



ADVANCED PEDIATRICS

Small Practice, Big Ideas

The Sleep Guide



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Introduction

Sleeping is a learned behavior like walking. Success in sleep requires practice and time with parents offering reassurance and support throughout the process.

We tend to think of sleep as something that comes naturally, but the truth about sleep is that we learn to do it just like we learn to crawl and walk. Sleep is essential for children's growth, development, and overall well-being. It is critical we pass on this skill as early as possible to allow infants and children to get these benefits early in life.

So many opinions populate books, parenting blogs, and cultures about how, when, and if you should let your child fall asleep without assistance. It's hard not to be confused. What is clear is that there is not one answer, one solution, or one right way.

What is uniform across cultures and different families is that when we tell a child NO to something they want to do, they are likely to cry. In the simplest, most unabashed way, it is their form of communicating to us. In fact they can condition us quite well to respond to this cry to get what they want, whether it is good for them or not. The process of self-settling unfortunately follows the same pattern. When we begin to set limits on our responsiveness to an infant's cry regarding sleep we are in fact helping them achieve confidence, security, and success in going and staying asleep. The crying associated with sleep training is typically not as bad as many imagine. The vast majority of kids fall into a pattern within 2-5 days and the lucky families have a child who achieves this in 1-2 days.

Much of the world's population practices co-sleeping in a family bed. This approach to sleep is based on cultural and social beliefs. There are known risks and benefits to this practice, upon which this booklet will not go into. We refer you to the Academy of Pediatrics' guidelines on co-sleeping for a full discussion on this practice. It is a practice we do not recommend.

Learning & Conditioning

All children learn through a process of repetition. This conditioning process dictates how they respond to situations and roots them into particular behavior patterns. While a simple process, it is critical to understand as you engage your child in the process of learning to sleep. First, you need to know what children need and should expect.

From birth to 2 months of age, infants awaken two to three times at night to feed and by 2 to 4 months, most only need to wake once to feed at night. By 4-5 months most

By 6 months of age, all healthy infants have the capacity to sleep 9-10 hours straight.

bottle fed infants can sleep through the night and by 6 months all infants, breastfed and bottle fed can sleep safely through the night. Normal children by this age do not need calories during the night to stay healthy and their brain has matured to facilitate a sleep cycle somewhat similar to ours. Ultimately children at 6 months should be able to sleep approximately 9-10 hours straight.

What this means is that infants under 4 months cannot learn by “crying it out.” However, a 6 month old infant crying when placed in the crib to go to sleep is altogether different. Infants over the age of 6 months are conditioned to wake and alert us that they want a parent present to help them go back to sleep. They **want** a parent present, but do not **need** a parent. That is a very important point! This pattern can be changed, or reconditioned, to allow the infant to gain the skill necessary to fall asleep independently.

This process can be seen when you approach the crib and the infant quiets, anticipating your next move including getting picked up, held, or fed. Babies have been conditioned to cry in order to elicit this set of steps for you to act out. Let's also be honest - you have been conditioned to take these steps when you hear a cry. But this pattern does need to change – new conditioning must occur to reflect a child's newfound capacity to not feed at night and to self sooth. It is our role as parent to guide the child away from the old conditioning to ensure healthy sleep. If we don't, the child's pattern of crying **WILL** continue as we reinforce it.





Just as you should not carry your child around everywhere, otherwise they would not learn to crawl and walk, you should not always help them fall asleep otherwise they cannot gain this independence. We learn through trial and failure. If a

Parents can misinterpret “demand feedings” to mean they should feed the infant every time he cries. Sometimes the cry is about the need to sooth rather than eat.

child does not learn the valuable lessons of failure, he misses a valuable component of learning. This situation arises frequently when parents stay with the child as they fall asleep, either holding or feeding them, but do not change this conditioning. Often they do not understand why the child has so much difficulty falling asleep on their own. The child has come to expect to fall asleep outside

of their crib or bed, in the arms of the parents or in the parent’s room or TV room, or while being fed or rocked. When they awaken, they expect the same thanks to the conditioned response.

The child now is dependent on his parents to help him sleep and will be unwilling to self-settle.





Sleep-Onset Associations

We all associate certain objects or routines to the onset of sleep. For some it's a good book right before bed. Being an independent adult, you can recreate these associations as you need - turning on the music, pulling your covers up or down, and getting comfortable. Imagine not being independent and needing to call someone to rush in and fluff your pillow or pull the covers up just right. I certainly don't recommend doing this with your spouse! In a child, these associations include being held, rocked or nursed, and eating or drinking prior to bed. When these conditions are not met, sleep onset is impaired. Even worse, when the child awakens at night, he is not able to fall back to sleep if "that something" is absent. Our goal: to teach the child how to recreate their own sleep-onset associations.

Location can be a big factor for many children. Imagine falling asleep in your bed but waking up on your patio. You would be freaked out, no? Frequently that's what we



do to our children, so is it surprising they won't fall back to sleep on their own? It is incredibly disorienting to wake up in a new location from where you fell asleep. So consider the situation when a child falls asleep while you are holding and rocking him and then awakens in the crib he did not fall asleep in....starting to see the issue?

Feeding is by far the most problematic association in infants. Early on it is natural that a nursing or bottle fed child get used to these two events being together and thus conditioned to expect feeding for sleep onset. As discussed earlier, by 6 months the majority of infants do not **NEED** to feed during the middle of the night for nutrition. It certainly presents a substantial risk to teeth that on begin to emerge on average between 6-7 months. This naturally leads most experts and the providers at Advanced Pediatrics to conclude that 6 months is a reasonable time to help a child learn self-soothing techniques. Also keep in mind, similar to us, having food in the stomach at night digesting leads to pooping and peeing which awakens us all!

Many parents at this point may be thinking, "But my child drinks an 8 ounce bottle which shows he must be hungry." I respond, "Wake me at 2 am with a couple of delicious warm homemade chocolate chip cookies and I will eat them even if I am not



hungry.” They just taste good and they are there. Neither the baby nor I NEEDED to eat. Almost every infant eating at night over 6 months does so because of the conditioning to be a night feeder, but fortunately you can recondition infants to fall back to sleep without eating. And yes, this does include breastfed infants!

SELF-SETTLING

One of the great challenges in changing a behavior in a child is sticking to the plan and carrying it out completely. The goal should be to encourage your child falls asleep on his own at all sleep intervals, including naps. It’s important to remind yourself that by helping your child to develop self-settling skills, you are improving his health.

One technique of sleep training is to **fade adult intervention**. This involves gradually eliminating the association. The parent may start by sitting on the bed while the child falls asleep. On subsequent nights, the parent moves farther away until they are eventually out of the bedroom.

The more widely used technique is known as **extinction** or **crying it out**. The intent is certainly not to make your child cry, but as all young children will do when not given what they want (and again, not what they need!) they do cry some. This is NORMAL and should be expected. Infants don’t sit quietly to protest.

Many have heard about “crying it out.” But this technique of sleep training is called “extinction.” There is a lot more to this method than letting a baby cry themselves to sleep!

Crying often elicits feelings of guilt in parents. But consider the situation when an older child tries to run out into the street. You would not hesitate to hold them back, but inevitably they will cry because they did not get what they wanted and could not understand the risks. Both of these scenarios are in your child’s best interest to intervene. All crying does

not indicate pain or hunger as is the case when you elect to stop holding or cuddling your child at bedtime. Frequently older infants even cry when you undress them and change the diaper, you still do it because it’s necessary. Sleep IS necessary. Self-settling too IS necessary for effective sleep. Unfortunately crying is an inevitable part of parenting that we must come to terms with to be effective parents. It is part of setting boundaries.

Re-conditioning

Alright, you made it this far and want to give the concepts discussed a test drive. It is time to condition your child or recondition depending on where you are in this process. So your 9 month old is heading toward an unprotected electrical outlet, and she means business. She has every intention of sticking her finger in that socket. You firmly say “no” and pull her away. Here



comes the lip quiver and those sad eyes, and a short pause followed by a very loud wail with full on tears. Do you put her down and let her continue her travels on to the electrical outlet? Of course not! No matter how loud the cry gets or how long it goes on, you would not allow your infant to touch an outlet.

So why allow an infant who needs to self-settle dictate our response at bedtime? We know sleep quality is better if the infant self soothes and isn't waking all through the night to feed or be held. Just like the child trying to experiment with the outlet our stance needs to

be firm. She will learn through testing your response over and over that no matter her cry or action, she will meet with the same result from you. Eventually her testing will extinguish as she knows the response from you is consistent.

The key to success is a clear process and consistent execution. Let's apply this to sleep. When initiating **extinction**, it is important to establish a set bed time and routine. The routine should be 10-15 minutes. Don't make it complicated! You do not want to perform a three act opera every night as part of bedtime. Put on the pajamas, brush or wipe the teeth and gums, and read a short book or two. If you rub a child's back, do it while reading the book or singing a song. Now comes the time to lie the child down. When initiating this treatment plan, if the child begins to cry and is still crying after a few minutes, return to the room for one to two minutes. Provide brief reassurance with words only.

Is your child going to cry? Yes, absolutely as this is not his plan but yours! It is critical to not pick up your child, turn on the lights, or to give in to the child's cries. This process can be repeated, but the time you give your child to fall asleep should be



extended gradually. From 2 minutes to 5 to 10 to 15, etc. The next night you will start with 5 minutes, the third night 10 minutes and so on. You can also elect to only go back one time, clearly indicating you are around, but not going to respond to the cries.

Every child will be somewhat different in this process. Some infants will get nursed, be held for a few minutes and easily transition to the crib awake to fall asleep there. Those are the lucky few. Sleep, like most behaviors, is rooted in both genetics and learned responses. We cannot control the genetics, but we can control the learned responses. Some of us are night owls but have shifted our schedules to wake early and go to sleep early despite our innate programming. So as you embark on this adventure of sleep, your child may react differently than others, but all infants are programmed to sleep at night and feed during the day by the time they reach 6 months of age. We just have to alter the learned responses or conditioning.





Why Sleep Training Fails

Often parents report trying the mentioned methods to help a child self sooth, but that it did not work. While there can be many reasons, the vast majority of failures occur because of two basic flaws:

1. The family gave up on the process too quickly not allowing the new conditioning to take effect.
2. They modify the plan or do not carry it out as instructed.

Inevitably in the first possibility, the crying overwhelms a family member. Sometimes it's a parent, nanny, or even a grandparent. It does not matter who, because the result is the same. Someone enters the child's room and picks up the child and rocks him to sleep. Reset button pushed and we start back at square one.

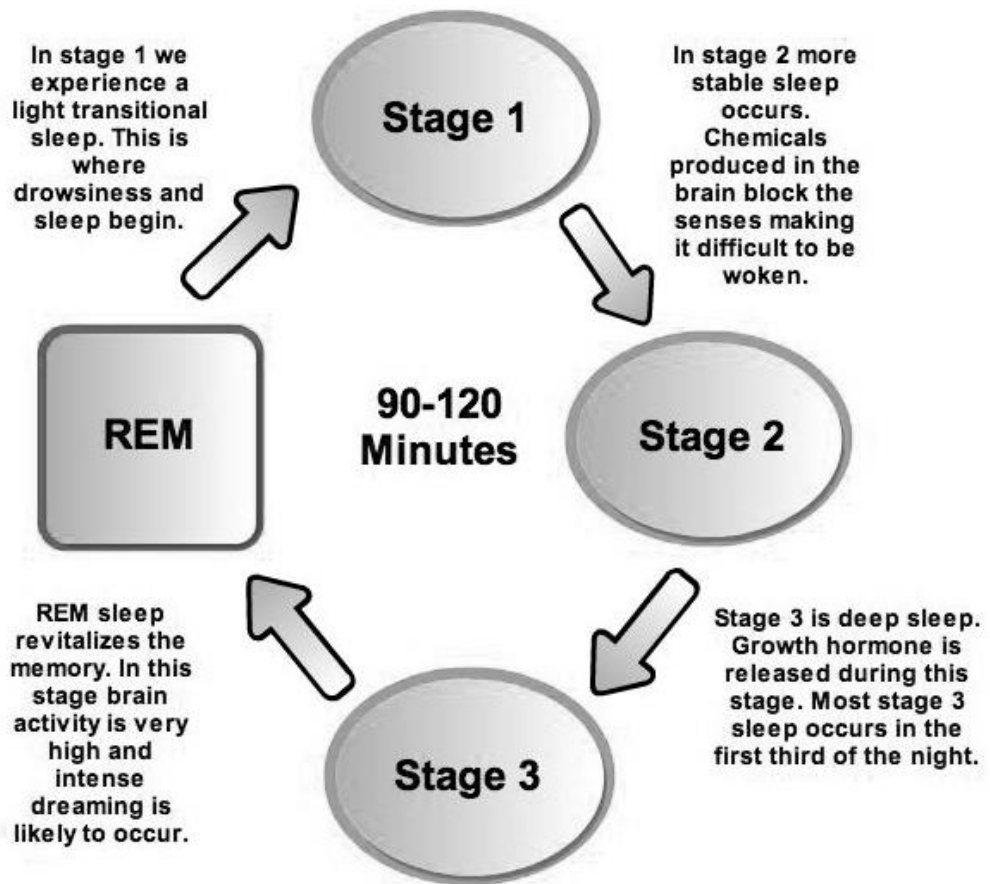


The second possibility is a failure to launch. If you are going to do this you have to throw all your poker chips in, you can't go part way and expect success. It may be a good time for a family meeting to discuss this and guarantee all parties are on board. The process can take 5-7 days and is a serious commitment. But we signed on for this as parents, right?



Understanding the sleep cycle

Many times an infant appears awake but “drowsy” when in fact they are in the early stages of sleep (stage 1 and 2). You may be holding her while watching television, her eyes partially open but heavy, head turning slowly and you are not aware that she is in a light sleep. An EEG if put on the head would show this. You place her in her bed to only hear her awake with a blood curdling scream. Remember waking in a different place? Not fun. Worse yet, you taught her to fall asleep in your arms watching television.



Another misconception is that if a child is overly tired they will act sleepy or fatigued. The opposite is usually the case. Children not getting enough sleep will be hyper, have poor attention and impaired learning, and have more difficulty falling asleep!

Reconditioning is not as difficult as most think. Between 6-12 months of age, infants respond to repetitive patterns quickly. If you are **CONSISTENT** in your routines and response, your child will likely learn within a week how to fall asleep and put himself back to sleep. Most will accomplish this in 3 days or less.



Bedtime Routines

Children thrive on routine. They **NEED** it. Establishing a nightly routine that is consistent is helpful for treating and preventing the most common behavioral sleep issues. Bedtime routines help put a child into a relaxed state which is conducive to sleep onset. It should occur at the same time each night, should be short (10-15 minutes), and should **NEVER** incorporate television, computer, or video games. Your child's favorite relaxing and non-stimulating activity, usually reading, should immediately precede bedtime.

EXAMPLE ROUTINE	
1. Eat light snack	avoided 4 hours prior to bed for older kids, the room should be dark, and the noise level should be low. Even for older children, these routines become the difference between success and failure for effective sleep. A firm and consistent approach to sleep whether it is a crying infant or a stalling toddler requesting to use the bathroom or a last goodnight kiss, the approach truly is the same. Minimize your interaction. Don't give in to an infant cry or the toddler request for one more kiss, another story, or a drink. The routine is not meant to put the child to sleep. The child falling asleep in your lap while you read should be awakened prior to being put in the crib or bed.
2. Bath & brush teeth	
3. Put on pajamas	
4. Read a story	
5. Put in bed	
6. Say goodnight and leave	

Transitional objects are often helpful to infants and toddlers. These are the teddy bears and teething toys kids get attached to. A side note, if you use one, it's a good idea to have a backup in case it gets lost! Since the process of sleep training usually occurs during the period when a child is teething, an object that is chewable is recommended. This is also a good time to consider eliminating a pacifier or bottle.

Once asleep your child should be placed in the crib or bed, the transitional object next to them, a nightlight in the room on, and the door closed. You may hear some crying which is more accurately translated to "Hey you out there, get back in here and hold me! Now you are really making me mad!" What they are not thinking or saying is you are abandoning them. Even if the child stands, you should leave. Do not attempt to calm the infant at this point otherwise that is the new conditioning! Pacifiers can be problematic as the child may awaken when it falls out. You can sprinkle them throughout the crib, but even then they often will cry until someone else puts it back in.



So now comes the extinction method we discussed. Wait 2-5 minutes. It will seem an eternity, but have a clock handy to keep you honest. If the child is crying you will go in, verbally reassure him, and then step back out. **Do not pick up, lie down, or touch your child.** He is crying because that is what he is trying to condition you to do. You are the parent and the one who is in charge of who conditions whom! Your child is not in pain or ill. Always remember that.

Now we face a fork in the road, one you should decide prior to embarking on this trip. After this first revisit, true extinction and the shorter path to success dictates you not go back in that night. If you do go back in, it does condition the child to cry longer to get that response. The message to the child is, “If you cry at least 5 minutes, your parent will come visit you.” It sounds harsh, but in reality the child will not hurt himself or truly feel abandoned given you demonstrated you are still present, although not directly in front of them. That is why they are crying! They know you are around and can hear them otherwise they would have no reason to cry. The worst thing that can happen is a hoarse voice, sore throat, or occasionally some head banging that leads to a small bruise (and that is rare).

The other alternative is sometimes called the **Ferber** method. After the first time you go in, you extend this time and then repeat your presence in the room the same way. So if the first time you wait 5 minutes, the second time would be 10 minutes, and the next 15 minutes and so on. Both methods are acceptable and do work. Both will result in some crying, but the second method will take longer to complete.

If you need to change a diaper, keep the room as dark as possible. Verbally reassure him while you clean him, his clothes, and his linens, then immediately put him back in the crib. By so doing, you have given a clear, consistent message: “I am always around and will always check on you when something is wrong, but once fixed you must sooth yourself and sleep in your crib or bed.” If your child wakes before 6 am – repeat the process. Problems like teething or the diaper should be resolved quickly under 2-3 minutes. Pick a time and stick to it.

Naps should be similar. Compose a 10-15 minute routine prior to the nap. Put the child down awake and walk away. If he cries, respond after 5 minutes. Check on him, reassure him, and leave. If the crying lasts longer than an hour, then you should abort the nap attempt. This is rare but possible. Generally, start the sleep training process with bedtimes, not naps.



Toddler Challenges

Young children love to stall at bedtime. They find all kinds of reasons they should not be in bed. You would think they are all going to be great negotiators given the passion they put into these entreaties to stay up.

Reasons can include needing a drink, being hungry, needing to go to the bathroom, not being tired, needing another kiss/hug/story, being afraid, or needing a blanket repositioned.

The best strategy is once again consistency. Come up with rules that anticipate these “requests.” If your child claims to be starving before bedtime, make an announcement an hour or two before bed that “the kitchen is closing.” If she takes forever to decide, limit her choice to two or three items and notify them if they do not choose in 1 minute you will decide for them. This should be a snack and NOT a meal. Apply this type of strategy to other requests like wanting more books read. Offer them the option to choose two, but you decide if they cannot make up their mind in time.

New rules, new conditioning, and here comes the child testing these boundaries again! You must once again be committed to the process and all parenting figures must adhere to the plan! If your child comes out of her room, walk her back to her room and tuck them back in. Stay firm, unemotional, and always respond the same way. If the child calls out to “tell you something” respond back “I hear you talking. That is not good for your sleep. Please be quiet.”

So what happens if your child continues to get out of bed and test you? Incentives can be used. If the child does not leave the bed all night, a reward is earned. I often use a bed time token. If you get up, you lose the token and the reward you can turn it in for in the morning. You can use a barrier to the child getting out of the room if necessary. The key is not engaging the child and sending a clear message. Don’t let the child condition you to respond in the way they want!



Final Thoughts

Sleep is often the first time parents must set limits for their child. It sets the tone for what kind of parents you want to be. Will you guide your child to be independent and self-regulate their sleep and their own impulses? Parenting is tough! And babies will cry no matter what you do. Less crying does not mean better parenting. Depending on the temperament of your child, they may test you quite a bit. That determination will serve them well in life, but does not make it easy for you.

When children wake frequently and don't sleep well, the same happens to the parents. This puts an enormous strain on all members of the family. Everyone has less patience when overtired; they make poorer decisions and even relationships can suffer. You need to be at your best to be the best parent possible. You, like your child, need to sleep. Don't underestimate that!

So how often do the methods outlined in this booklet actually work? More than 95% of children will learn to self-soothe by extinction within 7 days. The majority will do so in the first 3-4 days. You will find the first 1-3 days of this process to be the biggest challenge and for this reason it is often encouraged for families to start the process on a weekend. This allows greater flexibility for parents to take a cat nap during the day should they need it.

So the rest is up to you. These methods do work and decades of research and experience support this conclusion. It is often not easy to practice good parenting, but it is worth it.

We wish you success and restful sleep for all members of your family!