

OVERCOME FREQUENT WAKING

*A no-tears action plan
uniquely tailored to your baby's needs
to achieve sleeping through the night*



HEIDI HOLVOET

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tailored to your baby's needs
to achieve sleeping through the night

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The content in this book is for information purposes only.

The author is not a medical professional and does not give medical advice.

Always use your own judgment and contact your doctor or health adviser to ensure your child's health.

Praise for Overcome Frequent Waking

"Heidi, your book worked like a charm. She's been sleeping through the night for weeks now. It truly was so much easier than I imagined bc of your techniques to ease us into the "putting to bed awake" process. Our family has never been more rested, happier and better functioning!"

Ginny H., mother of 9 month old baby girl

~

"I do not know what magic you are weaving but after only implementing the first steps of the action plan she has started only waking once or twice a night (instead of 2 hourly!) and last night slept through the night!!! I put her down for a nap this morning and at her normal 45 min wake time I heard her call out then she went back to sleep! It has now been an hour and 20 minutes. Thank you thank you thank you from a rested mum and a happy giggly baby!"

Lauren E., mother of 5 month old baby girl

~

"We saw first progress within 2-3 days after starting with the plan. The 'catch before waking' technique helped eliminate the 10pm wake-up almost immediately. He is now falling asleep on his own after being placed in his crib and reliably sleeps from 6.30-7pm with sometimes one wake up but goes back down easily."

Elizabeth I., mother of 10 month old little boy

~

"Naps already improved: she slept for 1.5 hour a few times now which was unthinkable before! Another good news is that the earlier bedtime seems to work for us - I was skeptical about this one, but she now wakes up for the day around 5:30-6:00 a.m.,

which is almost 2 hours later than she used to! Also, the 'gentle unlatch technique' totally works!"

Petra V., mother of 7 month old baby girl

~

"I am glad to report that I have made progress with my baby at bedtime already. I really like the way you organized the book, the simple language you use and how complete the book is. You don't keep repeating yourself like other books on sleep training. I love how respectful you are toward the baby and the mom and you make clear it is not the mom's fault that the baby is not sleeping well."

Patricia B., mother of 9 month old baby girl

~

"Thank you so much for your concise, practical book and valuable tips! I'm happy to say that she's down to one night waking (from 5-6!) where she finishes a bottle and then goes back in her crib and falls asleep right away!"

Ana M., mother of 5 month old baby girl

~

"I have great progress to report. I think my baby's sleep association with nursing for bedtime has been broken for good. For the last two weeks I have been able to rock her to very drowsy and put her to her crib. She is not crying when I turn off the lights and she even places her head in my chest to rock her. She was not taking long to fall sleep. I am so happy!!! Also she is letting me place her back in the crib for her 1st waking after feeding/rocking her without screaming or waking again."

Patricia P., mother of 9 month old baby girl

~

Table of Contents

| | |
|--|-----|
| Preface | 7 |
| Chapter 1. Introduction | 8 |
| Chapter 2. Getting started | 12 |
| 1. How this program works | 12 |
| 2. How to get the most from this program | 13 |
| 3. Age recommendations | 14 |
| Chapter 3. Roadmap - Preparing your baby's sleep action plan | 18 |
| Chapter 4. Sleep profile - How does your baby sleep? | 25 |
| 1. Sleep profile step 1: First sleep technique flowchart | 26 |
| 2. Sleep profile step 2: Sleep situations | 28 |
| 3. If it is difficult to define your baby's sleep profile | 36 |
| Chapter 5. Well-being profile - How does your baby feel? | 37 |
| 1. Well-being profile step 1: Physical health | 38 |
| 2. Well-being profile step 2: Emotional health | 44 |
| Chapter 6. How to - Golden sleep essentials | 46 |
| 1. Sleep essentials for your baby | 47 |
| 2. Sleep essentials for you | 61 |
| Chapter 7. How to - Relieving physical and emotional discomfort | 73 |
| 1. Relieving physical discomfort | 73 |
| 2. Relieving emotional discomfort | 102 |
| Chapter 8. How to - No tears sleep techniques | 114 |
| 1. Helping your difficult-to-settle baby sleep | 115 |
| 2. Preliminaries for transitioning from help with settling to sleep - presence, touch or feeding | 117 |
| 3. Weaning from dozing off at breast or bottle | 119 |
| 4. Transitioning from being helped to sleep | 127 |
| 5. Reducing baby's need to feed at night | 140 |
| 6. Keeping asleep | 153 |
| 7. Improving naps | 166 |

| | |
|--|-----|
| 8. Dealing with early wakings | 169 |
| 9. If “no tears” is “too gentle” for your baby | 173 |
| Chapter 9. Keep going | 174 |
| Appendix 1. Sleepy Signs Journal | 177 |
| Appendix 2. Example action plans | 180 |
| Bibliography | 193 |
| Resource recommendations | 196 |
| Product recommendations | 198 |
| Acknowledgements | 201 |
| About the author | 202 |
| Other books by Heidi Holvoet | 203 |

Chapter 4. Sleep profile - How does your baby sleep?

Your baby's sleep profile will uncover which specific sleep technique(s) your baby needs right now. Adding those techniques to your action plan is the first part of personalizing it.

Making your baby's sleep profile happens in 2 steps:

SLEEP PROFILE STEP 1. The first sleep technique flowchart: to quickly highlight which issue to tackle first.

SLEEP PROFILE STEP 2. Common sleep situations: to add more detail to your action plan as necessary.

Do not worry about getting your baby's sleep profile perfect and complete the first time around or worry that it might not keep fitting your baby's needs as you go on. All we need now is the right starting point. Your baby is a unique living being who changes and matures every day, so naturally her sleep situation will change with time. The steps below help you decide where to start and set up the sleep action plan with the most chance of success.

Detailed "How to" instructions for applying the sleep techniques are explained in Chapter 8.

1. Sleep profile step 1: First sleep technique flowchart

The goal with the flowchart is to find the most urgent sleep technique(s) to work with. The sleep issue that comes up as your main one right now (most frequent and/or most difficult for baby and you) will lead us to your “first sleep technique” for your action plan. You might encounter one or more “next techniques” that you will use later.

Go through the flowchart in the image below, as follows:

- Start at the blue arrow (➡) that best describes the sleep situation that is most frequent or causing you the most difficulty right now.

You may have more than one or even all of the situations going on. This is common but at this point, it is important to focus on the most frequent one. If all seem to occur equally often, start with the one that you personally are most troubled by. Rest assured that you will also tackle the other issues as you go on.

- Follow the lines. Keep focusing on what happens most for your baby or makes life most difficult for you right now until you arrive at one of the clouds.

Add the sleep technique of that cloud as the “first sleep technique” in Phase 2 of your action plan.

- If there is a dotted line from that cloud to another one, you are seeing one or more “next techniques”. Add those in your action plan as well (Phase 3).
- Do not worry if not every sleep concern you know you have is addressed at this stage: “next techniques” will come up if necessary as you progress. In fact, as you apply the sleep techniques, they will explicitly refer you to a next technique when necessary.



FINDING YOUR FIRST SLEEP TECHNIQUE

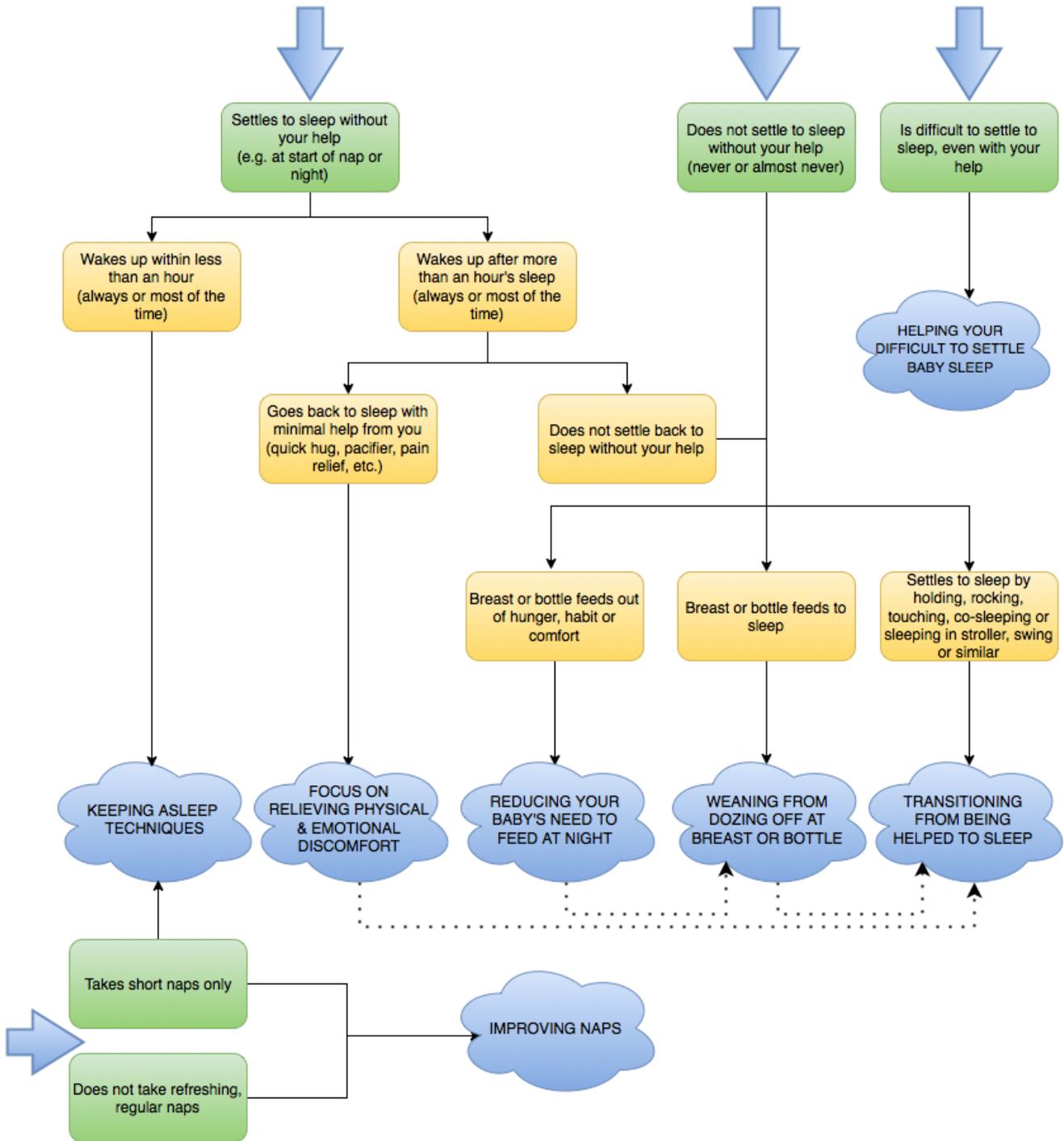


ILLUSTRATION 1: FIRST SLEEP TECHNIQUE FLOWCHART

Next, have a look at the sleep situations in the following section. They will further help you decide on next and supporting sleep techniques to also add to your action plan.

2. Sleep profile step 2: Sleep situations

Below are common ways for parents to describe their frequently waking baby's sleep situations (they are the top 17 situations parents described when entering the Hourly Wakings Study^[HOWAS14]). It may be just one, or several situations together may describe your current situation.

Find the sleep situation(s) that fit best right now and add the suggestions to your action plan. These may come on top of what you noted while doing the flowchart above.



Also explicitly add the given specific advice about sleep essentials and physical and emotional discomfort to your action plan. For now, it is enough to write the suggestions down. You will encounter full “how to” details later in Chapters 6, 7 and 8.

Important: You still need to do your baby's well-being profile and all golden sleep essentials in the next two chapters even if no discomforts typical to your sleep situation are highlighted here.

IN THIS SECTION

SLEEP SITUATION 1. MY BABY ALWAYS OR SOMETIMES NEEDS TO NURSE OR BOTTLE FEED TO SLEEP

SLEEP SITUATION 2. MY BABY ALWAYS OR SOMETIMES NEEDS HELP WITH SETTLING (HOLDING, BEING PRESENT, CO-SLEEPING, ETC.)

SLEEP SITUATION 3. MY BABY WILL ONLY SLEEP IN THE STROLLER, SWING, CARRIER, ETC. OR WHEN SWADDLED

SLEEP SITUATION 4. MY BABY ALWAYS OR OFTEN WANTS TO FEED WHEN WAKING AT NIGHT AND THEN SETTLES EASILY AGAIN

SLEEP SITUATION 5. MY BABY ALWAYS OR OFTEN WANTS TO FEED WHEN WAKING AT NIGHT AND THEN DOES NOT SETTLE EASILY AGAIN

SLEEP SITUATION 6. MY BABY DOES NOT WANT TO FEED WHEN SHE WAKES AT NIGHT BUT CANNOT GO BACK TO SLEEP EASILY

SLEEP SITUATION 7. MY BABY ALWAYS OR OFTEN WAKES WITHIN LESS THAN AN HOUR OF DOZING OFF

SLEEP SITUATION 8. MY BABY DOES NOT NAP REGULARLY AND/OR TAKES SHORT NAPS ONLY

SLEEP SITUATION 9. MY BABY SELF-SOOTHES TO SLEEP AT BEDTIME OR FOR NAPS BUT NOT WHEN WAKING AT NIGHT

SLEEP SITUATION 10. MY BABY ALWAYS OR OFTEN WAKES BECAUSE OF THE PACIFIER

SLEEP SITUATION 11. MY BABY HAS NEVER SLEPT WELL

SLEEP SITUATION 12. MY BABY USED TO SLEEP WELL BUT STARTED WAKING MORE FREQUENTLY

SLEEP SITUATION 13. MY BABY CRIES OR SCREAMS AS SOON AS I WALK OUT OF THE BEDROOM

SLEEP SITUATION 14. I HAVE TRIED CRYING IT OUT TRAINING BEFORE, BUT NOW IT DOES NOT WORK ANYMORE AND/OR MY BABY SEEMS TRAUMATIZED

SLEEP SITUATION 15. I HAVE TRIED GENTLE SELF-SOOTHING TECHNIQUES BEFORE, BUT MY BABY STILL CANNOT SETTLE TO SLEEP INDEPENDENTLY

SLEEP SITUATION 16. MY BABY ALWAYS WAKES UP VERY EARLY

SLEEP SITUATION 17. MY BABY WAKES AT DIFFERENT TIMES EACH MORNING

your help, is in fact one of our top goals in self-soothing and ultimately sleeping through the night. As per your action plan, you will combine the techniques in this chapter to achieve exactly that.

Note that all the minutes of the sleep phases mentioned here are absolute: while they will naturally vary with each individual, they are averages of how long each phase or cycle lasts in absolute minutes – not relative to how long a sleep stretch lasts.

3. Weaning from dozing off at breast or bottle

You can use the techniques in this section whether you are nursing, bottle feeding or doing a combination of both to help your baby sleep. There will be natural distinctions, which I mention if needed.

Dozing off at the breast or bottle is a grown-into habit where your baby needs the nipple in her mouth to be able to fall asleep (i.e. at the actual moment of moving from drowsy but awake to the first stage of sleep). She may need this at each bedtime, only for naps, only at night or just every now and then, typically at difficult moments.

It is this physical habit – nipple in mouth – that makes it difficult for her to self-soothe when put down awake.

The Gentle Unlatch Technique is a delicate and specific progressive technique to teach your baby to doze off without that nipple in her mouth. The

How “bad” a habit is feeding to sleep?

Feeding to sleep is a very natural and positive way for a baby to settle to sleep during her first weeks and months. It is the ultimate positive sleep association and is perfect to help a baby sleep well, or at all, regardless of whether she is content or fussy, healthy or ill.

This combination of positive feelings and the opportunity to develop optimal sleep patterns is in fact incredibly valuable toward developing healthy sleep habits and sleep patterns for the long term.

That is why this alleged “bad habit” of feeding to sleep is not a bad habit in itself. And it may not be the most urgent to address to help your baby sleep better, as your action plan may have made clear.

It is just a matter of transitioning away from it when the time is right. That time may be when you no longer can or want to feed at bedtime or if feeding to sleep has turned into a cause of frequent waking, leads to increased digestive issues (such as gas or reflux discomfort) or stands in the way of learning to self-soothe.

end goal of working with this technique is to have your baby unlatched and drowsy but not asleep at the end of a feed. Once your baby has mastered this, she will either be able to go down awake independently or be ready to move forward with further self-soothing techniques as explained below.

IN THIS SECTION

[WHEN TO DO THE GENTLE UNLATCH TECHNIQUE AND FOR HOW LONG](#)

[THE GENTLE UNLATCH TECHNIQUE STEP BY STEP](#)

[WHAT TO DO NEXT](#)

[IF IT DOESN'T WORK](#)

When to do the Gentle Unlatch Technique and for how long

Your baby's maturity, health condition and current sleep situation along with your action plan will be your guides to determine whether she is ready to transition away from feeding to sleep.

Age is a less reliable reference. As a general guideline, between 4 and 10 months old is when we see the most success with the Gentle Unlatch Technique. However, while some babies are 100% ready at 3 months old, for others it can be nearly impossible at 9 months old. And "impossible" here does not mean because of the *habit*. It is because your baby is simply not ready for one reason or another, for example not healthy enough or a bit too anxious when alone.

So you can work with the Gentle Unlatch Technique any time you feel your baby is ready. Just keep in mind that if you struggle for no other apparent reason, there is a chance that it is too soon for your baby to cope with this technique. If you feel this is you, take a break for about two weeks, but keep working on the other points of your action plan. That will give your baby the chance to mature further and/or feel better and be more

ready for the transition.

You may also simply never want your baby to doze off with the nipple in her mouth. In principle, you can avoid it from the day she is born by using the Gentle Unlatch as described below. That is fine, but do remember that avoiding it from an early age is not *necessary* for self-soothing in the future. On the contrary, the excellent positive associations built by feeding to sleep when younger/needing it will help toward self-soothing whereas the negative associations if required to settle without that comfort will not.

At which moments of the day: you can practice the Gentle Unlatch at every feed-to-sleep moment from now on or decide to work only at some feeds. The main guideline is that it must feel doable for you. For example, you can choose to practice only at naps or at (some) night wakings. If in doubt, always select the easiest and most relaxed feeding moments to practice at first. Then move on to other, trickier moments once you have made early progress.

Give yourselves plenty of practice time for this. The technique is efficient, but it does require patience and getting used to for both of you. Count on at least 3-5 days and up to 2 weeks, depending on how strong your baby's dependence on feeding to sleep is. You can also decide to give yourselves more time and simply practice every now and then. This will still pay off in the long run, and by taking away the stress of being in a hurry, this approach is often more successful in the long run.

The Gentle Unlatch Technique step by step

Before you start

Before starting to work with the steps below, make sure your baby has recovered from most, ideally all, of her over-tiredness in Phase 1 of your action plan. This may mean continuing to feed her to sleep for a while longer, and that is fine. Only put her down to bed after feeding, burping and ensuring that she is in a deep sleep and that she can