

Sleep Problems in Children 0-6 years

By Livania Zavala-Spinetti,MD

Pediatrician

Fellow of the American Academy of Pediatrics

As a pediatrician, I see families everyday who share many common concerns. I try to spend as much time as possible educating my patients and their families, but the time we can spend with each patient, per visit, is not enough. When I hear “my baby will not sleep at night,” or “my baby takes forever to go to sleep,” “my baby wakes up several times at night,” or “our toddler will come to our bed several times at night” I just wish I could spend a couple of hours more to talk with the family. Since this is not possible, I usually go over the most common points and principles that will help the baby or toddler to sleep through the night, and review with parents the available information and recommend some books.

By the next appointment, parents who follow my recommendations and read the books are the exception, but you can see the difference it has created in their lives. When we asked to the rest of the parents why they did not follow the recommendations, they said that they needed more information, and reading an entire book was too much for their busy schedule. That is why I have decided to create a short, step by step, e-book , that can be read in a couple of hours, that can make your child improve his/her sleeping tremendously. The recommendations in this e-

book are written for healthy children, without any chronic illnesses, who happen just to be fussy at bedtime, or refuse to sleep on their own.

Medical Causes of Poor Sleeping in Children

Before you attempt to put into practice the recommendations outlined below, you need to be sure your baby does not have any medical condition that is causing poor sleep. I always ask the following questions to try to rule out any possible medical conditions that may be the cause of poor sleep.

Is your baby happy and smiling most of the time? Is your baby eating well? Is your baby gaining weight properly? Is your baby developing well according to age? Is your baby having a constant runny nose and cough? Is your baby fussy after he/she eats? Is your baby crying and fussy most of the day and night?

Babies can have multiple medical conditions that may cause poor sleep. Gastroesophageal reflux (GER) is a very common problem in infants where they frequently spit up. Even though most of the time they are asymptomatic, and are referred to as “happy spitters”, other infants suffer heartburn with each episode, causing pain and irritability. These episodes usually occur during or soon after their meals, and babies may stop eating, arch their backs, have periods of fussiness and crying associated with their feedings. All these

symptoms get worse when babies are laid on their backs to sleep. GER is commonly attributed to high volume feedings (overfeeding). There is a common misconception that if a parent feeds a baby a large volume, the baby will sleep better. However, there is nothing further from truth. This will cause more reflux, abdominal distention, and poor sleep.

Small infants and babies have other common problems that can interfere with sleep, including: ear infections that become more painful when lying down; urinary tract infections that cause pain when voiding; allergy to the formula they are being fed with; and other medical conditions. You need to eliminate all of these possible causes prior following the recommendations in this **e-book**. By far the most common cause of poor sleep is a lack of routine and negative associations with bedtime , in otherwise healthy infants.

Understanding the Importance of Sleep Routine and Associations

My first question when a parent complains about his kid having trouble sleeping, is how the baby or toddler goes to sleep. I receive so many different answers: “well, usually we let him play until he is so tired, he falls to sleep in the playroom and we carry him to his bed,” “we let him/her watch TV until he/she falls sleep,” “we rock him after his/her last bottle until he goes to sleep,” “he goes to sleep in our bed, then we move him/her,” “we try different things every night, but nothing seems to work,” “we tried to let him cry to sleep, but he will not stop crying,” or even “we have to drive in the car for a

while until he falls asleep.” Immediately, I realize that the parents’ problems could be solved by better understanding about sleeping habits, and how this influences sleep in children.

To begin to address this topic, let’s briefly review concepts about sleep in humans. First, there are different stages of sleep, progressing from being very sleepy or drowsy, to a light sleep, and then deep sleep. These different stages are very dynamic and happen in cycles while you sleep, day and night. This means that even the child who sleeps through the night has periods of light sleep, and mild awakening periods, but the he goes back to sleep on his own.

What makes one child different to others? Why do some sleep through the night and not others? Well believe it or not, sleep is a learned behavior. Let’s consider some examples. My brother is a frequent airplane flier because his job requirements. He can get in an airplane and sleep very easily during the flight. On the other hand, I can barely take a small nap in an airplane, just because I cannot find a position where I feel comfortable. He developed the ability of sleeping in an airplane because he does it frequently, and he does not fight it. What I mean is that he learned and developed the habit of sleeping in an airplane.

So let’s take this idea to the level of your baby. When the baby is tired and starts to get fussy, he or she is rocked to sleep, and after a while the baby goes into light sleep. The baby continues being rocked as he/she enters deep sleep (about 20 minutes after falling asleep). Then, the baby is placed in a crib, and sleeps for one hour. Suddenly, he/she wakes up and cries. You try to calm him/her, but

the baby will not stop crying. You try to feed him/her a bottle (even though is not time for his/her bottle yet), rock him/her to sleep, the baby takes one ounce of formula and falls sleep after 2 minutes. Two hours later, he wakes up again, and the process needs to be repeated. Let's try to understand why this is happening. First, the baby has been trained to require the rocking in order to fall asleep and go into deep sleep. Second, when he/she passes through different levels of light sleep during the night, the baby wakes up because he/she is not receiving the rocking needed to go into deep sleep.

Let's use another example to better understand this process. A baby boy is placed in the crib, and he has a musical-toy (fish tank), that needs to be on for him to fall asleep. After he falls asleep, the fish tank is turned off, and when he wakes up in the middle of the night, the mother needs to wake up and turn the fish tank again. By the same principle as in the rocking example above, he needs the noise of the fish tank to induce the sleep phase. Another common scenario is the baby that is fed several times through the night to prevent crying. Just before he/she goes to sleep, the baby is fed 6 ounces of formula, and he/she is placed to sleep. As the baby wakes up every couple of hours through the night, the parents feed him. However, after one single ounce of formula or a minute of breast feeding, the baby goes into deep sleep, and can be placed again in the crib. In this last scenario it is easy to understand that the baby is not even hungry, he/she is just using the sucking and milk in a way to send himself to sleep.

With all these very common examples, I am trying to illustrate that *whatever we do to make the baby to go to sleep at bedtime is what*

he/she will need to go back to sleep if he/she wakes up at night. Understanding this key point is crucial to keep moving in this e-book, where we are going to be explaining and discussing, step by step, how you can teach your baby to fall asleep on his own at night, at naptime, and even if he wakes up in the middle of the night.

Important facts about a good night's sleep

Commonly, I encounter lots of different feelings and doubts from my patients' families after explaining the technique to follow for a child to sleep through the night. Frequently one of the parents will tell me that he/she does not mind waking up several times during the night to console her baby, because his/her parents used to do that. Or even more commonly, they feel guilt for wishing the baby to sleep through the night so they can have a good rest. It is easy to see how much frustration this issue has brought to the family, sometimes even causing problems in the parents' relationships, both with one another with other relatives.

The first concept I discussed is the importance of a good night's sleep for the baby. Multiple studies have shown that children that rest well and have enough hours of uninterrupted sleep are easier to manage, learn faster, are happier, have less tendency for obesity, and grow, in general, better. ***So, we need to understand that children need to sleep through the night because this is the best thing for them.*** As a secondary consequence, it will also bring more rest, enjoyment, peace, and satisfaction to the parents and family around the child.

The second important concept is that all children need a minimum amount of sleep. The exact amount varies with the age of the child.

Some parents think that maybe his/her child needs less sleep, and that is why he wakes up frequently. Some children can readily show that they need more sleep, by being tired, demanding, and fussy through the day. Other children who do not get enough sleep show very subtle signs, being happy and active during the day, but falling asleep in seconds after getting in a car seat.

To have an idea, a newborn should sleep for about 17 hours a day, a 3 month old about 15 hours, a 9 month old between 13 and 15 hours, a one year old 12-13 hours, a two year old 12 hours, and a 4 year old 11 hours. Do you know why an adolescent sleeps so much over the weekend and it is so difficult for them to wake up? It is because usually they do not sleep the recommended 9 hours per 24 hour day. So count the hours of sleep of your child, and understand that is not enough for a 12 month old to sleep only 8 to 9 hours a day!

Teaching Your Child to Sleep

Every time you teach something new to your child, like riding a bike, reading, writing, or brushing his/her teeth, you always have to apply the same principles: teach with love, discipline, patience, and use techniques appropriate for his age. Know that you are teaching your child a tool he/she will use for the rest of his life. Well, teaching your child to sleep is a fundamental tool for your child's well being and development. Now, would you stop teaching your child to read when he is having trouble in recognizing some letters? Would you stop

taking your child to the school whenever he refuses to? Or would you give up teaching your daughter riding a bike after her first fall? Think about sleeping in the same context, and you will understand and approach this subject in a more relaxed way. Of course, there will be ups and downs, easy achievements, and some backwards steps, but you must just keep going for the final victory.

This is the most critical and practical chapter of the e-book, and is organized by age groups for better use and understanding.

Teaching your child to sleep: the newborn period

The time after the birth of the child is by far the easiest period. With minimal intervention and perseverance, you can teach your newborn to become a good sleeper. Unfortunately, almost 99% of parents look for help way beyond this period. I rarely have the opportunity to meet the parents before the delivery of their baby, because prenatal visits are not so common these days. But this topic is a must for discussion at the first newborn visit. So, if you know someone that is pregnant, please share with her this e-book, it will definitely have a significant impact on her future, and your friend will be eternally thankful.

The first week of life is mainly for the bonding between mother and child. I do not emphasize the establishment of a strict routine too much at this point, but rather prefer to discuss the basic knowledge for care of the baby, and to develop good breast feeding technique and routine. Initially, feedings take place on demand, and the baby seems to be sleeping at all times. Once the baby is one week old, and

the mother has begun to recover from the delivery, a small routine for the baby is all we need. There is no need to let the baby cry itself to sleep, we just need to begin to teach the baby the association between “I am sleepy, I need my crib.”

At first, we need to work on feeding time. At the beginning, mothers seem to be breastfeeding 24/7. The baby latches on, sucks for a few minutes, falls asleep, wakes up, feeds a little bit more and so on. Feedings in formula fed infants are easier, because they eat faster, take the 1-2 ounces, and go back to sleep for 2 or 3 hours. So after the first week of life, breastfeeding and breast milk production should be established and for formula fed infants, they may be taking their bottle in 5-10 minutes. At this point we are ready to start the training and discussion of the first concept: ***Babies don't need to be feed more often than every two hours.*** If you are feeding your newborn hourly, we need to work on spacing out this feeding to every two to three hours. One important concept, mainly for new parents, is that fussiness and sucking movement of the babies' lips do not mean they are hungry. Babies are going to suck even when they have just finished eating, even though they are fully satisfied. The same applies for crying, a baby may cry for multiple reasons. Maybe the baby is wet, tired, has gas, or is cold, but the most common assumption is the baby is hungry, and he/she is re-fed again. Please refrain from feeding your babies for periods more often than every 2 hours unless this is indicated by his/her doctor.

Create a different day and night environment for your newborn:

Quite often the newborn will sleep for 4-5 hours in a row during the day, and wakes up several times during the night, wanting to remain awake. In preparation for a full night of sleep by 3 months of life, you

need to teach your baby the difference between day and night. During the day feed the baby in well illuminated areas, talk to him/her if you wish during feedings, and while changing his/her diapers. At nighttime, try to leave him slightly more time when he awakes for his feedings before picking him up from the crib (a couple of minutes), only use the nightlight while you change and feed him, and immediately after you burp him, place him back in his crib, Give him 3 or 4 pats on the back, and leave him alone to fall asleep. You can be at his cribside, watching him, but refrain from picking him up. If you follow these steps, your baby will associate nighttime with sleep time, and he will start to sleep longer by himself at night. But, if by four to five weeks of life he/she has not changed this pattern, and he favors to sleep through the day, then you need to start to awake him sooner from his day naps, and keep him awake slightly longer before each nap.

Rocking, is cute but not a good idea for bedtime routine: How can you refrain from rocking your baby to sleep, when it is so enjoyable, and almost any story book will show a mother rocking their baby? Well, do not despair. I think rocking is a very good idea to share your time with your baby, but not in the moment of the baby falling asleep. So, do not give away your beautiful rocking chair yet. Let's understand something, if you create a bedtime routine associated with rocking your baby, he will need that to fall asleep, both during the day and at night time, and to go into the cycles of deep sleep. When mothers tell me they have been waiting for their baby for a long time, and they would like to rock them to sleep, I usually ask them to wait just a little bit longer, and to rock the baby when reading a story to him/her, whenever talking to him/her, or during

feeds as long as the baby is awake. Also, you may want to place the rocking chair by your baby crib for you to watch him/her falling asleep. I once worked with a mother that mastered the bedtime routine, but she missed rocking the baby to sleep in her arms so much, that she confessed her little secret to me. 30 minutes after the baby going to sleep using the techniques in this e-book, she would pick him up (asleep), she would rock him for 10 minutes (baby asleep), and then she would place him back in the crib. I think because the baby was already in the deep phase of the sleep, she got the satisfaction of rocking her baby but never interfered with his sleep. Even though I do not recommend this practice, especially at the beginning of the training, I learned from this mother how we can individualize the method to better suit each family. So the take home message, refrain from rocking your baby until he/she falls asleep.

Avoid placing the baby asleep in the crib: As much as possible, after you feed, burp, and change your baby, try to keep him slightly awake until he/she is placed in the crib. It is important that he/she associates being sleepy with being in his crib, and falls asleep on his own. Parents that follow these instructions tell me that with time they can feel when the baby is fussy, and they just have to place the baby to stop the fussiness, and minutes later, the baby is asleep. Fascinating? Well it just takes perseverance, routine, and discipline.

Pacifier, musical toys, bouncers and so on: All these toys and devices are useful to entertain the baby when awake, or sooth him when crying, but should not be used while the baby falls asleep.

Pacifiers are a hard topic, because even though I recommend their use, commonly I see them being misused or overused. It is not uncommon for me to see babies that need pacifiers at all times, and a mother carrying at least two more in the diaper bag. I recommend the use of pacifiers in breastfed infants only after two to three weeks of age, once the breast feeding is going well, and at anytime for formula fed babies, but just as a soothing tool. Use the pacifier to help the baby to stop crying, then, if possible, remove it from the baby's mouth. Some recent studies have demonstrated that pacifiers are associated with reduced incidence of sudden infant death syndrome, which has led me to recommend the use of pacifiers more openly. But I recommend that the pacifier is only used as needed when the baby is awake, and not used when you are training your baby to go to sleep on his own, at the moment you place the baby in the crib. Why? Commonly, when the baby is falling asleep, with a pacifier to induce his sleep (yes, again the same principle) he stops sucking, and the pacifier falls out of his mouth, waking up the baby. Another common scenario occurs the mother is driving alone with the baby in the car seat, and the baby starts to cry when he is sleepy. The mother feels she need to stop, or even worse, tries to place the pacifier in the baby's mouth without stopping the car, so the baby can fall asleep (this is a recipe for disaster). So, going back to the main idea, feed your baby, burp him, change the diaper, and place him in the crib awake, without using any device or soothing mechanism. If you want to use the pacifier through the day, this is ok, as long as you remove it before you put your baby to sleep.

Does my newborn needs to sleep in his/her own room? The answer is no. A significant number of parents have the crib inside their room

for the first three months. You can follow this training with the crib inside the room, you sitting by the crib, or with the crib in the corner of the room, and even while reading a book in your bed.

Following the above steps you most likely are going to prevent any sleep problems, and you will have a baby that will sleep through the night by two to three months of life. He may wake up in the middle of the night, but he should be able to return to sleep by himself without asking for you. You will see how the hours of sleep will increase at night without any problem. Commonly, healthy babies after 6 weeks of life can sleep up to 6 hours in a row, and by 2-3 months can sleep through the night even without any feedings!

Teaching your child to sleep: infants 3 to 18 months

This chapter applies to babies from 3 months, until 18 months of life, and maybe used even up to two years of age for infants that will sleep in the crib or play-pen, and who are not able to get out of them by themselves. So, it is important that you check that the crib mattress is low, with no toys or blankets are in the crib or playpen (suffocation hazard), before starting this training.

First, read the previous chapter. Everything written in the previous chapter applies for this age group also.

Move his crib to his own room. This will definitely make the whole process easier on the whole family. You may want to have a video monitor to allow you to see that baby is doing well.

Routine, structure, and organization. The most important concept of this chapter is routine, organization, and structure. The ability of knowing what is coming next in life gives humans a sense of security and control. If you know there is traffic every morning at 7 am on your way to work, you expect that, it does not take you by surprise, and you should be less frustrated when you find the traffic. But if traffic is unpredictable, you are always anxious when leaving home, because you do not know what you may face that morning, and all the consequences it can carry. By the same principle, babies and infants need to know what is coming next, which will make them more relaxed, less frustrated, and they will be less prone to fight any scheduled activities. I am not referring just to bedtime, I am referring to plan the whole 24 hour schedule.

By 3 months of age we can establish a pretty decent schedule that can be reorganized as the baby grows. You should have a pretty clear awake time, which you can determine depending on your family schedule (work, school, etc). For some families, early wake up is a must, for others they may prefer baby to wake up after its siblings are leaving for school. Of course, we need to use common sense, an 18 month old may go to sleep at 9 am and wake up at 7:30 am, but a 3 month old may go to sleep at night around 10pm, but by 5 or 6 am he is hungry and needs to be fed. So, the first step is to get a piece of paper and pen, sit with your family and create a 24 hour-schedule. You need to have a time to wake up (more or less), first feed in the morning, the time the baby will go outside for a stroller ride, midmorning meal, nap, lunch, playtime in the baby portable gym, afternoon naps (one or two), mid- and late evening feeds, bath (everyday at the same time), story time, and bedtime routine. By 4 months, when most pediatricians

recommend the introduction of solids, I usually recommend to program the naps shortly after the two solid meals.

At the beginning of the training, you may need to wake up baby in the morning if he/she is sleeping too long, even if he had a bad night's sleep or if he went to sleep later than usual. Also, you may realize he is not sleepy at naptime, but with consistency, perseverance, and patience, he will adapt to the schedule.

I do have parents with such a variable and unpredictable work schedule that they do not know how to create a routine and schedule for the baby. Sometimes they give up too easily. Setting up a schedule may require that you use the help of family members, daycare facilities, or that you try to modify the schedule around the baby. Without a decent schedule for the baby, it is difficult to develop any type of routine, but not impossible. I did have a mother of a 9 month old, who would take the baby to her flower shop, and at meal or nap times, would take the baby to the managing office. Also, the baby would watch a baby video at the same time every day, also would have a musical toy and books in the playpen. Every day at 3 pm, her grandmother would pick her up and look after the baby until the mother closed the shop. The key issue here is this mother understood the importance of routine. At 18 months of age, the baby finally started daycare, and is a very content little girl. So after the schedule has been discussed, and you have read the chapter for newborns, let's keep going.

Bed and nap routine for infants: I hope by now I have convinced you of the importance of good sleep for any child, and in fact for any human being. By three months of age and up, you need to understand we will need to make some changes to the bedtime routine of your child. Now,

when any changes are made it is important to keep the readjustments. Let me give you an example, if you are used to a 15 minutes coffee break in the mid-morning, but your boss changes it to mid-evening, how would you react? In the beginning you will be cranky during your usual mid-morning break, maybe hungrier at noon, but you will adapt in two to three weeks. Of course, if you sneak out for coffee mid-morning, regardless, you may never get used to the new schedule, or even worse, you will get very upset or cranky when you cannot sneak out. Can you understand my point? When we start the nap or bedtime routine, there should be no exceptions or interruptions, for the sake of the well-being of your child.

We will start by always choosing the same place for the baby to sleep. It can be the bassinet (if the baby is less than 4-5 months old, and he does not sit on his own), crib, or playpen. As you get close to the scheduled naptime, start a routine. Talk softly to your baby, change him if he is wet, tell him a short story or show him a picture book, gently place him in the crib, remove his pacifier only if he is not able to place the pacifier back in his mouth if it falls off (usually less than 8 months), pat him a couple of times on his back, gently say a phrase like "time for baby to sleep" and leave the room. Leave the door open, so he does not feel isolated, and you can better hear him. Get a watch and restrain yourself from entering the room for 5 minutes - just wait and see. If the baby babbles, or makes any sounds other than strong crying, just wait. It may take minutes, or hours, but he will fall asleep (this is the exception). If the baby starts to cry, give him 5 minutes, then without picking him up, pat his back, say the same phrase with soft voice, and leave again. Your voice needs to sound confident, and soft, meaning you are doing something good for him. Now wait another 10 minutes before entering

again, but remember if he stops crying there is no need to go back in the room. If you need to repeat the process, increase the time you wait to 20 minutes before going back into the room. I usually recommend we stop increasing the time after 20 minutes, as this is long enough. This means, you will pat your baby every 20 minutes if he is still crying. Now, it is important you understand this needs to be done during naps though the day, and at night time.

How much your baby cries will depend on your baby's previous habits, your perseverance, and schedule maintenance. Some babies will cry every time you place him in the crib for up to two hours, some others for 20 minutes. Some babies will stop crying after 3 days of training, some other after 2 weeks, but the norm is 3 to 7 days for the training to be completed, believe it or not.

What happens if your baby had a nap scheduled for 90 minutes at midmorning but he did not go to sleep, and he cried the whole time? Well, picking the baby up after the whole 90 minutes of crying and keeping the same routine you have planned is most likely not going to work. The baby will probably not stay awake until the next scheduled nap. In this case you may want to keep it close to the previous schedule, but maybe having the second nap sooner, for that day only. For no reason let the baby fall asleep in your arms. If he is very sleepy before his nap, place him awake in his crib or playpen. Most likely this time he will go to sleep very fast, because he may be very tired from the crying that he just had. The most important concept is, when he is sleepy, he needs to be placed in his crib awake, respecting the schedule as much as possible. But at the beginning the priority is for him to fall sleep on his own in the crib, and we adjust the schedule as he and you start to understand the whole nap and bedtime routine.

Now, let's assume your baby fell asleep for his nap after 60 minutes of crying, and your schedule allows only 90 minutes for his nap. In this case he only has 30 minutes of nap time left, and you do not know whether to wake him up or not. I would recommend that you let him sleep for 60 to 90 minutes, because remember, we are giving priority first to his falling asleep on his own, and you can compensate for the extra time by slightly modifying the schedule for that day. Once we have mastered falling asleep without the baby fighting the sleep, you may want to gently wake up the baby from his nap at the due time, because we will be in phase two, establishing the day schedule. But remember, some flexibility is also allowed.

At nighttime is a little bit tricky. If your baby is between 3 and 6 months of age, you may want to give one nighttime feed in the middle of the night. So, if your 3-6 month old baby falls asleep after one or two hours of crying, and he wakes up after sleeping for 4-6 hours, you may very well pick him up, change his diaper, and feed him under the night light, then burp him, place him back again in his crib and leave the room. After that nighttime feed, do not pick him up again until the time you have established for him to awake. This is usually around 6 am for small infants and one or two hours later for older infants.

If your infant is older than 6 months, there is no need to feed him in the middle of the night. If he wakes up, you may want to leave him in the crib until he falls back to sleep again. I highly recommend this, of course, going back at 5, 10 and 20 minutes again if you wish. I even recommend you refrain from changing his diaper unless it is soiled. Adding some petroleum jelly or diaper ointment on the diaper area before placing him to sleep at night is a good idea, because he will be wet for longer hours from now on.

Now, you may want to do a modification on children older than 6 months of life - the ***cold turkey approach***. This means performing exactly the same routine as I just explained, with the exception that you do not go back to visit him after 5 or 10 minutes, rather you just leave him in the crib until he goes to sleep regardless how much he cries. Even though this sounds radical, it works very well, and is fast and effective. I just have found it very hard on the parents in my years of practice, but in fact, easier on the babies. However, there is not one method that suits everyone. Choose the one you feel more comfortable with, and more importantly, that you know you will carry over.

After your baby goes through this process, and has learned to sleep on his own, there will be changes that may interrupt and disrupt his sleep habits. A family trip, family visiting, baby illnesses, and so on. When this period is over, and you are ready to go back to his routine, it will be so much easier than before, and may take one or two days of training only. In this scenario, I highly recommend the cold turkey approach for the quickest solution , and go back to the wonderful full nights of sleep.

Teaching your child to sleep: toddlers

Before you read this chapter, I advise you to read the newborn and infant chapter for general principles. The importance of schedule, organization and routine is far more important for this age group, and it will be almost impossible to make a toddler to go to sleep on his own with a lack of structure.

For this chapter, we will assume the child sleeps in a different room from his parents, and has his own toddler bed. We are also going to separate into two age groups. Group one - 18 months-3 years, and group two - 3-6 years. There are several good books on the market for these age groups, and I have recommended several approaches. Here I will recommend the one method that has worked in most patients, and that the parents feel most comfortable with.

18 months to 3 years: This will apply to toddlers who are out of the crib, and in a toddler bed, and toddlers that cannot climb a small toddler security gate in the door of their rooms. If your 18-month old is still in a crib, and cannot climb out of it, you can apply the previous chapter. If your three year old can climb the security toddler bed, then move him to the next age group.

Now, some parents decide to skip the whole toddler bed thing, and go directly to regular bed with rails. I recommend placing the crib mattress directly on the floor, just to avoid accidents while the training is in process.

By this age period, the child may need only one long nap after lunch, and can sleep 9-10 hours in a row at night.

Start with a very structured bed routine. This can start early, around 6pm. First, eliminate any strong stimuli like rough play activities, cartoons, etc. By 6 pm you may want to have a stroll, go back home, have dinner, some playtime with puzzles, legos, but not TV unless you watch a special baby/toddler video with soft music. Then, you may want to give him a bath, brush his teeth, and enjoy 20 minutes or so downtime in his room. This may include bedtime stories, lullabies, or anything else that includes conversation, learning or listening. Then,

place him on his toddler bed, turn on the night light, give him his favorite stuffed animal, put the security gate in the door entrance, and softly tell him goodnight. Just tell him he is not allowed to leave the room, and that you will be back to check him very often, as long as he remains in his bed. But if he gets out of his bed, you will not go and check him. Use simple words, so he can understand you, “time to sleep, goodnight.” “Stay in your bed and mommy will come back soon.” “If you get out of your bed, mommy will not come soon.” Leave for one minute only, and come back to his room, if he is still in his bed, tell him how good he is doing, pat him twice softly on his back, and tell him you will be back very soon, because he is doing so well. Leave again and come back after 3 minutes, then 5, 7, and 10. From here, a 10 minute-period is long enough. You may find him asleep on one of your visits. Leave the night light on, and hopefully he will keep sleeping through the night.

Unfortunately, most likely, even though he went to sleep without crying, he may wake up at midnight, and may call you from his door. At this point you should follow the same set of recommendations again. Take him to his room, place him gently in his bed with patience, love, and firmness. You repeat the same phrase, and leave.

Now, let’s move to the most common response from your child. He will immediately leave the bed and start to call you and cry, because you left the room. Wait for 5 minutes, and go to his door and remind him that you will be visiting only if he gets into his bed. Wait 10 minutes and now, if he still is crying, without speaking take his hand gently, but firmly, put him in his bed, and tell him you will be just right back only if he stays in his bed, and repeat the process. Now, he may now stay in his bed and you just follow the above steps. But if he gets worse, clings

to you, and throws a fit when you place him back in his bed, you may realize that it is better not to go back to place him in his bed, and that you should only go back if he gets in his bed.

Some kids may still refuse to get in their beds, and will keep crying at the bedroom door. Let them cry. It may take 2-4 hours of crying, and he eventually may give up and fall asleep in the floor, on the bedroom carpet, or in the bed or mattress. Wait until he is asleep, and move him to his bed. During his crying, you may want to get close to the doorway and remind him you are there, that it is bedtime, and that you can only go in the room if he gets into his bed. In my experience, things are usually hard for two to three days, when the child will be crying for hours at his bedroom door. But if he knows you are not coming back, he will accept staying in his bed for you to come and visit. It seems difficult, but you just need to be firm, consistent and patient.

As the days pass, and the child begins to stay in bed, you can prolong the periods between visits and move to 10 minutes right away after you place him in bed, and even to 20 minutes for the next visit. Sooner than you expect, you will be able to just place him on the bed, and will not need to check him anymore. And if he wakes up at night, just follow the same routine. And in a short time, you can even stop using the safety gate!

This routine also applies for naptime, the only difference is that you keep him in the room for as long as the nap was intended to be, depending on your schedule for the child. If he falls asleep after 45 minutes of crying, you may want to leave the child sleep for the intended two hours nap, or may wake him up just 30 minutes earlier. Remember to use the same place for him to sleep both for naps and at

night. An exception may be when the child is in daycare, when you will need to talk to the daycare to learn the routine they follow for his naptime, and try to follow a similar routine on weekends.

3 to 6 years of age: the golden coins . When I have parents of kids in this age group that ask me for advice for their children to sleep through the night, I just asked them to give me a minute, go into my office, and look for two golden coins (I buy bags of them in party stores, 20 for a dollar). Then, I enter the room and give two coins to the child and say: “this is your magic coin. As we buy things in the store with money, this golden coin pays for your nightlight and your door open at night and bedtime, and has magical properties. Do not lose it.” Usually the children look at me with surprise. Some do not understand and ask me to explain what I mean. Usually I tell them his parents will explain it to them at home, and proceed with teaching the method to the parents.

The golden coin is a very interesting method. At this age children already have the concept of object permanence, and they have more knowledge about time. Also, this is the time they start to use excuses or their imagination starts to fly. They come up with things like “I am scared,” “there is a monster in my bed,” and so on.

The golden coin method works like this: place your baby in the bed following the steps as in the previous section (there is no need for the safety door in this age group). Once your child is in his bed, after the bedtime story, hug and kisses, tell him goodnight and place the golden coin on the night table. Explain the properties of the golden coin. The golden coin will buy the nightlight on and the door open while he remains on the bed. If the child leaves the bed, he will lose one

privilege first, the nightlight for 5 minutes, but still the door will remain open. If he comes out of his bed again, you will have to close the door. And you will have to do it, for maybe 3 to 4 minutes. Then give back the coins to the child and tell him he has another chance, but this time, if he loses them, the nightlight and the closing the door will be done for longer.

Most likely after two to three times, the child will remain in bed. During that time you are allowed to visit him, every 10 to 20 minutes, to remind him how good he is doing.

Now, anticipate your child's fears and needs. If you think he may be afraid of a monster, or the dark, include a short routine when you check the room before the lights are out, and give anti-monster properties to another coin, but this is one coin he will never lose no matter what. You may take the nightlight coin, the door coin, but never the monster coin. That one is a guarantee he will be safe, even if the lights are out.

If he wakes up in the middle of the night, and goes to your room, take him gently to his room, remind him he has the golden coin, and leave. And repeat the process.

As you move on, maybe three weeks into the training, he may do well, and stay in his bed, fall asleep on his own, but keep waking up at nighttime to look for you or call you. Well, this may be time for you to tell him that from now if he calls you or come to your bed at night, he will lose his golden coins too.

Of course we need to make exceptions. As parents you will know your child better than anyone. If you think this approach will be too hard on them, and you recognize your child as being terrified of the dark, you

may want to consider a modification of the golden coin method. For this child, the golden coins will not interfere with the nightlight, but will buy mom being in the room while the child goes to sleep. Start placing the golden coin on the night table, and explain, that as long he stays in the bed mom will be with him, and if mom will have to leave for a few seconds, the door will be open, and she will be just outside. As you place him in the bed, put a chair at bedside, and stay there until he falls asleep. If he wants to get out of the bed, you need to leave the room, and close the door for a few minutes, then go back and start again, until he understand he needs to be in his bed for you to stay with him. As the days pass, you move the chair farther and farther from his bed until you are in the doorway, and you should sit for only one minute after putting him to sleep, and leave, telling him you will be back in a few minutes, as long as he stays on his bed. Come back after 2 minutes, then 5, then every 10 minutes. Leave your chair in the doorway at all times, so he knows you mean to come back. If he ever gets out of his bed, you take him back to his room and close the door for a few minutes. This approach will take longer, but is very effective, and easy on both parents and children. Remember, perseverance and patience is the key. If he wakes up at night, repeat the same process over again.

Following these steps will make your child to sleep through the night sooner than you expect, and you will be back to your uninterrupted nights of sleep and rest. Take a decision, and start tonight, you will not regret it!