences in how we should parent kids with different temperaments. For instance, you’re not going to use a “tough love” approach with your sensitive child. You have to adjust what you say and how you say it for a child with feelings easily hurt. You might find that you have to parent each of your children slightly different, because of their individual temperaments and that’s perfectly fine. Your parenting style can and should be fluid.

So what does this have to do with sleep training, you ask? Well, let me explain, because this is important. Just as you would use a softer or harder approach at parenting your child, based on their temperament, you also want to choose a sleep training method that will work for your CHILD. That’s right. Let me repeat that. **The plan or program you choose for sleep training should be based on what will work best for your child and not necessarily for you.** I know that can be a hard thing to accept but it’s true.

There are four temperaments that have been around for centuries. Four temperaments is a proto-psychological theory that suggests that there are four fundamental personality types:

1. sanguine (optimistic and social)
2. choleric (short-tempered or irritable)

3. melancholic (analytical and quiet)
4. phlegmatic (relaxed and peaceful)

According to Psychologia.co, the origins of this typology belong to Graeco-Arabic medicine where it was successfully used to treat illnesses. In fact, it is still used today by practitioners of traditional medicine around the world. At the heart of this typology is an ancient medical concept — humorism. Here, humors refer to bodily fluids that are present within one's body. Different people have different proportions of these fluids; the predominance of one fluid defines one's temperament and psychological type. Here are the four temperaments and their predominant humors (bodily fluids): **Sanguine**: blood; **Phlegmatic**: phlegm; **Choleric**: yellow bile; **Melancholic**: black bile.

Now that we got the scientific stuff out of the way, let's put this into something you can better understand and relate to. The American Academy of Pediatrics (Caring for Your School Aged Child: Ages 5-12) defines 9 major characteristics of temperament as the following...

1. **Activity level**: the level of physical activity, motion, restlessness or fidgety behavior that a child demonstrates in daily activities (and which also may affect sleep).
2. **Approach and withdrawal**: the way a child initially responds to a new stimulus (rapid and bold or slow and hesitant), whether it be with people, situations, places, foods, changes in routines or other transitions.
3. **Adaptability**: the degree of ease or difficulty with which a child adjusts to change or a new situation, and how well the child can modify his reaction.
4. **Intensity**: the energy level with which a child responds to a situation, whether positive or negative.
5. **Mood**: the mood, positive or negative, or degree of pleasantness or unfriendliness in a child's words and behaviors.

6. **Attention span:** the ability to concentrate or stay with a task, with or without distraction.
7. **Distractibility:** the ease with which a child can be distracted from a task by environmental (usually visual or auditory) stimuli.
8. **Sensory threshold:** the amount of stimulation required for a child to respond. Some children respond to the slightest stimulation, and others require intense amounts.
9. **Regularity:** the presence or absence of a regular pattern for basic physical functions such as appetite, sleep and bowel habits.

Most kids will fall into one or more of the following descriptive personality categories:

1. **“Perfect”** – Ok, so there's no perfect child, but this type of kiddo makes you think there is. As you might imagine this type of child is extremely laid-back and calm and is consistently undemanding. This child rarely cries or throws a fit, is easily soothed and will often do so on their own, will put themselves to sleep, stay content, and just be an overall happy child.
2. **“On Target”** – This type of child is exactly as the books describe. This child will hit every milestone when they're supposed to, may be cranky at designated developmental times but then easily soothed, and may even have growth spurts right on time.
3. **“Sensitive”** – This type of child is highly sensitive to many sensory inputs. They may startle easily, become upset at loud noises or too much stimulus, and can easily get off schedule. They often don't sleep well when their schedule is upset or thrown off in some way. They tend to like to suck a lot as babies, which can be mistaken for hunger when a pacifier might do. Recreating the womb for these babies can be very helpful (ie swaddling, womb sounds, shushing sounds, gentle patting, etc). Understanding what sensitivities the child has early on can help you to avoid triggers later on as they grow up. As a parent, you may need to be gentler with this child.

4. **“High Energy”** – This child knows what they want and don't want, which can sometimes make their parents frazzled. They can be very vocal and can seem aggressive at times. Baby may hate a soiled diaper, scream upon awakening, and cry loudly until someone comes to her rescue. Spirited babies often do better with swaddling, as the Moro (or startle) reflex can wake them up and leave them very angry. So much so that if you don't intervene before the crying escalates, they will not stop. It will take them a long time to calm down at that point. They also tend to notice other children, grab for toys, and hold their cups or bottles sooner. As they grow, this child might seem aggressive, pushy, bossy, or just have endless energy.
5. **“Crabby”** – A crabby child is, well, crabby! This baby is not a happy camper most days. They usually have little patience and a lot of energy to cry. They often don't like to be swaddled and need to be shushed louder than they're crying (which is true of most babies). Now sometimes crabby babies are just tired babies, so you might see a change in your baby once they're sleeping better! Crabby toddlers and older kids may have a pessimistic view about everything. You say the cup is half full and they tell you it's half empty. Often your suggestions are met with a sour look, and it can be difficult to make them happy in general. These kids can sometimes grow up to be pretty negative about most aspects of their life (aka a “Debbie Downer” type of person).

Don't panic if you don't feel like any of these completely fit your child. I told you earlier how I knew my oldest daughter was an “on target” baby, because it was beyond clear that's what she was. But for my other three children, I don't feel like I can say for sure that they fall fully into one of these 5 categories. Oftentimes, our kids are a combination of types or might be one type most of the time, but then surprise with another type once in a while.

If you're not sure where your child falls in this, you can search the Internet for “temperament tests” and quickly be able to find one to take to find out. Whether

or not you know your child's exact temperament is not really the point though. What's important here is that you recognize that all children are different.

I can't tell you how many times I start with one type of plan for a family, based on what the needs of the parents are only to have to change what we're doing part of the way in. It's hard for me as an outsider to convince a parent that they should do something they may not be immediately comfortable with, even though that's what they're paying me to do! So often we'll try the parent's way first, but soon enough they will see for themselves that that's not working for their child and then they're more open to another option. I will never fault a parent for wanting to try something that feels comfortable for them first, because sleep training can be hard! You just need to be open to trying something new if your way doesn't work.

I had this happen to me with my twins. I wanted to use a gentle approach with them. I wanted my girls to know that I was there for them and that I wasn't abandoning them. Pretty sure that's what most parents will say about their wants for sleep training! For my one daughter, the program I used worked really quickly and fairly easily. For my other twin, life would not be that easy. She and I had a really rough time. I actually moved her sister out of the room so I could focus on her needs. She made it quite clear that she didn't appreciate my being in a room with her and not giving her what she wanted. I swear she would have thrown her dolly at me if she could have! But she was too upset with me, sitting in the corner of her crib, farthest as she could be away from me. It broke my heart!

The days that followed were torture on both of us, until I finally ended up leaving the room and giving her the space she seemed to want. It wasn't my ideal situation but it's what needed to happen for her at that time. The funny thing with babies is that their temperament is often changing when they're little. Back then she was my wild and feisty one, but in her toddler years and even now she mellowed out to be my "people pleasing" child with a touch of goofiness. She's so laid back now that I have a hard time understanding why she was so stubborn back then!

Your Parenting Style:

Your parenting style says a lot about you as a parent. We are all different, which is what makes parenting so great! How you react to your child when they cry, how you choose to sleep train them, how you bond with your child, how you show love to your child, how you discipline them, etc are all ways that make you and your parenting style so unique. I want to first say that there is no right or wrong style. The important thing here is that you understand your own personal style. Are you a worrier? Do you have high anxiety normally or just if your child is upset? Are you an “attachment” parent, a “helicopter” parent, or a “hands-free” type of parent? Understanding the type of parent that you are will help you in determining the type of sleep training method you should probably start with.

In the world of psychology, there are four major recognized parenting styles: authoritative, neglectful, permissive, and authoritarian.

1. **Authoritative:** This parenting style is widely known as the most effective and beneficial. It provides a nice balance of love and boundaries. This might be your parenting style if the following is true for you:
 - You set guidelines and reasonable expectations for your child.
 - You would likely have consequences if rules weren't followed.
 - If your child isn't following the family rule of say cleaning up their toys before going to bed, then the next day the child wouldn't be allowed to play with those toys. This would be an expectation that was clearly communicated with the child beforehand with a fair and reasonable consequence if it's not followed.
 - You value open communication with your child and tend to have planned or structured days and evenings. For example, you would have set bedtimes, bedtime routines, and daily schedules.

Children with authoritative parents tend to grow up to be happy, capable, and successful adults. This style gives children the best of both worlds: parents who are attentive and listening and parents who are going to set rules and expectations and expect that their child will follow them. It doesn't mean that you never waiver from this, or that you have perfect children and you're the perfect parent, it just means that this is what you tend to do most of the time.

2. **Permissive:** This group of parents, also known as “indulgent” parents, can be seen negatively. While these parents tend to be very loving and nurturing, they tend to be too lenient with their children. Do any of these apply to you?
- You don't have set limits or rules for your child.
 - If you do have rules, you rarely stick to them.
 - You often compromise your rules to match your child's mood. For example, Johnny's in a bad mood today, so I'm not going to make him clean up his toys.
 - You will often bribe your child to keep them happy and get their cooperation (picture an outing to the grocery store with your child where you bring as many lollipops as you can stuff in your purse).
 - You avoid conflict with your child at all costs. You might break down and buy your child the toy they're begging about just so they don't throw an embarrassing tantrum.
 - You'd rather be your child's best friend instead of their parent. This often happens as your child gets older and is at a point where they're deciding if you're a friend or foe. Can you be trusted? Many parents want this so badly that they give up the parenting role and opt for the friend role instead.

Now you might think that this style would be a hit among children, but it's actually not. Children crave a sense of structure to make them feel safe and

secure. When they don't have this, they grow up to be insecure, self-centered, they have poor social skills, tend to rebel against authority figures, and have low motivation which can lead to poor grades in school. While these types of parents often think they're doing their children (and themselves) a favor by letting the child "wear the pants" in the family, it will likely backfire on you!

The good news is that if you think that you're currently this type of parent, it's not too late to change your style a bit! Read a good parenting book, take a parenting class, or talk to a behavioral doctor and then start implementing the changes you learn. If you are finding out that your toddler is running the household most of the time, you'll definitely want to look to change that before they're unruly teenagers!

3. **Authoritarian:** You might recognize this style as more of the "strict" parenting style. This group takes the authoritative style and reverses some of it. For instance, they will set rules and follow through but there's no communication. There's no empathy, understanding, or dialogue. They will often rely on punishment to have the child show their obedience. Do any of these apply to you?
- Do you make rules that are set in stone, never to waiver?
 - Do you feel like you need to always dish out a punishment in order to get your child to do as you ask?
 - Do you find yourself often answering your child's questions with "because I said so"?
 - Are you making all the decisions in your child's life and they have no choices?
 - Do you feel like you're cold towards your child and lack the nurturing and warmth your child needs and deserves?

Now, don't panic if this is you! There's nothing wrong with setting expectations and giving consequences if those rules are broken, but you just want to watch that it's not overdone. When you are correcting your child, it's important to also have empathy, love, and respect to go with it. They need to know that it's the action that you're punishing and not that you don't still love them. With this type of parent, it can be hard for a child to distinguish between the two.

Children with authoritarian parents tend to have low self-esteem, are fearful or shy, can have issues in social situations, associate good behavior with being loved, and can sometimes be naughty or disruptive outside of their parent's sight. So if this is your current parenting style, I suggest taking a parenting class, reading a parenting book, or talking to a family therapist to learn ways that you can be sure you've got enough love and understanding to go with your discipline.

4. **Neglectful or Avoidance:** This is the most harmful types of parenting. This type of parent is not nearly as engaged with their child as they should be. I'm not talking about a one-time occurrence, but it's a rather common theme in the family. If you suspect that you might be a neglectful parent, ask yourself these questions:
- Are you involved enough in your child's daily life?
 - Are you taking care of your child's physical, emotional, and mental well-being?
 - Are you open to your child communicating with you, so that they can feel comfortable coming to you about anything?
 - Are you physically away from your child for long periods of time (not just when you're working but during your free time too)?
 - Are you constantly making excuses why you can't be with your child?
 - Do you know your child's friends and teachers?

If you feel like this might be you some of the time or all of the time, don't despair! Acknowledgement is the first step towards a healthier relationship with your child! Parenting education is often a fabulous second step in changing your parenting style so that you can have a healthy relationship with your child. Children who thrive in a healthy relationship with their parents, and grow up in a happy household, grow up to be adults who look for these qualities in creating their own families. Again, I would highly suggest reading a parenting book, attending parenting classes, and/or talking to a family therapist.

In addition to these, a few others are also heard these days: "helicopter", "attachment", and "hands-free" parenting. If you're always watching and waiting, hovering over your child to make sure that they're following the rules or making the right decisions, then you might be a helicopter parent. As tempting as it is to be this kind of parent, it can often backfire, as your child never has an opportunity to make a mistake and learn from it as a child. You want those mistakes to happen early in life, as the ones that happen later on can be very costly!

If you always have your child near you or on you (provided their small enough to be carried around), sleep with your child, and rarely let your child out of your sight, then you might be an attachment parent. While it's awesome to practice baby-wearing, want your child close to you always, and even to co-sleep (if that's what works for your family), you want to be sure that you're also giving your child a chance to learn and explore too. Just like they need that skin-to-skin contact as a baby, they also need to have the opportunity to get down, play, stretch, and explore while knowing you're still close by.

If you encourage your child to be independent, don't require him/her to check in with you frequently, and allow your child a lot of freedom both in and out of the house, then you might be a hands-free parent. While it's great that you want to give your child the freedom to make choices for themselves, explore, and learn

cause-and-effect, you want to be careful that you're not allowing too much freedom too soon. Small children need to have their parents close by so that they can read their reactions. Is Mom happy that I'm touching this? Is Dad going to come running over to stop me from grabbing this? Does Mom know this stranger that's trying to pick me up?

Babies and toddlers look to their parents for their reactions to know if they should continue. Older children also need limits. Your teen may tell you she's old enough to make her own choices about the boys she dates, but the truth is that the brain is not finished developing until the age of 25. So no, she's not old enough yet, and this is why you are the parent and she is still the child until she's legally an adult (and even then they still need guidance). Being too hands-free with older children can get them (and you) into some trouble if not handled properly.

In summary, please don't feel bad about your current parenting style if it's not what you want it to be. It's never too late to make changes to how you parent your child or children! There are many parenting books out there, as well as hands-on in-class workshops for you to take. You can also seek out a family therapist or behavioral specialist, as well.

I want to add that if you have a baby, and are thinking that you're a permissive parent, or an attachment parent, you're right you probably are! Parenting styles change over the first few years. Most parents start out being extremely accommodating with their babies, as you should be! There shouldn't be any rules or consequences for a small baby, though you'll soon discover some basic rules and expectations are needed once they turn into older babies and toddlers. This is when you might start to see that you're another type of style. And then you might change again once your child is school aged. I'm not saying that's right or wrong, but just realize that it might change over the years.

Your style might also change slightly depending on your child. You might find that you need to do things slightly different for one child, depending on their temperament. You might also find that your spouse or partner has a different style than you. And you might discover that you have a bit of 2 or more styles at times. I

know I've been a little of most of these styles over the years, which is why I'm always working on my parenting skills. They are just that – skills – and they take time to perfect!

Again, my purpose in writing this chapter is not to make you feel bad about your parenting style, but for you to understand it and how it fits in with your child's temperament. Later in the book you'll be able to see how these things apply to choosing a sleep training method for your child!

Chapter 6

Sleep Props

What is a prop? Well, a sleep prop is anything that your child needs in order to fall asleep. There are good props and not-so-good props. Let's start with the not-so-good ones. For some kids it might be a pacifier, thumb, patting, rocking, bouncing, needing to twirl mom's hair, or sleeping in a Rock N Play, swing, car seat, or stroller. But the number 1 sleep prop is feeding to sleep. Doesn't matter if you're breastfeeding or using bottles, feeding to sleep is the one thing that parents do most in order to get their children to fall asleep.

Why is it so popular? Well, it's the easiest thing to do, and it works! Let's face it, when babies are born they can basically only do a few things...eat, sleep, and poop. When a new mom feeds her baby for the first time, her baby will eat a bit and immediately fall asleep...yay! So from day one this method works for our children, and it works well! We don't usually look to change things that aren't broken, so we continue on with this feeding to sleep method for many months to come. The problem with it is that it usually turns into a dependency, where now baby can't fall asleep AT ALL without being fed. For some babies, this dependency never develops and the baby can fall asleep at the breast or with a bottle, be transitioned into the crib, and then sleep all night through. I have a name for parents of these children, and it's called "lucky"! Yes, you're lucky if you have a child that can have all the props under the sun and still have a good night's sleep.

I was lucky with my first baby. I fed and rocked her to sleep each and every night, yet for some unknown reason she just stopped waking up one night for

feeds and slept straight through the night. She was 3 months old. After the shock wore off and I'd checked to make sure she was breathing, I was elated! I was a young, inexperienced mom who now thought that this is what all babies did. Boy, was I wrong! But I was lucky enough to have one "on target" child. She was always a kid who just did everything when and how she was supposed to (ie sat up at 6mos, walked at a year, etc). Sometimes it's just the luck of the draw, when you get a kiddo like that! And then there's everyone else who is struggling and needs to read books like this because their child isn't quite so accommodating!

Beware of the lingering prop! Parents will often fight me at first when I say that the pacifier is a prop that needs to go. They will usually be fine with everything else I said up until this point. Believe me, I would leave it if I thought your child could do this with it still in place! I really don't like being the bad guy or making these poor parents do it either, but I've seen it not work or take forever because of it. I had one client, who we'll call Sally, that made me learn the hard way. Sally's son Ben (not his real name) was 10 months old and would get up MANY times a night. Sally was a pretty nervous first-time mom who worked in health care and wasn't shy about telling me her thoughts about how this is probably not going to work for HER child (thoughts most parents have). I will admit that this was pretty early in my career so I was not always feeling as confident as I wanted. I was a bit nervous for this client and I kind of forgot that she mentioned Ben took a pacifier at bedtime.

Things were going well with major improvements in a short amount of time...yay! Everyone was pretty happy about little Ben's success so far, but it was about a week in and Ben was still having one night waking and we couldn't figure out why. After some questions, it soon came out that he was still using it. A-HA! Finally, a break in the case! After finally convincing her that removing the pacifier was going to get her son sleeping straight through the night, she reluctantly said okay and that she'd try. It was a bit of a struggle at bedtime but then viola! He slept through the whole night for the first time. Amazing, right?

Now you're probably wondering how this one little prop could cause a lingering night waking. Let me explain about the pacifier. When a baby takes a

pacifier for going to sleep, it allows him to have the sucking motion that many babies know and love (ie like feeding to sleep) so then the child can fall asleep quickly without much help from their parent. But here's the problem:

- 1) Every time the child starts to fall asleep, the pacifier starts to fall out which wakes the child up enough to know that they need to continue sucking on it or it will fall out. They can continue in this pattern for some time, keeping the baby in a light phase of sleep much longer than they should be.
- 2) Continuing on with #1...what happens when the baby is finally exhausted enough that he falls into a deep enough sleep that he doesn't care if it's fallen out or not? Well, he'll continue on his sleep cycle going through deep and light phases of sleep. He may continue through another one or two sleep cycles until he's had enough sleep that he realizes that it's gone. This change and realization is enough to fully wake him up. He's wondering where it went, and not seeing or feeling it immediately, starts to cry. If he's a baby then he'll cry for you like normal, and you'll have absolutely no idea why he's crying. You'll assume he must be hungry, so you'll feed him and he'll happily accept this replacement. If, however, he's a toddler, he will likely tell you that he's lost it.
- 3) Now, going along with #2...some parents will find and replace the pacifier for their child, while others will throw many pacifiers into the crib in hopes that the child will come across one on their own without needing to call for them. All-night-pacifier-replacement is not any parent's dream of what "sleeping through the night" should look like!
- 4) Even if you're lucky enough to have the above work for you (ie throwing many into the crib), there's still a problem. You may be sleeping like a champ now because your child has lots of back-ups, but your child is still not sleeping well. Every time they realize it's gone, they are fully waking up to find it! They may be awake several times throughout the night

looking for one, which is not ideal for them. If they don't fall asleep with it initially, then they won't wake up for it in the middle of the night looking to replace it.

All that being said, I want to mention that the American Academy of Pediatrics (AAP) has said that they recommend the use of the pacifier at bed and nap times. The reason for this is that it's believed that what causes SIDS is that the arousal center in the brain is too immature and a baby can't wake up from a deep sleep once they're having trouble breathing. The pacifier, as you just read, keeps babies in a lighter phase of sleep longer, so the thought is that there's a reduced risk of SIDS if your baby is spending less time in deep sleep.

Again, I already mentioned that all humans need to get to deep sleep in order to heal, grow, thrive, and feel well, so it's a tough place for parents to be in. If you feel deeply that your baby only relies on it initially to fall asleep, then you can leave it in to start with. If things don't progress, then you might want to stop giving it (cold turkey is best). Of course if your child won't take a pacifier, then they just made a hard decision very easy, as you never want to force a child to take it if they don't want it!

Now that we've discussed all the wrong kinds of props, let's talk about some good ones. My favorite prop is a lovey. A lovey is any comfort item your child uses at night and for naps to help provide them comfort when you're not there. When you're the prop, a lovey can be a nice replacement for you during sleep times. Instead of needing to twirl your hair or be fed in order for your child to fall asleep, they might be able to snuggle with a stuffed animal or twirl a dolly's hair. Of course loveys are often used throughout the day too, as they become your child's best friend.

If your child doesn't currently have one that's okay! For an older child, you might ask them to pick a new friend either from at home or from the store. For older babies you might have to do the choosing for them. You would look for something that's soft, small enough to not smother baby but big enough not to be

swallowed, doesn't have removable parts or whiskers, doesn't have small parts that can be chewed off, doesn't light up and doesn't make noise. Good examples include stuffed animals, all-fabric dolls, small blankets, or the combination stuffed animal/blanket ones. For smaller babies, you can purchase a sleep sack or pajamas that have little bits of loose material sewn onto them that act as a lovey or something to hold onto. This way there is no loose stuffed animal or large blanket to be concerned about.

Another good sleep prop is a fan or white noise machine used in your child's bedroom. It can be a regular fan that you have running in their room (can be directed into a closet if you don't want the air on your child), a white or pink noise machine, or an app on your phone. Whatever noise you use, you want to make sure that it is consistent throughout the entire sleep time. If you use something that shuts off after a designated amount of time, then you're giving your child a possible reason to wake up later in the night. You want everything to be the same at bedtime, as it's going to remain the entire night.

I'm sure you're wondering why this is such a big deal if it shuts off after they fall asleep, but we discussed earlier how you want to make sure your child falls asleep in their crib when they're still awake so they know where they are. Well the same is true of things like white noise. Personally, I never thought this would be a big deal either, until one night when my son was about 2 years old. He had a toy fish tank that hung on the rails of his crib. Since he was a baby, I would push the ON button and it would stay on for a few minutes until he fell asleep.

As he got older, he would crawl over and turn it on himself. I knew that he would turn it back on if he wasn't asleep yet, but I assumed that was it. One night he called for me at 2am to tell me that it wasn't working (the batteries had died). I was shocked that he was awake playing around with this thing! After that I removed the crib toy and began using a white noise machine on the outside of his crib. While he wasn't disturbing me often with his getting up, he was disrupting his own sleep cycles which I needed to stop. So the moral is the story is this...no crib toys! All white noise machines should be continuous and outside of the crib

area. The closer the machine is to your child the better, as it will block out noises beyond the machine. You can also put it in between your child and worst source of noise.

Let's say that you have two kids in separate rooms, separated by a wall. Maybe one is a newborn who's getting up to feed several times a night, and the other is a 2 year old trying to sleep through it but often isn't. First, I recommend placing the kids on opposite walls in their respective rooms so they're not both on either side of the wall. Secondly, place the machine closest to the child and the shared wall. I also suggest putting one in each child's room to help block out all noises you can't help (ie sibling's crying, barking dogs, trash truck, parent's getting ready for work in the morning, doorbell, loud vehicles, etc). White noise for the win!

Chapter 7

Daytime Schedule

I can't tell you how important your baby's daytime schedule is to their night time success! Sleep begets sleep, so if your child is not sleeping well at night, then chances are good that they're not sleeping well for naps either. For this reason, it's extremely important that you work on both night time and nap time sleep simultaneously.

All parents have a daytime schedule though many don't realize it. It's one of those things that babies take care of when they're born. They give their parents a schedule from the moment they're born, when they go through 9 instinctive stages during skin-to-skin contact with mom (happens regardless of whether or not mom decides to breastfeed), as long as given the chance:

1. Birth cry
2. Relaxation – no mouth or hand movements
3. Awakening – small thrust of head and shoulders (approx. 3mins after birth)
4. Activity – more mouth and sucking movements (ie rooting); touching mom's breasts; possibly looks at mom
5. Rest
6. Crawling/sliding – approaches breast, sliding, leaping (~ 35mins after birth)
7. Familiarization – looking at mom, massaging mom's breasts, licking nipples (40mins after birth)
8. Suckling – usually happens around the 1hr mark
9. Sleeping – usually happens around 1.5hr mark

Take a look at numbers 8 and 9: suckling, then eating (assuming mom is breastfeeding). These nine wonderful action steps set the stage for the #1 sleep prop...feeding to sleep! Let's face it, feeding to sleep works wonderfully when your baby is first born. We've all done it and it's completely natural!

That being said, feeding to sleep *is* a prop, since your child needs you in order to go to sleep. The easiest way to change this prop is to change when you feed your baby. I've already told you about using the "FEED-ACTIVITY-SLEEP" routine, but I'll mention it again here. It's when you feed your baby when they first wake up, then they are awake/play for a bit before going to sleep for a nap or bed. Then, when they wake up they will be ready to eat again.

Implementing this simple routine can be the difference between a "feeding to sleep" baby and an independent sleeper. If you can work on getting this routine in place by the 2nd - 3rd month (or sooner), then you have a greater chance at having a child who naturally drops night feeds somewhere between the 3rd - 6th month and will sleep independently without being pushed to do so.

Awake times during the day are very important to the child's sleep for both naps and night, too. An "awake time" is the amount of time your baby is awake in between sleep situations (ie between morning waking and first nap, between first and second naps, between last nap and bedtime). Roughly, children on a 3 nap schedule are looking at a 2hr awake time between sleep periods; 2 nap schedule has a 3hr awake time; 1 nap schedule has a 5hr awake time. Logging your child's sleep will help you see what the best awake time should be for yours, since every child is different and this is just an average.

Here are some sample daytime schedules for kids taking anywhere from 1-4 naps per day. Yes, some babies are taking more than 4 naps per day but that's because they're either newborns, not napping long enough, or because they're not awake long enough between naps. For newborns, work on the foundations here in this book and hopefully your baby's naps will lengthen and then you should be on the 4 nap schedule in no time.

SAMPLE DAYTIME SCHEDULE WITH 4 NAPS, 1.5 HR AWAKE TIME:

7:30am	Wake up and feed outside of bedroom
9:00	First nap (approx. 1.5hrs)
10:30	Wake up and feed outside of bedroom
12:00	Second nap (approx. 1.5hrs)
1:30pm	Wake up and feed outside of bedroom
3:30	Third nap (approx. 1hr)
4:00	Wake up and feed outside of bedroom
5:30	Fourth nap (approx. 30mins)
6:00	Wake up and feed outside of bedroom
7:00	Bedtime Routine, including final feed
7:30	Bedtime

SAMPLE DAYTIME SCHEDULE WITH 3 NAPS, 2HR AWAKE TIME:

7:30am	Wake up and feed outside of bedroom
9:30	First nap (approx. 1.5hrs)
11:00	Wake up and feed outside of bedroom
1:00pm	Second nap (approx. 1.5hrs)
2:30	Wake up and feed outside of bedroom
4:30	Third nap (approx. 1hr)
5:30	Wake up and feed outside of bedroom
7:00	Bedtime Routine, including final feed
7:30	Bedtime

SAMPLE DAYTIME SCHEDULE WITH 2 NAPS, 3HR AWAKE TIME:

7:30am	Wake up and feed outside of bedroom
10:30	First nap (1.5hrs), feed upon awakening
12:00pm	Wake up and feed outside of bedroom
3:00	Second nap (1.5hrs), feed upon awakening
4:30	Wake up and feed outside of bedroom
6:30	Bedtime routine begins
7:00	Bedtime (in crib sleepy, but still awake)

SAMPLE DAYTIME SCHEDULE WITH 1 NAP, 5HR AWAKE TIME:

7:30am	Wake up and feed outside of bedroom
12:30pm	First nap (approx. 1.5hrs)
2:30	Wake up and feed outside of bedroom
7:00	Bedtime routine begins
7:30	Bedtime (in crib/bed sleepy, but still awake)

As you can see, the breastfeeding or bottle feeding is happening AFTER sleep, which means that baby is A) now staying awake throughout the entire feed, B) taking in a full, satisfying feed instead of just “snacking and snoozing”, C) staying in an upright position after the feed, which is best for digestion (especially for reflux babies), and D) is falling asleep without feeding! These are all great things! This is why I highly recommend for you to use the FAS schedule.

So when can you expect your baby to drop or transition down a nap? Here are the averages:

- Dropping from 4 naps to 3 naps = between 3-5mos
- Dropping from 3 naps to 2 naps = between 5-7mos
- Dropping from 2 naps to 1 nap = between 12-18mos
- Dropping from 1 nap to 0 naps = between 2.5 – 3.5yrs

I know these are some big averages, but that's because all babies are different! I've honestly seen 8 month olds still taking 3 naps, 22 month olds still taking 2 naps, and of course we all know children who are still napping in kindergarten! So don't panic if your child is not right in the middle of these averages. If they're still happily taking naps at any age, then that's great!

This is also important to understand if you have twins (or more). I realize you want nothing more than to have them be on the same schedule (believe me I was like that too), but you have to respect each of your children's individual sleep needs. All multiples, whether they're fraternal or identical, have their own circadian rhythms, or biological clocks. Yes, you can help to shape that a bit, but I wouldn't overly push a child who's not ready to transition. They will eventually get back to the same schedule, though it could take a few weeks.

Behavioral Cues/Alert States:

Another important part of the daytime schedule is understanding the five different states of alertness your baby goes through in a day.

1. **Quiet Alert** – As the title suggests, baby is quiet yet alert. Baby is calm, barely moving, attentive, and open to learning, making eye contact and cuddling. This is a great time for things such as feeding, infant massage, and talking to your baby.
2. **Active Alert** – In this stage, baby will start to move more, try to make eye contact with objects vs faces, make noises, and is often a precursor to fussiness.
3. **Crying** – Baby make move around a lot, making faces, and crying. This is baby's only way of communicating, and it could mean that baby is hungry, tired, lonely, uncomfortable, or may need a diaper change.
4. **Drowsy** – At some point before sleep, baby will enter into a drowsy state. Baby may move a bit, smile, frown, or flinch. Baby's eyes may look glazed over, dull, or unfocused. The eyelids may start to droop or slowly flutter. This

state happens both before and after sleep. This is NOT when you want to feed your baby, as it leads to creating a “feeding to sleep” association. Instead, this is the perfect time to put your baby down sleepy but still awake in their crib.

5. **Sleeping** – This is when your baby actually falls asleep. As you learned earlier, baby's sleep will vary throughout each nap or during the night. Some of the sleep will be light, some will seem restless, and some will be dream-filled.

After sleep is over the process starts all over again, beginning with the quiet alert state once they've woken up. This happens all day long, which is why it can be helpful to understand the state your baby is in and what's coming next. Just to reiterate, the best time for feeding your baby is AFTER they've woken up from a period of sleep. Then you know they are awake and ready for a feed and some bonding time with the person feeding them. It also allows you to keep them upright afterwards with play or tummy time, which helps their digestive system. It's also a great time to talk to and massage your baby!

Chapter 8

Benefits of Massage for Your Child

While we're on the topic of massaging your child, I wanted to take a minute to talk to you about the benefits of massaging your child of any age, which includes having your child sleep better! As a Certified Educator of Infant Massage, I feel compelled to educate all parents everywhere about this very important topic that is near and dear to my heart.

The history of massage goes back thousands of years ago to China at about 2700 BC. Egyptian tomb drawings in 2500 BC showed massage therapy and were the pioneers for reflexology. India had the first known written massage therapy traditions around 1500 BC, though the practice may have actually originated around 3000 BC or earlier. In the early 1800s Swedish doctor Per Henril Ling developed the "Swedish Movement System", which is regarded as the foundation to Swedish massage. Today the Swedish massage is one of most common types of massage practiced in the western hemisphere, as well as the Japanese massage practice of Shiatsu.

In the early 1970s, Vimala McClure (author of *Infant Massage, A Handbook for Loving Parents*) brought the art of infant massage to the United States after working in an orphanage in India. There she observed a young girl at the orphanage go around and massage all the babies. Even though these children suffered from improper nutrition they were thriving, and Vimala attributed that to the massage they received every day.

She brought these methods back home with her and later massaged her own children when she had them. She would document the experience and do much research on the effects of touch on newborns. Not only did she write the book aforementioned, using Indian and Swedish massage strokes along with the principles of reflexology and yoga, but she is the founder of the International Association of Infant Massage (IAIM), with headquarters in Sweden. The program expanded internationally in 1992 and there are currently over 30 chapters in over 70 countries!

So why massage your child? The list of physical, emotional, and mental benefits for you and your child are many, but here are some of the top benefits of infant massage for your baby:

- **Promotes better sleep**
- Helps with infant and parent bonding/attachment (especially helpful for new fathers or mothers/babies who've had a traumatic or unexpected birth experience)
- Relief for gas and colic symptoms
- Relief for teething pains
- Helps mothers deal with post-partum depression and anxiety
- Helps parents learn about their baby's needs and desires
- Parents feel a connection with other parents going through the same things as they are
- Facilitates body awareness for child
- Sensory stimulation
- Boosts immune system
- Improves skin condition
- Helps baby to feel loved and nurtured
- Helps digestion
- Relaxation for parents and baby
- Improves blood circulation
- Balances respiration

- Helps with waste elimination
- Helps to build parents' and baby's self-esteem
- Pleasurable experience
- Stimulates production of Oxytocin (hormone produced during massage that be useful as a pain reliever, has a calming effect, reduce stress, and enhances the bonding process)

These benefits can be continued for many years to come, as you can (and should) continue to massage your child as they grow. It can be just as enjoyable (and even easier) as your child grows, and they can tell you which strokes they like and don't like. And of course they will lie still unlike babies who are on the move and toddlers who don't like sitting still longer than 2.3 seconds!

Now the areas you massage on your child, or how you do it, may change as they grow up. For instance, when they're babies you would do the massage with them being naked, because it's awfully hard to massage their little tummies with a diaper on. Yes, it can be messy, so be prepared! Of course you wouldn't be asking your preschooler or school aged child to get fully undressed like that, nor would you likely be massaging their stomach unless they had a belly pain and asked for it. As kids get older, you'll want to modify what you do and how you do it for their modesty and comfort level. You always want to respect their opinions and you always want to ask permission before massaging them (even the babies)!

In fact, during my certification process to be able to bring this wonderful service to parents like yourself, I often practiced on my own children. There was a line-up of my children waiting with open arms (literally) for their turn! They gave me the specifics of which areas they wanted massaged if I told them there wasn't time to do it all. It was also interesting to note that which area they liked differed for each of them, showing me that each area had a purpose and that some areas of the body would be more appealing than others depending on the child.

So please consider doing this with your child or children. Touch is a wonderful way to bond with your child of any age! It doesn't matter if you hire someone to teach you either privately through a one-on-one virtual class or in a classroom setting somewhere locally, or if you buy Vimala's book, the point is that you do something. There is a method to it, so I highly suggest getting some formal education for it so that you're going in the right direction for the strokes. For instance, the strokes on the stomach are especially important to do in the right direction and manor so you can aid in proper waste elimination for your child.

Chapter 9

Importance of a Good Bedtime Routine

Regardless of whether your child is 3 months, 3 years, or 13 years old, the bedtime routine is very important! Children thrive on routines, as they provide a cue to their mind and body that sleep is near. They also enjoy knowing what is coming and when, just like we adults do. Can you imagine how you might feel if every night was different? What if some nights you were told to go to bed at 9pm and other nights it was 10pm? Or what if sometimes you were able to do all or part of your nightly routine but then other nights you weren't allowed? I know it sounds silly to think of us being "allowed" to do things, but that's what we do with our kids.

Good bedtime routines are just as important for adults, too. When I work with my adult clients, you better believe that I make sure they have a good bedtime routine! It's one of the foundations for a good night's sleep. It's often hard for adults to just shut off the TV or their phones and then jump right in to bed and expect to fall asleep immediately, so a good routine will help with that. It will look different for us, but the idea is the same.

For example, an adult bedtime routine may include checking that the doors are locked, walking the dog one last time, washing your face, brushing your teeth, changing clothes, setting an alarm clock, checking the kids one last time, etc. Whatever you do each night is your routine. If it currently includes a lot of electronic use, I highly suggest turning it all off at least 30 minutes prior to bed so you can feel tired enough to fall asleep quickly when you go to bed.

Now that I gave you a little sampling of what YOUR bedtime routine should and shouldn't include, let's look at what your child's routine should look like. The below example bedtime routine is to give you an idea of what a baby's, toddler' or preschooler's, or school aged child's nightly routine might look like. If you do not give your child a bath every night, or it is not a part of their bedtime routine, then remove it and move the start of your routine up by 15mins (ie starting at 7pm in the example below). Whatever details are included in your routine, the real key to success is that last part: in bed, sleepy but awake!

Example bedtime routine for a baby or young toddler

- 6:45 pm Bath time
- 7:00 pm Diaper Change/Pajamas/Short Massage (only if baby is receptive)
- 7:10 pm Bottle or Breastfeed (keep fully awake)
- 7:25 pm Story or two/Songs
- 7:30 pm In bed, sleepy but awake!

Example bedtime routine for an older toddler or preschooler

- 6:45 pm Bath Time/Brush Teeth
- 7:05 pm Pajamas/Massage
- 7:20 pm Story or two/Songs
- 7:30 pm In bed, sleepy but awake!

Example bedtime routine for a school aged child

- 7:00 pm Bath/shower time
- 7:15 pm Pajamas/Brush Teeth/Short Massage (shoulders/back, feet, and head are all good for this age group; they may also like the legs and arms though so just ask them what they would like)
- 7:35 pm Story or two that they read to you
- 7:45 pm In bed, sleepy but awake!

Chapter 10

Creating an Ideal Bedroom Environment

The bedroom environment for your child, whether it's in their own bedroom, sharing with a sibling, or co-sleeping in your room, is extremely important. I advise using the below information as a check list so you can be sure you've got everything covered.

- ❑ **Room should be VERY dark.** Not mostly dark or pretty dark but very dark! If you're not sure if your child's room is dark enough, then go in there during both the day and night, wait a few minutes until your eyes adjust and look around. Almost all parents I work with start out saying the room is dark but quickly determine it's not as dark as it could be.

Room darkening shades or curtains are sometimes not enough. You might need multiple window coverings or to tape down the sides of the curtain to the wall to really keep out the light. These things are especially important for children who are waking early in the morning or taking short naps. Even though your child can not tell time yet, they are very well aware of "what time it is" based on the amount of light coming through the window itself or in the cracks between the curtain and the wall!

❑ **Temperature should be not too warm or not too cool (ideally between 68-72 degrees).** I know this sounds like common sense, but believe me it's worth mentioning! During the first few days or week of sleep training, I would err on the side of dressing your child a little cooler than normal. This way if your baby gets upset and starts to get sweaty, they won't be overheated. After your child is sleeping through the night and going down easily, I would suggest doing a quick check during the night (maybe before you go to bed) to be sure you've found the right temperature for them. You can't go by what you're feeling, as we all have different body temperatures.

❑ **Give your child a lovey or favorite toy to take to bed with them (if they are old enough) to provide them comfort at night.** If your child already has one, great! If not, you can help him/her create one. Just find something small and safe for your child to have in the crib and begin to offer it at every sleep situation. In the beginning, when it's still new and baby might not be too interested yet, you can bring it along for fun things like stroller walks, car rides, or some fun games of peek-a-boo. Kids love it when things "come to life"!

For younger babies who you feel might be too young to have a toy left in their crib, I recommend using the sleep sacks or pajamas that have built-in bits of material (aka loveys) sewn right on the material so baby can't put it in their mouth or smother themselves with it.

❑ **I love the use of a white noise machine or fan!** They are a great way to mask any unwanted outside sounds, whether they're coming from outside or anywhere in your home. You'll want to keep the noise at about a "medium" setting, do not use any projectors on it, and keep it on ALL night. Whatever things are happening when your child first falls asleep is what

you want to be happening throughout the entire night so they don't have a reason to wake up and "call" for you.

- ❑ **During this training period, you can keep a hall light on with the door slightly ajar if there's no other light.** Or you can just use the light on the noise machine, if it has one. Whatever you choose, it will help you see what baby's doing and for baby to know you're there. After you leave though, the room should be dark. The problem with having one on temporarily in the child's room, and turning it off before you leave, is that you could wake the baby with the clicking off noise. It's just easier to leave the light in the hall so that you can "take the light with you" when you leave just by closing the door.

Young babies don't need any lights on at night, and it's preferable that the room be very dark. As children turn into toddlers, they often begin to dislike the room being super dark and will tell you so. If you have an older child who's telling you they're scared with the lights out, then go ahead and allow some light to be on in their room. A 4 watt, amber-colored night light is acceptable to use, but you want to try to avoid using the white or yellow ones though as they can affect your melatonin production, which tells our brains it's time to wake instead of sleep. Also, it's a good idea to have it partially hidden behind a piece of furniture so that the actual night light is not visible to the child. As an alternative, you could also have the night light on in the hall and leave the door cracked open a bit.

Infant Bedding:

Below you will find recommendations from a few different organizations, in regards to how your baby should sleep and some other information you might not have been aware of. I would like to preface this by saying that while I would never recommend anything other than what the professionals have deemed safe, I do recommend making your own informed decisions about some of these. And of course, there may be some things that just aren't possible to do for some people, like breastfeeding your child until 6 months of age, if you're unable or unwilling to breastfeed. So do your best, read what the professionals say, and by all means do not feel guilty if you're not exactly doing everything as recommended. We're all good parents trying to stay informed and make good choices!

A task force of The U.S. Consumer Product Safety Commission, the AAP, and the National Institute of Child Health and Human Development offer the following recommendations for infant bedding:

- Place your baby on his or her back on a firm, tight-fitting mattress in a crib that meets current safety standards.
- Remove pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products from the crib. Also remove any soft, pillow-like crib bumpers.
- Consider using a sleeper as an alternative to blankets with no other covering.
- If using a blanket, put your baby with his or her feet at the foot of the crib. Tuck a thin blanket around the crib mattress, only as far as the baby's chest.
- Make sure your baby's head remains uncovered during sleep.
- Do not place your baby on a waterbed, sofa, soft mattress, pillow, or other soft surface to sleep.
- Offer your baby a pacifier at sleep times, but don't force the baby to take it. Some studies have shown a lower rate of SIDS among babies who use

pacifiers. (Breastfeeding mothers should wait until the baby is 1 month old or is used to breastfeeding before offering a pacifier.)

The AAP recommends that parents room share but not bed share. The report advises the following:

- Parents should consider placing the infant's crib near their bed for more convenient breastfeeding and parent contact for at least the first 6 months but preferably one year.
- Infants can be brought into the parents' bed for feedings and comforting, but should be returned to their own crib for sleep.
- Infants should not bed share with others, including adults and siblings or other children. Twins and other multiples should sleep separately.
- Smoking and the use of substances, such as drugs or alcohol, that may impair parents' ability to awaken, greatly increase the risk of SIDS and suffocation with bed sharing.

Additional recommendations from the AAP to reduce the risk for SIDS and other sleep-related deaths in infants from birth to 1 year:

- Breastfeed your infant. The AAP recommends breastfeeding for at least 6 months.
- Make sure your baby is immunized.
- Always talk with your baby's doctor before raising the head of the crib if he or she has been diagnosed with gastroesophageal reflux.
- Avoid using infant seats, car seats, strollers, infant carriers, and infant swings for routine sleep and daily naps. These may lead to obstruction of an infant's airway or suffocation.
- Avoid using home cardiorespiratory monitors and commercial devices—wedges, positioners, and special mattresses—to help decrease the risk for

SIDS and sleep-related infant deaths. These devices have not been shown to decrease the risk of SIDS. In rare cases, they have resulted in an infant's death.

- Always place cribs, bassinets, and play yards in hazard-free areas—those with no dangling cords or wires—to reduce the risk for strangulation.

Again, I wanted to share these recommendations with you just so you can be informed. Most of these are common sense but always worth mentioning. I don't necessarily agree with everything, but that's okay. It's my right as a parent to have my own opinion and do what I feel is best for my children, just as it's your right to do as you see fit with your children. We all make the best decisions we can for our kids and that's what matters most!

Chapter 11

Sleep Training Methods

Finally, the moment you've been waiting for! I'm sure by now you're probably wondering how you will ever get your baby asleep if you're not going to be feeding, patting, rocking, or otherwise helping them to sleep anymore! In this section of the book, I'm going to explain the basics of each program, the pros and cons, the age groups of the children that the method would work best for, best temperament style for each method, and the parenting style that is best suited for each. Please note that these are just guides, and that you will know your child and situation best.

All of these methods are well-proven, and there are quite a few programs out there for each one of these. Some authors write just about one of these methods, while others write about several of them. Usually one program is slightly different from another author's work under the same method (since there are copyright laws) but the premise is often pretty much the same.

If you're ready to start your sleep training journey now, you could simply read this section and implement one of these methods just based on what I'm saying. However, if you're a "details" person you might want to do extra research on the method you've chosen for more detailed, specific instructions. I also go into more detailed explanations on some of these methods in the audio and document files of the VIP groups I have on my website.

Method #1: No Cry Solutions

Description: This is the gentlest method out there and involves little to no crying. Of course the idea is that there are no tears, hence the name. Some authors/doctors encourage co-sleeping, rocking or feeding your baby to sleep and that your child will learn in due time. They urge parents to follow baby's cues and allow them to wake frequently during the night, stating that it promotes breastfeeding and allows mom and baby to not have to fully wake up.

Others may encourage you to get baby drowsy first by feeding, rocking, patting, etc and then have you put them down into their crib, responding immediately though if baby wakes up or cries. Mostly the idea around these methods is to start to do less and less work for the baby (ie you're not feeding completely to sleep or you're not feeding for as long at night). You would continue this until baby stops crying and falls asleep initially at bedtime (or for naps) or back to sleep during the night. You would continue doing this for any and all night wakings throughout the night.

Pros: As you might imagine, this is an extremely gentle process. Your child is not going to cry at all or for just a few seconds or minutes until you reach them. This method is a good place to start if you're unsure about what to do and if you have a young baby and would rather try "sleep teaching" instead of "sleep training". You can experiment how you feel about letting your child cry at all and see how they react.

Cons: Taking time to experiment with this as I mentioned above can be an extremely long process. You won't be changing too many unwanted behaviors, just waiting for them to change on their own which could take many months. Some children will get annoyed if you're continually doing the same thing (ie getting them drowsy, laying them down, picking them up when they cry, and

repeating the process). So if your child is having sleep issues that you're trying to correct now, then this method may not be for you.

Works best with this aged child: This method is better for children under the age of 6 months old, as the older babies and toddlers would likely become more upset by the process of making them drowsy but not actually putting them to sleep.

Works best with these temperaments: perfect, on target, sensitive, high energy, crabby

Works best for this parenting style: This method works best with those who are extremely concerned with any amount of crying at all, not really looking to sleep train or change any current behaviors, but are really looking at some proactive measures, or are anxious about baby's sleep, then this method may work well for YOU. Be prepared that your child may not respond best to this method though, and you may need to bump up to another method.

Method #2: Pick Up/ Put Down (aka PU/PD)

Description: This method involves minimal crying. It works pretty much how it sounds. Besides method #1, all methods start with your keeping your baby fully awake before going into their crib. Then you would put the baby down and step away. You could choose to stay in the room or leave, depending on your comfort level and your child's reactions. Once baby's cries escalate, you would pick your baby up and calm and comfort him/her. Once the baby was calm, you would put them back into their crib sleepy but still awake.

You then continue this process until baby falls asleep. You would continue doing this for any and all night wakings throughout the night. If you are keeping

a feed in, you would make sure baby stayed awake during the feed, then you would do the same PU/PD process as you did at bedtime. You would do this for naps, as well.

Pros: This is a more gentle process, as your child is not going to cry alone or for long amounts of time. It's similar to No Cry Solutions, but there is a bit more crying allowed.

Cons: This is a longer process, as it can make some children more upset when parents are constantly picking up the child (baby thinks "yay, mom/dad picked me up and are going to feed or rock me to sleep"), only to put them back down without having done anything to help them fall asleep.

Works best with this aged child: This method is better for children under the age of 4 months, as babies older than 4 months usually become more frustrated at the process than anything else.

Works best with these temperaments: perfect and on target (could also work for sensitive babies though sometimes over stimulation can occur from the constant pick up and put down); it would likely just upset the high energy or crabby baby

Works best for this parenting style: This method works best for parents who are very concerned with longer amounts of crying, looking to start slow with a very young baby, or are anxious about baby's sleep or crying. By using this method, you would likely have sleep issues happening now that you would be trying to break in a gentle manner.

Method #3: The Chair Method (aka “staying in the room”, “camping out”, or “shuffling”)

Description: This method allows parents to stay in the room with their child until he/she has fallen asleep. Your chair would start out next to your child's crib or bed for the first 2-3 nights, where you would provide comfort with occasionally touching your child, letting them hear your voice, and having them be able to see you there. There would be no picking up out of the crib though, as it just can often “restart” the sleep process and make it take longer.

Then you would move your chair to the middle of the room every few days or move it a little each night, providing less physical comfort, and finally to the door by the end of 7-9 nights, where you would stay in your chair and provide very little physical comfort. By night 10, you would be out of the room entirely. This would be the first time your child would be falling asleep without you in the room. If you've allowed your child to do this on their own while you were in the room over a week's time, then it shouldn't be too much of a big deal once you've left.

The same methods are applied to all night wakings, where you return to your chair until they fall asleep. In all instances, you would wait 5-10 minutes (I suggest 10) before going in during the night and repeat what you did at bedtime. The only difference would be if you were keeping in night feedings for a younger baby (only under 6 months unless there's a medical or weight condition, then you should check first with your child's pediatrician). You'd still wait the 10 minutes and then you'd go and feed your child, being very careful that the baby does not fall asleep in the process. They must go back to their crib sleepy but awake! And you're giving the 10 minutes because many babies will stop within 10 minutes if they're not really hungry. Since that is your ultimate goal (sleeping through the night), you want to give them the opportunity to go back to sleep.

Pros: This is still a gentler method. It allows the child to still be with parents until they fall asleep, while giving them the chance to learn how to fall asleep independently. While there are still tears with this method (and there could be pretty many of them), it's a better alternative than simply leaving the room which could make you or your child feel like you've simply just left them alone to cry (aka CIO). You should see positive results within a week, which can be faster than some of the more gentle methods.

I highly recommend this method for any child who is out of a crib and now in a toddler or bigger bed. It will allow you to stay with your child to keep them in their bed, make them feel more secure (toddlers and older can often get scared of the dark or being alone in their room), keep the crying to a minimum, etc.

Cons: This method can take slightly longer than the next methods (can take 1-2 weeks). It requires parents to watch and listen to their child cry, which can be upsetting for parents. In fact some parents can't handle this method because of the time it might take to get the child to sleep. There's no limit on how long you may be sitting there for bedtime, night wakings, and naps. If done consistently, it should continue to get easier each night but it can be tough the first night or two. It can also be difficult to stay in the child's room for long periods of time at bedtime and for naps if there are other children in the house.

Works best with this aged child: This method is good for any aged child, though it's especially useful for up to school aged, and if the child is used to having a parental presence at bedtime or throughout the night. Again, it's the best choice for toddlers and preschoolers in a bed. And it's also the best choice for a child who vomits quickly when upset. I call this "emotional crying", as the quick vomiting is tied to being upset with hurt feelings versus just being mad at you for not accommodating their wants. Now, if you have a school aged child, you likely don't have to choose this method (read the next method instead).

Works best with these temperaments: on target, sensitive, high energy, crabby

Works best for this parenting style: This method works best for those who are concerned about leaving their child alone to “cry it out” (CIO). You might be ok with some tears, but you don't feel comfortable letting them happen without a parent present.

Method #4: Controlled Crying / Graduated Extinction (aka “Leave and Check”, “Check and Console”, “Ferberizing”)

Description: This method is fairly straight forward in that after the bedtime routine is done, you would put your child in their crib or bed and leave the room. You would return to check on your child at marked intervals. Some programs have you increasing your return intervals after each one (ie 3mins, then 5mins, then 7mins, etc), while others have you sticking to 10min intervals throughout the process (personally I like to use 3, 5, 7, then 10min intervals for the first night only and then go to 10mins thereafter). You're giving the 10 minutes because many babies will stop within 10mins if they're not really hungry. Since that is your ultimate goal (sleeping through the night), you want to give them the opportunity to go back to sleep.

Checks should only be 30-60 seconds at most. Lights stay off, limited talking if any, quick check of your child and their bedding, remind them it's still sleepy time or bedtime, and then you're off again. So from night one the child will be falling asleep on his/her own without parental presence. Any night wakings would be handled the same way, as well as naps. The only difference would be if you were keeping in a night feeding. You'd still wait the timed interval and then you'd go and feed your child, being very careful that the baby does not fall asleep in the process. They must go back to their crib sleepy but awake!

Pros: This is a faster process since it's the same every night and there's no changing every few days (child's usually sleeping through within a few days to a week). It can be easier on the parents and children not to have to be in the same room with one another (not all children appreciate their parents being in the room with them and not doing their usual routine). The parent is also able to take care of other children in the home while continuing quick checks with the child being sleep trained.

Cons: This method can seem harsher to many parents as they're allowing their baby to CIO, even though they are checking on them. Using timed intervals will just make some children more upset because the parents are coming in for 30 seconds and leaving again.

Works best with this aged child: This method works better for children aged 4 months through toddlerhood (or up until the child is in a toddler bed or big bed, after that the chair methods work better). It's good if the child is NOT used to having a parental presence when they fall asleep at night (ie they might have recently started sleeping poorly but knew how to fall asleep independently beforehand). This is also good for older, school aged children who might start out in their beds fine only to come find you in the middle of the night.

Works best with these temperaments: sensitive, high energy, crabby; these babies are usually better with this type of method, as you being in the room can really upset them further

Works best for this parenting style: This method works best for those who are ok with their child doing some crying, want a faster solution, have other children they need to care of and just don't have the extra time it takes for the other methods, or if gentler methods did not work.

Method #5: Extinction (aka “Cry It Out” or CIO)

Description: This method is pretty straightforward. After your bedtime routine, you would lovingly kiss your child goodnight, place them into their crib, and leave the room. That's it. No checks, no coming back unless you were keeping feeds in at night.

*Note: Most parents don't start out planning to do extinction, however, I've seen many parents forced into doing it after gentler methods failed (I was one of those parents). If this is your case, try not to feel guilty or get hung up on the name “extinction”. You're doing what you believe is best for your child and that's what's most important!

Pros: This is the fastest process of them all, as the child is usually through in just a few nights. There is often less crying overall as it only takes a few days for your child to catch on to this, whereas parents might be doing something new every couple of nights with other methods.

Cons: This method can seem very harsh to many parents, as they're allowing their baby to CIO without any checks (highly recommend a video monitor though). There could be more crying initially, as the child is learning how to put themselves to sleep.

Works best with this aged child: This method is better for children aged 6 months through toddlerhood (or up until the child is in a toddler bed or big bed; after that the chair methods work better).

Works best with these temperaments: high energy, crabby

Works best for this parenting style: This method works best for those who are ok with their child doing some crying, want the fastest solution, have other children they need to care for and just don't have the extra time it takes for the other methods, or if gentler methods did not work.

Phew! That's a lot of methods to take in and understand! While some may seem too easy and some may seem too harsh, they all work for some of the people some of the time but none of them work for all of the people all of the time. I can tell you that I've used all of these methods either with my own children or with my clients. I can also tell you that no one usually starts out choosing a true CIO or extinction method, but sometimes it's just what your child needs (remember my story about my one twin daughter who forced me into doing extinction?). Again, it all goes back to your child's temperament and your parenting style. And don't worry if what you want to do does not match what I said works best for that particular method. Those are just suggestions! You're free to do whatever you feel most comfortable with.

It's also ok to start with one plan and end up doing something else, though you want to give it a good, solid week on one plan before switching to something else because it does take time for kids to understand what you're wanting them to do and for them to be able to do it. The more consistent you are, the faster the learning goes. If you keep changing your plan every other day, you will have a very frustrated baby and parents.

NAPS:

Whichever plan you choose, you'll want to start your first day of sleep training with bedtime. Children are less likely to fight as hard for bedtime changes since they are tired and will have to go to sleep at some point, whereas they often can hold out with not taking a nap during the day. So the first time you start, you will do so with your bedtime routine and going to sleep for the night.

Your first try at naps will actually be on day two. Whatever method you choose for bedtime, you should do at naptime, too. You want to try to be consistent with all sleep situations, if possible. Though I have seen it be successful for parents who chose a chair method for nights and then a controlled crying method for naps. For these families, it would often be that mom was home by herself during the day with more than one child, who she couldn't leave alone. It's not usually feasible or safe to have a parent sitting in the room with a child for what could be a long period of time, while their other children are running around the house. If this is your case, just know that you can tweak the plan to be a combination of both though it can confuse the child a bit.

If you're noticing that things are not going as well at nights after a few days of doing this combination, I suggest moving bedtime to a controlled crying method as well so there's no confusion. Also, naps tend to take longer for kids to get the hang of than nights. Oftentimes it takes another full week for naps to come together after the child has started sleeping through the night.

You want to be aware of your child's daytime schedule as you're making changes. Before starting sleep training your child will be working with a sleep debt (the difference between the amount of sleep they need versus the amount of sleep they are actually getting), but once they are sleeping better at night they may not need as many naps during the day or for as long. Nap transitions might need to be made during the two week implementation period depending on your child's age and individual nap needs. This is especially true for older children that might be on the verge of dropping naps altogether. So be aware that these changes may need to happen very quickly.

The most important thing to remember is that the consistency has to be there 100% of the time. You need to make each sleep situation exactly the same so the child can develop a consistent strategy on their own. Then they will become familiar with how to put themselves to sleep in every situation. Now this doesn't mean that you can't change the method you're using, but like I mentioned before you should give it a week before changing it.

As you just read, many of the programs and methods will deliver results in less than a week. So if a week goes by with little to no changes, then it's probably best to try something new or take a good look at how you've been handling things. For instance, have you given in and went back to your old ways, even if it was just once or twice? Are you being as consistent as possible? If you're not doing your part, then your child can't do his/her part. If this is the case, then changing the method is not necessarily going to help. Also, keep in mind that changing the method might mean that you are starting over again, depending on where you were in the plan and what's been happening thus far so you need to have realistic expectations.

Chapter 12

Night Weaning and Dreamfeeding

Besides having concerns over raised cortisol levels and toxic stress, parents often have concerns about removing night feeds. I hear questions such as:

- Why is my child waking during the night if they're not hungry?
- How do I know if my baby is able to go without a feed?
- What if he's really hungry throughout the night?
- What if she loses weight?
- What if I get engorged or feel uncomfortable with not breastfeeding throughout the night?
- What if my milk supply is affected?

I'm sure that you're thinking about these things, as I did too when I did sleep training with my twins! I assumed that if they were waking up at night, and took a whole bottle or nursed a while, then they MUST be hungry. It was actually my children's pediatrician that first clued me in on the fact that they weren't waking because of hunger, and I have to say that I didn't believe her at first. I asked her why they were waking then if they weren't hungry. They *must* be hungry, right!? No, I was wrong. Yes, they ate once they were awake, but that wasn't the reason they were waking in the first place. I think it's extremely important for parents to realize the WHY behind the wakings before they do anything else.

In case you didn't read all the science stuff back in Chapter 2, I'm going to repeat a little of it here, because again I think it's very important for parents to realize why it is their children are waking up if they're not hungry, thirsty, or need them. It all starts with how we went to sleep. Let's assume you have a 10 month old, and for the past 10 months you've nursed or bottle fed her to sleep. Now you've decided that you no longer want to do this anymore, and you desperately want your child to be able to go to sleep and stay asleep all night. Not much to ask, right?

Well, as you're asking your baby, "Why won't you just go to sleep?" she's wondering why you just won't feed her to sleep like you do every other night! She really wants to go to sleep, but she doesn't know any other way. Why? Because for the past 10 months you've taught her that she needs YOU in order to go to sleep! I know that sounds harsh, and of course that was never your intent, but unfortunately that's what happened. Believe me when I tell you you're not alone in this.

We ALL start out feeding our babies to sleep because that's just what happens when you feed a newborn – they fall asleep! It's nothing you did wrong. You were just being a good mommy or daddy and taking care of your baby's needs. The problem happened around that 4 month mark (remember when we talked about what happens to our babies at that age?), when things changed with your baby's sleep. If baby has good, independent sleep skills before 4 months (which some babies do), then they shouldn't go through a "regression" and their sleep will continue to improve. But if baby is depending on you or some other prop to get to sleep then you're likely to see some not-so-good changes at the 4 month mark. This is why so many parents feel like things are regressing after that point and their baby's sleep is getting worse and not better.

If you're lucky, your baby will continue to allow you to somehow get them to sleep (ie feeding, patting, rocking, etc), but then they might wake up several

times a night. You assume it's to be fed but that's not always the case. They're waking up because 1) all babies wake throughout the night (like we talked about before) and 2) when they wake up they're going to look to you to put them back to sleep just like you did at bedtime. What we do at bedtime has a direct effect on the night wakings! **If you can get your child to go to sleep on their own, then they will stop needing your help to get back to sleep in the middle of the night.** This is the most important piece of the sleep puzzle! Makes sense, right? This is what sleep training is...it's reteaching your child new, independent sleep skills so that they can fall asleep on their own at bedtime, throughout the night, and for naps. It's as simple as that.

That being said, I know there are some other questions around dropping night feeds, so let's explore this further by my answering a couple commonly asked questions.

Is My Child Physically Able To Sleep Through The Night?

Well, first, the general rule of thumb is that a baby can "sleep through the night" by 12 weeks and 12 pounds. Keep in mind that sleeping through the night at that age is considered 6-8 hours. If your child is barely 12 pounds or has weight concerns, please speak with your child's pediatrician before pulling any night feeds. You might need to keep at least one feed at night for a while. That doesn't mean you can't do the training though! You can still teach good independent sleep skills and set great sleep foundations, which can have your child sleeping independently and sleeping longer stretches.

The idea with dropping or pulling some or all the night feeds is to encourage your child to sleep straight through the night, not to cut their caloric intake. This means that you will want to make sure baby is taking in enough calories throughout the day. This might mean that an extra bottle, extra nursing session, or extra food/snacks (if eating solids) are offered during the day. It would be

difficult to introduce extra calories before starting the training, so plan on giving extra on day 2.

That being said, not every child will need to make anything up during the day. Let's say your child is 12 months old and only waking once per night for a 4oz bottle or has a quick nursing session or two before falling back asleep, then you won't likely need to replace many calories during the day as they will likely make it up themselves.

If, however, you have a 5 month old who is eating every 2 hours all night long and does not yet eat solids, then you definitely want to track how much they're taking in during the day and you will certainly need to adjust their daytime intake to make up for the night time calorie loss. And of course if you have a 4 year old who is waking in the night, hopefully you're not currently feeding him or giving him drinks at 2am. If you are though, just be sure they have a snack before bed and cut out any middle of the night snacking. When in doubt, you should check with your child's pediatrician before starting any new plan.

I'm Breastfeeding. What If I Get Engorged With Stopping The Night Feeds?

If you're breastfeeding and are currently feeding multiple times through the night, then you'll need to be cautious that you don't become too engorged throughout the night. You don't want to end up with blocked ducts or mastitis (breast infection). I don't recommend pumping because that will encourage your body to make more milk instead of having it reduce its night time production. Your body will naturally adjust its milk production over a week or two, so just continue to nurse or pump as much as you can throughout the day to keep your supply up during the transition.

As for getting some relief overnight, instead of pumping try taking a hot shower or soaking your breasts in a basin of warm water to let the milk leak out naturally versus being pumped or sucked out by your baby. This will relieve your engorgement without telling your body to replace the lost milk at night. You can

also pump once before you go to bed, if you're trying to accumulate a little extra milk. So if you nurse baby once more before they go to sleep at 7pm, you could pump at 10pm before you go to bed. Not only will it give you extra milk, but it will give you some relief overnight. You can choose to do this temporarily for a week or two while your body adjusts to baby's new needs, or you can choose to continue doing it indefinitely to keep up your supply or to have more stored milk.

I'm Breastfeeding. What If My Supply Is Affected By Stopping The Night Feeds?

Moms are always worried that they can *either* breastfeed or have a child who sleeps through the night, but not both. Well, I'm here to tell you that you can have both! About 95% of my clients with young children are breastfeeding when we start the sleep training journey and the same amount is still successfully nursing when we're done. I also continued nursing my son long after using gentle sleep teaching techniques to drop the remaining night feed when he was almost 5 months old. So you can and should have it all...a sleeping household AND a happily breastfed baby!

That being said, I do want to mention that you *can* have your supply affected if you just cut out the night feeds and don't change anything else. You want to make sure that you're continuing to nurse just as much (if not more) during the day or pumping/hand expressing a little more than usual. Ideally, your baby will want to nurse more often and more efficiently during the day to make up for those lost night time calories. Most babies will eat like champs the next morning after night feeds have stopped. And many moms notice less "snacking" during the day and have more quality nursing sessions because of it.

Of course how much your supply is affected is going to depend on how much your child is currently eating at night. Now you don't want to just go by number of wake ups, as much as you want to look at the amount being consumed. Some kids will wake up 6 times a night, barely eat anything, and will fall right

back to sleep (ie “snacking and snoozing”), and other kids will wake up twice and eat full course meals each time. So if baby is consuming a lot throughout the night, then you’re going to need to work a bit harder at keeping your supply the same. I would suggest your pumping before you go to bed at night like I mentioned before. Pumping will tell your body to produce that extra amount. We already talked about how to make you feel more comfortable during the night for engorgement issues, so refer back to the above section for that.

You should also label that night time pumped milk so that you know when you pumped it. A woman’s body is pretty amazing, because our bodies will add some melatonin (natural sleep hormone) to the breastmilk that’s produced at night to help baby stay sleepy after their feed. So you might not want to give baby the 10pm pumped milk when they wake up in the morning, but instead you can try to use it close to a nap or before bed.

Upon waking in the morning, make sure baby is able to have a nice feeding session. If you are pumping throughout the day instead of breastfeeding at the source because you’re working outside of the home, then try to add in an extra pumping session during the day and allow baby to nurse as much as they want once you get home. If you’re at home with your child all day, then try to add in another nursing session or two (or pumping session) if you can. Your body will quickly adjust your supply from being less overnight to more during the day within about a week after you’ve stopped the night feeds. Once you are feeling good about things, you can stop doing that extra pumping session before you go to bed if you want.

Remember, your milk supply is based upon supply and demand. If you take away demand at night, and don’t put it into your day, then your body will make less milk. So just keep nursing or pumping throughout the sleep training process and you and your child should both be well adjusted in two weeks or less!

WHAT IS DREAMFEEDING?:

Dreamfeeding is when you gently wake your baby up enough to feed him or her around the 10-11pm mark. The baby usually feeds with their eyes closed and is in more of a light sleep versus being fully awake. You would go in quietly, without talking, turning on lights, changing the diaper (unless it was soiled), or changing the environment. You're just in there long enough to pick up your baby, feed them, and return them to their crib. The idea behind this is that parents can squeeze in one more feed before they themselves go to bed. There are pros and cons to this, and it's really just how you want to look at it.

PROS:

- Parents can control one feeding and get a longer stretch of sleep for themselves.
- Nursing moms can get in an extra feeding session before they go to bed.
- Baby gets another feed when they may not have woken up for one of their own at that time (good for underweight babies or those with weight concerns).
- Can help mom with postpartum depression (PPD) or anxiety (PPA), because she's able to get a longer stretch of sleep herself and she's not anxiously waiting for the next wake up so she can go to bed.
- Can reset baby's hunger patterns so that now baby's body is being programmed to wake up at this time. While that might sound like a bad thing, it can help actually help baby get their first long stretch after this feed which means parents get a long stretch too. So baby would go to bed at 7pm and now instead of sleeping through 1am and then again at say 4am, they would go to bed at 7pm, wake at 10pm, and then sleep until say 4am.

CONS:

- Parents are interrupting baby's natural progression of "dropping night feeds" on their own. Most babies drop feeds from earliest in the night forward. Let's say your baby currently goes to sleep at 8pm, then wakes for feeds at 11pm, 2am, and 5am, before waking for the day at 8am. Well, if left to naturally wake up on their own, they would first skip the 11pm feed and sleep straight through until 2am. Later on, they'd skip the 2am feed and go right from 8pm until 5am, until finally they would eventually skip that final feed and sleep straight through. That won't happen if you've reset their internal feeding schedule.
- It can affect baby's natural hunger patterns in that now baby is programmed to wake up at 10 or 11pm (or even earlier) instead of sleeping through to say 1 or 2pm. Babies should sleep longer stretches when they're physically able to, but that wouldn't be happening if you reset their hunger patterns.
- You're interrupting your baby's sleep cycle. They could be right in the midst of their REM sleep, which is when the majority of their growing is done. When baby's wake on their own, they're at the end of a completed sleep cycle, where REM is over and they got all the benefits they needed from it. If you wake them up, you're likely disrupting that cycle and prohibiting them from getting the proper sleep they need.

As you can see, there are some good reasons and times to use dreamfeeding, and other cases where you wouldn't likely need to do this. I think if you're going to use it, you're better off doing so in the first few months. After that I don't think it's in the best interest of the baby. Once you reset their natural wake ups, you've basically set up it so that your child is napping from 8pm until 11pm and then after that feed it's like they're going to sleep for the night. It can be a bit confusing to their bodies and can become like a sleep prop that you now have to undo.

Personally, I used this in a way with my twins. When one would wake up, I would wake up her sister so that I didn't have to wake up again an hour later and do it all over again. I admit it was for my sanity that I did that and not for their greater good. By the time they were 4 or 5 months, I did stop doing that though because I felt like it wasn't fair to make the other one get up if she wasn't ready. I was interrupting her sleep cycle and that didn't seem right.

I also didn't have any way of knowing when they were ready to start sleeping through the night, if I was always waking someone up. I won't lie, it was a tough couple of weeks! There were more wake ups for a bit because of it, but then they both kind of found their way. They both made it from bedtime to the 4am feed, so that was great! Of course they ended up staying with that one feed for quite a while until I did sleep training at almost 7 months.

Bottom line is this. Dreamfeeding is a personal choice. I will say that I don't recommend my clients to do it, because we're usually getting rid of all feeds with the older babies. But if you have a newborn and you want to try it, then do it! If it doesn't work for your baby (ie they're too sleepy to eat), then you can go back to letting baby wake you when they're hungry. And if it works for your family, then include them for a while and reassess a few weeks later.

Chapter 13

Compromising with Toddlers and Big Kids

I titled this chapter with the word “compromising”, because that is what all parents should be doing with their toddlers, preschoolers, school aged kids, and teenagers. We like to think we’re in control, but let’s face it, our kids pretty much control our lives! What’s your daily schedule look like? If yours is anything like mine, it’s created around your children’s needs! We’re constantly running them to school, sports, activities, birthday parties, school functions, holiday events, play dates, to the store, out to eat, and the list goes on and on! Since we can admit we’re doing a lot for them (and sometimes too much), it should be no surprise then that there are times when they have a differing opinion than ours or they just flat out disagree with us.

It can be even harder when this wonderful child you’re raising seems to have nothing in common with you. You say it’s black, she says it’s white. You say it’s cold, he says it’s hot. Frustrating, right? Well it should be no surprise that kids like being told what to do about as much as we adults do. This is where compromise comes in handy. You might be thinking to yourself, “I am NOT going to let my kid be in charge!” Like I said they’re really already in charge of our lives, so why not let them have a say in some things for the sake of family unity (and sanity).

Compromising does not mean that you’re always going to give in to something you don’t feel comfortable with. When they’re little, it’s more about giving 2 or 3 acceptable choices and letting them choose between them. They feel good about being able to make their own decisions, and you feel good

that you got what you wanted without a battle. When they're a little older you will be doing more compromising. It's good that they see that we are willing to negotiate with them on some matters. You don't want to be so strict that you never waiver or let your child "win" on occasion. You might not want them to go to their friend's house tomorrow because they've been lazy with picking up after themselves this week, but you compromise with them.

You may tell them that they can go if they pick up their toys or clean their room. That's a great way to get them to do their chores without an argument! We all like rewards and are motivated to do unpleasant tasks if we know there's a reward in it for us. As adults we mandate our own rewards. We might treat ourselves to a yummy treat or meal out after a stressful time or after completing a chore we don't really like. I used to treat myself to fast food whenever I had to have bloodwork done, which was often there for a while when I was trying to conceive and then would end up pregnant. So it should be no secret that our kids appreciate rewards too!

All that being said, there are right times and wrong times that you should be compromising. Bedtime and naps (if applicable) should be non-negotiable. Just like we make sure our children are fed, clothed, have a roof over their head, and are well cared for, we need to make sure they get their proper rest. They do the majority of their physical growing when they're sleeping. Their brains are creating long term memories and clearing out toxins when they're sleeping. Their bodies are healing and fighting off illnesses when they are sleeping. We all need sleep to feel good, function, and grow so it's extremely important that sleep times are preserved whenever possible...and the same goes for parents! We need to take care of ourselves as well, so model great sleep behavior for your child!

When it comes to the bedtime routine, offering choices can be helpful in getting your child to cooperate. You can offer your youngster the choice of 2 pairs of approved pajamas. You can ask them if they'd like to go potty or brush their teeth first. Which of these two books do you want to read first? If your child

likes to bombard you with final questions or requests as you're leaving the room, offer him a choice as you're leaving. Do you want me to leave the door open a crack or do you want it closed?

Sometimes kids like to know that you're still there after you've left, so you might want to offer a final good night while in the hallway. Or if you have a monitor that works like a walkie-talkie, you can tell them that you'll say good night through the monitor once you're gone. Sometimes you just have to be creative. But when it comes to these requests, you also want to be sure you're putting your foot down. You can compromise with one more hug and kiss goodnight, but let her know that's it and that you're not coming back in – and then don't! If you say you're not coming back in and then come right back in for yet another hug, then you're doing a disservice to both of you. She will now know that you don't really mean the things you're saying and she'll continue begging for you to come back.

For older school aged kids, you might also have the same push back and requests. The same rules apply for them. Set the rules and follow them yourself. The best way to do this is with a combination of rewards and consequences. Reward your child for good, wanted behaviors, and use consequences for when they are making poor choices. Reward charts work great, as kids like to know what they need to do in order to get a certain prize or reward. The reward can be in the form of a special food treat, small toy, special activity, or anything else that your child would perceive as being a reward. We're all motivated by the prospect of something that makes us happy or feel good, so rewards are a nice way to do that.

In a perfect world, we would only have to offer rewards and our kids would do as they were told. Unfortunately, that's not usually how it goes. While the rewards are definitely motivating, they're not always motivating enough to trump the unwanted behaviors. This is where consequences come into the picture. You want to offer very clear, easy-to-understand, age appropriate boundaries. Let your child know exactly what will happen if those rules are not

followed or expectations are not met, and then be prepared to follow up with those consequences. Your child needs to respect you as a parent and not think that you're always joking around or are a push-over.

Let's go back to the art of the compromise though, because my hope is that you can persuade your child to want to work with you instead of against you. You have more bargaining power with an older child. You can compromise by agreeing to one final hug, but you can follow that up with something like "I can come give you one more hug, but after that you need to go right to sleep. If you continue to call out or come out of your room, you will lose your electronic privileges tomorrow after school." This will "hit him where it hurts"! No 8 year old wants to hear that they won't be able to play their favorite video games the next day! You can try that with younger children, but honestly most 3 year olds won't care about that, as having you there right then is more of a reward than thinking about tomorrow. They'd rather bug you about their favorite electronics tomorrow and worry about the "here and now" at bedtime.

The best advice about bedtime battles is this: don't get into them! Set the rules and expectations and then follow through with consequences if need be. If you said that they are to stay in bed or else you're going to close the door, then you darn well better be ready to follow through with that threat when they get out of bed again! This is a very big test for many parents, and it's one they often fail (and your kids know it)! The more you give in and make idle threats, the harder it is to have your child listen to you come bedtime or with anything else you're asking them to do.

Chapter 15

Where to Start First

So there you have it! You now have a ton of knowledge about what things are affecting your child's sleep, what affect their temperament and your parenting style has on your sleep training choice, how to continue breastfeeding during and after this journey, and many other awesome topics! And let's not forget the best part here – you now have 5 methods to choose from! When you're ready to start this new sleep journey, make sure you are committed to the idea. No good plans ever come at 2am during a wake up. Sleep training is hard enough when you have a good plan, let alone when you're not prepared.

The first place to start was reading this book, so congratulations on completing step 1! Next, you want to figure out the method you think you want to try using. You can either use the information I provided you, or you can use that information as a stepping stone into researching a method more thoroughly. Like I mentioned before, there are several programs and books out there for each method that I described. You could buy or borrow a book to learn more, or you can do some online research to get feedback from other people or websites.

Once you're comfortable with what you'll be doing, then you want to take a look at your child's bedroom to ensure that the room environment is the best it can be before starting. You'll want to make sure that your partner, spouse, or other adults in the house are all on the same page as you. Nothing is worse than

your trying to implement something that your spouse is not on board with. Your child needs to see a united front when it comes to this! Now you're ready to go!

Again, you want to start with bedtime first (naps actually start on day 2) and do it on a night that you know you will be off the next day so you can nap yourself, if need be. It's helpful if you have a support system in place, such as the other parent, a friend, or a relative. If you're choosing a chair method, then you can always trade off with another person during the night. I would try to stay in the room from the time you enter the room for a night waking until the baby is asleep that time though, as it can "reset" the baby and take longer for him/her to go back to sleep, if you're swapping people in and out of the room. Of course, if you're ready to throw in the towel or about to have a breakdown, please switch off with your support person. No matter the age of your child, you don't want your child to see you cry or be upset. Even young babies can pick up on your distress and they will look to emulate it.

I encourage you to use sleep logs so that you can keep track of everything and help your child know what's expected. The logs will help you to celebrate the successes or see any possible issues. It's important to notice that there's either a decrease in the number of night wakings or that it's taking less time for baby to fall asleep. It will also allow you to see any daytime patterns of baby fighting you for a nap. You may need to drop one or you may need to adjust the timing. In fact you can use the logs before you do anything at all, just to get a sense of what's going currently with your child. If you're feeding a good amount overnight, then you might want to start to decrease the amount fed at each wake up in preparation for the sleep training to begin. You can do that for a few days while you're logging things, prepping the room, deciding on a plan, and just getting mentally ready for what's to come.

With any sleep training or reteaching, your whole goal should be to provide the 3 C's for your child:

1. **Comfort**: You're there to provide comfort for your child during the process (though be careful you're not creating new sleep props)!
2. **Confidence**: You need to have confidence in what you're doing in order to be successful. Hopefully reading this book and knowing you have a support system available with me directly or through one of my VIP groups should you need it will be a confidence booster!
3. **Consistency**: If you're not consistent with what you do, your child will have a difficult time understanding your expectations, and you will not likely be successful. If you don't have confidence, you can't be consistent, and consistency is key!!

SUMMARY:

Sleep training is not something I would classify as "fun", but it's certainly necessary if your child is not sleeping well, and it's definitely well worth it in the end! Your child will thank you the morning after he/she first sleeps through the night with a nice, big smile! Well-rested children are happier, have more energy to try new things, are less clingy, eat better (both breastfeeding/formula and solids), have better hand-eye coordination, and have better small and large gross motor skills.

Well-rested parents are happier, have more energy in general, have the energy to want to teach their children, have better marriages/friendships, are more productive at home and work, eat better, and have better concentration. And let's not forget about siblings! They are seeing the effects of a cranky, sleep deprived family, as well as possibly being disturbed at night themselves, too. Clearly, getting better sleep is a win-win for the **whole** family!

I wish you the best of luck with your new sleep journey! While my hope is that you are well-equipped now to be successful in both choosing and implementing

a method that works best for your family, just know that you're never alone in your journey. You can always contact me personally, or learn more about my VIP levels by visiting www.sleepasticsolutions.com. I'm a real person, a mother, and a sleep expert (among other things)! I want you to join me and many other parents around the world that are in the "well rested" club! Good luck and sleep well!

Chapter 16

Disclaimer and Agreement

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