

1. Safe Sleep Guidelines

Follow the A,B,C's - Alone, on their Back, in a Crib

- **Babies should be placed on their backs to sleep until their first birthday — for naps and at night.** Babies can breathe better on their backs than on their stomachs or sides. Sleeping on their backs opens up their chests and makes it easier for them to draw in more oxygen.
 - **Use a firm sleep surface with a fitted sheet made for that specific product.** Keep soft objects like stuffed animals and blankets out of the sleep space. A crib, bassinet, portable crib or play yard that meets Consumer Product Safety Commission standards is recommended. Babies should be placed on a flat surface for all sleep times.
 - **Do not use a car seat, carrier, swing, bouncer, or a tot as a sleep area.**
These products are not made for babies to sleep in and are dangerous because babies are not sleeping flat on their backs. If babies fall asleep in these items, they should be moved to a firm sleep surface on their backs as soon as possible.
 - **Never place your baby to sleep on a couch, sofa or chair.** A baby can easily get trapped between cushions, people or other objects that can cause him or her to suffocate.
 - **Keep your baby's sleep area near your bed for the first 6 to 12 months.**
Place your baby's crib, bassinet etc next to your bed. This is called room sharing and it will make it easier for you to feed, comfort and watch your baby without increasing the risk of sleep-related injury death.
 - **Avoid sharing a bed with your baby.** Your baby should never sleep in an adult bed, on a couch or on a chair with you or anyone else (e.g., other children or pets). Babies may suffocate if another person accidentally rolls on top of them or covers their nose and mouth.
-

- **If you bring your baby into bed with you to feed or comfort them, make sure you put them back in their bed before you fall asleep.** Placing your baby's crib next to your bed can help make this easier.

- **When/If possible breastfeed your baby.** Breastfeeding has many health benefits for mother and baby, including reducing the risk of SIDS. While the cause of SIDS is unknown, breast milk may help build a baby's immune system to fight SIDS-related infections. Babies fed only breast milk get the most protection against SIDS. However, any breastfeeding provides more protection than no breastfeeding at all. Breastfeeding and skin-to-skin contact also keep babies calm, and can help mothers bond with their babies and regulate their body temperatures, breathing and heart rate.

For more info and updates on safe sleep visit: nyc.gov/safesleep

2. Creating the optimal sleep environment

Keep the room cool- somewhere between 68-72°. -When we fall asleep, our bodies naturally cool off. Helping baby's body get to that lower temperature faster can encourage deeper sleep. It can also help baby fall asleep quicker. If it's too hot or too cold, baby's body will waste energy trying to regulate, making it harder for baby to fall asleep and stay asleep.

Use a fan - The use of a fan has been shown to reduce the risk of SIDS by up to 72%. A ceiling fan is great if it's available, but even a table fan can work to help encourage proper air flow.

Make it dark- From 4 months on, the room should be dark (cave like) for naps and night.

Include white noise- The sound should not be louder than 50-60dB. Best to place it about 5-6ft away from the crib.

Use a Sleep Sack- This can be a good transition from a swaddle and you can avoid using blankets. Also can prevent toddler from climbing out of the crib.

For newborns to 3-4 months- I suggest the 5 S's from the author of The Happiest Baby On The Block by Dr. Harvey Karp; Swaddle, Side-Stomach Position, Shush, Swing, and Suck. 5 S's can be helpful during the "purple" or "witching" hour which occurs in babies 2 weeks 3-4 months in the late afternoon, early evening.

1. The 1st S: Swaddle -Swaddling recreates the snug packaging of the womb. To swaddle correctly, wrap arms snug—straight at the side—but let the hips be loose and flexed. Use a large square blanket, but don't overheat, cover your baby's head or allow unraveling. Note: Babies shouldn't be swaddled all day, just during fussing and sleep.

2. The 2nd S: Side or Stomach Position- The back is the only safe position for sleeping, but it's the worst position for calming fussiness. This S can be activated by holding a

baby on her side, on her stomach or over your shoulder. You'll see your baby mellow in no time.

3. The 3rd S: Shush- Contrary to myth, babies don't need total silence to sleep. In the womb, the sound of the blood flow is a shush louder than a vacuum cleaner! But, not all white noise is created equal. Hissy fans and ocean sounds often fail because they lack the womb's rumbling quality. The best way to imitate these magic sounds is white noise.

4. The 4th S: Swing- Dr. Karpis states "while slow rocking is fine for keeping quiet babies calm, you need to use fast, tiny motions to soothe a crying infant mid-squawk.... always support the head/neck, keep your motions small; and move no more than 1 inch back and forth".

5. The 5th S: Suck- Many fussy babies relax into a deep tranquility when they suck. Many babies calm easier with a pacifier.

3. Bedtime Routine

Babies and toddlers thrive on routine and predictability, they like to know what is going to happen next. The routine should be a way to help make your baby or child calm, but not a means to sleep. What you want to do is create a series of steps that you'll follow every single night, so your child will be able to predict when she is expected to sleep.

Make it pleasant - If your child hates taking a bath, then plan bath time for another time of the day. You want your child to be content and relaxed, not worked up and angry right before bed. Make sure your bedtime routine includes activities your child enjoys, such as reading books in your lap, playing a calm and quiet game with stuffed animals.

Leave plenty of time to unwind- The routine should be relaxing, start early so you don't have to rush. Allow enough time to get your child calmed down, relaxed, and ready for sleep. At the same time you don't want the routine to drag on for so long that your child becomes overtired. This will make it much more difficult for them to fall asleep. 20-30 minutes seems to work best for almost all children.

NO sugar or screens at least one hour before bed- The blue light emitted by screens on cell phones, computers, tablets, and televisions prevents the production of melatonin, the hormone that controls your sleep/wake cycle or circadian rhythm. Reducing melatonin makes it harder to fall and stay asleep.

Bedtime preparations should be in her room- Perhaps the early stage can be in a younger sibling's room, but not all over the house. Include stories, songs, or games that soothe, not stimulate. Make sure the rules for how many stories or how long you will read, are completely clear and non-negotiable. Avoid fast-paced games and scary stories.

Give a warning - "We have a few more pages in this book, and then Mommy is going to turn out the light." Sometimes they like to turn out the light themselves. It's another way they can "own" bedtime. It's good to give some kind of indication that it's going to be "lights-out" soon.

Be Consistent- If two parents take turns at bedtime, you don't have to follow an identical script but you should have a similar routine, style, and response.

Sleep Begets Sleep- The importance of a healthy sleep schedule

An important key to improving your child's sleep is to keep them on a healthy schedule so you can avoid being overtired. When your baby is overtired, she is so physically fatigued that her body's stress-response system is activated. Once your baby is overtired, stress hormones such as cortisol and adrenaline flood your baby's bloodstream, making it even harder for your baby to relax and calm down. Your baby may react by becoming irritable or overexcited. What happens is your baby will then "pass out" from exhaustion, and take a quick nap or sleep a few hours and then will not be able to continue to sleep because their body is still running on cortisol. The answer to breaking this routine is an appropriate schedule that will provide your child with the right amount of sleep.

Recommend hours of sleep per 24 hour period

Age	Recommended
Infants 4-11 months	12 to 15 hours
Toddlers 1-2 years	11 to 14 hours
Preschoolers 3-5 years	10 to 13 hours
School-aged Children 6-13 years	9 to 11 hours

Naps

Age in months	0 to 3	4 to 5	6 to 7	8 to 9	10 to 12	13 to 14	15 to 18	18 to 24	24 to 36
Total daytime sleep	4 to 6 hours	3 to 4 hours	2 to 3 hours	2 to 3 hours	2 to 3 hours	2 to 3 hours	2 to 3 hours	2 to 3 hours	1 to 2 hours
Awake time	30 to 90 minutes	1.5 to 2 hours	2 to 3 hours	2.5 to 3.5 hours	3 to 4 hours	3 to 4.5 hours	4 to 5 hours	5 to 5.5 hours	5 to 6.5 hours
Number of naps	4 to 6	3 to 4	3	2 to 3	2	1 to 2	1 to 2	1	1

www.babysleepsite.com

4. Reducing Negative Sleep Associations

Not all sleep associations are “bad”. A sleep association is anything that helps you fall asleep. Negative sleep associations require somebody to do something for the baby, like rocking or feeding to sleep. Positive sleep associations are things that babies can do to fall asleep that don’t require anybody else.

From 0-3 months do not worry about negative sleep associations. For the first 3 months do whatever it takes to get your baby to sleep. Starting at about 4 months or when you see the social smile is the perfect time to transition from negative to positive sleep associations.

At about 4 months you can begin to give your baby the opportunity to soothe themselves to sleep. Try placing your baby down in their crib drowsy, but awake. Give them a few minutes to try to self-soothe. This is not likely to happen overnight. If this does not seem to work after some practice then you can consider your sleep training options. There are 4 major methods that vary in terms of parent involvement. All of these methods do involve at least a little crying. Which method you choose depends on your individual family’s situation and preference. All of the methods will result in your baby or child being able to self-soothe to sleep and back to sleep during the night and naps.

Recommended Readings:

Dr. Richard Ferber- Solve Your Child’s Sleep Problems
 Dr. Marc Weissbluth- Healthy Sleep Habits, Happy Child
 Dr. Harvey Karp- Happiest Baby On The Block