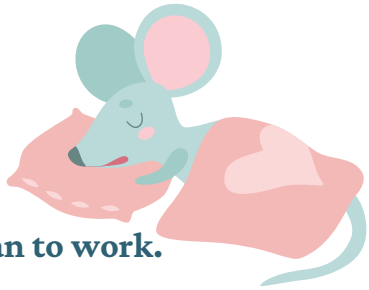
Healthy Sleep 101:



A solid foundation of sleep habits and a basic understanding of important sleep principles is essential for any sleep training plan to work.

Establish an age-appropriate sleep schedule.

Going to bed at the same time each night and getting up at the same time each morning keeps children's internal body clock on track, which in turn ensures that they get sufficient quality sleep.

Recognize your child's unique sleepy cues.

Sleepy-cues help us know when children are naturally feeling sleepy. If you miss your child's natural "sleep window", their body will begin to secrete hormones, including one called cortisol, which acts like a mild form of adrenaline which gives your child a boost of energy and can make it difficult for them to go to sleep.

Create a safe, supportive sleep environment.

All babies should be placed on their back to sleep. However, each child has different sensory preferences for their sleep environment.

Commit to consistency.

It's vital that your spouse, partner, nanny, and anyone else who frequently cares for your child understands each aspect of the sleep- training plan (and why it's important) and is willing to follow through. This is key to maintaining the consistency that's so vital to sleep success.

Create consistent routines for bedtime and morning awakening.

All children need predictable rituals to help them prepare physically and psychologically for sleep. Bedtime activities should be calm, quiet ones, like reading, story-telling, or lullabies. When it's time to start the day, do a "dramatic wake-up." to reinforce their understanding of wake-time versus sleep-time. Open the blinds, switch on the lights, sing some cheery good-morning songs, and welcome the new day.

Create positive sleep associations.

Negative sleep associations require something be done either to or for baby in order for them to go to sleep.
Positive sleep associations are self-soothing behaviors or rituals that a baby can create for themself, such as sthumb or finger sucking, twirling hair, stroking a stuffed animal or blanket, rubbing things against their cheek,, humming, or singing.

Get the green-light from the pediatrician.

Most sleep problems are behavioral, but it is best to rule out any underlying medical conditions that may be contributing to your child's sleep issues, such as reflux, asthma, allergies, ear infections, or sleep apnea. Make sure medications, including over-the-counter remedies, aren't disturbing your child's sleep. If you're still feeding your baby during the night, ask the doctor if, given your child's age, weight, and general health, night-feeds are necessary.

Safe, Supportive Sleep Environment

The following are recommended sleep schedules based on child's age.

Recommendations on creating a safe sleep environment:

- Place the baby on his or her back on a firm sleep surface such as a crib or bassinet with a tight-fitting sheet.
- Avoid use of soft bedding, including crib bumpers, blankets, pillows and soft toys.
- Share a bedroom with parents, but not necessarily the same sleeping surface, preferably until the baby turns 1, but at least for the first six months.
- Room-sharing decreases the risk of SIDS by as much as 50 percent.
- Avoid baby's exposure to smoke, alcohol and illicit drugs.
- Low noise and light levels
- Cooler temperatures (65-72 degrees Fahrenheit)
- Avoid letting baby sleep in environments other than the bedroom (i.e. stroller, lap, car seat)
- Use a sound machine if necessary
- Use black-out shades if necessary

Sleep Schedules

The following are recommended sleep schedules based on child's age.

Children 6 Months Old

- 7:00 a.m. Wake up, eat breakfast, play for 1-1.5 hours
- 9:00 a.m. One hour morning nap, followed by snack, 1-2 hours of playtime
- 11:30 a.m. Lunch
- 12:00 p.m. 2-3 hour afternoon nap
- 3:30 p.m. Feeding. 1-2 hours of playtime
- 5:00 p.m. Nap
- 6:00 p.m. Feeding, 1 hour of playtime
- 7:00 p.m. Bottle, begin bedtime routine
- 8:00 p.m. Bedtime
- 10:30 p.m. Feeding

Children 9 Months

- 7:00 a.m. Wake up, eat breakfast, play for 2-3 hours
- 9:30 a.m. 2-3 hour morning nap, followed by snack
- 12:00 p.m. Lunch, 1-2 hours of playtime
- 1:45 p.m. 2-3 hour afternoon nap
- 4:00 p.m. Feeding, playtime
- 6:00 p.m. Nap (may be short or eliminated)
- 7:00 p.m. Feeding
- 7:30 p.m. Begin bedtime routine
- 8:00 p.m. Bedtime (may be earlier if 3rd nap is eliminated)

Children 12 - 18 Months

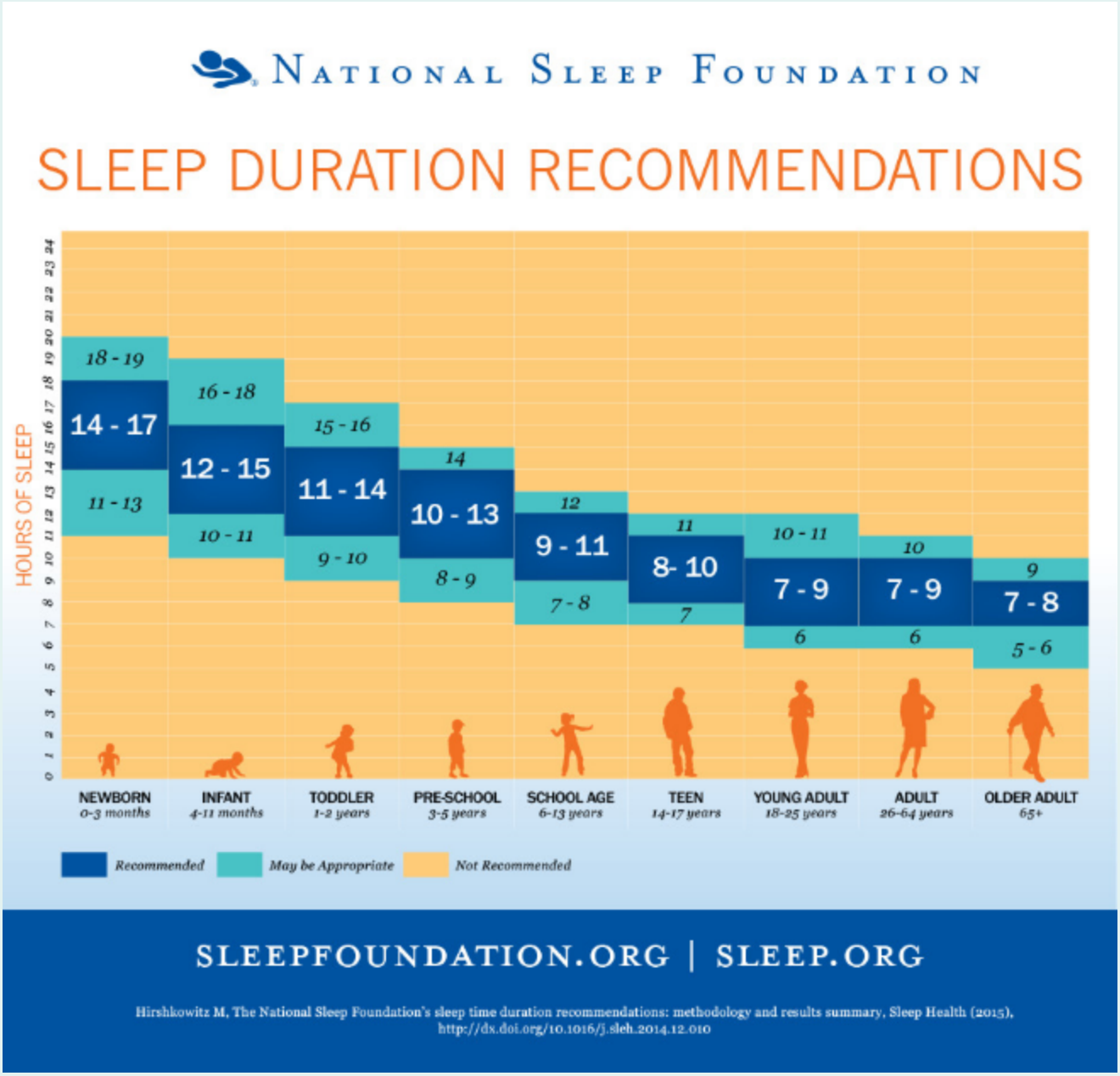
- 7:00 a.m. Wake up, eat breakfast, playtime.
- 9:00 a.m. Short 1-hour morning nap, followed by snack
- 11:30 a.m. Lunch
- 1:00 p.m. Longer 2-3 hour afternoon nap
- 3:00 p.m. Snack, 2-3 hours of playtime
- 5:30 p.m. Dinner followed by playtime
- 7:30 p.m. Begin bedtime routine
- 8:00 p.m. Bedtime

Children 2 - 3 Years Old

- 7:00 a.m. Wake up, eat breakfast, morning playtime
- 12:00 p.m. Lunch
- 1:00 p.m. Afternoon nap (1-2 hours)
- 5:30 p.m. Dinner
- 6:30 p.m. Begin bedtime routine
- 8:00 p.m. Bedtime

How Much Sleep Does My Child Need?

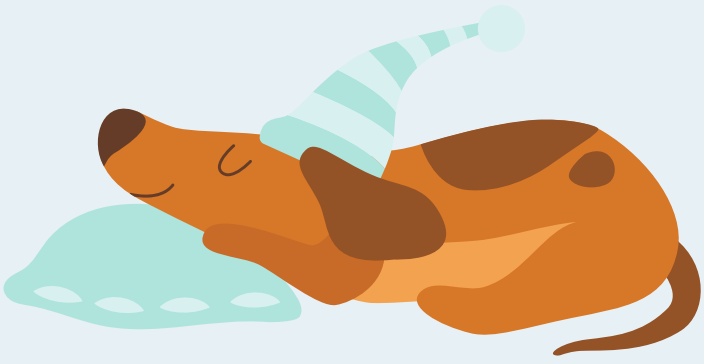
The following are the National Sleep Foundation's sleep duration recommendations based on age.



Sleepy Cues

This is a list of common sleepy cues. Identify which cues your child displays when they are tired.

- yawning
- rubbing eyes
- dilated pupils
- pulling at ears
- closing fists
- fluttering eyelids
- a worried look
- arching backwards
- difficulty focusing
- jerky arms and leg movements
- staring into space
- sucking on fingers
- clumsiness
- clinginess
- crying
- demands for attention
- boredom with toys
- fussiness with food
- hyperactivity



Sleep and Wake Routines

The following are recommended routines to help your child understand sleep-time versus wake-time.

Bedtime Routine:

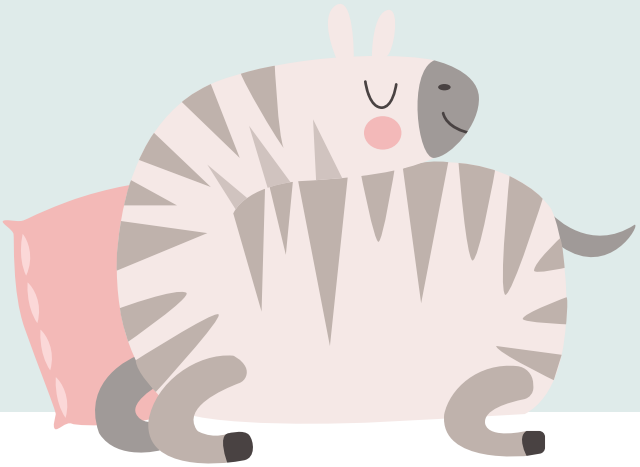
- bath
- put on pajamas
- brush teeth
- go potty
- massage
- swaddle
- read books
- sing a short song
- play a quiet games
- share three things aboutyour day
- tell a story
- listen to music
- baby or toddler yoga
- small sippy cup of water with books
- bottle or nursing
- prayers, blessings, or sending kisses and love to others
- plenty of hugs and kisses

Morning Routine:

- lights on
- open blinds
- sing a morning song
- change diaper
- get dressed
- leave the bedroom
- active play
- eat breakfast

Naptime Routine:

- go potty
- swaddle
- read book
- sing a short song
- small sippy cup of water with books
- bottle or nursing



Identify Your Child's Sleep Associations

Negative sleep associations

Negative sleep associations typically involve a parent or caregiver doing one or more of the following during daytime and/or nighttime sleep:

- Nursing or bottle feeding the baby to sleep
- Rocking the baby to sleep
- Sleeping alongside the baby's crib (or even inside of it!)
- Holding the baby's hand until they fall asleep
- Bouncing the baby to sleep
- Driving the baby around in the car so they fall asleep
- Soothing the baby to sleep by pushing them in the stroller
- Lulling the baby to sleep by putting them on top of the washing machine

Positive sleep associations

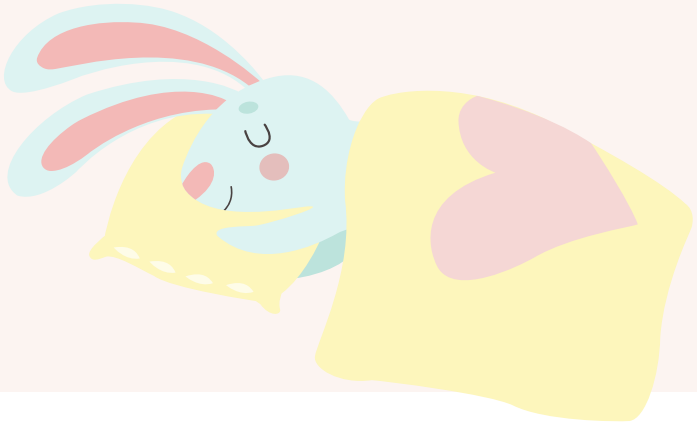
Positive sleep associations typically involve the baby doing one or more of the following on their own:

- Biting, rubbing or holding a lovey
- Humming
- Singing
- Sucking on their thumb or fingers
- Banging their feet against the crib mattress
- Rocking back and forth
- Lifting up their legs into the fetal position

External sleep associations

External sleep associations are things that set the scene for sleep. These are positive cues that let baby know it's time to sleep.

- Blackout shades
- White noise
- Room temperature set between 65 to 72 degrees
- Use of a lovey, which helps babies comfort or self-soothe themselves to sleep



Eliminate Negative Sleep Associations

The goal is to put baby in the crib when he/she is drowsy, but still awake. Phasing out a sleep association can be as challenging for the parent as the baby. The goal is to remove all sleep "crutches" (i.e. nursing, rocking, etc.) before baby falls asleep.

Nursing/Bottle Feeding to Sleep

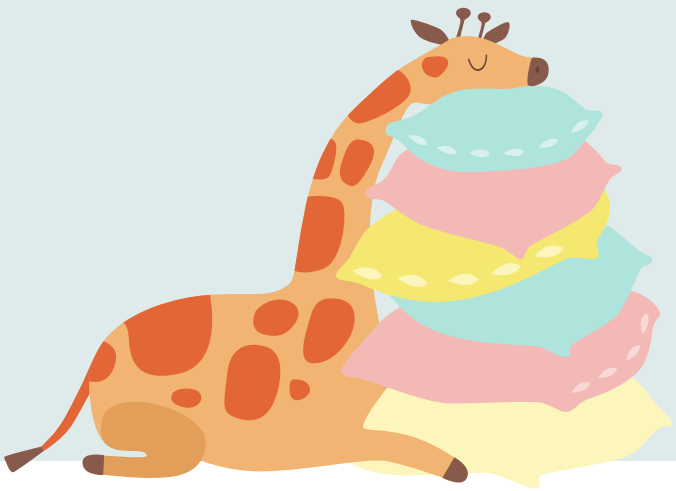
Try making feeding an earlier part of the bedtime routine. Or, leave a dim light on so you can see when your baby is starting to drift off. Watch her closely: When she stops sucking energetically and swallowing (and instead is suckling gently, with a sort of fluttering motion), she's past the "drowsy" target.

At this point, you have two choices:

- Unlatch her from your breast or the bottle, put her in her crib, and try to catch her a little earlier at the next bedtime. If she wakes up while you're unlatching her and gives you a look that says, "Hey, I'm still hungry! I didn't mean to fall asleep on the job!" then give her one more chance. If she wakes up enough to really eat, let her finish. But if she goes back to that fluttery busi- ness, you've been duped! She's not hungry—she just wants to suckle herself to sleep. Unlatch her, burp her, give her a kiss, and put her to bed.
- Arouse her by changing her diaper or loosening her pajamas. Say your soothing good-night words, and place her in her crib awake.

Rocking to Sleep

Try cutting the amount of time you walk or rock your little one before putting him in his crib. Note that some babies get upset when "teased" with enough walking or rocking to make them drowsy but not enough to put them to sleep—in which case a more drastic ap- proach is necessary: a minute of walking or rocking—just long enough to say, "I love you," say a prayer, or hum a short lull- aby—before being put down. If you have to choose between too drowsy or too awake, choose awake, and then work on soothing your baby to a drowsier point in the crib.



Medical Issues That Can Impact Sleep:

Before beginning a sleep training program, be sure to consult with your pediatrician regarding any of these issues that can contribute to sleep challenges in children:

Conditions that impact sleep:

- Allergies
- Asthma
- Eczema
- Burns
- Cancer
- Chiari Malformations
- Cystic Fibrosis
- Diabetes
- Reflux
- Sickle Cell Disease
- TBI
- Visual Impairment
- Craniofacial abnormalities
- Neuromuscular disease
- Seizure disorder
- Cognitive impairment
- Autism spectrum disorder
- Angelman syndrome
- Down syndrome
- Prader-Willi syndrome
- Rett Syndrome
- Smith-Magenis syndrome
- Williams syndrome

Medications impact sleep:

- Asthma
- ADHD
- Anti-convulsants
- Thyroid medication
- Medications used to treat colds

Are you ready to sleep train your child?

My child is not taking any medications that interfere with sleep right now or in the past month.

My child does not snore or stop breathing during sleep.

My child does not move around restlessly when they sleep.

My child does not arch or cry when placed on their back or spit up /vomit during the day.

All of my child's caregivers agree to be consistent with our chosen sleep plan.

My child is older than 4-months and is not currently expereincing separation anxiety.

My child is able to calm himself independently when he is upset during the day.

I can tell a difference between my child's cries (i.e. mad, sad, scared).

I can tell when my child is tired.

My child goes to sleep and wakes up at about the same time everyday (1-hour deviation).

My child is exposed to sunshine or bright light every morning.

My child's day has a balance of opportunities for both rest and activity.

My child usually participates in quiet activities before bedtime.

My child eats/drinks only light healthy foods and beverages before going to bed.

My child has a regular bedtime routine.

My child is in bed between 6:00pm-9:00pm.

My child does not eat/drink during the night.

My child is never sent to bed as a punishment.

I do not turn on a bright light to console my child if they wake-up or get out of bed at night.

If you answered "yes" to all of these questions, you are ready to begin sleep training.

Which Sleep Training Method is Right For Your Family?

Extinction-based sleep interventions are the most researched sleep intervention and 61% of parent sleep books endorse extinction methods.

Unmodified Extinction (Cry-It-Out)

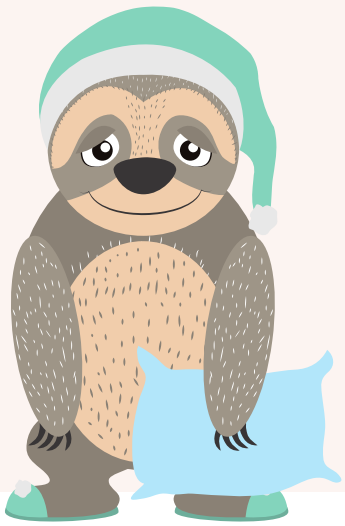
- older than 6-months
- parents want quick results
- multiples (twins/triplets)
- parents want to eliminate night feedings
- parents can tolerate hearing crying
- parents have a video monitor
- parents are able to maintain consistency
- child is difficult or feisty
- child has bedtime resistance
- child has night-waking
- child has insomnias
- child has negative sleep-associations
- no history of trauma or failure to thrive
- no medical conditions that can be exacerbated by crying
- child has autism

Graduated Extinction (Wait and Check or Ferber Method)

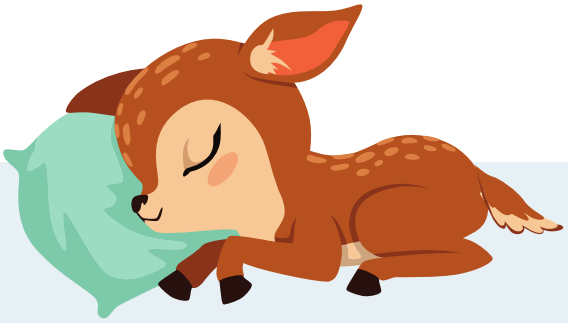
- 6-12 months
- parents want contact
- parents are anxious
- no previous attempt at sleep training
- parents are able to maintain consistency
- having parent in room is not distracting for child
- child is difficult or feisty
- child has bedtime resistance
- child has night-waking
- child has insomnias

Extinction with Parental Presence (Chair Method)

- older than 6-months
- no longer requires night-time feeding
- co-sleepers
- no previous sleep training
- older, anxious child
- parent tried many approaches already
- parents are able to be very calm
- parent can have a calm voice
- parent is willing to have little physical contact with child
- child was moved to big kid bed before ready
- parents are able to maintain consistency
- having parent in room is not distracting for child
- child is a sensitive to change
- child has bedtime resistance
- child has night-waking
- childhas insomnias
- child has irregular sleep

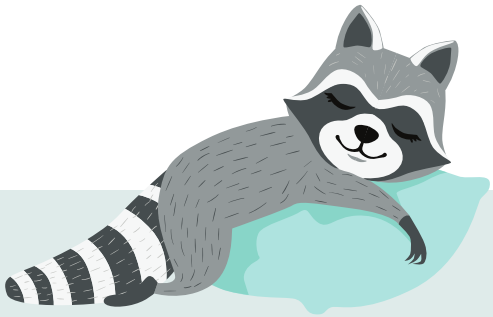


Unmodified Extinction:



- **Follow these steps:**
- Understand that night-time arousals are normal.
- Establish a consistent bedtime routine.
- Parents put child to sleep (awake but drowsy) at the designated bedtime, then ignore child's crying tantrums and calling for parent until a set time the next morning (monitoring for illness, injury, etc.).
- Parents ignore night waking (after confirming child is safe).

Graduated Extinction:



Follow these steps:

- Educate parents that night-time arousals are normal
- Establish a consistent bedtime routine-eliminate any sleep onset associations (do not rock or nurse child until they fall asleep)
- Parents put child to sleep (awake but drowsy) at the designated bedtime, then ignore child's crying tantrums and calling for parent until a set time has passed (duration and interval between check-ins are tailored to a child's age and temperament)
- Fixed schedule (every X minutes).
- Progressively longer intervals (3 minutes, 5 minutes, 10 minutes, then 15 minutes).

Checking Procedure:

- Lasts 15-60 seconds
- Use minimal interactions when re-settling, avoiding picking up, cuddling, initiating or maintaining conversations, and feeding

Extinction with Parental Presence:

Follow these steps:

- Educate parents that night-time arousals are normal.
- Establish a consistent bedtime routine-eliminate any sleep onset associations (do not rock or nurse child until they fall asleep)
- Parents put child to sleep (awake but drowsy) at the designated bedtime and stay in room (pretend to be asleep)
- Parents ignore crying, but stay near the child (in the room) until the child falls asleep
- If child wakes up, use the most minimal action/ words to say, “I'm here, but it’s sleeping time” (roll over, groan, cough)
- Pat child if necessary to provide reassurance-do not to take out of bed