Sleep Problem from Holding Until Asleep

Definition

- A baby over 6 months old who can't sleep through the night (at least 7 straight hours)
- Wakes up and cries one or more times a night to be held
- Can only return to sleep if you hold him
- Doesn't need to be fed to return to sleep
- Sometimes called a trained night crier

Health Information

Cause of Trained Night Crier

• The main cause is being held, rocked or walked until asleep at bedtime and for naps.

All children have 4 or 5 normal brief wakings per night at the end of each sleep cycle. Most can put themselves back to sleep. However, children who have not learned how to self-comfort, cry for a parent.
If your custom at naps and bedtime is to hold, rock, or lie down with your baby until asleep, your child will not learn how to go back to sleep on his own.

• This is called poor sleep-onset association.

Care Advice

1. Put Your Baby in the Crib Drowsy but Awake:

- At naptime and bedtime, place your baby in the crib drowsy but awake.
- This is when you need to re-train your child to be a good sleeper.
- Start with a pleasant bedtime ritual. But when your baby starts to look drowsy, place him in the crib.
- Your child's last waking memory needs to be of the crib and mattress, not of you.

• If your baby is very fussy, rock him until he settles down or is calm, but stop before he's fully asleep.

• He needs to learn to put himself to sleep. Your baby needs to develop this skill so he can put himself back to sleep when he normally wakes up at night.

2. Visit Your Baby for Crying:

- If your baby is crying, visit him as often as needed until asleep. This is part of sleep training.
- Make the visits loving but brief.
- Don't stay in your child's room longer than 1 minute.
- Act sleepy. Whisper, "Shhh, everyone's sleeping." Add something positive, such as "Love you," or "You're almost asleep."
- Do all of this in a loving way with a calm, soft voice.
- Try not to show any normal anger or frustration during these visits.
- Return every 5-10 minutes. Gradually lengthen the time between your visits.

3. Once Placed in the Crib, Do Not Take Out Again:

- Naptime and bedtime are the best times for sleep training.
- Do not give in. Do not play with your baby or bring him to your bed.
- Even with your visits, most babies fuss and cry 30 to 90 minutes before they fall asleep.

4. For Crying During the Middle of the Night, Temporarily Hold Your Baby Until Asleep:

• Until your child learns how to put himself to sleep at naps and bedtime, make the middle-of-thenight wakings as easy as possible for everyone.

• If he fusses for more than 5 or 10 minutes, go in briefly and reassure him.

• If he cries longer, take your child out of the crib and hold him until asleep. You don't have to do sleep training in the middle of the night.

• But don't take him out of the room, entertain him or talk to him very much.

5. Last Step - Phase out Middle of the Night Contact with You:

• After your child can put herself to sleep at bedtime and naptime without being held, it's time to phase out all rocking to sleep during the night.

- For fussing, don't go in at all.
- For crying over a few minutes, go in and make some comforting comments in a soft voice.
- Then leave.

6. Separate the Bedtime Feeding from Falling Asleep:

- All sleep re-training starts at bedtime and naptime.
- Feed your baby as the first step in the bedtime ritual, rather than the last step.
- Also, feed him in a different room with the lights on.
- The best sequence is feed, read, bedtime ritual, then put in crib.
- This will make it easier for you to put him in the crib drowsy but awake.

7. Prevent Baby Bottle Tooth Decay:

- Severe tooth decay is the most serious side effect of poor sleep training.
- Never give your baby a bottle of milk or juice in the crib. Same goes for sippy cups.

8. What to Expect:

- Be consistent and you will see improvement within a week.
- Expect some crying during the transition.

Call Your Doctor If

- Crying becomes worse after 1 week of this program
- Your child is not sleeping longer after you try this program for 2 weeks
- You have other questions or concerns

Pediatric Care Advice

Author: Barton Schmitt MD, FAAP

Copyright 2000-2019 Schmitt Pediatric Guidelines LLC

Disclaimer: This health information is for educational purposes only. You the reader assume full responsibility for how you choose to use it. The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. Listing of any resources does not imply an endorsement.