



David E. Simai M.D.

Board Certified Pediatrician

660 Central Avenue, Suite #3
Cedarhurst, New York 11516
Tel. (516) 374-2228
Fax. (516) 374-2044
Email: DrSimaiPediatrics@Gmail.Com
Website: www.DoctorSimai.com

Sleep Training

Nighttime arousals are normal. All children (and adults) wake approximately 2-6 times every night. Problematic nighttime awakenings occur when your child cannot return to sleep without your help after he has a normal nighttime arousal. To teach your child to return to sleep during the night, you must first teach him to fall asleep independently at bedtime. This can be very challenging, it does involve a fair bit of crying, so a good support system is recommended.

When can I start sleep training?

By about 4-6 months, babies have typically started to develop a regular sleep-wake cycle and dropped most of their night feedings. These are signs they may be ready to start sleep training. Many babies this age are also developmentally able to sleep for long stretches at night.

Every baby is different: some may not be ready for sleep training until they are a bit older. Some babies sleep seven hours or longer at an early age, while others won't until much later. Sleep training can take up to a week or more, depending on your child. If it is taking a while, it doesn't mean you're doing something wrong.

How to prepare for sleep training:

- 1. Introduce a bedtime routine**
- 2. Pick a consistent bedtime**
- 3. Follow a predictable daytime schedule.** Try to get your baby up around the same time every morning, and feed him and put him down for naps at about the same times during the day. This predictability helps him relax and feel secure, and a relaxed baby settles down to sleep more easily.
- 4. Only check on your child if you are concerned about safety or health issues.**
- 5. When your child wakes up during the night, ignore protests** unless you are concerned about safety or health

Important Things to Remember:

- 1. Your child is crying at bedtime because he's tired and knows how to fall asleep only with your help.** He will still be very happy to see you in the morning and there will be no short or long term damage by doing this sleep training.
- 2. The second night of training will probably be worse than the first night.** On average, most children cry 45 minutes the first night at bedtime and on the second night 90 minutes. However by the third night, most children cry only 20 minutes. Be prepared to do at least three nights of this intervention. If you "rescue" your child after prolonged crying and then help him fall asleep (e.g., rocking, nursing), all he has learned is that prolonged crying will get him what he ultimately wants, which is you helping him to fall asleep.
- 3. Although unlikely, it is possible that your child will throw up.** If your child vomits, take him out of his crib, clean him up, change his seats and put him back into the crib. Although

this sounds terrible, it is necessary because children as young as 6 months can learn to vomit on demand. So, if you help your child fall asleep after he vomits, than he may learn to vomit every night until he gets you to help him fall asleep.

Do I have to use a sleep training method for my child?

No. Parents often decide to try a particular method because they're exhausted or frustrated by their child's sleep habits, and nothing they've tried on their own seems to work. If you're happy with the way things are going, count your blessings and continue what you're doing.

Families have different expectations and tolerances. A 9-month-old who wakes up twice a night might have one set of parents tearing their hair out while another family wouldn't have it any other way. If sleep isn't going well for your family, you'll know it – and you can call our office for help or read up on methods devised by experts.

Some children are naturally good sleepers, and before too long they fall into a sleep pattern that everyone's happy with. Others are naturally fussy or wakeful and may need more structure – or more nurturing – to help them sleep well.

Helpful tips:

Know there will be regressions. Teething, illness, vacation and routine shifts all can lead to poor sleep, and that's all right.

DIY methods work. You don't need to follow any particular method rigidly. Modify it to suit your own family's circumstances. Sometimes a sleep coach can be helpful to come up with modifications that won't affect the goal of getting the baby to sleep through the night. It's ok to mix and match until you find a strategy you're comfortable with.

Stick with it. One bad night of crying in the first week of sleep training your baby doesn't mean it's not working.

Don't compare. Even within families, what worked best for one child may not work for another. Every family's sleep needs are different.

Have a solid bedtime routine. Have a stable bedtime between 5:30 and 7:30 p.m. for infants. Whether it's bath, book, lullaby, bed or a different sequence, doing the same thing every evening is part of the bedrock of good sleep hygiene. Blackout curtains and a white noise app may also help.

Melatonin:

Melatonin is not recommended as a first line treatment if your child has a hard time sleeping.

- First, try and be sure that your child is not stressed, bullied, and/or depressed.
- Make sure your child doesn't read or play in their bed. If they like to read, allow them to read on the couch and only then, transfer to bed.
- Also, make sure that your child does not consume sugary products before bedtime.

If you have tried to tackle the insomnia without success, you may try melatonin- there is no set amount but a toddler under 10 years should start with 1 mg and increase to 2mg if not successful A teenager can start with 2mg and slowly increase to 10mg as needed. We cannot guarantee the safety of melatonin as we are not aware of long term studies showing Melatonin's

safety. Try and taper your child's melatonin off after a few weeks. Once your child goes to bed nicely, make sure that you minimize any late nights.

Adapted from the American Academy of Pediatrics and the American Psychological Association