



PATIENT EDUCATION

## *Helping Your Infant or Toddler Sleep at Night*

MAYO CLINIC CHILDREN'S CENTER



BARBARA WOODWARD LIPS  
PATIENT EDUCATION CENTER

## **Mayo Clinic Children's Center**

*For more than 100 years, teams of physicians have cared for children at Mayo Clinic.*

### **T. DENNY SANFORD PEDIATRIC CENTER**

### **MAYO EUGENIO LITTA CHILDREN'S HOSPITAL**

*Pediatric Sub-Specialties in the following areas:*

Allergy and Immunology	General Pediatric and Adolescent Medicine	Plastic and Reconstructive Surgery
Anesthesiology	Gynecology, Adolescent	Psychiatry and Psychology
Cardiology	Hematology and Oncology	Pulmonology
Cardiovascular Surgery	Infectious Diseases	Radiation Oncology
Child and Family Advocacy Program	Medical Genetics	Radiology
Community Pediatrics and Adolescent Medicine	Neonatal Medicine	Regional (Health System) Pediatrics
Critical Care	Nephrology	Research
Dermatology	Neurology	Rheumatology
Developmental and Behavioral Pediatrics	Neurosurgery	Sleep Medicine Center
Emergency Medicine	Ophthalmology	Speech Pathology
Endocrinology and Metabolism	Oral and Maxillofacial Surgery	Surgery
Gastroenterology and Hepatology	Orthopedic Surgery	Urology
	Otorhinolaryngology (ENT)	
	Physical Medicine and Rehabilitation	

*Pediatric Specialty Clinics:*

Adrenoleukodystrophy Clinic	Dana Child Developmental and Learning Disorders Program	Metabolic Bone Clinic
Aerodigestive Clinic	Dermatology Genetics Clinic	Mood Disorders Clinic
Anxiety Disorders Clinic and Intensive Therapy Program	Diabetes Clinic	Neonatal Follow-Up Clinic
Arrhythmia and Device Placement Clinic	Eating Disorders Clinic	Neuromuscular Clinic
Asthma Center	Eosinophilic Esophagitis Clinic	Pain Clinic
Attention Deficit Hyperactivity Disorders (ADHD) Clinic	Epilepsy Clinic	Pain Rehabilitation Center
Bariatric Surgery Clinic	Erythromelalgia Clinic	Pediatric Diagnostic Referral Clinic
Brain Injury Program	Facial Paralysis and Reanimation Clinic	Pediatric Level 1 Trauma Center
Brain Tumor Clinic	Feeding Program	Plagiocephaly Program
Cerebral Palsy Clinic	Fertility Preservation	Pulmonary Hypertension Program
Chemotherapy/Radiation Long-Term Effects Clinic	Fetal Surgery Program	Renal Stone Clinic
Child and Adolescent Intensive Mood Program (CAIMP)	Friedreich's Ataxia Clinic	Spina Bifida Clinic
Childhood Sarcoma Clinic	Functional Movement	Spinal Deformities Clinic
ComPASS (Palliative Care and Integrative Medicine)	Disorder Program	Sports Medicine Center
Congenital Heart Clinic	Heart Failure Clinic	Thyroid Nodule/Cancer Clinic
Constraint Induced Movement Therapy Program	Hemophilia/Coagulopathy Clinic	Transgender Clinic
Craniofacial Clinic	Hyperlipidemia Program	Transitions Program
Cystic Fibrosis Center	Immunodeficiency Disorders Clinic	Transplant Center
	Inflammatory Bowel Disease Clinic	Travel Clinic
	Learning Disorders	Vascular Malformations
	Assessment Clinic	Velo-Pharyngeal Insufficiency Clinic
	Long QT Syndrome Clinic	Voiding Clinic
	Marfan Syndrome Clinic	Weight Management Clinic

# What's Inside...

<b>Why Read This?</b> .....	2
<b>How Are You Doing?</b> .....	3
<b>What We Know About Sleep in Infants and Toddlers</b> .....	4
Sleep has a “rhythm”.....	4
Babies don’t have “rhythm” at birth.....	4
What affects a child’s sleep? .....	5
Two important sleep goals.....	5
How much sleep does your baby need? .....	5
<b>Sleep Safety: About Sudden Infant Death</b> .....	6
<b>Sleep Safety: About Bed-Sharing</b> .....	7
<b>How to Help Your Child Enjoy a New Sleep Routine</b> .....	8
Create a positive sleep environment .....	8
General guidelines.....	9
Swaddling .....	9
Naps.....	9
Teach your baby to fall asleep on his or her own .....	10
Pacifier use.....	10
<b>How to Manage a Change of Beds or Bedrooms</b> .....	11
When you’re ready to move your child out of your bedroom .....	11
Switching from crib to bed (age 2 or 3) .....	11
Staying in bed.....	12
<b>Breaking Habits</b> .....	13
Phasing out nighttime feedings.....	13
After 12 months: Placing comfort items in the crib.....	14
When it’s time to stop swaddling .....	14
Teaching an older infant or toddler to self-soothe .....	14
<b>Final Thoughts</b> .....	16
When to call your child’s health care provider .....	16

# Why Read This?

This information will help you teach your child how to self-soothe. It also will teach you how to develop a pattern of sleep and wake times that are good for your child's growth and well-being.

- Getting good sleep is **crucial** for both you and your child. For your child, sleep greatly affects physical, mental and emotional growth. For adults, lack of sleep has been shown to increase the risk of depression and the risk that an adult may harm a child.
- Waking up a few times a night is normal for young children. This is not the same as waking due to hunger, for example. When your child wakes slightly during the night, he or she should be able to stay calm and fall back asleep without your help. This is called "self-soothing."
- At some point, your child should be comfortable sleeping alone in his or her own bed. The decision about when to do this varies by family and child.
- **In general, it is easier to prevent sleep problems than it is to treat them later.** Your child's needs and patterns will change over time. **No matter how old your child is, it takes calm, consistent effort and patience to help a child develop a healthy sleeping pattern.**

## **This is a general guideline**

The information shared here is what often works very well for families. And it's good to remember that as soon as you get a "sleeping plan" to work, your child will grow a little more. Each new stage of life brings changes. This may be frustrating for you. But it's usually a sign of good growth for your baby.

# How Are You Doing?

You probably know how important sleep is — both for your child and you. But before you try to help your child sleep better, stop to think about how you're doing.

- If you have given birth recently, soon after the birth you had changes to your hormones, metabolism and mood. All of these can impact your sleep.
- If you are a father, adoptive mother, foster mother, grandparent, or other caregiver, you likely have had many changes to your daily activities, schedule and sleep patterns. All of that can affect the amount and quality of your sleep.

**Your well-being affects how you react to your child's sleep issues.** Your well-being includes the amount of sleepiness, or fatigue, you have most days. Sleep loss:

- Can cause new or strong emotions.
- Has been shown to increase the risk of depression in adults.
- Has been shown to increase the risk that a parent may harm a child.



**Take time to take care of yourself. You need to get 7 to 8 hours of sleep daily.**

## What are your goals for your baby?

Circle "yes" or "no." Do you want your baby or young child to:

- Sleep through the night? Yes / No
- Be happy during the day? Yes / No
- Not cry? Yes / No
- Nurse as he or she falls asleep? Yes / No

What other sleep issue(s) concern you right now? \_\_\_\_\_

Many factors can influence the sleep goals you have for your child. They include bedtime and nap routines, the time of day you put your child to sleep, the environment of the home and your child's bedroom, and what happens when your child wakes during the night.

### A note about newborns

Newborn babies sleep often, sometimes for short periods of time. Trying to make a sleep routine can be hard at this stage. Help your baby fall asleep using any safe way that works. Some babies fall asleep while feeding. Other babies want to be close to their mother or father as they fall asleep. These are common patterns for babies during their first months of life.

As you look ahead to your child's future sleep needs, consider starting one good habit now: put your baby in his or her crib when the baby is calm and almost ready to fall asleep. This will help your baby learn that it's okay to sleep independently once in a while.

# What We Know About Sleep in Infants and Toddlers

Normal sleep in infants and toddlers is very different from sleep in adults. In fact, a person's sleep needs and patterns change a lot over the first 20 years of life.

## **Sleep has a “rhythm”**

*Before the baby arrived*, did you ever notice that you were tired at about the same time every night? This is an example of your “sleep/wake cycle.” Your body moves on a fairly regular pattern between sleepiness and alertness.

Your sleep/wake cycle is managed in your brain by two different functions:

- **Circadian rhythms.**

Your circadian rhythms manage the timing of your wakefulness and sleep over a 24-hour period. This is affected by the amount of light and darkness around you, among other things.

- **Homeostatic sleep drive.**

Your “sleep drive” manages the amount of pressure you feel to sleep. The longer you are awake, the more your sleep drive “pressures you” to sleep. In other words, it makes you feel sleepy.



These functions work in the background of your brain 24 hours a day. They interact with each other and balance each other. For example, if you usually go to bed at 11 p.m., as that hour gets closer, your circadian rhythms send you signals about going to bed. But if you slept until noon that day, your homeostatic sleep drive would tell your brain that you still have some rest and energy in you. You don't need to sleep now.

## **Babies don't have “rhythm” at birth**

When your baby was in utero, he or she followed many of Mom's cues — sleeping, eating, heart rate, and so on. After birth, that connection is gone. The baby doesn't have a sleep/wake cycle. And soon, the baby discovers an urgent need: eating.

For newborns, sleep patterns are affected by how long it takes to eat, digest and become hungry again. As the baby gets older, he or she develops circadian rhythms and a homeostatic sleep drive.



## What affects a child's sleep?

Internal factors that affect how your child sleeps:

- Circadian rhythms.
- Homeostatic sleep drive.

External factors that affect how your child sleeps:

- **The environment** in the home or bedroom: noise, light/darkness, temperature, comfortable clothing, swaddling, and so on.
- **Sleep routines:** a regular bedtime, reading or relaxing together, bathing before bedtime, a hug or kiss good-night, and so on. (See "How to Help Your Child Enjoy a Sleep Routine.")

## Two important sleep goals

During infancy and the toddler years, your child has two important sleep goals:

- **Sleep consolidation:** Being able sleep for a longer (continuous) period of time. As your baby gets older, this happens most often overnight, in addition to short daytime naps.
- **Sleep regulation:** Being able to self-soothe and fall asleep without needing help from a parent. Two common ways that parents try to help a baby fall asleep are to rock the baby to sleep and to feed until the child falls asleep. (See "How to Help Your Child Enjoy a Sleep Routine" and "Breaking Habits.")

The information shared here will help you support your child as he or she reaches these healthy sleep goals.

## How much sleep does your baby need?

The number of hours a child should sleep in a 24-hour period varies. It depends on the child's age and any other needs he or she has at the time.

- Around 4 months old, a child may start sleeping through the night. He or she may sleep as long as 10 hours in a row.
- A 6-month-old child may nap for about 4 hours per day total.
- Almost all infants and toddlers should sleep at least 12 hours per day.
- Some children, perhaps during growth spurts, could sleep 12 to 16 hours per day.

# Sleep Safety: About Sudden Infant Death

The American Academy of Pediatrics (AAP) says that all healthy infants should sleep on their backs until they can roll over often without help. For most babies, this happens around 6 months of age. Sleeping on the back reduces your child's risk of Sudden Infant Death Syndrome (SIDS).



## To reduce your child's risk of SIDS

- **Place your baby to sleep on his or her back on a firm mattress.** Never put a baby on a waterbed, a bed made with memory foam, a bed topped with sheepskin, soft pillows, bean-filled pillows, or other soft, spongy surfaces. Even if you lay your child to sleep on his or her back, the child could roll over during the night.
- **Do not lay your baby on his or her stomach to sleep.** In this position, your baby has a 5-times greater risk of dying due to SIDS.
- **Take time to put your baby on his or her stomach during the day.** This is called "tummy time." Being in this position for short periods of time helps your child strengthen his or her neck muscles. Your baby needs strong neck muscles in case he or she rolls face down into a mattress or blanket.
- **Do not lay your baby on his or her side to sleep.** The child could roll onto his or her stomach. If your baby can't lift his or her face off the mattress, the child could suffocate.
- **If you swaddle your child for bedtime, stop doing this when your baby can roll over.**
- **Keep soft objects out of the crib.** Examples include bumper pads, loose blankets, stuffed toys, and pillows. These items could cover the child's face.
- **Avoid overheating your child.** When indoors, use light layers of clothing or blankets instead of one or more heavier pieces of clothing or blankets. If the baby is covered in heavy or warm layers, the baby can't take off some layers when he or she gets hot.
- **Breast-feed your baby, if possible.**
- **Keep your infant away from cigarette, marijuana, cigar, and pipe smoke.** This includes smoke on hands and clothing.
- **Run a fan on low power** in your baby's room at night. The goal is to keep the air in the room moving. Do not aim the fan directly at your child.

**Note:** The use of cardiorespiratory monitors typically is not suggested.

## About co-bedding

**To reduce your baby's risk for SIDS, do not put your baby to sleep in your bed.** If you are thinking about co-bedding, see "Sleep Safety: About Bed-Sharing."

## Using a pacifier at bedtime?

If you decide to offer your child a pacifier as a sleep aid, consider doing this after the child has a good feeding routine. It often takes several weeks to get into a good feeding routine. Pacifiers are safe to use during sleep, and they may reduce the risk for SIDS.

# Sleep Safety: About Bed-Sharing

Many families choose to share a bed or “co-bed.” If this is your wish, your child’s health care provider would like to know. No matter what your bedding plans are for your child, your provider wants you and your baby to have a positive and safe sleep experience. Your care team can help you have that experience.



**Health care providers all around the world have great concern about a child’s safety in a shared bed. The American Academy of Pediatricians does not support the idea of co-bedding, for many reasons.** There is a lot of research on this topic.

- Most adult mattresses are softer than an infant or young child should sleep on. The child could roll into the mattress or blankets and suffocate.
- A parent could roll onto or close to the child and suffocate the child.
- A parent could push the child into bedding which could suffocate the child.
- The risk of death for a child is higher if a parent does any of the following: smokes, uses sedative medication, drinks, uses certain illegal drugs, is obese, has a sleep disorder, or wears loose clothing.
- Several studies have shown that more than half of the children who sleep with their parents resist going to bed. Most parents have to lie down with their child for as long as 30 to 60 minutes to get them to sleep. This creates a pattern of frustration at a time when the child is supposed to be relaxing.

Also, avoid sleeping with your baby on a couch or in a chair. This, too, increases your child’s risk for death.

**A child will not learn to sleep well in your bed and then easily decide to start sleeping in his or her own bed. If you choose to co-bed, also make a plan about when and how you will move your child into his or her own bed. As a child ages, it can be harder to break a bed-sharing habit.**

## **Consider room-sharing instead of bed-sharing**

After much research in 2016, the American Academy of Pediatrics updated its recommendation about where babies should sleep. The Academy recommends that your baby sleep in your room, close to your bed but not in your bed, for up to the first year of life. Talk to your child’s primary care provider about when it may be best to move your child into his or her own room.

Wherever your child sleeps, he or she should sleep on a firm surface, one that is made for newborns and young babies.

# How to Help Your Child Enjoy a New Sleep Routine

When your child wakes lightly during the night, he or she will remember anything you did for him or her as the baby was falling asleep. Some examples include swaddling, feeding and offering a pacifier. **If your baby can't take care of those needs without your help, your child will cry out for you to "do it again!"**

This may happen once or twice a night. Or it may happen every time the child wakes up a little bit. If you wish to avoid repeated trips into your child's room, try some of these suggestions from other parents.

## **Create a positive sleep environment**

Make bedtime a happy routine.

- **Have a predictable routine.** Bedtime routines, which can start in the early months, become very important to a child by 1 year of age. This could include reading or making up stories, bathing and a good-night hug or kiss. Make sure your child's security objects are nearby if that's appropriate for his or her age. Finish the bedtime routine **before your child falls asleep.**
- **Encourage naps.** Naps are just as important to young children as a good night of sleep is. Try some of the bedtime ideas at naptime.

If your child seems to struggle as you try to put him or her to bed, try to identify the cause. Does the child need a night light or a quieter room? Would white noise help? Is the child having nightmares? These are some common reasons for a child to struggle at bedtime.



## General guidelines

Here are some good ideas to help your child enjoy going to sleep.

- Get into a routine at bedtime. Try this: feed your baby, give a bath and enjoy some quiet time for 15 minutes or so. Then put the baby in the crib when he or she is sleepy (not yet sleeping).
- Avoid talking to your baby in the middle of the night. Talking may confuse your child. He or she may think it's daytime and you're ready to play.
- Use a quiet voice if you must talk to the baby during the night.
- Don't change wet diapers during the night. Change the diaper only if it has stool or if you are treating a bad diaper rash. When you need to change a diaper, use as little light as possible and change it quickly. Avoid talking and playing.

## Guidelines for toddlers

- After 1 year of age, consider giving your child a breathable blanket that has no ribbons, ropes, buttons, or frilly edges. A simple 100% cotton blanket should work. You should be able to breathe through the blanket when it covers your own mouth.
- Have a rule that your child should not leave the crib at night unless he or she needs to feed or have a diaper change. After age 2, a healthy child should not need to leave his or her bedroom on a typical night except to go to the bathroom.

## Swaddling

Many young babies fall asleep and sleep better when swaddled. If you swaddle your baby, use a **breathable 100% cotton** blanket. A blanket is breathable when you can hold one layer of the blanket up to your mouth and your breath can pass through the fabric. This is the best option for a baby because:

- The baby can still breathe if the fabric slips and covers his or her face.
- Cotton allows body heat to escape.
- Both of these factors reduce the risk that your baby will overheat.

## Naps

Your baby's sleep time is divided between nighttime sleep and daytime naps. Some babies sleep for a long time, but they take fewer naps during the day. Other babies take more, short naps during the day. If your baby sleeps well at night, it's fine to let him or her nap for as long as desired. If your baby isn't sleeping at night as long as you wish, it may help to shorten the naptime. Or if the baby takes 3 naps per day, try to change the habit to 2 naps per day. **Most children between the ages of 12 and 18 months shift to taking one midday or afternoon nap per day.**

## **Teach your baby to fall asleep on his or her own**

For most babies, it's okay to help them "learn" to fall asleep on their own beginning at a very young age. When a child knows how to do this, the parents usually have fewer interruptions during the night.



To teach your baby to fall asleep on his or her own:

- Do not hold, rock or lie down with your baby **until he or she falls asleep.**
- Put your baby into his or her crib when the baby is sleepy but not asleep. This helps the baby connect "bed" with "falling asleep," not just "being asleep."
- Expect some whining or crying as your baby falls asleep. Crying is a way for babies to comfort themselves. It may take a few minutes for your baby to get comfortable and fall asleep.

See also "Breaking Habits."

## **Pacifier use**

It is all right to use a pacifier to calm a crying baby when holding the child does not help him or her calm down enough. Pacifiers are safe to use during sleep. However, children may use this as a way to comfort. If the pacifier falls out, the child may need help to find it so he or she can use it to self-soothe.

# How to Manage a Change of Beds or Bedrooms

## **When you're ready to move your child out of your bedroom**

For most families, by about the first birthday, children sleep in a separate room from the parent(s). This helps “light-sleeping” parents and kids sleep better. Here are some suggestions to make this change easier.

- Start with naps. Place your child in his or her own bed or bedroom at each nap time.
- For toddlers (after age 1):
  - Ask your child to help you make the bed. Let him or her choose which pillows or stuffed animals to use on the bed.
  - Tell the child, “Starting tonight, you get to stay in your bed (or bedroom) during the night. You’re old enough to do that now!” Present this as an exciting moment. Kids are usually very happy to “grow up.”
- Use a monitor so you can hear or see how your child is doing.
- Close the child’s bedroom door when you leave the room. This keeps most household noise out of the room so your child can sleep better. Also, if your child can’t see you in the middle of the night, he or she may not think about waking you.
- If your home doesn’t have a separate room for your child, put up a screen so your child can’t see you or the room he or she sleeps in.
- After a week or two of successful napping in the child’s own room, begin to put your child to bed at night in his or her bedroom.
- Give a small reward if needed when a toddler or older child has stayed in his or her room overnight. Some examples are to read, go for a walk or do a puzzle or game together. Be sure to tell your child why he or she is getting the reward.

## **Switching from crib to bed (age 2 or 3)**

It’s time to switch from a crib to a bed as soon as your child learns how to climb out of a crib with the springs at the lowest setting. If you keep your child in the crib and the child falls as he or she tries to climb out, your child could get a serious head injury. (Some head injuries aren’t easy to identify right away.)

Try one of these ideas:

- Change to a bed.
- Put the mattress on the floor or use a sleeping bag on the floor.

## **Staying in bed**

**Once you put your child in bed, he or she should stay there.** Some toddlers have temper tantrums at bedtime. They may even refuse to lie down. Ignore these protests and leave the room. Ignore any other questions or demands your child makes. See also “Breaking Habits.”

## **Leave your child standing in the crib if needed**

If your child is standing up in the crib at bedtime, try once to get him or her to lie down. If the child refuses or stands again, leave the child that way. He or she can lie down without your help. If you repeatedly help your child to lie down, it soon will become a game for your child.

## **Enforce the rule that your child should stay in the bedroom**

Once your child is in a regular bed, he or she needs to stay in the bedroom (unless it’s an emergency, of course).

- If your child leaves the bedroom, the first one or two times it happens, tell your child, “You need to go back to your own bed now.”
- If your child won’t do as you directed, walk alongside the child with a hand placed gently on his or her shoulder. If your child refuses to go to the bedroom, carry the child back to the room. Be very calm as you do this; do not show any frustration or anger. Do not talk to your child as you do this.
- Place your child in his or her bed and walk away. Close the door to the bedroom.
- If your child doesn’t know when it’s morning, try using a “**good morning light**.” This is a nightlight with a timer. You can set the light to turn on or change colors when you want your child to wake. Tell your child that he or she can get out of bed when the light changes from red to green or when the light turns on.

If you follow these suggestions every time, after just a few days, your child soon will learn that delaying bedtime doesn’t lead to more “fun” with mom or dad.

**Note:** These suggestions do not apply to a child who is sick, has had a nightmare or is truly afraid for some reason. In those cases, you may need to spend some time with your child.

# Breaking Habits

## Phasing out nighttime feedings

### Common sleep and eating patterns

Most newborns sleep an average of 16 hours a day, but this may vary from day to day and from baby to baby. Many newborns sleep in blocks of time. Some blocks may be as long as 3 to 4 hours each. At first, babies do not know the difference between day and night. From birth to 2 months, most babies wake up at least 2 to 4 times each night to feed.

The goal of feeding your child is to ensure that he or she gets enough calories to grow. Every child's needs are different. Rely on your baby's cues, not on the clock.

### Late-night feedings

As babies get older, they eat more at each feeding. Typically, they can also go longer between feedings. In time, this means that babies should be able to have longer periods of sleep at night.

It is normal for young babies to wake at night to feed. By about 4 to 6 months of age, many babies can sleep 7 to 8 hours or more without a feeding. By this age, babies should be able to get enough calories during the day so they don't need nighttime feedings.

If your child is at least 5 or 6 months old and cries one or more times a night to be fed, talk to your health care provider or try these suggestions.

- **Do not nurse or bottle-feed your baby until the child falls asleep.** Put your baby into his or her crib when the baby is sleepy but not asleep. If the last activity your child had before sleep was sucking the breast or bottle, the bottle or breast becomes the baby's soothing security object. Your child won't learn to comfort him- or herself without that object. So when the child normally wakes lightly during the night, he or she will be in the habit of needing to feed in order to go back to sleep. (See also "How to Help Your Child Enjoy a New Sleep Routine.")
- **Increase the volume of feedings during the day and hopefully increase spacing of feeding during the day.** If a baby feeds small volumes often during the day, he or she will be used to that feeding pattern. This will lead to the child being hungry during the night.

Other suggestions:

1. Feed your child in a different room than the bedroom. Try to separate mealtime and bedtime.
2. **NEVER give your baby a bottle in bed.** If your baby needs to suck on something to help him or her go to sleep, offer a pacifier.

## **After 12 months: Placing comfort items in the crib**

Around the age of 12 months, children start to be aware and sometimes afraid of being away (separated) from their parent(s). A stuffed animal, doll or blanket can comfort your child when he or she wakes up during the night.

**Note:** Do not place soft objects in the crib until your baby can **easily, quickly** roll over toward both sides. Soft objects, such as bumper pads, blankets and stuffed animals, increase the risk of SIDS in young babies.

## **When it's time to stop swaddling**

If you plan for your baby to go to a daycare, ask the director whether the daycare allows swaddling in a blanket. You may have to stop swaddling for a few days at home before your baby starts at the daycare.

It's time to stop swaddling when your baby is old enough to roll over. Ideally, a baby needs to be able to control his or her arms when rolling. But the baby can't do that when he or she is swaddled.

## **Teaching an older infant or toddler to self-soothe**

If your child is older than about 6 months and repeatedly wakes during the night crying for attention (not for feedings), you may need to teach your child to self-soothe. The method to do this is called "graduated extinction."

When you teach your child to self-soothe, you slowly (gradually) stop your child's habit of crying out for you unnecessarily. In other words, this is about making that behavior "extinct." You need to be very patient and very consistent to do this.

**Notes:** Be sure your child's basic needs have been met, such as feeding, appropriate clothing and a dry diaper, before you begin to do this. Also, if your child is sick or going through some other kind of transition, such as starting daycare, it may not be a good time to teach self-soothing.

### **To teach self-soothing:**

1. At bedtime, put your child in the crib or bed when he or she is awake. (Your child may be sleepy, but should be awake.) Leave the room within one minute.
2. If the child cries, wait 2 to 5 minutes before you decide whether you need to go into the room. Stay out of sight from your child while you wait.
3. If your child is still crying after 2 to 5 minutes, go into the room, but do not turn on the lights.
4. Comfort your child without picking him or her up. For example, touch the child's head or back. Tell your child in a caring voice that you love him or her. Then say, "It's time to go to sleep now."
5. Leave the room right after you tell your child it's time to go to sleep. (Stay no longer than 1 to 2 minutes total.)



6. Don't be surprised if he or she cries louder as you leave.
7. **Each time your child cries again, before you go back into the room, increase the length of time you wait by 1 to 2 minutes.**

**When your child falls asleep, make a note of the last timeframe you waited before you entered the room, for example, "12 minutes."**

8. The next night, if your child cries, begin this process again. Using the **example** in step 7, start with a 12-minute wait before you go into the room. Repeat steps 4 through 7.
9. Over the next few days, repeat the process as needed. Always start the process using the last timeframe you waited during the night before.

After about 3 to 5 days of consistently using this method, your child should be able to self-soothe when he or she wakes lightly during the night. If you have questions as you try to teach your child to self-soothe, contact your child's primary health care provider.

# Final Thoughts

---

This may be a tough time for you. If your child isn't sleeping well, you probably aren't either. Your care team is concerned that everyone in your home gets the sleep he or she truly needs! There are many examples and ideas shared here. Be patient and try the ones that you think will work based on your child's age and any needs he or she has at this time.

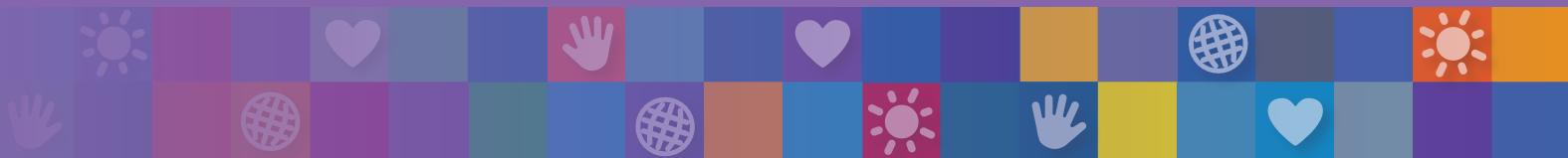
## **When to call your child's health care provider**

If any of the following issues come up, be sure to call your child's health care provider during regular business hours.

Call if:

- You think your child's crying has a physical cause.
- Your child seems to be afraid of something or someone.
- This information doesn't help your child's sleeping habits within about 2 weeks after you start to use these suggestions consistently. **Note:** It may take longer to change a child's sleep habits if he or she has had severe sleep troubles.
- You have questions after you read this.





#### BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

*This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.*

**MAYO CLINIC** | 200 First Street SW | Rochester, MN 55905 | [mayoclinic.org](http://mayoclinic.org)

©2017 Mayo Foundation for Medical Education and Research. All rights reserved. MAYO, MAYO CLINIC and the triple-shield Mayo logo are trademarks and service marks of MFMER.

MC6161-01