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Thank you for choosing my sleep coaching/training guide.

Please read through this entire document so you can get the most out of this guide.

This guide contains age-appropriate methods to help your little one with falling asleep independently without your support or with you present, often referred to as self-settling. It is aimed at newborns and for children up the age of six.

#### ADDITIONAL SUPPORT

The purpose of this guide is for you to read and implement a technique to teach your little one how to self-settle. It is important that you pick a technique that you think will work with your child's temperament. Temperament plays a big role when it comes to helping and supporting our little one's with sleep (and everything else in life in fact!). If you need further on-going support in the form of a one-off call with me or a bespoke sleep package for your little one from me, then please head to my website where you can book this instantly.

#### **ROUTINE**

An overtired little one will be much harder to settle. It is important that you implement a daytime sleep schedule that makes sure your little one is getting the right daytime sleep. You can purchase my month-by-month routines (babies up to 18 months of age) on my website if you need further support on routines. You can also download my free "sleep needs" guide from my website to help if you need further free support.



#### **SLEEP SAFTEY**

It is important that you follow the appropriate baby and child sleep safety guidelines. In simple terms, for a baby up to 12 months of age, this is putting your baby down on their back in a clear cot or sleep space. Please research sleep safety before buying and implementing sleep products at home. In the UK, I direct families to **The Lullaby Trust** as they raise awareness of sudden infant death syndrome (SIDS) and provide expert advice on safer sleep for babies.

#### LITTLE ONE'S HEALTH

From my experience a little one will be ready for coaching around sleep and will be ready to take it all on board IF there are no underlying factors affecting sleep. For example, if your baby is experiencing reflux (including silent reflux), then I recommend getting this under control before you start focusing on sleep. Sleep will come when health issues are under control or resolved, I promise. I also recommend pausing any sleep training whilst your little one is poorly with a cold and virus. I talk more about this later on!

#### **AGE OVERVIEW**

**O-4 months:** At this age, you cannot create bad habits. Settling your baby completely to sleep if needed is okay. You may rock your baby to sleep, feed to sleep, touch to sleep, or whatever works for you. I do recommend starting to look at HOW your baby is going to sleep from 16–18 weeks as this is when you can start gentle sleep training (teaching your baby how to self-settle). Before this, you can practice putting your baby to sleep in their crib or cot once a day. It is important that you practice this when they are awake but ready for sleep. I recommend using a swaddle until around 8-weeks old but



some people like to use a swaddle until their baby starts to show signs of attempting to roll.

**4-6 months:** As I mentioned, this is the perfect age to start looking at HOW your baby is going to sleep. It is now super important that you teach your baby how to self-settle. At this age it is beneficial to introduce a gentle and responsive approach to sleep because your baby will learn such valuable and essential life skills such as self-regulation. I explain all of my sleep techniques in this guide and how-to tailor these for a younger baby. I started gentle sleep coaching with both of my children from a very young age and they are fantastic sleepers.

**6-12 months:** Your little one will be more aware of their surroundings now. If your baby is not able to self-settle and you are struggling with sleep as a whole family, then now is the time to look at solving this. I find the sweet spot for sleep training to be from 6 months of age and this is often when parents look to start.

**12 months-18 months:** If you have a child that cannot self-settle and is over 12 months of age, then it is important to be consistent. Your child will be wise and may act up. Knowing this will really help you stay strong during the process. The latter two sleep techniques that I teach will work for little ones who are over 12 months old!

**Toddlers and above**: This guide also works well for toddlers and above. If you have a 3-year-old and they have never fallen asleep without you, don't worry, you can start to make the change now. Well, you have started the process as you have purchased this guide! You haven't left it too late... You will get out the other side and wonder why you didn't do it sooner, promise! You know your child so take their temperament into consideration when you read through so you can implement the best method for them.



#### WHAT DO WE MEAN BY SELF-SETTLING?

So, what do I mean by self-settling? Let's look at this a little more. Self-settling refers to your little one's ability to be able to go from awake and alert to sound asleep, without any help from you and without you being present in the room. Think of it just how you go to sleep at bedtime.

Teaching your little one how to self-settle does not require leaving them to cry. Like any new task we face, we would all prefer to be guided and supported as we learn rather than left alone, feeling frustrated while we try to figure it out from scratch! Teaching your little one how to sleep independently can be achieved in a very gentle, kind, and supportive manner with you responding to your child, reassuring and comforting them. The change is NOT to take this support away but just to stop doing it FOR them! If your little one is relying on you in any shape or form, then this is not self-settling as they are not doing it by themself. If you must put a dummy in their mouth for your little one to go to sleep and to fall back to sleep, then this is not self-settling as you are putting the dummy in for them each and every time.

The way we put our little ones down to sleep, as well as the way we resettle them during naps or in the night, will dictate how they learn to go to sleep. I call these "sleep associations". Your little one NEEDS them to go to sleep. The most common sleep associations for babies are being fed to sleep, being rocked to sleep, being patted, or using a dummy (also known as a pacifier). For a toddler it might be you holding their hand until they drift off. I would like to add that the dummy is only a negative sleep association IF your little one relies on you to put in back in each time (younger babies). Some young babies only need the dummy at the onset and are fine without it thereafter once they have spat it out. As babies get older, they can actually begin to reinsert he dummy alone without your support.



So, the way our little ones are put to sleep at the start of a nap or a bedtime is the only way they know how to go to sleep. If they then wake at the end of a sleep cycle and that same sleep association is not there, they will not be able to go back to sleep without it. Therefore, you can encounter challenges like catnapping for 30-45 minutes (after a daytime baby sleep cycle) or night waking every 2 hours through the night. For older children, they may get extremely upset.

Sleep associations are very normal for us to fall asleep. As adults we have things like pillows and a duvet. We need these sleep associations to go to sleep. We see problems when negative sleep associations disrupt your little one's sleep. If your little one relies on a parent-controlled sleep association to fall asleep at the start of a nap or at bedtime, they will need the same conditions replicated each and every time they wake and want to go back to sleep. We will look at types of sleep associations in a moment so you can understand these fully.

#### So, to summarise:

- Sleep and self-settling are something we can coach and guide our little ones with mastering. Practice makes perfect.
- Tou do NOT need to be cruel or leave your little one to cry to teach them how to self-settle.
- Self-settling to sleep is a form of self-regulation and a vital life skill.

#### WHAT ARE POSITIVE SLEEP ASSOCIAITIONS?

Positive sleep associations are things that do not need you, so, they can be things in a little one's environment that signal it is sleep time.



These also include things that a little one can control, for example, a comforter. By child-controlled, these are the things that a child can access or use themselves to assist them to fall asleep.

Your little one will ultimately be able to shift between sleep cycles on their own, without needing your help.

What are some positive sleep associations examples?

- Comforter
- Sleep sack
- Duvet (older children)
- Swaddle (younger babies)
- Dummy (around 8/9 months babies can replace themselves)
- Finger sucking
- Dark room
- White noise



#### ALL THE SLEEP COACHING TECHNIQUES FOR SELF-SETTLING

It is a common misconception to think that coaching a little one to self-settle must mean leaving them to cry it out. Coaching a child to self-settle can be done gently.

In a nutshell, there are four sleep techniques:

- 1. Extinction (often referred to as "cry it out")
- 2. Controlled crying
- 3. Fading / Gradual retreat
- 4. Attachment parenting

Let us look at each of these in more detail so you can understand them.

### **Extinction / Cry it Out**

This is not a method that I advocate because it is NOT gentle, and it does not allow you to comfort your little one. This method requires you to put your little one down to sleep and leave the room without returning. The idea is that the little one will eventually stop crying and learn to fall asleep on their own. There may be some children for whom this is effective, but I have never encountered a case that could not be resolved with a more–gentle approach. I do not recommend experimenting with this method. There is no gain in leaving your baby to cry for extended periods of time without being able to comfort. Studies have shown that babies who are left alone to cry for extended periods of time on a regular basis may be exposed to unhealthy stress levels.

## **Controlled Crying**

This involves leaving your child to try to settle alone but going back in to offer comfort and reassurance at set intervals. There are many

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variations of this method. You may hear of people talking about Richard Ferber as the Ferber method is a version of this. Some set a 10-minute timer, others go in at gradually increasing lengths of time every time, for example, after 2 minutes then 4, then 6, then 8 until you reach 10 minutes and then you stick to 10 minutes. Some examples increase this to 15 minutes. You must be 100% consistent with this method so it's wise to get very clear on the timing parameters you want to set.

### Fading / Gradual Retreat

This method is very gentle and involves staying in the room with your child until they fall asleep. You use shh-ing sounds, key phrases or words and intermittent touch, to soothe and comfort your baby. Once your baby is truly asleep, you leave the room and then return and repeat the same thing for each and every waking until morning. Each night, or every three nights, you should move your position in the room further away from the cot or bed until you are right by the door, then outside the door where your little one can see still see/or hear you. By the end of this process, you should have a little one who can put themselves to sleep and resettle without needing you help.

It is important to note that touch will be intermittent, otherwise it could become relied upon. Stay put until your little one is asleep. If you leave too soon this could be detrimental on the whole process.

This is a good sleep training technique to use if you have a sleep crutch – for example, have a baby that is always being fed to sleep.

This is a very gentle sleep approach as you are always with your little one. It's also good because it can be modified for a child in a bed.

Sometimes this approach doesn't work for children who are very stimulated.



### **Attachment Parenting**

Attachment parenting is very extreme. It does not allow your baby to learn, explore or make mistakes.

This type of parenting often involves co-sleeping or room sharing for as long as the baby wants, baby wearing or using a sling for most naps, settling your baby with whatever works be it rocking, cuddling, feeding, stroking and generally responding to your baby in a "rescue" sense every time there is a fuss. Feeding on demand is fine, particularly during the early months but using feeding as a means to settle a baby even when they are not hungry, is not truly serving them or you.

Attachment parenting is very valuable for newborns, but it is wise to look at the long-term effects too. You should also consider WHO you are doing this for, is it you or the baby?

The pros are lots of cuddles and attachments forming. The negatives are that it will take many years for a child to be able to learn key skills like falling asleep on their own. It may make life easy in the short term but can make things tougher in the long term. The longer this approach is done, the harder it is to teach your child how to sleep independently.

I do not advocate **extinction** or **attachment parenting**. Extinction is very harsh and un-responsive which I do not believe in. Attachment parenting is a lifestyle choice.

I base my teaching on the two middle gentle sleep approaches. There are three that I like to use, and I like to call these **Cuddle & Cry, Reassurance Visits** and the **Four-Step Fade-Out**. I have come up with my own tried and tested techniques. I have also used these techniques personally with both of my children.



Before I talk through these in more detail it is important that you consider your child's temperament before starting one of these methods. So, use your understanding of your child's temperament to select the most suitable sleep training approach for them. Remember there are only four main sleep training methods to choose from. Be clear and confident before you start. Only commence if you are committed to seeing it through, otherwise you could confuse your little one and be worse off than the start. REMEMBER, CONSISTENCY IS KEY!

So, before we move onto the sleep coaching techniques I promote and teach... I wanted to spend some time talking about crying and a few other things before we get into that so keep reading...



### UNDERSTANDING OUR LITTLE ONE'S CRYING

Okay, so I need to talk about crying as I know crying is a hot topic for many parents who turn to sleep training. Crying is very, very normal and I am always very sceptical of sleep consultants who say there are no cry sleep training methods out there. Therefore, it's really important to understand crying in more detail.

One of the reasons I was always put off traditional controlled crying, was that it felt regimented and very harsh, and the visit times were too far apart for my liking! Also, the visits were made regardless of whether the baby was very upset or just about to drop off to sleep. It didn't make sense to me?! I personally wanted to see my baby sooner when they needed me and have the permission to hold off a little if they were doing the very thing I asked of them – learning the skills to settle themselves peacefully and confidently off to sleep. For this reason, I think it's really important to work off crying levels to help us to decide on how our baby is doing and how often I visit.

My crying levels help parents to step away from the blinkered rigidity of visiting at timed intervals regardless of what their baby is doing. My system also offers parents a way to be responsive and loving and the visits ensure you always respond appropriately to meet your little one's true needs, rather than falling back to the learned behaviours that you've both come to know so well. Try to remember, it is those very behaviours that this plan is setting you both free from.

So, here are my crying levels explained:

#### **LEVEL ONE**

This is not much than a moan or a murmur. Level one protest has no real discontent at all. This is nothing to worry about at all and many babies do this before sleep as a very mild protest about having to miss out on all the fun they were having in favour of rest. Rest they



must have, so let's not get our knickers in a twist over any level one crying. My youngest would often let out this sort of cry just before nodding off when she was a younger baby.

#### **LEVEL TWO**

I would classify this level of crying as a constant grumbling. Your baby has taken the protest up a notch now but it's not usually distressing to hear (unless you are ahead of yourself and worrying where it will head, which few parents are able to avoid when they first start out so just remember that). While this level usually moves up to level three, it can also precede a level one cry, or indeed sleep. This level cry is nothing to write home about.

#### **LEVEL THREE**

This is a definite, established cry, but it is not one that makes you feel deeply uncomfortable or compelled to act – you just know that soon you'll need to act. There are no tears with a level three cry. It is certainly unhappy, but it is not yet very upset, and we do not want to intervene too soon. Hold off just yet! We want to give them the consistent message that when they need us, we will always come, but that we have faith in them and their ability to practice working it out until then.

#### **LEVEL FOUR**

This level of crying is what we'd call 'very upset'. It is not pleasant to hear, and if you're feeling uncomfortable with this, that's absolutely as it should be. Discomfort is not necessarily a reason to withhold doing something and nor does it mean that what you are doing is wrong. I liken this to that sick feeling you get right before the interview for the job of your dreams, it doesn't mean you run away from it. It's because it matters and getting that job will change your life for the better and so will this (promise!). When the feeling within



us signals that it is time to act, we lovingly respond to our baby's cries with a reassurance visit (I talk about this later). When we act at a level four, we ensure that we don't rush in, all guns blazing, performing a rescue that was never needed. We also ensure we don't interrupt the amazing work they are doing to become enabled in solid sleep. We don't want to remove the opportunity from them to learn and practice these skills when we only just offered them the chance to do it. When our babies are at a level one, two or three they are trying to do what we are asking of them. However hard it feels, the magic happens when we can find the strength to hold back and see just how much they are capable of and when we give them the chance to show us.

#### **LEVEL FIVE**

This isn't a level we hear very often. It's above a level four in number, it can in fact be less of a call to action. Level five crying is a very angry 'cross' shouty-type of cry. It is unquestionably an angry cry rather than a sad one. It is usually more about them saying, 'How dare you?! This is not how I sleep and not how we do things. You come back here right now and feed/rock/stay with me like we agreed!!!' Whilst this level of crying is always alarming, it sounds a lot worse than it is, and it's okay to hold back and not visit if that's what your gut is telling you to do in that moment. Some people like to visit at a level five and others prefer to wait until their little one is properly upset/genuinely needing them. The call is yours to make. Either way will result in a successful outcome.



#### **SLEEP ENVIRONMENT**

There are no absolute musts when it comes to creating a sleep environment for your little one. Here are some of the things you can consider and things that I do recommend!

**Where to Sleep**: During the sleep teaching, the best place for your baby to be having their sleep, both night and day, is in the cot (babies) or bed (3+ years and above) in the room they sleep in. By the way, if your 3.5-year-old is still in a cot and it works then that's great.

Children sleep better in their cot or bed. We as adults sleep better in our bed.

It is important for your newborn to sleep in your room until at least 6 months of age. It's recommended your 6-month-old can move to their own room at that age. If you've been wanting to move your 6month-old baby into their own room, now is a great time to do it but only if it feels natural to do so. Make sure, just for the first week of the sleep teaching, that naps are at home in the cot. This ensures that we have an entirely blank canvas to teach on, without adding in too many variables or obstacles to solid sleep. In the second week, feel free to experiment with sleep gradually and gently outside the cot but be aware of your child's response to this. They may prefer things more structured (especially if structure is something one of their parent's needs!). It's in your interest to go with what your child needs, as good day sleep is key to solid night sleep. If you have to be in for a few hours a day while they sleep, try to see it as a freeing, rather than a restricting thing. I speak to far too many parents who find napping restrictive and it's not! The time when your baby sleeps can be a wonderful time for you to concentrate on giving yourself what you need most so you can meet everyone else's needs the rest of the time.



**Future Proofing**: Once the sleep coaching is completed, your baby will of course fall asleep in the car, the buggy, or on you every now and then. Be aware of poor sleep habits creeping in over time, but don't let that rob you of your chance to enjoy that magical bond with your little one. I am one to co-sleep with my kiddies when they are poorly and so should you if this is something you want to do. Having your little one near when they truly need you is important. I just make sure to pull it back as soon as they're on the mend.

**White Noise**: Now, let me just say that I am a massive fan of white noise. It is something that I use personally, along with my husband, as he suffers with tinnitus.

A 1990 study into the impact of white noise on infants found that 80% of the 40 babies studied fell asleep within 5 minutes of hearing white noise. That's cool stats, isn't it?

What is white noise? The sound from white noise mimics the sound of the blood whooshing through the umbilical cord, so it's a lovely natural sound that you needn't be afraid of creating a dependency to. I often deal with lots of parents who say they worry about how their older baby or child will sleep without it. It's honestly simple... to stop using white noise, you just turn it down gradually over the space of a few days or a week. It's really simple. Technically, white noise is made up of many sound frequencies which mask and black out sudden sounds like parents entering the room, screaming siblings, noisy knocks at the door (why does the delivery man always rock up at nap time, hey?), melodical summer birds, road noise and barking dogs. It's most effective when played continuously throughout the duration of the sleep, rather than timing out after 30 minutes or a few hours (this in itself can wake a baby up so it's something to be mindful of!)

White noise can make for a peaceful settle and a deeper and longer sleep. There really are no negatives. As a guide, the volume white



noise should be played at should be that of a shower in the same room. If using a white noise machine, have it at no more than 50 decibels. There is pink and brown noise too so you can look at these options too and see which is more appealing to you and your little one.

If your baby/child is room sharing (with you or a sibling), if one parent starts the day early or you live with a fair bit of external noise, it's white noise all the way! Trust me!

**Black Out Blinds**: Not all babies/children need it pitch black to sleep their best sleep, but some can't do without it. Particularly if you have a little one who is stimulated by light or just ready to go as soon as their eyes open. I have two children – my eldest needs a very dark room and my youngest can cope with it being lighter.

Suction pad black out blinds are available as a cheap option and can be great for having a mobile solution to light disturbance. These are great options for the summer months.

Another hack that I like is using tin foil. You can damp the window and then stick the tin foil on, and it is as effective at blocking out heat as it is light.

**Swaddling**: If your baby is under 3/4 months, consider swaddling so that the jerky movements your baby makes as they go into (and come out of) deep sleep don't interrupt them at the regular intervals in the night as they move between sleep cycles. Babies have been tightly confined in the womb and swaddling can feel inherently 'known' and safe. I am not going to teach you to suck eggs here – you can go ahead and choose how best to swaddle your baby. There are some brilliant resources available online.

**Too Hot or Too Cold**: It might sound obvious but if a baby/child is too hot or too cold then it can cause wake ups and potentially early



rising (pre 6am). In the winter months the early hours of the morning can be particularly cold before the heating starts up so think about what you dress your little one in at bedtime to make sure it's not one of these reasons.

Full Belly: Whilst I wouldn't be so bold as to tell you how and when to feed your baby, I do recommend that whatever you do, you put your baby down to sleep with a full belly. Not over full, but contently full. For young babies, even if a feed isn't due right before the nap, I recommend that you offer them a top up prior to it. This way they can benefit from a warm and full belly before sleep, with no chance of hunger ending a nap prematurely. I recommend stopping this "top up" offer once you have started weaning, so around 6-7 months. I am aware there are a lot of differing recommendations with regards to 'when to feed', with some routines suggesting to feed when they wake, in order to separate milk from sleep and this is why I recommend stopping this from 6-7 months. My view on younger babies: so long as milk is not used to put your baby to sleep it is a wonderful tool to precede it. I don't see the need to move milk so far away from sleep that it is the reason a baby wakes prematurely from a nap. Mother nature made it so that feeding induces sleepiness, and we want to work with that, not against it. One thing to be sure of is, do not feed to sleep, but to sleepy for younger babies! If they fall asleep on the boob or bottle or in your arms, they must be roused before going into the cot. Yes, it makes it harder initially, but do not be afraid of this - it is all with a view to things being unspeakably easier in the long run! Once your baby is well established on solids, this is when the offering of milk can be altered in your routine and offered at different times throughout the day (not before sleep, except for bedtime).

**Baby Monitor**: I personally think it's worth investing in a good monitor so you can watch your little one on screen. By watching them on screen, you can start to see how they behave and how they start to fall asleep on their own. There is no right time to get rid of





the monitor but I think it's important to keep one until your little one can confidently alert you if something is wrong. If that's when your little one is a 4-year-old, then that's fine.

**5 Minutes Before Sleep**: Have a nice little simple and short routine before you pop your little one into the cot. This can be as simple as changing your little one's nappy, a song, a book, kissing their teddies goodnight, etc. The simpler and more enjoyable you make this, the easier it is to stick to and recreate when you're away from home. It also means someone else can do this if they are to put your little one down for a nap or at bedtime. Children thrive off routine and predictability. Trust me! I talk more about bedtime routines later on...



#### **NAPS**

Let's talk about naps! Naps are very important for babies and toddlers.

The right daytime sleep will mean that the potential for the overnight sleep will be optimal. If your little one is having too much daytime sleep, then rightly so, they will likely have an unsettled overnight sleep because they have just had too much sleep in the day. If they have too little, this too can impact their overnight sleep as they are just too tired when they go to bed (releasing too much cortisol, a stress hormone, which tells the body to wake up and stay awake essentially). There is a balance and getting this balance is important.

I recommend that you keep a diary of sleep for a month or two so you can start to build a picture of what works for your little one. This will start to form as you go through the sleep coaching process. Try it!

Naps are important and we know how well naps are serving our babies (whether they're working for them or not) by how they wake from them. Wake happy – likely had enough for now. Wake crying – probably still tired. We can also see whether they are getting enough by seeing how well and long they are able to stay cheerfully awake for between sleeps. If they start to get a bit irritable towards the end of their wake time, that's normal and the wake window is serving them well for now. If they're not lasting half of it, the wake window needs to be shortened. Remember, even when you do find a wake window that works for your baby, it will change (extend) every month or so. I usually tell my clients to stop obsessing over wake windows by about 10 or 11 months, because if your little one is in a solid routine that works, then you don't need to obsess over wake windows any longer. It's important to watch the time when you have a tiny baby as they really can't stay awake for very long at all.



When it comes to evolving with your baby, be flexible. To find out if your baby's naps are working for them, ask yourself:

- Is my baby waking unhappy from naps?
- Do I sense they are overtired?
- Are they significantly under their recommended amount of day sleep? (get my how much sleep chart from my website for free)
- The they discontent or unhappy between sleeps?
- Are they clingy, hard to please, off milk, not happy being held up or put down, not really knowing what they want?

If any answers to these are yes, consider how you might help your baby to get better day sleep. This will mainly be through shuffling nap gaps around, experimenting with timing and probably making a sacrifice or two about when you do things in the rest of your day. It's really not a showstopper when needs and wake windows change. Try to change with them.

If naps ever feel like they're just not working and you've ruled out a physical disturbance, then it's probably just a change in nap needs. This is simple to resolve and need not be a cause of great stress.

Furthermore, if there's one part of day sleep that isn't working such as the last nap, or bedtime it almost always means the wake window isn't right. Try shortening or lengthening the nap or dropping a nap and watch it all slot in to place.

If your baby wakes before you feel they've had enough sleep (waking unhappy is usually a giveaway) then hold back on going in to get them, to see if they may go back off. If they're going to do this, it'll be within 20 minutes. If they haven't done so by this time, get them up and try later. It's perfectly okay for naps to last between 20 minutes and three hours, so long as they are serving your baby (!).



Often, when babies are unhappy or moany, it's that they're tired, so once you've considered the other factors, get them down to sleep.

I personally believe in capping naps and I personally would never allow a 6 month old, for example, to sleep beyond 2 hours for one nap. In fact, I think a 2 hour nap is adequate and would always wake a child after sleeping this long (ignoring newborns who I wouldn't mind having a 3 hour nap).

These are my five instances when I think it's okay to wake your little one from their sleep.

- If it's beyond 7.30am.
- If a nap is going past 2 hours.
- 🕏 If bedtime will be negatively impacted on.
- If you struggle to fit all naps in the day (for babies on more than one nap).
- © Capping the morning nap to protect the lunchtime nap. You can purchase my month-by-month routines for babies from 4-18 months and I explain how to cap the morning nap to enable a long lunchtime nap. Essentially, you start the morning nap at 45 minutes and reduce this to 10-15 minutes, until it's no longer needed.

When you start getting resistance to a sleep either in the form of them waking early from a nap or taking longer than 20 mins to settle for it, they are trying to tell you something. Either something is bothering them physically (dirty nappy/ teeth etc) or their nap needs are changing.

Typically, babies drop to two naps at 7–9 months and one at 13–18 months (average is 15 months). If your baby begins resisting a nap out of the blue, and there are no obvious physical interruptions such as teeth, it could be that the nap needs to be pushed back by half an hour to get it back to its normal length.



This moving of nap times is how your baby transitions from five or six naps to one over the course of the first eighteen months so it is a bit

of a juggling act but you'll start to understand this and master their sleep. When you need to make a change to the nap schedule, try an alternative time (half an hour to an hour before or after normal time) and keep trying (a new time each day is fine) until it clicks.

When they go down easily (5–15 minutes) and give you a nice long nap, waking refreshed, it's the right time! Stick with it until they tell you otherwise.

Danger naps are a thing. If you let your little one sleep too late in the day and too close to bedtime, you will interfere with the sleep pressure build up they need for bedtime. So, experiment and work out the perfect time for your little one to be awake for the rest of the day until it's bedtime. I wrote down both of my little one's sleep patterns and at 15 months, if my eldest was awake by 2.45pm, she was perfect at going to sleep and staying asleep with a 7pm bedtime. With my youngest, she needs to be awake by 2.15pm for a 7pm bedtime. Every child is different and that's why I mentioned about keeping a brief diary for your little one's sleep so you can build a picture of what works for them.

Kids usually drop the nap between the age of 3–5 years of age. Yes, some 5–year-olds still nap! Often, I see parents drop the nap far too soon. There will be times when your little one doesn't fall asleep easily or struggles for a few days... I see far too often that parents then think their little one doesn't need to nap. Leave things as they are for a good 2–3 weeks and if there are still struggles, think about shifting the time of the nap, then capping it and then toy with the idea of doing 3–4 naps a week, so you have some days when they won't nap. The dropping of the nap can take time for your little one to adjust so don't rush it.



#### WHAT TIME SHOULD I START THE DAY?

I think it's important to have a set wake up time for the day. As a family you should work out what time this is. For you it might be 6.30am as that give you enough time to get everyone up, dressed, fed and onto the school run! For me it might be 7.30am.

I would recommend you do not let your little one sleep past 7.30am. This should be the absolute cut off, so you are more in control of the day and there is consistency for your little one's routine and day ahead.



#### WHAT TIME IS THE PERFECT BEDTIME?

Now, the time of bedtime will vary for every child. A lot of it depends on age and a lot of it depends on sleep needs. It is quite normal for two children of the same age to have different sleep needs – one may need a 90-minute nap and the other needs 2 hours, then one needs 12 hours overnight and the other only need 11 hours. If sleep needs were the same for most children, then I probably wouldn't be writing this guide.

It is very normal for newborns to have a later bedtime – between 9–11pm. This will come forward as your little one grows. By 6 months of age, I like bedtime to be in the range of 6.30–7.30pm.

The sweet spot for bedtime is between 6.30–8pm for most kids. My advice is to pick a time that works for you as a family but make sure you do not let your sleep one's sleep needs suffer. For example, I worked with a family before where they couldn't get their child into bed until 8pm at the earliest (the parents worked shifted and it just wasn't physically possible to do it any earlier). We ended up giving their little one a bit more daytime sleep with a bit of a later afternoon wake up so it worked with their bedtime schedule. This is an extreme example but I wanted to share so you can see that you can always make it work.

If your little one is waking at 6.15am for the day and you are aiming for an 8pm bedtime, then I'd recommend bringing bedtime forward as that just might be a little too late. Often parents think that a later bedtime means they will wake up later in the morning and this is often not the case, believe me. So, really think about the time of bedtime.

I am not going to tell you the exact time to put your little one to bed, but I do want you to consider everything I've said here and factor in





the right wake window before bed (if napping) so there is enough sleep pressure.

It is important that you implement a bedtime routine for your little one. Children thrive off routine and predictability. For a tiny baby, this routine might take 45 minutes because feeding can take longer, but as your little one grows, a good bedtime routine should take no more than 30 minutes if you are including a bath. A bedtime routine might look like this – bath, out of the bath and cuddles, some lullabies or songs while you get your little one dressed in your bedtime, milk or a bedtime snack (older children may have a snack), brush teeth, go for a wee, into their bedroom for the final 5 minutes of bedtime – where you will put the white noise on together, close the blinds, kiss and cuddle their teddies and read a story, then it's lights out.

I like to do the bedtime routine in other rooms in the house, and as little as possible in the room they sleep in. Sometimes if you do too much in your little one's room before bedtime this can cause some anxiety, so I usually tell my clients to spend the last 5 minutes in their room as I mentioned above – closing the blinds, putting the white noise on, kissing teddies and reading a story.



### DREAM FEEDS AND OVERNIGHT FEEDS (for babies)

Skip this section if your baby isn't feeding overnight.

You can dream feed or feed your baby overnight for as long as you wish to, but it is important that you know that the vast majority of babies do not need a dream/overnight feed, either nutritionally or emotionally, beyond six months of age. There is absolutely nothing wrong with feeding more often than your baby needs to, but doing so is almost certain to ensure that unnecessary night wakes are perpetuated. Believe me.

It can also create even further wakes than the wake for that feed, because every overnight feed surplus to need gives the message that feeding is what happens overnight. There is no right or wrong when it comes to sleep, just behaviours that are conducive to solid sleep and those that aren't.

I have worked with countless families with older babies who still have feeds overnight and when I tell them to stop, they are surprised at how easy it is. Sometimes it's the parents who fear the change or potential disturbance more than anyone else.

Feeding overnight beyond six months simply means that as long as the feeds are on offer, the wakes will continue. I promise you! In other words, it is okay to feed your ten-month-old baby three times a night, but it impossible to get the 11/12 hours of unbroken sleep that they are capable of while you do so. If you are currently breastfeeding your 6+ month-old baby overnight and want to stop or reduce feeds, we recommend that you do this gradually, for the sake of your body. Reduce the overnight feeds by one feed per day (so if you are currently on four-night feeds, they can be stopped over four days). If there's one night feed happening, that can go on the first night. Please go easy on your body – I do not want to be responsible for rock hard boobies or mastitis. Be prepared for your baby's



appetite to increase in the day when you stop giving feeds overnight through. Immunity will be boosted too, as the gut gets treated to a range of nutrients and minerals.

Make sure that there is no stimulation during any dream or overnight feeds; no noises, no talking, no lights and no other disruption. The feed takes place during their sleep and so there's no need for winding, or for them to be roused or awake before going in to their cot. No nappy change needs to take place unless the nappy is soiled. The idea is that these feeds are done in their sleep.

I recommend doing dream feeds for babies under the age of 6 months. The best time to do it is just before you go to bed, and this in hope that you baby will stretch their next stretch of sleep so they wake up once (or potentially twice) for another feed before it's time to wake up for the day.

Please avoid doing the bedtime feed in their room. Do it in the living room or in your bedroom. You can have the TV on in the background. It doesn't need to be a dark and dim setting as we are actually trying to avoid little one from falling asleep while feeding. If your little one is still sleeping in your room, you can still do the feed in your room, just turn the lights up a little and have some calming music play for example.

Don't Rush to Feed: I always advise that stretching out feeds might be an option for you. If you 5 month old starts to rouse around 3am, and you can hold baby off with some gentle resettles for a while, then do give it a try. Also, if you want to keep a night feed in, I recommend that you use the time of night your baby fed as their new personal best, and try not to feed before that moving forward. For example, if your baby wakes and feeds at 3am, try not to feed them if they wake at midnight the next night. Instead, think about following the steps. If they feed later than 3am one night, make that their new personal best.



#### **OVERTIREDNESS**

Whilst it's important that we are conscious of overtiredness, it is equally important not to become obsessed with it. I think that overtiredness can become a bit of an obsession for some parents and that's probably because a lot of sleep consultants harp on about it so much.

Let me explain that overtiredness can be a "thing" but it's usually when you are severely missing your little one's sleep needs – not letting them nap, bedtime being far too late, etc.

A stress hormone, cortisol, is released when we are too tired. It happens to all of us. If babies or little ones have too much of this hormone in their little body, then they can find it difficult to settle to sleep and stay asleep.

We essentially want to find the sweet spot of when our little one's are tired and READY for sleep. Make sense?

The overtiredness fear can lead to us tuning out to our little one's cues and missing that they actually need a bit more time awake as they get older. Listening to our children's and our own sleep cues, and observing what happens when we try different wake windows between sleep, make for a much better quality of rest and happiness for the whole family. Do not be afraid to spend a great deal of time making mistakes and learning from a trial and error approach.



### LITTLE ONE'S HEALTH

It's really important that I talk about health and well-being.

**Good Health**: Ensure your child is completely well before commencing the sleep teaching. If any signs arise showing you that pain or discomfort may be at play (snotty nose, cough, temperature, red cheeks, extra dribble, extra wind at either end, a rash, a change in nappies or off their food/ milk), please take this into account and hold off until they're better. It's totally normal for your little one to need more comfort when they are not 100% so holding off is best.

Parents of teething babies report that Nelson's 'Teetha' sachets are great, but there are times when teething that causes pain requires infant paracetamol or ibuprofen. If you are struck with teething or a similar physical obstacle when you've already started the sleep teaching, you have two options. You either stop the teaching until it has passed or you make the informed decision to continue, if you feel deep down that your baby is okay. Go with your gut here – you know them best.

**Probiotics**: I recommend giving a probiotic to all babies and children. The medical world now knows that the gut is absolutely fundamental to all elements of health. The enteric nervous system (ENS) contained within our gastrointestinal tract is made up of two thin layers of more than 100 million nerve cells. The gut has an impact on our mood, digestion, health and even the way we think. Scientists now call it the second brain – cool huh?! I have personally used probiotics with both of my children and I know a lot about how gut health can impact sleep. Do your own research on probiotics but it's definitely something I recommend to all of my friends with kiddies.

**Cows Milk Protein Allergy (CMPA)**: Allergies in babies can cause havoc in their own right. It can be very difficult to spot as the symptoms of cows milk protein allergy, for example, can vary from



baby to baby. What makes it harder is that your baby cannot communicate exactly what they are feeling. Signs of a CMPA are colic, reflux, eczema, a constantly runny nose, stuffy nose, eye rubbing, grey under eyes, red cheeks (this can of course also be teeth), particularly smelly or loose poos, mucus in poo, bloody in poo sometimes, straining to poo when it's loose or firm, pooing more often, constipation, disturbed sleep (short naps and excessive night waking from discomfort), and spots or unclear skin – particularly around the jaw.

If you suspect an allergy to dairy, or perhaps you fear your baby is reacting to something in your breastmilk, it's best to get the allergy under control before you start sleep training. If your baby is uncomfortable or suffering with an allergy, all the sleep training in the world will not stop this!

My eldest, Clemmie, had an immediate reaction to egg when she first had egg. My youngest, Izzy, had CMPA so I have lived through the difficulties of poor sleep because she was in so much discomfort. I do offer support and advice around CMPA, allergies, digestion issues, tummy problems, etc so do get in touch for a call and I can talk you through everything I know and what you can do to get your baby back on track health-wise. If you are in the midst of allergy struggles, I see you and I hear you, I remember it well and I'm here for



#### THINGS TO IMPLEMENT WITH OLDER LITTLE ONES

**Mummy or Daddy Time**: This time is a dedicated 10 to 20-minute slot of time, each day, which you give to your child, labelled as their golden time. Have this time laid aside for whatever your child would most like (not you!).

Fill this time with whatever they want to do. This time reinforces the notion to your child that daytime is the time for cuddles, affection and attention and night time is for sleeping and gaining the rest and energy needed for another day.

Let this special time be led entirely by your child – simply ask them what they want to do and let it evolve naturally. Avoid the urge to lead it yourself or make a better suggestion – this defeats the purpose of this special time. As adults, we lead all the time, so let them have a turn and an opportunity to be utterly in control and to have a say in how this time is spent. It is really important that we give our children some idependence as this is something they start to seek as they grow and develop.

Bedtime battles are often about your child creating an arena where they can exert some control, so we find this special time helps in negating the need for that, making life more peaceful all round. It's important that this time is not interrupted by phones or other siblings, if at all possible. Do it at a time when you can give them your full attention and it's not rushed. Try not to leave it until the end of the day. Many parents find it beneficial to keep this going once you've finished the teaching. Your child will love it, and you'll likely surprise yourself by enjoying it, too.

You can complete the sleep coaching knowing that you've given your child some really lovely bonding time each day.



**Planning Your Start**: Don't begin the sleep coaching unless you have a clear two weeks before a holiday or any kind of major change. I don't recommend you start it just before, after, at the same time as a significant emotional change such as a new baby or a return to work, start at pre-school. I think one month is enough time to allow on either side for these changes. Two weeks at a push.

If your child shares with a sibling, consider moving that sibling out the room for a few days while you sort your child's sleep out. Or stage their bedtimes (easiest bedtime first) and use white noise to minimise disturbance.

If you have two children's sleep issues to work on, do not attempt to do it all at once. Please. Consider doing one first, staging bedtimes, using white noise and moving one in to another, your room with the purpose of dividing and conquering! It'll be far easier to tackle one at a time. Once you've had a handful of solid nights you can start with the next child. White noise will be your friend during this time so don't be afraid to use it.

If your child is still napping it is okay if that sleep takes place in a place outside the cot, such as the car, buggy or sofa, as long as they take a decent length nap that they wake rested and happy from. It's also important that the nap doesn't require gargantuan efforts on your part to get them to sleep (going on a long drive walking for miles in the buggy, sitting stroking hair, holding hands for 40 mins while they drop off). If any of these things become a faff, try getting the nap back in their cot and keeping it there for as long as you can.

**Food**: If you still offer milk to your child, you may want to consider offering food before milk, starting with breakfast. Milk can undermine the solid foods needed to give your child the range of nutrients they need. Undermining solids with milk can also result in them waking early from a nap or at night because they did not have a full enough belly when they went to sleep. Giving your child milk



first may also provide an incentive for them to wake earlier for the day because breakfast is far less inviting than a warm bottle or a blissful boob! This 'food first' approach can greatly help children who are not particularly experienced in solids so give it a try.

**Boundaries Outside of Sleep**: It is all very well me giving you the tools and advice you need to achieve solid sleep, but please bear in mind that if you're contradicting the new sleep-related boundaries outside of the sleep arena such as threatening day time discipline that you can't and won't see through, resulting in your child not taking you seriously, it'll be hard for you to have complete success in the sleep department.

Make sure that firm and loving boundaries come in to play and are reinforced at the same time as the sleep coaching.

If you do use the threat of something pleasurable being withdrawn (if you keep throwing sand, we are going to have to leave and go home) make sure that you either don't use that threat if you can't see it through, or - do it! Pick immediate and meaningful and impactful consequences and see them all the way through however much it inconveniences and pains you to do so. You should only have to see things through a few times for the threat alone to be enough!



#### MY SLEEP COACHING TECHNIQUES

Let's move onto the sleep coaching techniques that I promote and teach to parents.

#### GETTING INTO GOOD PRACTICE WITH YOUNGER BABIES

For young babies & you are just starting your self-settling support with your little one... If your baby is between 4-6 months of age, then I recommend putting your baby down to sleep and starting with shh-ing and patting together. You can place your hand on their bum and pat gently, staying with your baby entirely until they fall asleep. You can lay your baby on their back and place your hand on their chest gently and rest it there while shh-ing. Work out what works best for your baby. This technique works well for young babies as you are teaching them that your voice and touch is always there. Once they get more confident, then you can introduce one of the other methods below so that you move onto the next stage. You may have to do the shh-ing and touching for a week or two (sometimes longer) so your little one understands what is going on and then you can slowly reduce your touch and voice over time. The first time your baby falls asleep without much support at all will be a very big moment for you as a parent (you'll get there, promise!).

Another technique that I like to use with very young babies (under 4 months) is where you place your baby in their crib, you have baby slightly on their side with one hand on their back and the other on their chest. You should be able to feel your baby's heart beating. You can do long shhh's and wait for baby to calm and fall asleep. Once you see baby's breathing slow and be steady, and start to drift off, you can gently lay baby on their back and leave your hand on their chest. If you lay them on their back too soon, they may wake but you will soon work out when the perfect moment is for your baby. Remove your hand from their chest once they are sound asleep after



a few minutes. You can try this once a day with your newborn as it's great habits practice.





#### **SLEEP TECHNIQUE #1:: CUDDLE & CRY**

In my experience when baby is ready and there are no underlying factors affecting sleep, then this can really create a very quick turnaround with often less upset than you are potentially having already. This approach allows your baby a few minutes to try and settle themselves to sleep, but then if they are still crying, you will pick them up and hold and reassure them until calm... then putting them down and trying again. As far as cry methods go, this is a very gentle way of helping your baby learn to fall asleep on their own. I like to use this technique for babies.

LEVEL OF CRYING	TIME	WHO CAN DO IT	SLEEPING THROUGH WITHIN	GREAT FOR
likely to have crying, but short intervals and help from you to calm	should see progress within a few days for settling, mostly sorted within a week	both parents	Usually 7-10 nights (with relevant night feeds)	babies under 6 months. Reflux babies over 6 months. Less success with babies 8m +

- Implement your bedtime routine, including bath, feed, stories, etc, then lower your baby down into their cot. Remember to be confident when doing so even if you feel anxious about it your baby will pick up on your anxiety.
- Lean in and give baby a last kiss, whisper your sleepy time sentence and then leave the room, even if your baby cries immediately.
- Don't worry, you are coming straight back in, but you need to at least make an attempt to leave the room.
- (White noise can be switched on and any lights turned off just before you put your baby into their bed).
- Once you are outside the room, take a deep breath and then see how your baby is responding. Count to ten, this can really help with the way you feal with it.





- Decide on how long you are comfortable leaving your baby to cry with, the suggested intervals of crying I would recommend are as follows;
  - o 5–7 months of age; start with leaving them for 1–2 minutes, and then go to 3 minutes, 4 minutes, 5 minutes and then repeating every 5 minutes until they fall asleep (build to 5 minutes when you are happy this could be after 4 days for example). If your baby has reflux, keep to short intervals of 2 and 3 minutes only (unless reflux is fully managed and under control).
  - o 8 months plus: you can stick to 2, 3, 4, 5 and every 5 minutes, or you can start to increase so starting with 3 minutes and then 4, 5, 6, 7, 8 and then every 8 minutes. I would recommend the longest intervals being 10 minutes only, and then repeating every ten minutes until they fall asleep. The reason we use longer intervals is that older babies often get more annoyed by you going in every few minutes, so it starts to hinder over help them calming down.
- Once you have waited for your designated interval (e.g. 2 minutes), walk into the room and over to your baby's cot and pick them up, holding them in an upright "winding" position.
- Whilst holding them firmly, shhh baby whilst patting and rubbing their back. Allow any wind or burps to come up and continue to shhh baby until she calms down.
- You can rock or jiggle baby too during this time. As soon as she stops crying (which may take 2 minutes or 20 minutes), then lower baby back into her cot confidently, saying your sleepy time sentence.
- Tonce again, leave the room, take a deep breath whilst counting to ten and see how baby is responding.



If your baby is still crying at this point, wait for your next interval of crying (e.g. 3 minutes) and then walk back in to the room again, saying Shhh and pick baby up again and repeat exactly as above – reassuring and calming back until they are quiet and then putting them back down.

The idea of this approach is that you are giving your baby time to fall asleep on their own (a couple of minutes) but also giving them cuddles, support and love when they are crying, but putting them down when they are calm BUT before they fall to sleep.

You should hold your baby until they are quiet, but not until they are asleep. There is a very fine line between the two.

After the first few attempts of this approach, your baby may go down on the last attempt almost asleep just purely because you have been at it a long time. But as time goes by, you will see that it becomes easier and easier to put your baby down.

Once baby is asleep, you should then use the method for;

- Any nighttime wake's that are not a feed (e.g. either side of the night time feed if keeping just the one feed, or for any night wake's if aiming for through the night).
- Any early morning wakes before your set cut off time. Your cut off time is the time that you decide as a family, you want to start the day. For example, if you say 6am, then anything before 6am you would attempt to re-settle using the sleep method. Anything after 6am, then you would start your day.
- The morning and lunchtime nap to settle to sleep (not for the late afternoon nap until your baby is settling to sleep within 10 minutes for other naps).
- Linking of daytime sleep cycles if you choose to tackle this (and try for 30 minutes rather than indefinitely). I have covered catnapping separately as there is more to understand and do on this topic.



For the evening settle, you should try cuddle and cry for 1 hour 30 minutes ONLY. If after 1.5 hours, your baby is still awake then settle them however you best can and then start again for the next wake up or sleep.

For daytime naps, try for one hour MAXIMUM. If your baby has not settled to sleep after one hour, then you can get them up and get them to sleep by either going for a walk or putting them into the sling. Then adjusting the next nap time accordingly going by their awake windows.

For this reason, routines on the first few days to a week will not be perfect and will need to be adjusted.

Expected progress; with this cuddle and cry approach, you should expect to see the following progress made:

- Within 3–5 days, your baby should have settled in the evening or for a nap by themselves. Even if it is still taking a little while (20 minutes for example) as long as they have had some success then you can keep going.
- If you have tried for 5 days, for two naps a day and in the evening, and there has been zero progress (e.g. your baby has not gone down for a nap at all and cried for that whole time) then we need to get to the reason there is always a reason and sometimes you just need to get on top of the underlying reason before applying your sleep coaching approach to your baby's sleep.
- Generally, it should start to take less time each time baby goes down with the exception of the odd settle where baby is overtired, and it could take a little bit longer.
- For some babies, there is a "blip" on day/nights after a few days and could be as far into day 7 (I talk about this later on in this guide too), where baby can sometimes become unsettled and take longer to fall asleep. If this happens but up until then things have been improving, then give it some more time.



As you go through the cuddle and cry approach, remember that each time you pick your baby up and put them down again, they are understanding a little bit more. For this reason, you will feel like it is "not working" or that it is making them angrier, but this is totally

normal. They may cry longer for each pick up, but eventually they will learn to be happy in their cot and fall asleep on their own.



#### **SLEEP TECHNIQUE #2:: REASSURANCE VISITS:**

It is very similar to my cuddle and cry approach. This technique often works well with babies, toddlers and above. If you have an older child who can get out of bed, you may find this suits much better as you are not in the room (my third technique is where you stay in the room).

My Reassurance Visits technique says to our little ones through our actions and our hearts, that we:

- Love them with all our heart.
- Will always come back.
- Believe wholeheartedly in their ability to do this.
- Are enabling them with the skills needed to take the sleep their bodies and minds so need.
- Are committed to teaching them life's important lessons, however hard they are to teach.
- Are leading them to a better way of life which will see their family happier, healthier and more connected.

Here is how you implement Reassurance Visits with your little one:

- Put your little one down to sleep and leave the room. Make it known you are leaving the room, try not to sneak out.
- You may use a sleepy phrase like "it's sleepy time" when you put your little one down in their cot.
- Your little one might call for you or cry and you can go back to check on them after a pre-decided number of minutes. It is your personal choice on what this time limit is as it fully depends on what you are comfortable with. The longer you go between checks, the more quickly this works. I would start with small intervals and increase them over time (my personal preference).



- When your baby hits a level four cry, set your timer for two minutes to make sure that they mean it and are not just going to fall asleep after a moment's protest. When the two minutes are up, if they are still at a level four, make your first reassurance visit.
- Check yourself: Each and every time you make a reassurance visit you are going to 'check yourself' before you enter the room. Pause outside before you enter and take one deep breath to centre yourself and focus on the task at hand. Breathe in courage and breathe out indecision. Consciously drop your shoulders, unclench you fists and slow down. You can do this. But you need to be assertive and confident for it to work even if you're faking it to your child, which you almost certainly will be. I know I was, when I first did it!
- Lights out: Ensure when you're entering the room that you're not about to blind them with the hallway light or your phone torch. Leave your phone outside the room to rule out any disturbance
- Boring parent: When you visit, you are really boring and in robot mode. This makes it easier and clearer for both you and your child. Now is not the time to engage with your baby beyond your physical presence. You've had all day for that, and you'll get tomorrow. Night-time is for sleeping and the no talking.
- Firmly rub: Put your hand on your child firmly, front or back depending on their sleep position. Rub long, slow but firm rubs for around 30 seconds, saying nothing but, 'shhh' repeatedly. A rough, slow count to 30 will do the trick you don't have to vigilantly time these visits
- Lie back down: If your baby sits or stands up during the sleep teaching, that is fine and nothing that needs to phase you. Just lay them back down each time they stand up during the time of the visit only if they get back up once you're out the room and even the same second you leave from your visit, know that it doesn't matter. Your time to give your message is during the scheduled visits.



- Stick to the plan: Don't get hooked into more frequent visits trust in the process.
- Once your first visit is completed, walk out and close the door/pull it ajar. Set the timer for three mins and do another visit if (and only if) they are at a level four cry. If the crying is not at a level four for long enough to warrant a visit, hold back and start the timer again for three mins when the crying gets up to a level four again. Once you've made your third visit, set the timer for four minutes (if still at a level four). After your fourth visit, come out. If the crying is still at a level four, start the timer for five mins, and then every five until they are asleep.
- If you do feel the need to pick up as your little one is hysterical at a level five, pick up to soothe them and put them straight back down.
- To summarise, if your baby reaches a level four cry, set the timer for two mins, visit (if still at a level four) and come out. Set timer for three minutes. Visit. Come out. Four minutes on the timer. Visit. Come out. Five minutes. Visit. Come out. Then every five minutes until asleep. Do not visit if the time is due but they are crying at a level lower than a four. You may want to see them for you, to check they are ok, but do not interrupt their good work by going in when they're doing exactly what you have asked them to! If they never reach a level four, or not for long enough to warrant a visit, then you can visit after 15-30 minutes, in the same way as outlined above, to give the message that you are there. Know that this is not mandatory. Some parents find that they prefer not to go in if their baby is crying below a level four and that is ok too. If they really need you, they let you know.
- I always advise to get a good monitor so you can watch your baby throughout.
- Repeat this process for as long as it takes for your little one to go to sleep.



During your reassurance visit please refrain from doing any of the following:

- Talking.
- Gesturing in any other way.
- 🕏 Singing.
- Crying.
- Changing their nappy (unless soiled or leaking).
- Feeding them.
- Changing or adapting the plan in any way ad-libbing will jeopardise your sleep teaching and lengthen the time it takes to reach your goals. It often means you will need further 1:1 support from me to work it all out. The vast majority of my sleep support calls that are booked are essentially remedied by people going back to basics with the plan and doing it. As one mum who had success immediately said, 'at the beginning, it's about doing the plan 100%, 100% of the time.' Wise words indeed. If you do it, it works. If you don't, it doesn't.

This technique offers the reassurance that you are still nearby and will always return but also sends the message that it is now time to lie down and go to sleep. It gives your child the opportunity to practice putting herself to sleep.



#### **SLEEP TECHNIQUE #3:: FOUR-STEP FADE-OUT:**

This works well if there is an obvious sleep crutch that you want to wean your baby off. Often the sleep crutch is YOU or at least associated with you (i.e you are rocking them). This works best for older babies and children (12 months +) in my experience.

Here is how you implement the Four-Step Fade-Out with your little one:

#### Night 1:

- Put your little one in their cot (or bed for older children) awake but ready for sleep.
- Place a chair next to the cot and you will remain here until your little one goes to sleep.
- You use a very boring, quiet and whispering voice when talking phrases or shh-ing. You can say "it's sleepy time". Say whatever works for you.
- Tou can stroke or pat if needed but this is intermittent.
- Always do voice first and touch is always added in IF required so your little one understands.
- For every night waking, go to the chair and sit down and do the shh-ing and add in the touch if you need to.
- Do not give your baby a different result as this is confusing. If your partner is responding in the night, then you need to be fully joined up with the same approach.
- Any waking before 6am should be treated as a night waking.

### Night 2 & 3:

Same as above but with less touch.

#### Night 4, 5, 6:

- 🏽 Move the chair to half-way between the room and door.
- © Continue the same process and reduce what you need to do. You can go over and reassure with a touch if needed but make it very brief and return to the chair.



Night 7, 8, 9:

- Move the chair to the doorway but so you are still in the room. If you can move it to in the doorway then great!
- Repeat all of the above with as little touch as possible. Night 10–12 & beyond:
  - If you can be sat in the room with your little one and only do the occasional shh then you can move on to the next stage and put your chair outside the door so that you are out of sight.
  - Do shh-ing when needed so your baby can hear you.
  - Avoid going into their room at all.
  - Figure 1 If you do need to go into their room, remember it's very brief.
  - For night wakings, go to the door first and shh from there.
  - Always keep the hallway dark.

You will get to a point where just seeing you for your little one is enough reassurance. You can move through these stages slightly faster if needed and you can extend ever so slightly. Do not extend too much as you will end up stalling too much and not moving on quick enough.

I have detailed another way to do this method if your child sleeps in a bed and is likely to get out of it. Here's how you do it. Once your child is in bed, place yourself out of sight, but close enough to make the distance you have to travel to get them back to their bed as short as possible. Have a cushion there to make sitting it out less uncomfortable towards the end.

Devise your own short and clear sleep sentence that you can use the first time you go to your child once they get out of bed. It may be something like "It's sleepy time". The rest of the time we recommend you make your visits in calm, loving silence, because your child knows full well what is happening and why.



You will have had the chat as per the plan. So now is the time to make interactions as mundane and dull as possible (boring parent mode!!), offering the least reward in the time between the end of the bedtime routine and morning, so that they come to seek their engagement and love from you in daylight hours when everyone is happier, rested and more emotionally available. Nighttime is for sleeping.

If your child gets out of bed: Once your child is visible at the doorway, even if that's just you seeing the door move, go to them confidently but calmly, taking them by the hand and making use of your sleep sentence as you return them confidently to bed. Guide them assertively back in (if they don't voluntarily get back in, put them back in) and quickly pop the covers over. This is not another lengthy tucking in with kisses and covers replaced. It should take less than 3 seconds and should be immediately followed by you leaving again confidently.

Repeat these "no talking, return to bed" steps regardless of how long it takes.

Try to follow my advice above when making them. If you have a lengthy protest on your hands you may well feel deeply frustrated, angry, upset and even despairing at times. In the thick of it, you may well wonder whether your child is the one who it won't work on. And you may doubt whether success is even possible. Trust me when I say that not only is success possible, but it is likely to be coming your way in a shorter space of time than you might imagine. However long a slog you have for your first time, the times typically halve or more, each time you do it. Keep strong and keep the long game in mind.

If they stay in bed calling out or using sentences or words to pull at the heart strings or engage you, ignore things and you can say every 3 minutes or so (or only when needed), "it's sleepy time".



You may well find that you have no time at all between returning your child to bed and attempting to leave the room. This can be really physical and relentless. But I assure you if you stick to it that you will reach your breakthrough moment. And from then on you'll never look back.



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Remember, for older children, if your child gets out of bed for any of the sleep coaching techniques: go to them confidently but calmly, taking them by the hand and making use of your sleep sentence as you return them confidently to bed. Guide them assertively back in (if they don't voluntarily get back in, put them back in) and quickly pop the covers over. This is not another lengthy tucking in with kisses and covers replaced. As I mentioned, it should take less than 3 seconds and should be immediately followed by you leaving again confidently. Repeat these "no talking, return to bed" steps regardless of how long it takes.



Do Not Be Afraid: It will help you and your child greatly if you can work on not being afraid of your child's resistance, however uncomfortable it can feel. Let's be frank – nobody wants to hear their child upset. EVER. It can feel like the single most counter-intuitive thing you can do. As parents, we are rightfully programmed to make our child's life as happy and stress-free as possible and this very fleeting, short-term upset feels like that's in conflict with our duty. But let me tell you this, the difficult moments (and they really are just moments in the grand scheme of things!!) are the golden key to unlocking the door of a life with solid sleep. It is only by getting out the other end of this short-term struggle that you will see the process for what it really is; an enabling and empowering, life-enhancing process. It is one of parenthood's great paradoxes. If everyone realised just how good it is on the other side, I would not have a job!

Thinking about crying and upset in a different way can really help you and your child. It may help you to consider that if your toddler was refusing to be buckled in for a car journey, it wouldn't matter how much they cried because you know that, for the interest of their safety and wellbeing, that the seatbelt must be done up. We would not drive around with our child at risk, just to avoid crying. It is because we love them that we consider the tears as a lesser problem than the prospect of death or injury if the car crashed. It is because we love our children and want to give them the rested parents they deserve, that we lead our family through the sleep teaching. We must not try to avoid crying at all costs – the consequence of this anxious approach of parenting can be far more detrimental than a few nights of sleep teaching.

**Engage Elsewhere**: Engage yourself in something else while any protest is going on. Make a drink, sort your wardrobe out, pair up those socks, put the washing away! There is a remarkable shift that takes place when you detach yourself from the inevitable protest that you'll be faced with when you make the changes your family needs. Keeping your head straight and cool, as hard as it is, gives



your baby permission to go it alone, with your love and support. It also means that the whole experience is more bearable for you. Like labour, it is happening, it can feel painful and arduous, and like it's lasting forever. You can either let it in/take you over and for you to be a slave to it, or you can make a conscious decision to have it be going on but around you not in you. That way, you keep your head and your calm in amidst whatever's going on. Your chances of the best results are far higher if you can keep your thoughts and feelings in check. Confidence is absolutely key! Your child must be led by you on this.

**Lengthier Protests**: Use the method in its pure form for the first hour. If you get to an hour of protest, you can shorten the length of time between visits to every two minutes or smaller (on repeat) and extend your visit duration (the time you're in the room) to one minute. At the 1.5-hour mark you may stay to sleep if you feel your child is not close to sleep or it's the right thing to do. Do not worry that staying to sleep will become the new norm – the times will almost certainly reduce dramatically each time you have to do it, and we don't expect that you'll have to stay to sleep on every occasion. Early

Morning Steps: As I mentioned, continue using the steps even in the early morning. Simply pick the time of day that you deem acceptable to start (we say 6am, you may say 7am) and then when that time has come, do the end of sleep signifier and carry on with your day. Do not worry that you had to 'abandon' the steps – every moment of teaching is not wasted and has gone into the bank of solid sleep as an investment for the future. Rest assured that even if you have a long hard slog of an hour's protest before it's time to start your day, not one minute of that time was wasted. If this happens, just blag it – behave as if you meant for it to be that way, you know what you're doing and it's all under control. (I assure you it is).

**Rewards Charts**: I think rewards charts are a great way to incentivise older children. A great way to introduce one is to make



sure that there are four things you want them to achieve – two of which should be very easy for them to achieve and the other two should be linked to early rising. This could be – have a bath, brush my teeth, go to sleep by myself, no shouting until it's time to get up. Make a huge fuss if they have achieved stickers for their rewards chart. If they didn't achieve any, it's not about disciplining them, it's about telling them that "we'll try again tonight" or "I think you can do a great job of this next time, do you?"

**Taking Turns**: In terms of who carries out the steps, make sure that you either have one parent doing it or alternate who does the steps from the very beginning. I always think it's best to have two people involved, if not for emotional support for each other.

When To Stop: If you are in any doubt that your child may not be 100% themselves – be that considerable teething, a temperature, or acting more clingy than normal (or indeed any other signs that they may be brewing something, even as small as a runny nose) we advise holding off on the sleep teaching until they are completely well again, all the while trying not to revert to old behaviours as much as possible.

I do not want the protest going past 2 hours ideally, and this is at the top end of the scale. If you reach this point, make your decision on whether to continue and please get in touch for a sleep support call.

- The only time this length of protest has happened is in two instances: There is a deep-rooted problem to resolve. This is usually in children age two or above.
- There is a physical factor at play which has gone unnoticed by the parent such as a dirty nappy, molar teeth, a brewing illness that appears a few days later, some sort of allergy.

I don't want protests of this length to occur but if they do, we do not expect this to happen more than once. I expect the very next protest



to be significantly less long lengthy and we want to hear about it if it isn't. Please get in touch to arrange a sleep support call if you reach this point on more than one occasion.

**Negate Demands (older children)**: Pre-empt anything your child is going to come up with in protest either at nap time, bedtime or during the night. For example, think of what factors are used as excuses and negate them:

"Here's your drink so you won't need to wake Mummy or Daddy in the night for one."

"We're going to have a wee at the last minute before bed and we then know you won't need another one before the morning."

"I know you sometimes get cold and ask me for another blanket, so here's a lovely warm one at the end of your bed which you can easily pull up yourself in the night and you won't need to call me or anyone else to do it because you're so clever and able."

If demands surface in the night, either ignore them, repeat your sleep sentence or point at the thing they're saying (such as the loo). You can bet your bottom dollar though, that 9 times out of 10 they didn't need to go after all. Promise you!

Importance of Tone (especially for older children): It's important that you 'sell' this new way to your child. If you tell them with dread that things are going to change, and through an unsure tone you are as good as asking their permission to do it, then you're in for a rough time. If your tone of voice is assertive and positive, it will make it easier for all of you. For example, when it's time to leave at bedtime, try to leave assertively and smile happily. Say in a jolly way 'I'll see you in the morning and can't wait for a fun day with you tomorrow.' Resist the urge to tell them you love them 156 times! They know you do. It also panics them as to what is ahead. Imagine, for example,



that you are about to enter an unknown room. If your loved one came up to you with a smile and breezily said they'd see you in a minute and what drink did you want after, you'd feel a lot less stressed than if they held on to you, looked you in the eye and told you how much they loved you! You'd think, 'What on earth lies behind that door??!'

Consider your tone and your delivery at every step of the sleep teaching.

**Don't Rush In**: When your little one (especially babies) wakes from a sleep, whether that's a nap or a night, don't rush in! Not only is it possible they are just moving through sleep cycles and want a bit more sleep, but it's nice for them to come to a bit before seeing you. So long as they're not upset, give them up to 20 minutes after waking from a nap or for the day to see if they'll go back off. Honestly, your little one might surprise you. Rushing in can often result in a nap ending sooner than it naturally would have and a baby who can't be put down for half an hour after they've woken up.



#### MY FINAL WORDS

I am excited and hopeful about the transformative changes that I know solid sleep will bring your family when your little one can fall asleep independently, without you and without being upset. Remember, like anything, the sleep teaching will only work if you do it wholeheartedly and put your faith in the process. It needs to be a planned, two-week commitment that you and your partner or supporter respect and prioritise for the sleep teaching to be given a fair chance to work. I say two-weeks, but I never guarantee how long something will take but you should absolutely see improvements within two weeks if you follow the plan. I would like to gently remind you that we do not have control or influence over how you choose to carry this plan out. I know from experience that the plans work beautifully and quickly - but now that I've handed the information over to you, its success is in your hands. It will only work if you do it in its entirety. Even if you do, it may be that you are faced with factors outside of your control such as teething, however, none of these setbacks need to be showstoppers. I recommend that you use this 'shot' at solid sleep wisely - respect your little one's needs and prioritise their sleep for a while as you work on it. I'd like you to know that some parents need a little extra support to get to where they need to be, and that's okay too. They all get there, and so will you. Supporting you is what I am here for. Should you need it, you can always book one of my sleep support calls directly on my website. This comes in the form of up 30 or 45 minute 1:1 calls.

It gives me great joy to be able to tell you that having access to the knowledge and support within this guide has made all the difference to countless tired parents across the world. Families who have formerly experienced night wakes every 45 minutes (eugh!) to three-hourly (and all the toxic effects that level of sleep deprivation brings) have reported a complete turnaround once the sleep coaching is complete. Stories from parents reaping all the physical, emotional and mental benefits of having a full night's sleep pour in each day



and every single one gives me great joy so please do remember to tell me your experience once you're out the other end! At some point in the very near future, your little one will get the rest and recuperation they need for development of body and mind. Your own body will be better rested, your head clearer, your energy higher, your moods more constant, your heart fuller and your life better. You will have bought this plan to enable solid sleep, but it is about so much more than that.

If your little one is really resisting sleep, then it is likely that they are overtired. An overtired child will be much harder to settle. Therefore, I talk about having the right daytime nap schedule for your little one if they are still napping in the day. If your little one is no longer napping, then a suitable bedtime is essential to make sure they don't burn out and get too tired.

It is important that you remain consistent when implementing sleep training. Try not to send mixed messages to your little one! Be joined up in your approach with your partner if someone else is going to be involved in the process. If your partner goes into your little one's room and does something completely different to you then it will be extremely confusing for your little one! I always try to put myself in my little one's shoes.

Please note that it is possible that you will experience a bit of a regression. This is where your little one, once you've had your first or second sleep through, can seem to regress even though they are in fact not doing so. This often occurs during nights four to six and takes the shape of a bit of a bad night. This is nowhere near as bad as night one, rest assured. It is simply your child's way of testing the boundaries once again and checking that you are absolutely sure about this new way of doing things. Parents who are not prepared for this can often let it all go out of the window, allowing things to slip back to bad because of a loss of confidence. It is often these parents who say they did controlled crying and that it didn't work. If



you ask them whether it worked at first, they will almost always say yes. It is important that you respond to this last test with confidence and conviction. Doing so you will be sure to be over this last hurdle as quickly as it began.

As I mentioned, there will be things that impact sleep like illness and teething so be mindful of this. If your little one has a full blown cold then I wouldn't recommend starting until your little one is much better. These are the times that our little one's are off routine and more comfort than normal is needed.

You have learnt about my gentle sleep techniques so you can now teach your little one how to fall asleep independently. Now, you may be thinking why do I need a sleep consultant if my little one can now self-settle? Sleep is very complicated, and I deal with lots of sleep issues (listed below) and behavioural sleep challenges. Because behaviour is such an important factor when it comes to sleep challenges, it is therefore VERY difficult to write a guide to deal with ALL aspects of sleep challenges. That's why I offer 1:1 sleep support calls so I can tackle the more challenging sleep issues with clients directly and we can TALK together. So, if you fall into that bucket, don't worry, you haven't failed, you just need a little bit of extra support from me as I have the experience and background to guide you through your little one's sleep challenges. So, there are many reasons why people employ the help of a sleep consultant and the most common sleep challenges I see are:

- 🕏 Little one can't self-settle (this guide will help you with that).
- Negative sleep association challenges (this guide will help you with that).
- © Catnapping baby won't sleep longer than 30–45 minutes. Catnapping should be a thing of the past by 7 months so if your baby is still not having long naps then do get in touch for a sleep support call.



- Help with stopping night feeds for babies 6 months to toddler age.
- Getting a baby to "sleep through the night". We all wake during the night as we drift through sleep stages. What I mean by this is sleeping through without parental support or help.
- Implementing routines for babies and toddlers (for children that still nap).
- Implementing bedtime routines.
- Difficult toddler and older children at bedtime. Those children that can take 1 hour or 4 hours to settle at night.
- Behaviour advice around older children when it comes to sleep bedtime, night wakings, etc.
- Stopping night wakings for babies, toddlers, or older children.
- Early rising (before 6am).
- © Co-sleeping challenges & moving little one to their own cot or bed.
- Co-sleeping challenges for part of the night.
- Nap transitions (3 to 2 & 2 to 1).
- Dummy removal.
- Night terrors and how to handle these.
- Nursery & childcare sleep challenges.
- Twins and triplets' sleep.
- Sibling room sharing sleep challenges.
- Travel sleep advice and tips.
- 🕸 Newborn sleep. I offer a sleep support call for sleep.
- Sleep for children with autism and learning difficulties
- My support is not limited to sleep I can support with reflux babies, build a plan for babies with allergies, help with weaning, etc

A sleep expert is invaluable as a third-party advisor. Have you ever had a problem that you could not solve but someone else could see a simple solution in an instant? Coming at a problem from a different perspective is a game changer. A fresh pair of eyes can work wonders.



A trained qualified professional will look at your life as a whole and suggest schedules and routines that need improving and will work around you. With sleep challenges, one size does not fit all so a program is tailored to suit each set of circumstances. A sleep consultant will be there for all troubleshooting as these are the times when most parents just don't know what to do!

Having a professional guide you through things will help keep emotions in check. I always say to the families I work with, just think, within a few short weeks, you could be enjoying a full night of sleep and the consultancy fee will then seem worth every single penny! And a sleep consultant doesn't cost as much as you might think!

Best of luck! You have got this!



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- At all times, I recommend using safe sleep practices with your baby or child.
- The information in this guide is not a substitute for medical advice or care and you should always seek medical support if you feel this is needed (if your baby is unwell, has a temperature, etc).
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