

Raising Your Spirited Baby

A BREAKTHROUGH GUIDE TO THRIVING
WHEN YOUR BABY IS *MORE* . . . ALERT AND INTENSE
AND STRUGGLES TO SLEEP

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Your baby's spirited arousal system is apparent when:

- ☐ Your baby bursts into tears while another baby in the same situation sleeps soundly.
- ☐ The strategies your friends swear by do *not* work with your baby.
- ☐ It is nearly impossible to lay your baby down because the moment you lean forward, she startles herself awake.
- ☐ At ten months old your baby is “emptying” the dishwasher, finding his own snack in the pantry, and already refusing to take no for an answer.
- ☐ The upsets and shrieking come out of seemingly nowhere and take forever to subside.

Parent Self-Assessment

Mark one box ☐ per question.

- 1. Manageability:** How often do you feel your baby is more difficult to manage than other babies?

Almost Never	1	2	3	4	5	Almost Always
<i>About what I expected</i>						<i>I'm shocked at how difficult it is</i>
<i>Feels like my work is easier than other parents'</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Feels like I'm working harder than other parents</i>

- 2. Crying:** How often does your baby's crying cause you stress?

Almost Never	1	2	3	4	5	Almost Always
<i>I usually can figure out why my baby is crying</i>						<i>I often don't know why my baby is crying</i>
<i>I often can tell myself my baby is okay</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>I frequently worry I'm doing something wrong</i>
<i>Cries about the amount I expected</i>						<i>Seems to cry more than other babies</i>

- 3. Support:** How often do you feel alone and unsupported?

Almost Never	1	2	3	4	5	Almost Always
<i>I find it easy to ask for help</i>						<i>I find it hard to ask for help</i>
<i>I have friends in a similar situation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>I feel like the "different" person with my friends</i>
<i>I have support in my community</i>						<i>I do not have support in my community</i>
<i>Others can calm my baby</i>						<i>I feel like I'm the only one who can calm my baby</i>

- 4. Sleep:** How often does your baby's lack of sleep cause you stress?

Almost Never	1	2	3	4	5	Almost Always
<i>My baby's sleep cues are easy to read</i>						<i>I struggle to read my baby's sleep cues</i>
<i>I can nap</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>I do not take naps</i>
<i>I return to sleep after my baby wakes</i>						<i>I lie awake waiting for my baby to wake again</i>
<i>I'm tired, but hanging in there</i>						<i>I'm exhausted</i>



5. Feeding: How often does feeding your baby cause you stress?

Almost Never	1	2	3	4	5	Almost Always
Feedings are going smoothly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feedings are a struggle
I feel like my baby is getting enough to eat						I worry my baby is not getting enough to eat
My baby's hunger cues are easy to read						I can't figure out my baby's hunger cues

Your score _____

5-7 Low stress

8-16 Moderate stress

17-25 High stress

CHEAT SHEET: WELCOME TO THE JOYS AND STRUGGLES WHEN YOUR BABY IS MORE

- 1.** *Remember, you are not failing at anything.* You did not make your baby spirited. You are not doing something wrong. Spirited babies arrive in this world wired to be spirited. It is part of their genetic makeup.
- 2.** *Remind yourself of your baby's innate arousal system, which needs extra support to slow down.* When you provide that support, you ensure that rather than creating a bad habit, your baby will excel.
- 3.** *Recognize your “outsider” feelings—and that you’re not alone!* Worldwide it is estimated that spirited infants make up 20 to 25 percent of all full-term babies. That is one million infants born every year in the United States alone.
- 4.** *Take the Parent Self-Assessment to check your stress levels and challenges.* Whether your baby is full-on spirited or somewhere else on the arousal scale, being aware of and sensitive to your own needs will help you meet your baby's.

REFLECTION QUESTIONS FOR YOUR JOURNAL

- How are you feeling right now? Take a few minutes to write down your biggest worries, hopes, and dreams. You don't need to make any changes right now, just let yourself take a breath and know that helping hands are here for you.
- What is one thing (or more!) you find challenging about your baby's behavior?
- What is one thing (or more!) you love about your baby?

Infant Temperament Profile

As you review the traits, think about your baby's typical, most natural reactions. What responses have you come to expect? Remember, there isn't a "perfect" temperament. There are positive and negative aspects of all the temperament traits.

Mark one box ☒ per question.

1. Intensity: How strong are your baby's emotional reactions?

Mild Reaction	1	2	3	4	5	Intense Reaction
<i>It is almost a surprise when she/he gets upset</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Shifts from happy to shrieking in seconds</i>
<i>Cries seem quieter than other babies'</i>						<i>Cries seem louder than other babies'</i>
<i>Easily soothed</i>						<i>Challenging to calm</i>

2. Sensitivity: How aware is your baby of slight noises, emotions, and differences in temperature, taste, and touch?

Low	1	2	3	4	5	High
<i>Sleeps through noisy routines</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Must have quiet to sleep</i>
<i>Does not need to be held to sleep</i>						<i>Sleeps if held, but wakes if laid down</i>
<i>Does not seem to notice soiled diaper</i>						<i>Immediately fusses when diaper is soiled</i>

3. Alertness: Do others remark about how alert he/she seems to be?

Low	1	2	3	4	5	High
<i>Not bothered by crowds</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Requires extra soothing after being in a crowd</i>
<i>Feeds well anywhere</i>						<i>Stops feeding if there is commotion nearby</i>
<i>Not bothered by light</i>						<i>Must have dark to sleep</i>
<i>Sleeps anywhere</i>						<i>Stays awake in unfamiliar places or crowds</i>

4. Regularity: Are your baby's eating, sleeping, and elimination times predictable?

Predictable	1	2	3	4	5	Unpredictable
Is hungry at regular intervals	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>					Is hungry at different times each day
Naptimes are predictable						Naptimes keep changing
Morning wake time is predictable						Morning wake time varies

5. Activity Level: Is your baby always on the move and busy, or quiet and still? Does he/she seem to need movement?

Quiet	1	2	3	4	5	Active
Stays in one place when sleeping	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>					Active even during sleep
Will sit quietly for an extended period						Always on the move
Lies quietly while being dressed						Kicks, squirms, waves, thrusts while being dressed

6. First Reaction: What is your baby's first reaction to new people, activities, or places?

Jumps In	1	2	3	4	5	Cautious First Reaction
Approaches new things easily	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>					Is distressed by new things
Calm when approached by new people						Gets upset when approached by new people
Enjoys new places						May fuss in new places

7. Persistence: How easily can your baby be distracted or stopped?

Easily Stops	1	2	3	4	5	Persists
When hungry can be distracted for a few minutes	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>					When hungry needs to eat NOW!
Does not fuss if a toy is taken from him/her						Wails if a toy is taken from him/her
Can be redirected						Not easily redirected

8. Adaptability: How easily does your baby transition from one activity, place, or person to another?

Shifts Quickly	1	2	3	4	5	Shifts Slowly
<i>Easily starts and stops a feeding</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Cries or fusses when a feeding ends or begins</i>
<i>Falls asleep quickly</i>						<i>Struggles to fall asleep</i>
<i>Is calm when picked up for diapering</i>						<i>Fusses when picked up for diapering</i>
<i>If awakened, he/she is quiet or happy</i>						<i>If awakened, he/she is upset</i>

9. Seriousness (Mood): How much of the time is your baby happy and content, compared with serious or fussy?

Usually Positive	1	2	3	4	5	More Serious
<i>Typically in a good mood</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Seems thoughtful and sober</i>
<i>Happy even though does not sleep</i>						<i>An old soul in a baby's body</i>

Scoring _____

9–18 Low-key baby

19–28 Spunky baby

29–45 Spirited baby

The Baby-size Stress Test

1. Select a time your baby is rested, dry, fed, has had a good burp, and is feeling content. If another adult is available, ask them to video this exercise so you can review it again later.
2. Take your baby into a dimly lit room. (In a brighter, busier room the baby's ever-changing cues are more difficult to distinguish.)
3. Turn off your phone so you are not distracted.
4. Place your baby on a blanket on the floor.
5. Sit down next to your baby, ready to detect every nuance of her body. Note how she turns to you, cooing and smiling. Go ahead, smile and converse with her. Watch her arms and legs smoothly cycling. If she reaches out to you, take her hand, let her hold your finger. If she is crawling, thank her for the toy she brings you. Stay tuned in, do not allow your attention to shift away from her. This is the green zone of calm energy.

Observing the green zone: In the green zone, your baby's arousal system is indicating all is well. She is safe. Her needs are met; all systems are in balance. You will know she is in this zone by her quiet, alert demeanor. She can focus on you and effectively control her limbs. Her heart and breathing rates are slow and steady. In this green zone of calm energy, she feeds well, interacts with you, plays contentedly, and easily falls asleep.

6. Note when your baby turns her gaze away from you, swinging her head to the side as though she has lost interest. She has not. This is a signal she is struggling to remain in a balanced calm state. This is the yellow zone of elevated arousal.

Observing the yellow zone: The signals of the yellow zone can be subtle at first and easy to miss. Your baby continues to be happy, but her vocalization takes on an edge, a line forms between her brows. These are signs she is slipping out of the green zone of calm energy and entering the yellow zone of elevated arousal. A natural inclination is to draw her attention back to you by talking louder, shaking a toy, or even rotating her head toward you. Hold on. She is signaling she is becoming overwhelmed, struggling to remain calm.

7. Today, because you are learning about her cues, continue watching. (I feel guilty every time I do this, but the knowledge gleaned is invaluable. I ask the babies for forgiveness.) Do not try to regain your baby's attention, nor calm her. Instead, observe how her movements change. Short, sharp, jerky kicks replace the smooth thrusts. She pulls up her knees. Then lets loose a wail. This is the red zone of overarousal.

Observing the red zone: The red zone is "catchy." Often, you sense it before you ever see or hear your baby accelerating. A familiar tinge of panic strikes. You hope you are wrong, but you know in your heart you are not. Your baby stiffens. Her back arches, thrusting toward you as though pleading, *Pick me up, now!* If she is crawling, she comes to you, or suddenly collapses. Her cries erupt like a screeching frenzy of high-pitched notes on a scratchy violin. She has plunged deep into the red zone.

CUES FOR THE 3 ZONES OF AROUSAL

Select those that fit your baby. Add to the list your baby's unique cues.

GREEN ZONE <i>When babies are in the green zone of calm energy, they typically . . .</i>	YELLOW ZONE <i>When babies are in the yellow zone—and beginning to dysregulate—they typically . . .</i>	RED ZONE <i>When babies are in the red zone of tense energy and full dysregulation, they typically . . .</i>
Look at you	Turn away	Cry
Engage in play	Lose interest in or become frustrated with toy/book	Arch their back
Are peaceful	Begin to fuss a little	Move in a sharp jerky manner
Are happy	Seek contact with you	Tightly fist their hands

GREEN ZONE <i>When babies are in the green zone of calm energy, they typically . . .</i>	YELLOW ZONE <i>When babies are in the yellow zone—and beginning to dysregulate—they typically . . .</i>	RED ZONE <i>When babies are in the red zone of tense energy and full dysregulation, they typically . . .</i>
Move smoothly, as though stroking the air	Accelerate movements or start kicking as though starting a motorcycle	Stiffen their entire body
Giggle	Form a line between their brows	Become red in the face
Are bright-eyed	Frown	Pull up their knees
Mimic your movements and vocalization	Purse lips	Bring hands to the midline in a self-protective manner
Breathe quietly and slowly	Grimace	Open their eyes wide
Are aware of things, but calm	Start blinking	Flare their nostrils
Interact with others	Push toys, or other people, away	Scrunch up their entire face
Smile	Pull a blanket over their head	Scream
Hoot	Burrow into your neck	Throw things
Explore	Become restless	Want to be held, then bite you, or push away from you
	Become irritable	Become hyper and frenzied
	Pucker an eyebrow	Collapse
	Start to hum or make a revving-up sound	Become overwhelmed

GREEN ZONE <i>When babies are in the green zone of calm energy, they typically . . .</i>	YELLOW ZONE <i>When babies are in the yellow zone—and beginning to dysregulate—they typically . . .</i>	RED ZONE <i>When babies are in the red zone of tense energy and full dysregulation, they typically . . .</i>
	Lose the sparkle in their eyes—eyes go flat	Are super-needy
	Want to nurse	
	Go for a lovie	

SNAPSHOT OF THE NINE PERSONALITY TRAITS FOR BABIES

When your baby is intense . . .	<i>Respond quickly. Don't wait until he's too upset to calm.</i>
When your baby is sensitive . . .	<i>Provide touch. Never worry that holding your baby will create a bad habit.</i>
When your baby is alert . . .	<i>Note stimulation levels and know when to help her take a break.</i>
When your baby is irregular . . .	<i>Focus on cues, not the clock. Take steps to meet your own basic needs for sleep and food.</i>
When your baby is active . . .	<i>Think safety and know repetitive movement calms.</i>
When your baby has a cautious first reaction . . .	<i>Do not force, but try again. A first response may not be a final decision.</i>
When your baby is persistent . . .	<i>Listen to your baby and work together to meet her needs.</i>
When your baby is slow to adapt . . .	<i>Slow down. Talk to your baby. Tell her what is going to happen.</i>
When your baby is serious . . .	<i>Know your baby is happy, just a bit reserved in expressing it.</i>

CHEAT SHEET: WHAT IS YOUR BABY TELLING YOU?

- 1.** *Complete the Infant Temperament Profile for your baby.* Assess and reassess your baby's temperament. Some traits might become more pronounced as your baby reaches new developmental milestones.
- 2.** *Identify your baby's green, yellow, and red zone cues by using the Cues for the 3 Zones of Arousal chart.* Find a quiet half hour and do the Baby-size Stress Test. When you recognize your baby's green, yellow, and red zones of arousal, everything changes.
- 3.** *Practice listening to what your baby is telling you.* Focusing on the nine temperament traits helps you to identify your baby's cues and decipher what she is telling you she needs.

REFLECTION QUESTIONS FOR YOUR JOURNAL

- Which of the nine temperament traits are most apparent with my baby?
- What are the most visible cues that my baby is in the green zone? The yellow zone? The red zone?
- Are there certain messages my baby is sending me that I have sensed but have perhaps ignored, thinking that was the right thing to do?

BAD-DAY AND GOOD-DAY SELF-TALK

Old Bad-Day Self-Talk	Transformed Good-Day Self-Talk
"I feel trapped."	"Must be time to call a friend to take her."
"I do not know what to do."	"I can figure this out."
"I miss my mom."	"My mom is not physically with me, but I feel her presence in my life."
"UGH, just go the F**K to sleep!"	"My baby is still learning how to consolidate sleep. In the meantime, I can figure out how to get more sleep for myself."
"Why me?"	"It's not about me and I'm not alone. A lot of other parents are dealing with spirited babies even if we don't tell each other."
"I want my old life back."	"In the big picture I would never send her back."
"I have the worst kid in the group."	"Yep. That's my kid, the passionate, curious, busy one."
"I can never do enough."	"I've accomplished the most important thing I needed to do today."

Teach others the words you wish to hear.

Words can be just as supportive as actions. It was in my Spirited Child Facebook group that a parent stated, “It would be wonderful to have a list of words you need to hear. One you could hand to other people and say: ‘Read this! These are the words I would like to hear from you.’”

I took note of this recommendation and started a list, arranging the phrases into categories.

EXAMPLE WORDS OF UNDERSTANDING

Words of respect	<i>I believe in you. I trust that you know your baby better than anyone else. You will figure this out. You make good decisions.</i>
Words of support	<i>You're doing a great job. You make a great parent. I'm proud of you. You stayed so calm. I see how hard you are working. What can I do to help? The strategies I see you using are effective. Trust your intuition. You've got this. Trust your baby. She will show you what she needs.</i>

Words celebrating your child	<p><i>I love watching her antics.</i></p> <p><i>She is so alert. This child does not miss a thing.</i></p> <p><i>He is wonderfully energetic and coordinated.</i></p> <p><i>She is so curious.</i></p> <p><i>Because of her I have learned to notice sights, sounds, and sensations I completely missed before.</i></p> <p><i>His behavior is normal. It reminds me of _____, whom we all love.</i></p> <p><i>Caring for him is challenging but he is awesome.</i></p>
Words of hope	<p><i>One day when she has grown up and moved away you will look back and laugh about this crazy time.</i></p> <p><i>I can only imagine the incredible adult he will become.</i></p>
Words of understanding	<p><i>I understand now that disrupting his routine is hard on him.</i></p> <p><i>I can see that too much stimulation upsets him.</i></p> <p><i>She really does sleep better if it's dark and quiet and she is in her own space. I understand why you want to take her home for naps.</i></p> <p><i>Holding her for naps is lovely and what she needs. It is not spoiling her.</i></p> <p><i>I can recognize now that crowds sometimes overwhelm him.</i></p> <p><i>We will adjust our plans to fit the baby's nap/feeding.</i></p>

What you will never hear from your people, those who truly support you, are phrases such as these:

Words that trigger the red zone	<p><i>My kids never . . .</i></p> <p><i>Your brother's [my] kids were sleeping through the night at six weeks.</i></p> <p><i>You are creating a bad habit.</i></p> <p><i>It's your fault he acts that way.</i></p> <p><i>You are always making up excuses for him.</i></p> <p><i>Stop being so overprotective.</i></p>
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Review the symptoms below. Check any that fit your experience.

- ☐ **Sadness**—Those things that normally bring you joy become mere actions to move through.
- ☐ **Anger/rage**—Everything makes you angry. People around you are doing things that irritate you at a level never experienced before. You do not want to be mad, but you cannot help it. You would love to pick a fight, so you have an excuse to scream or even hit something.
- ☐ **Brain fog**—You are forgetting things. Thank God for the key fob or you would never find your car in the parking lot. Words are not coming to mind, leaving you to wonder if you are experiencing early onset dementia. You find yourself driving down a street and suddenly realize you have no idea where you are.
- ☐ **Numbness**—It is as though you are a bystander to your own life. You see yourself going through the motions but feel nothing.
- ☐ **Insomnia**—Even when you have the opportunity to sleep, you cannot fall asleep. If you do fall asleep and then wake, you cannot return to sleep, instead lying there just waiting for the baby to awaken again.
- ☐ **Physical symptoms**—You find yourself plagued with headaches, nausea, or body aches. At times you may struggle to breathe, your heart races, and you are certain you are having a heart attack. Light-headedness leaves you feeling dizzy and off-balance.

- ❑ **Hyperattentiveness**—Startling with every sound or movement your baby makes keeps you in a constant state of alertness. You insist everyone wash their hands before touching her or follow other exact “procedures,” fearing that without their doing so something bad will happen to your baby.
- ❑ **Scary thoughts**—Suddenly you are experiencing thoughts you do not want to have but despite efforts to block them you find they continue to creep into your mind. Haunting *what if* questions keep coming to mind. Feelings of panic swamp you as though you were living within an unending nightmare. Is your baby safe with you? Are you safe with yourself? Can you trust others or are they out to get you?

CHEAT SHEET: HOW CAN YOU CALM YOURSELF SO YOU CAN CALM YOUR BABY?

- 1.** *Remember, caring for your spirited infant begins with caring for yourself.* In a culture that encourages you to power through, your distress can push your arousal system into the red zone, making it more difficult for you to think, react, and accurately read and respond to your baby's cues.
- 2.** *Practice reframing your beliefs and self-talk about your spirited baby.* Simple changes in language can influence how you think, feel, and respond to what's happening.
- 3.** *Use the "eight messages" to reinforce your strengths as a parent.* You can return to them over and over, like mantras, to calm yourself. Use these or others like them:
 - I am a problem solver.
 - I can choose to respond in a way that fits my baby.
 - I can decide what is important.
 - I can maintain a sense of humor.
 - I can turn to my spiritual beliefs.
 - I can respect my baby's pace.
 - I don't need to romanticize the past.
 - I can ask for help.
- 4.** *Find your people and start small to create a circle of support.* It is not only acceptable to ask for help; it is vital for your well-being. It's also a sign of your strength, not weakness.

- 5.** *If you are feeling overwhelmed, anxious, or depressed, make an appointment with your doctor or a counselor today. You can also call the Postpartum Support International HelpLine (1-800-944-4773), or go to their website, www.postpartum.net. Do not wait.*

REFLECTION QUESTIONS FOR YOUR JOURNAL

- Which one of the eight messages is my favorite go-to statement when I need to feel stronger and more confident?
- What did I do today to connect with my people?
- What do I need from my support team?
- What did I do, say, or think today that helped me calm myself?

Simple Breakfast and Snack Options for a Calm and Healthy Family

Select breakfast foods for adults, toddlers, and children that include something everyone enjoys. The key is to keep it simple. Planned menus conserve energy.

For example:

- Every Monday, Wednesday, and Friday serve smoothies filled with fruit, veggies, and protein. Top them off with a bit of granola.
- Every Tuesday and Thursday it might be scrambled eggs with veggies and whole wheat toast.

Midmorning and midafternoon snacks should be healthy—and easy.

For example:

- Nuts, carrot sticks, and pita chips served with soft cheese or hummus.
- Yogurt pouches or cheese sticks with whole wheat crackers and apple slices.
- Almond butter and banana slices on whole wheat bread.
- A Power Muffin made with almond flour, walnuts, carrots, and apples from one of my favorite cookbooks, *Run Fast. Cook Fast. Eat Slow.* by Shalane Flanagan and Elyse Kopecky.

SAMPLE DAILY SCHEDULES

As an average, aim for 8.25 hours of sleep. Adjust to fit you.

Wake time for YOU	5:30	6:00	7:00
Personal centering time	5:30–6:00 shower/ dress/make breakfast and lunches	6:00–6:15 meditation	7:00–7:30 exercise/ shower
Children's wake time	6:00	6:15	7:30
Breakfast	6:30	6:45	8:00
Midmorning mini-meal	9:00	9:15	10:30
Lunch	12:00	12:00	12:30
Power nap/relax	1:00–1:20	12:45–1:05	1:00–1:20
Mid-afternoon mini-meal	3:00	3:00	3:00
Dinner	5:30	6:00	6:00
Begin your sleep routine	8:45	9:15	10:15
Head on the pillow	9:15	9:45	10:45

Here's an exercise I do with the parents and couples in my groups:

1. Together create a list of all the household and child-care duties: feeding the baby, changing diapers, washing dishes, preparing meals, laundry, walking the dog, lawn care, paying bills, servicing the car, cleaning the bathroom, buying groceries—the responsibilities and roles are all up for grabs.
2. Once the list is complete, place a star next to the tasks you enjoy doing.
3. Review the list once more. This time check those tasks you are willing to try.
4. Finally, circle those tasks that disgust you. Then get creative.

Accentuating the Positive: Remember to Acknowledge What Your Partner Does Well

Try to avoid taking out your frustration on your partner or taking each other for granted. Zero in on what your partner does well. Your acknowledgment may be as simple as:

“Thank you.”

“I appreciate it.”

“You are the best.”

“That was delicious.”

“I love it when you . . .”

“You are so good at . . .”

“I love how the baby giggles when you . . .”

“Oh my gosh, she just turned to your voice!”

“Did you notice how she quieted when you . . .”

“Look, when you stick out your tongue, he mimics you!”

CHEAT SHEET: HOW CAN YOU MEET YOUR BASIC NEEDS NOW?

- 1. *Think about Maslow's five-tier model of human needs.*** Identify the areas where you are most lacking—sleep (for sure), healthy and regular eating, exercise, social connection, sex and intimacy.
- 2. *Whether or not you're a "routine" person, remind yourself of the power of circadian rhythms.*** Your body's clock supports you and your baby, who may not yet have an established circadian rhythm.
- 3. *Start a morning wake-up time and routine.*** A predictable morning routine grounds you in a state of calm energy and can mean the difference between starting the day in the red zone of overarousal or in the green zone of calm energy.
- 4. *Plan snacks and meals.*** Regularly scheduled meals maintain your energy and set the body clock, helping the brain know when to sleep and when to be awake. Create snack and meal menus to make it easy to have nutritious food at hand and to simplify decision-making and preparation.
- 5. *Always prioritize sleep.*** Sleep is a huge challenge for parents of infants, but it is possible to increase the number of hours by intentionally planning for sleep and protecting those hours like a fierce warrior.
- 6. *Connect with adults every day, if possible.*** Your baby is at the center of your life but he or she is not your whole life. Your basic minimal needs include social interaction and relationships that are important to you.
- 7. *Redefine roles as a couple, daily responsibilities, and romance.*** There are strategies to help you adjust to new responsibilities and the organization of tasks, and at the same time reenergize your relationship.

REFLECTION QUESTIONS FOR YOUR JOURNAL

- What time do I need to wake up to not feel rushed?
- What routine activities center me in the morning?
- What else am I missing in my daily routine that I need to stay centered?
- What steps could I take to begin to sleep more and eat on a regular basis?
- What is one thing I really appreciate about my partner?
- What is one thing I can do to express my love and appreciation for my partner?

The 5 Steps of the Gentle NUDGE

- 1. Note** where your baby is now.
- 2. Understand** your ultimate goal.
- 3. Determine** the teeny, tiny steps that build on one another to achieve that goal.
- 4. Gently** practice with your baby the next tiny step to move toward that goal.
- 5. Ease** back your support as your baby becomes more proficient.

For now, record in your journal:

- How are you feeling right now? What is going well and where are *you* struggling the most? Where do you want to see change?
- What can your baby do *now*? Think about the four primary skills every baby needs to develop—napping, nighttime sleeping, eating, and going out.
- What tiny step are you practicing or considering?
- And, most important, where have you had one or two teeny, tiny successes?

CHEAT SHEET: WHAT IS THE GENTLE NUDGE TO SUCCESS?

- 1.** *Remind yourself of the developmental learning model of baby growth.* Even if you feel exhausted, impatient, and frustrated with your baby's pace, notice how your baby is learning, growing, and adapting all the time. Take time to note changes in your journal.
- 2.** *Think about one area where you can apply the Just Right Challenge.* You'll lower your stress and your baby's if you work with your baby's actual, current abilities while focusing on a goal in one area toward which to gradually guide your baby.
- 3.** *Experiment with the five-step Gentle NUDGE.* By recognizing our spirited babies' highly tuned arousal system, it allows our babies to set the pace, while we gently nudge them forward, providing the support they need as long as they need it. To recap, here are the five steps:
 - 1.** Note where your baby is now.
 - 2.** Understand your ultimate goal.
 - 3.** Determine the teeny, tiny steps that build on one another to achieve that goal.
 - 4.** Gently practice with your baby the next tiny step to move toward that goal.
 - 5.** Ease back your support as your baby becomes more proficient.
- 4.** *Record progress and celebrate successes.* Note in your journal what your baby can do *now*. What is the tiny step you are currently practicing? What successes have you had? Then, on those days when you feel like you are failing, you can look back and see the progress.

REFLECTION QUESTIONS FOR YOUR JOURNAL

- What can my baby do today that she could not do last week?
- What's the next teeny, tiny step I can practice with my baby?
- When will we practice?
- Is my baby ready for me to ease back on my support in one particular area?

7 Steps to Successful Naps

- 1.** Start with a morning wake time.
- 2.** Identify your baby's sleep cues.
- 3.** Make the first nap a priority.
- 4.** Implement a simple naptime sleep ritual.
- 5.** Honor how your baby sleeps best.
- 6.** Create your daily rhythm.
- 7.** Develop your baby's nap skills with Gentle NUDGEs.

MORNING WAKE TIME DISRUPTORS AND STRATEGIES

Potential Disruptors	Effective Strategies
Light/environmental disruptors	Like all mammals, during spring and summer we need slightly less sleep than we do during fall and winter. If your baby is suddenly waking early, check to be certain no light is coming through the blinds. Spirited babies will awaken at sunrise unless the room is dark. If your baby is being awakened by adults rising early, traffic noise, dogs barking, etc., use a sound machine to block the sound. You can also shift your baby's bedtime 15 minutes later.
Stress	Whether it is a new tooth, change in child care, or increase in parents' stress levels, stress can lead to early awakenings. Add in more soothing, calming activities such as massage, rocking, singing, and water play during the day to quiet your baby's arousal system. Don't forget to take care of <i>you</i> , so both you and your baby can sleep.
Morning lark gene	Accept you have a baby who is genetically wired as a morning lark. These babies wake early no matter when they are put to sleep. Move your sleep time earlier so you can get the sleep you need and enjoy the sunrise with your baby.
Growth spurt	New skills can be so exciting your baby can't wait to start the day to practice! If your baby is waking earlier than 5:00 A.M. treat it the same as a middle of the night awakening. Feed him if needed, but do not turn on lights, take him from the sleeping area, or interact. It's still time for sleep! Hopefully, you can convince him to wait until at least 5:30.

Potential Disruptors	Effective Strategies
<p>Disrupted routine, travel, illness</p>	<p>If your own morning wake time has been irregular, return to your predictable wake time. Take your baby outside for exposure to morning light. This will help reset the body clock. Increase your household morning activity to cue “this is when our family wakes.” If your baby has been ill, just let her sleep.</p>
<p>Fall/winter longer nights</p>	<p>In the fall and winter we need more sleep. If your baby begins sleeping later in the morning, causing you to feel rushed and disrupting the semblance of the nap routine you've established, move your baby's bedtime 15 minutes earlier. Once your baby is waking 15 minutes earlier, move the bedtime 15 minutes earlier again. Typically, you can shift wake time 15 to 60 minutes earlier in this way.</p>

THE 3 LEVELS OF SLEEP CUES

Level One	Level Two	Level Three
Red around the eyes	Yawn	Cannot settle, even when held
Slight sagging of cheeks	Begins to be a bit irritable	Nothing is right
Glazed/dull look in the eyes	Rubs eyes or pulls on earlobe	Crying
Momentary slowing of motion	Roots or seeks a comfort object	Arching
Slight drooping of eyelids	Loses coordination, falls	Thrashing
Change in skin color/pallor	Seems bored/seeks stimulating toy	Screaming
Makes a certain sound	If mobile, starts to flit from one thing to another	Unable to feed
Looks away from you	Lays head down	Hyper and frenzied motion
Burrows into your neck	Wants to be held	Falling apart
Locks in on an object or speck of light as though unable to look away	Becomes frustrated but not crying	Stands up/crawls around in crib/ seems unable to lie down
Squirms	Stops jabbering/ becomes quiet	Shakes head back and forth
Movements shift from smooth to jerky	Laughs then starts to fuss	

SLEEP CUE DISRUPTORS AND STRATEGIES

Potential Disruptors	Effective Strategies
Missed cues	The window for sleep may be a mere 15 minutes wide. Miss it and spirited babies get a second wind, not going down to sleep for 45 to 90 minutes. If your baby was falling asleep within 35 minutes, but now is not, check to be certain you are catching the cues at level one or two.
Change in cues	Your baby used to go down when the slightest tint of red appeared around his eyes. Now he's wide awake. Your baby may have shifted from level one cues to level two. Check the chart. This is especially true if your baby is 9 to 10 months of age.

FIRST NAP DISRUPTORS AND STRATEGIES

Potential Disruptors	Effective Strategies
Timing of transitions	Drop-offs at child care or older children going to school may occur just at your baby's window for sleep. Consider moving the transition a few minutes earlier, so your baby is already at child care, or older children have been dropped off, so your baby can be put down for a nap when she hits her window.
Development	Your baby has been napping in the child care room but suddenly starts to remain awake. Rather than assuming she does not need this nap, recognize that she may have reached a new stage of development and is now more tuned in to the world around her. Not wanting to miss a thing, she struggles to fall asleep. Ask that her crib be placed in the quietest, darkest corner and request that caregivers help her relax and shift from alert to sleep. With this support she'll very likely begin napping again.

DAYTIME SLEEP RITUAL DISRUPTORS AND STRATEGIES

Potential Disruptor	Effective Strategies
Development	<ul style="list-style-type: none">• Your baby has needed a swaddle to unwind for sleep but now can roll over. Without the swaddle, however, he's not sleeping. Instead of a tight swaddle, wrap your baby in a lightweight blanket to quiet his body. Once he's relaxed this blanket can easily be removed.• Rocking calmed your baby, now she's wrestling in your arms. Soothe her until she's relaxed, then lay her in a crib or on her sleeping surface.
Growth spurt	<ul style="list-style-type: none">• Your baby is going through a growth spurt. The sleep routine does not seem to be working. Slow down the steps to allow your baby to relax and calm, but do <i>not</i> drastically change or stop the routine. This frequently occurs when your baby is 4 to 5 months of age and "wakes up" to the world or hits another key developmental growth spurt such as crawling or walking. Growth spurts typically last one to three weeks. After a spurt your baby is likely to have stronger self-soothing skills. Experiment to see if she is ready for you to simplify, shorten, or eliminate one or more steps you have in place to calm her. For example, you used to rock her until she was asleep, now you can rock until her eyes flutter then lay her down.

Potential Disruptor	Effective Strategies
Missed cues	<ul style="list-style-type: none"> Go back and check wake time and cues. If the sleep routine is not working, it may be an issue of an erratic wake time or you're missing cues, and as a result your baby is either not yet ready for sleep or overtired.

HONOR HOW BABY SLEEPS BEST DISRUPTORS AND STRATEGIES

Potential Disruptor	Effective Strategies
Insisting on naps in a crib	<ul style="list-style-type: none"> • If your baby startles awake the second you attempt to lay her down, accept that for right now your baby sleeps best when held. • If your baby sleeps for 20 minutes on a non-human surface then wakes, pick her up, help her return to sleep, and hold her as she finishes the nap. But begin the next nap in the crib again. Gradually that 20 minutes will lengthen.
Development	<ul style="list-style-type: none"> • Your baby may have needed to be held for naps but now is squirming. Try laying her on a sleeping surface once. If she doesn't fall asleep, hold her for the nap, but try again next naptime, or the next day. • Baby can climb out of the crib. This is a safety issue that occurs much earlier for active babies than their quieter peers. Time to move him to a mattress on the floor or a toddler bed. (I recommend a mattress on the floor, big enough for you to sleep comfortably, too.)

DAILY RHYTHM DISRUPTORS AND STRATEGIES

Potential Disruptor	Effective Strategies
Disrupted wake and feeding times	<ul style="list-style-type: none"> Check your morning wake time, daily routine, and feedings. If the rhythm has been disrupted, do your best to return to a rhythmic routine.
Not napping at child care or napping at child care but not at home	<ul style="list-style-type: none"> Work together to coordinate nap and feeding times and a sleep ritual for your baby. If your baby naps at 8:30 A.M. at home, ask that she be put down at 8:30 A.M. at child care. Match sleep routines as much as possible. Know that as your baby “awakens” to the world she may no longer be able to nap in a busy noisy room, especially if her window for sleep is being missed. Ask if your baby may nap in a quieter area. If necessary and it’s available, consider a different child care with a separately staffed nap room.
Development	<ul style="list-style-type: none"> Your baby is growing and developing and may now be able to stay awake longer. Observe cues closely, maintain a journal, and find your baby’s new first nap sleep window. If he used to fall asleep after 45 minutes of being awake, check cues at one hour. Move forward in 15-minute increments until you find the new window. If your baby is staying awake longer than 3 hours and is less than a year old, check other culprits, such as disrupted morning wake times, environmental disruptors, etc. If your baby is 15 to 18 months, he may be moving to one nap. Continue to offer the opportunity for a morning nap until the baby is skipping that nap at least 4 or 5 days a week. Once down to one nap, move bedtime earlier if needed for your baby to get the sleep he needs.

TEENY, TINY STEPS TO A SUCCESSFUL TRANSFER

Teeny step 1	Teeny step 2	Teeny step 3
Practice lowering your baby away from your body during playtime. This allows practice but does not disrupt her sleep.	Hold until deeply asleep. Attempt to transfer. If she startles awake, pick her up and hold to finish nap. Practice is over.	Hold until deeply asleep. Transfer. If she awakens, pat and support for a minute or two to see if she'll settle. If not, pick up and hold for nap.

Teeny step 4	Teeny step 5	Teeny step 6
Hold until deeply asleep. Transfer. Pat, watch her return to sleep. If she awakens 10, 15, or 20 minutes later, respond quickly (i.e., pat), but if needed hold for remainder of nap.	Hold until relaxed. Transfer while drowsy. Pat if helpful. Step away if your presence alerts. Give her the opportunity to put herself to sleep. If she does not fall asleep, stop practice, hold until asleep. Transfer once. If she awakens in less than 30 minutes, hold her. If she returns to sleep, continue holding to finish nap.	Hold until relaxed. Starting with one nap, transfer while awake. When baby falls asleep independently and stays asleep for 30 minutes, start transferring while awake for second nap. Then follow with the third nap.

TEENY, TINY STEPS TO DROPPING TO ONE NAP

Teeny step 1	Teeny step 2	Teeny step 3	Teeny step 4
Offer baby an early morning nap, as you have been doing.	If baby does not fall asleep within 35 minutes of completing the sleep ritual, take a break. Try again 20 to 40 minutes later.	Baby begins skipping the early morning nap 4 to 5 days a week.	Shift baby to one nap about 4 hours after awakening. Watch cues to fine-tune the time. Move bedtime earlier if needed.

CHEAT SHEET FOR SUCCESSFUL NAPS

- 1. Establish your baby's morning wake time.** This is the baseline from which you can begin to bring predictability into your baby's naps and your day.
- 2. Watch for your baby's cues.** Learn your baby's sleep cues and remember that naps for spirited babies often are needed closer together than might be expected. Get to know *your* baby's needs and signs.
- 3. Strictly protect the first nap of the day and build a rhythmic routine.** A familiar rhythm gives you and your baby a natural heads-up, "typical naptime approaching." You are prepared and can anticipate when your baby will be ready to slow down and slip into sleep.
- 4. Establish a simple, consistent naptime ritual.** Like an evening bedtime ritual, a similar daytime routine cues your baby it is time for sleep. Take extra steps to create a sleeping space, reduce stimulation, and help him downshift to sleep.
- 5. Allow your baby to sleep where he sleeps best.** Spirited babies often need full-body contact to nap well. Get comfortable. Pull in your support system. Make your baby's sleep more important than how or where he sleeps.
- 6. Use the Gentle NUDGE to practice skills.** If you wish to move your baby toward independent napping and sleeping on non-human surfaces, you can get there gradually, without leaving your baby in tears.

REFLECTION QUESTIONS FOR YOUR JOURNAL

- What is my biggest challenge with my baby's napping right now?
- Where does my baby nap best?
- What's my most important goal for naps right now?

7 Steps to Successful Nighttime Sleep

- 1.** Reframe your view of “normal” infant sleep.
- 2.** Plan ahead for a safe sleeping space.
- 3.** Establish a bedtime based on your baby’s “ballpark” needs.
- 4.** Create an evening wind-down routine.
- 5.** Implement a simple nighttime sleep ritual.
- 6.** Respond quickly to awakenings.
- 7.** Develop your baby’s nighttime sleep skills with Gentle NUDGES.

American Academy of Pediatrics Sleep Safety Recommendations

- Place the baby on his or her back on a firm sleep surface such as a crib or bassinet with a tight-fitting sheet.
- Avoid use of soft bedding, including crib bumpers, blankets, pillows, and soft toys. The crib should be bare.
- Share a bedroom with parents but not the same sleeping surface, preferably until the baby turns one but at least for the first six months. Room sharing decreases the risk of Sudden Infant Death Syndrome (SIDS) by as much as 50 percent.
- Avoid baby's exposure to smoke, alcohol, and illicit drugs.

Risk Assessment for Bed Sharing

Check the following list to determine your risk factor.

Your baby's risk of SIDS and your risk of overlying and other suffocation risks are low if you are:

- ☐ A nonsmoker—you did not smoke during pregnancy and others in your household do not smoke either.
- ☐ Sober and unimpaired—you do not use any type of legal or illegal drugs or alcohol now nor during your pregnancy. This may include narcotic pain relievers given to you after a cesarean birth, some antidepressants, anxiolytics, as well as antihistamines.
- ☐ A breastfeeding mother.
- ☐ Not obese—our ability to sense the baby's presence diminishes as the size of our body increases.

And your baby is:

- ☐ Healthy and full-term—your baby has no serious health problems.
- ☐ Sleeping on her back—though a baby old enough to roll over and back independently is considered fine in any position.
- ☐ Lightly dressed—not swaddled.

And you are both:

- ☐ On a safe surface—according to safe sleeping surface guidelines.

Guidelines for a Safe Sleeping Surface

- Your mattress (not a waterbed mattress) is firm and set on the floor or on a low platform in case of falls. You will also want to place it away from walls so that your baby cannot become trapped between the wall and the mattress.
- If you have a footboard or headboard or side rail(s), there are no gaps between it and the mattress.
- You have removed extra pillows, loose bedding, stuffed animals, duvets, quilts, and comforters.
- Bedcovers are light and minimal—think “Japanese futon serene.”
- No pet shares your bed.
- All sharp, poking, and pinching hazards have been removed as well as dangling cords, scarves, ribbons, etc., that a baby could become entangled in.

Guidelines for Your Baby's Preferred Ballpark Bedtime

You will know you have identified your baby's preferred bedtime when:

- He falls asleep within 25 to 35 minutes of bedtime.
- Falling asleep does not feel like a brawl.
- He naturally begins to awaken to your family's morning signals.

You will know you have missed your baby's preferred bedtime when:

- She can't settle.
- It is taking 45 minutes or longer for her to fall asleep after bedtime.
- She's arching, crying, and can't feed.
- Nothing is right.
- She's "wild" and can't seem to stop moving.

If you've misjudged your baby's preferred bedtime:

- Tweak bedtimes in 15-minute increments, either earlier or later.
- Your journal can help you identify which direction to move first; 15 minutes earlier is the most likely option to try.
- Make the initial bedtime shift and continue at this time for at least 5 to 7 days. See if your baby goes down more easily. If not, and she still seems tired, move bedtime another 15 minutes earlier. Continue until you hit the window. If, on the other hand, your baby seems relatively content but just isn't sleeping, you can shift the bedtime 15 minutes later.
- Expect that in spring and summer your baby will need slightly less sleep than in fall and winter.

BEDTIME SLEEP DISRUPTORS AND STRATEGIES

Potential Disruptor	Effective Strategies
Child care shifts baby to toddler room and only allows one nap a day.	Move bedtime earlier to allow your toddler the same amount of sleep in a 24-hour period as when she was napping twice a day.
Missed cues	Baby has passed into level three cues and is now overaroused. Additional soothing/calming strategies will be required, as outlined in Step 4 to establish an evening wind-down routine. Catch cues at level one or two in the future.
Late putting baby down	Expect your baby to take longer to fall asleep. Maintain the sequence of your routine but slow down the soothing strategies to allow more time to calm.
Illness/growth spurt	If your baby has been falling asleep and now is not, he may be getting sick or going through a growth spurt. Maintain the sequence of your routine but slow down the calming strategies to allow more time to settle. If needed, feed more frequently. This is temporary.
Vacation and time change	Springing ahead or falling back for daylight saving time and time zone changes disrupts the body clock and makes it more difficult for your baby to fall asleep—often for 2 to 3 weeks.
Skipped naps	Move bedtime earlier—watch for sleep cues and begin when you see the first one.

Alerting Activities to End

Avoid all alerting activities 30 to 60 minutes before bedtime. These include but are not limited to:

- “Wearing out” activities like tickling and chasing.
- Shortening naps to tire your baby.
- Too many changes or steps in the bedtime routine.

Wind-Down Activities to Try Before Bedtime

Experiment with potential wind-down activities to see what works with your baby, including:

- Preparing your baby’s sleeping space.
- Bathing.
- Diapering, changing into pajamas, and gum/teeth cleaning.
- Reading books.
- Massaging/rubbing with lotion.
- Creating quiet floor time to help you catch your baby’s sleep cues.
- Calming yourself.

WIND-DOWN PLAN EXAMPLE

Prepare baby's sleeping space	Bath and/or books	Pajamas, diapering, gum wiping/teeth brushing	Quiet floor time	Calm self before picking baby up to begin the sleep ritual
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WIND-DOWN DISRUPTORS AND STRATEGIES

Potential Disruptor	Effective Strategies
Bath	Observe your baby closely. If after bathing your baby is more alert and active, complete bath at least one hour before bedtime, or move it to a different time of the day.
Diapering, putting on pajamas	Exposure to cool air can alert. Obviously if your baby needs a last-minute diaper change, you'll do it, but try to have your baby dressed for sleep before you begin the sleep ritual.
Gum wiping/teeth brushing	If a sensation is uncomfortable, sensitive babies get upset. Complete gum wiping and tooth brushing at least 30 minutes before bedtime.
Reading books	Notice what your baby is like after reading books. Is he aroused by the pictures or the sounds you make? If so, do read to your baby, but stop 30 to 60 minutes before bedtime.
Massage/lotion rub	Massage promotes sleep. Just be certain to massage your baby at the "right" time and with the "correct" touch so it calms rather than alerts. If it does alert, move it to earlier in the day.
Turning on night-lights or a sound machine, lowering blinds	Prepare the sleeping space before you bring your baby into it to avoid potential distractions and alerting sounds.

STEP 5. IMPLEMENT A SIMPLE NIGHTTIME SLEEP RITUAL

The sleep ritual begins at the end of wind-down with the sighting of your baby's first sleep cue. Typically, that first cue appears about thirty minutes before the ballpark bedtime. If your baby feeds slowly, you may start a few minutes earlier. The key to an effective sleep ritual is simplicity. The steps are few, non-alerting, and can be completed in about thirty minutes, just as your baby hits her bedtime and window for sleep. It may look like this:

NIGHTTIME SLEEP RITUAL EXAMPLE A

Go to baby's sleeping space.	Swaddle or wrap your arms around your baby to help settle.	While in baby's sleeping space give final feed of the day.	Sing lullabies, rub brows, shush, sway, bounce, or other calming strategies.	Rock until relaxed. Give pacifier or lovie if desired.	Place in sleeping place.
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Or:

NIGHTTIME SLEEP RITUAL EXAMPLE B

Go to baby's sleeping space.	Sing lullabies, rub brows, shush, sway, bounce, or other calming strategies until baby relaxes.	While in baby's sleeping space give final feed of the day.	Continue to rock until you feel baby's body relax.	Place in sleeping space.
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SLEEP RITUAL DISRUPTORS AND STRATEGIES

Potential Disruptor	Effective Strategies
Feeling rushed	When you are late getting home or a visitor is present, instead of skipping steps of your baby's sleep routine, shorten them. Attempting to skip steps alerts your slow-to-adapt baby.
Lullaby or other calming strategy is alerting rather than calming your baby	Choose a different soothing strategy or switch the order. Calm, then feed. Once you have established the order that works for your baby, maintain that sequence. If initially your baby requires vigorous rocking, swaying, etc., do so in the beginning but gradually slow the pace and shorten the amount of time.
Erratic or skipped naps	An overtired baby needs more time and support to calm for sleep.
Missing sleep cues	Watch closely for level one and two sleep cues. Move bedtime earlier.

NIGHTTIME SLEEPING DISRUPTORS AND STRATEGIES

Potential Disruptor	Effective Strategies
Stage of development	A young baby may consume a mere ounce or less of milk at one time. Respond quickly, feed, allow everyone to go back to sleep.
Low iron	Low iron levels, specifically low ferritin levels, can disrupt sleep. Ask your pediatrician to check your baby.
Parental stress	Perceptive babies have a radar for stress. Schedule a few sessions with a certified counselor to reduce your stress levels.
Developmental growth spurts	Growth spurts typically last 7 to 10 days. The BIG ones like walking can last 3 weeks. Maintain your sleep routine. Respond quickly, do what's needed to allow everyone to go back to sleep.
Parent traveling	When a parent travels, stress hormones rise the first few nights the parent is gone, then return to normal. Maintain your sleep routine. Add in more soothing/calming activities during the day. Respond quickly to awakenings. Bring in your support team.
Hectic daytime feedings	Sensitive babies often feed during the night, when it's dark and quiet. Find a protected space to feed during the day to increase efficiency of daytime feedings. At night, feed when your baby awakens then return to sleep.

Potential Disruptor	Effective Strategies
Temperament	Highly active babies need to eat frequently—even at night. Feed and return to sleep.
Disrupted daytime naps	Skipped or sporadic naps will leave your baby overtired by bedtime. Prevent night wakings by taking steps to protect naps during the day.
Erratic bedtimes	The body clock is set by regular sleep times. Strive to increase the consistency of your baby's bedtime.

INFANT SLEEP SKILLS

Falling Asleep Skills	Independent Sleep Skills	Transition Skills	Returning to Sleep Skills	Consolidation of Sleep Skills
1. Falls asleep while feeding.	1. Sleeps on you.	1. Stays asleep when nipple is removed from mouth.	1. Wakes and returns to sleep with feeding.	1. Sleeps for 30 to 60 minutes.
2. Falls asleep while held but not feeding.	2. Sleeps on a flat surface for 10 to 20 minutes.	2. Transitions from your arms to a sleeping surface without startling awake.	2. Wakes and returns to sleep by being held.	2. Consolidates sleep for 1 to 2 hours.
3. Falls asleep lying next to you.	3. Naps in crib but sleeps with parents at night.	3. Stays asleep when you move away.	3. Wakes and returns to sleep with pat and shush.	3. Consolidates sleep for 2 to 4 hours.
4. Falls asleep being shushed and rocked, but not nursed.	4. Sleeps in crib/ co-sleeper, wakes and finishes the night with parents.	4. Sleeps for 20 minutes after transfer.	4. Needs parent to respond immediately but if you do, returns to sleep quickly.	4. Consolidates sleep for 4 to 6 hours.

Falling Asleep Skills	Independent Sleep Skills	Transition Skills	Returning to Sleep Skills	Consolidation of Sleep Skills
5. Falls asleep after 20 minutes of rocking.	5. Sleeps in crib, wakes once, feeds, returns to crib, finishes night.	5. Sleeps for 30 minutes after transfer.	5. Parent can pause for 15 seconds before responding and baby does not “lose it.”	5. Consolidates sleep for 6 hours.
6. Falls asleep after 10 minutes of rocking.	6. Sleeps in crib, does not wake, sleeps all night.	6. Remains asleep until first night feeding several hours later.	6. Parent can pause, and baby is able to calm self sometimes.	6. Consolidates sleep for more than 6 hours.
7. Falls asleep independently when put down drowsy.			7. Baby wakes and returns to sleep independently.	
8. Puts self to sleep when laid down awake.				

We could add other sleep skills such as:

- Sleeps with or without a swaddle.
- Falls asleep being rocked, but no pacifier.
- Transitions for Dad but not yet for Mom.
- Plays on a flat surface for five minutes without fussing but does not yet sleep there.

Add your own as you notice them.

TEENY, TINY STEPS TO FALLING ASLEEP INDEPENDENTLY

Teeny step 1	Teeny step 2	Teeny step 3	Teeny step 4
Remove nipple when baby is sound asleep.	Remove nipple when baby is drowsy but not completely asleep. Return nipple to mouth if baby starts to become upset. Hold until asleep.	Remove nipple when baby is drowsy. Pause to see if baby will calm without nipple. Hold until asleep.	Remove nipple when baby is drowsy. Transfer to sleeping space. Pat. If alerts, respond quickly. Hold until asleep.
Teeny step 5	Teeny step 6	Teeny step 7	
Remove nipple when baby is drowsy. Transfer to sleeping space. Pat and shush. If alerts, pause to see if baby can calm. Pick up before baby becomes upset.	Remove nipple when baby is drowsy. Transfer to sleeping space. Allow baby settling time. If after 15 minutes baby is not asleep, help to sleep.	Feed. Remove nipple. Rock until calm. Transfer to sleeping space. Baby puts self to sleep.	

TEENY, TINY STEPS TO RETURN TO SLEEP INDEPENDENTLY

Teeny step 1	Teeny step 2	Teeny step 3	Teeny step 4
Respond immediately. Pick up and comfort.	Respond immediately. Comfort with voice. Add soothing, slow, calm pats. Pick up if necessary. Feed if hungry.	Respond immediately. Comfort with voice and pats. Pick up if needed.	Short pause. Respond first with words then pats and pick up if needed.
Teeny step 5	Teeny step 6	Teeny step 7	
Slightly longer pause. Baby does not initially become upset. Wait. Starts to fuss. Words to comfort if needed, pats, pick up if needed.	Longer pause. Baby fusses, but not upset. Able to use words alone to comfort.	Baby awakens, talks to self, returns to sleep.	

TEENY, TINY STEPS TO REDUCE FREQUENCY OF NIGHTTIME FEEDINGS

Teeny step 1	Teeny step 2	Teeny step 3	Teeny step 4
Feed baby as needed recognizing developmentally this is what baby needs. Creatively meet your own sleep needs as described in chapter 4.	Take extra steps to provide quiet, relaxing feedings during the day.	Baby drops one nighttime feeding. Respond quickly when baby does awaken. Provide feeding. Calm self: Drink ice water to cool your body and take 4 long, deep breaths. Remind yourself this is normal infant behavior. Go back to sleep.	If <i>before</i> midnight and shortly after a recent feeding, pause slightly. Respond first with words then pats and pick up. Feed if needed. If <i>after</i> midnight, just feed.
Teeny step 5	Teeny step 6	Teeny step 7	
Slightly longer pause at first awakening. Baby does not initially become upset. Wait. Starts to fuss. Words to comfort if needed. Pat, pick up, then feed. Second awakening feed immediately.	Longer pause. Baby fusses, but not upset, nor hungry. You are able to use words or pats to comfort.	Baby awakens, talks to self, returns to sleep.	

TEENY, TINY STEPS TO SLEEP IN OWN SPACE

Teeny step 1	Teeny step 2	Teeny step 3	Teeny step 4
Baby sleeps in co-sleeper in your room until 6 to 12 months of age.	Baby begins night in crib. Sleeps 45 minutes. Feeds. Returns to co-sleeper in your room.	Baby begins night in crib. Sleeps 2 hours. Feeds. Returns to co-sleeper.	Baby begins night in crib. Sleeps 4 hours. Feeds. Returns to crib for 3 hours. Then goes to co-sleeper once awakened again.
Teeny step 5	Teeny step 6	Teeny step 7	
Baby begins night in crib. Sleeps 6 hours. Feeds. Returns to crib for remainder of the night.	Baby begins night in crib. Sleeps through the night.	Baby feeds, points to crib. Goes into crib. Falls asleep.	

TEENY, TINY STEPS TO LATER MORNING WAKE-UP TIMES

Teeny step 1	Teeny step 2	Teeny step 3	Teeny step 4
Recognize my real goal is more sleep for me. There is a genetic element to early awakenings. Go to bed earlier myself.	Expose baby to morning light to help establish circadian rhythm.	Respond immediately before baby fully awakens. See if with assistance baby will return to sleep.	Shift baby's bedtime slightly later—no more than 15 minutes—so he does not become overtired.
Teeny step 5	Teeny step 6	Teeny step 7	
Once baby is falling asleep at the later bedtime and sleeping 15 minutes later, shift another 15 minutes later.	Accept this is as far as baby can shift.	Parent awakens 15 to 30 minutes before baby so parent can have time to center self.	

INDEPENDENT SLEEP DEVELOPMENT DISRUPTORS AND GENTLE NUDGE STRATEGIES

Potential Disruption	Effective Strategies
Worry baby is not making progress	Development is like an iceberg. Two-thirds of it happens beneath the surface. Know that what you are doing is setting your baby up for success. Thanks to practice with you, once the development clicks into place, she'll be ready.
Gentle NUDGE is not working	Go back a step. You may have selected a step your baby is not capable of achieving. Or, break steps down into even teenier ones.
Baby is sick	During illness, do what your baby needs. This is not a time for practice.
Unrealistic expectations	Stay off social media sites. Every baby is different. Love and nurture the one who came to live with you. Allow your baby to set the pace that works for her.
Feeling exhausted	Call in your support team. Take a well-deserved break!

CHEAT SHEET FOR SUCCESSFUL NIGHTTIME SLEEP

- 1.** *Rethink and reframe your view of normal infant sleep.* Write your own description.
- 2.** *Be ready for safe bed sharing, no matter what your beliefs and current plans.* Honor the way your baby will sleep best and the way you can meet your own sleep needs. Be ready. Be safe. Do not bed share if you haven't prepared for it.
- 3.** *Identify your baby's "ballpark" bedtime and establish an evening wind-down routine.*
- 4.** *Establish a simple ritual to lead your baby into sleep.* A sleep ritual cues your baby: *This is when our family sleeps.* Include just a few non-alerting steps that can be completed in thirty minutes or less.
- 5.** *Use the Gentle NUDGE to practice skills.* Remember that the most important goal is enough sleep for the whole family. Also, don't forget that sleep extinction methods are not scientifically proven to be lasting nor are they effective for most spirited babies. Take it one teeny, tiny step at a time so everyone gets the rest they need in the best way they can.
- 6.** *Focus on how to meet your own sleep needs.* This may be as simple as turning off the electronic gadgets and going to bed.

REFLECTION QUESTIONS FOR YOUR JOURNAL

- How am I defining normal infant sleep?
- What are one or two things I can do right away to increase the amount of sleep I'm getting?
- What is one skill I'd like my baby to develop with a Gentle NUDGE?

6 Steps to Successful Feeding

- 1.** Reframe the responsibilities of healthy eating.
- 2.** Know and listen to your baby's hunger cues.
- 3.** Make meals a time to connect and calm.
- 4.** Familiarize your baby with a bottle (if you wish).
- 5.** Introduce your family's foods and eating tools.
- 6.** Develop your baby's independent feeding skills with a Gentle NUDGE.

HUNGER CUES

Early Hunger Cues	Mid-Level Hunger Cues	Late Hunger Cues
Little sounds such as <i>mmmm</i> or <i>ahhhh</i>	Rooting for the breast	Crying
Hand to mouth	Furious, staccato sucking on pacifier	Arching
Tongue thrusting	Increased energy and wriggling	Frantic
Frown or line between the brows	Whimper	Waving head back and forth
Lip smack	Faster breathing	Bouncing off the breast, can't feed
		Shutting down and falling asleep without feeding as a coping mechanism

SATIATION (FULLNESS) CUES

Comfortable Satiation Cues	Pushed Beyond Satiation Cues
Food begins to dribble out of mouth	Arches as though to escape
Stops sucking	Cries and bats away bottle/spoon
Releases nipple	Wags head back and forth with lips clamped shut
Turns away	Turns red
Pushes bottle/spoon away	Visibly upset
Tosses food off tray	
Purses lips shut but not crying	
A young baby falls asleep, content and full	

In case you like checklists, here's one compiled from a variety of sources to help you decide if your baby is prepared to handle solid foods. While six months is typically the recommended age it is not a magical point. Every baby progresses at her own pace. Readiness is a matter of skill development. Your baby will demonstrate her readiness sometime around six months of age when she:

- ☐ Is able to hold up and control her head.
- ☐ Sits up comfortably.
- ☐ Begins to grasp objects.
- ☐ No longer reflexively thrusts her tongue.
- ☐ Mouths toys, preparing for different textures, tastes, and shapes.
- ☐ Grabs for your food.
- ☐ Lurches toward a spoon filled with food.
- ☐ Points at food.
- ☐ Expresses anger when food is removed from her reach.

TEENY, TINY STEPS TO EATING SOLID FOODS

Teeny step 1	Teeny step 2	Teeny step 3
Let your baby sit on your lap or near the table when you eat.	When baby meets the guidelines for readiness notice what manageable food she's reaching toward.	If baby rejects being spoon-fed place small bits of food within her reach that she can palm or pick up herself.
Teeny step 4	Teeny step 5	Teeny step 6
Expect baby to mouth and spit out food many times before ever swallowing. Initial exposure is for practice, not nutrition.	Continue to expand foods offered as baby gains competence. Allow baby to choose from the foods served.	Respect satiation cues. No cajoling or pushing to eat.

TEENY, TINY STEPS TO INTRODUCING A BOTTLE

Teeny step 1	Teeny step 2	Teeny step 3
If possible, begin within the first six weeks, after breastfeeding is well-established.	Select a feeding place that is quiet and allows the baby to focus on the feeding.	Calm the baby before beginning. If he's starving, consider breastfeeding initially then offer the bottle of breast milk.
Teeny step 4	Teeny step 5	
Allow baby to mouth and spit out the nipple. At this point baby's simply exploring how the equipment works. Stop if baby becomes frustrated and switch to breastfeeding.	Establish a regular practice time. Perhaps every day, or at least once a week. If baby takes it, great; if not, try again the next time.	

Determine the teeny, tiny steps.

TEENY, TINY STEPS OF WEANING FROM BREAST TO BOTTLE

Teeny step 1	Teeny step 2	Teeny step 3
Begin with your baby's least favorite feeding, when she is easily distracted.	Offer a bottle instead of the breast. If baby resists or becomes upset, allow her to finish with a breastfeed. If another adult is available to give the baby the bottle, that may be ideal.	Offer the bottle again. Once baby is comfortable taking a bottle at this feeding, move on to the next least favorite feeding.
Teeny step 4	Teeny step 5	
Gradually continue to replace the breast with bottle feedings. Continue to hold baby during bottle feedings. Do not allow baby to walk around with bottle.	Continue replacing the breast with bottle feedings until weaning is complete. You can choose to maintain a favorite breastfeed longer if you and your baby wish. Continue to offer lots of cuddles and snuggles when baby seeks contact.	

Determine the teeny, tiny steps of weaning from bottle/breast to family meals.

Teeny step 1	Teeny step 2	Teeny step 3
<p>If baby is competently taking solids and is over a year old, begin offering solid foods and then breast milk or formula.</p>	<p>Select the least favorite bottle/breast feeding time and offer a cuddle, meal, or cup instead.</p>	<p>Once baby has dropped that bottle/breastfeed, move on to the next least favorite.</p>
Teeny step 4	Teeny step 5	
<p>Offer baby 6 mini-meals a day spaced about 2.5 to 3 hours apart. Always include a little protein, carbohydrate, fruit/vegetable, and fat.</p>	<p>As baby drops bottle/breastfeedings continue to offer lots of cuddles and snuggles whenever baby seeks contact.</p>	

CHEAT SHEET FOR HAPPY AND HEALTHY FEEDING

- 1.** *Define the responsibilities of healthy eating.* Your job is to decide how to feed your baby—breast or bottle. Your baby's job is to decide everything else—when, where, how much, and how fast.
- 2.** *When your baby is steadily gaining weight as expected, trust his cues for hunger and fullness.* Pay attention to his signals, and trust he knows how much he needs and when.
- 3.** *Make meals a time to connect and calm.* Stay focused. Eliminate distractions. Be mindful of the moment and allow yourself to take in the very essence of your baby.
- 4.** *If you choose to introduce the bottle, do so sooner rather than later.* Familiarize your baby with a bottle and other feeding tools with unpressured practice and teeny, tiny steps.
- 5.** *Use the Gentle NUDGE to practice independent feeding skills.* Gradually allow your baby to increasingly take over responsibility for feeding herself by offering finger foods and her own utensils. Respect her choices as she selects from the foods you have served.

REFLECTION QUESTIONS FOR YOUR JOURNAL

- What makes it difficult for you to trust your baby around feeding and food?
- What steps could you take to make feedings a point of calm and connection?
- What's the most important thing you wish to teach your baby about food?

5 Steps to Successful Outings

- 1.** Prepare your baby and time your outings.
- 2.** Prepare yourself and anticipate your baby's needs.
- 3.** Develop an exit plan.
- 4.** Plan for recovery.
- 5.** Develop your baby's social skills using the Gentle NUDGE.

TEENY, TINY STEPS TO ACCOMPLISH A SUCCESSFUL ERRAND

Teeny step 1	Teeny step 2	Teeny step 3
<p>Select a low-stimulation time, when your baby is rested and fed, and you are in the green zone of calm energy. Perhaps 8:00 on Sunday morning.</p>	<p>Plan to pick up no more than 3 to 5 items. Leave while your baby is still content, even if you only have one item in the cart.</p>	<p>Next week, go again.</p>
Teeny step 4	Teeny step 5	
<p>Once your baby makes it through selecting 5 items, increase to 8 or 10. Again, leave the store while baby is still content.</p>	<p>Sunday at 8:00 has been going well. Shift to a slightly later, busier, but not overwhelming time—after your baby's had a nap and feeding. Make sure you are in the green zone, too.</p>	

TEENY, TINY STEPS TO A SUCCESSFUL CAR RIDE

Teeny step 1	Teeny step 2	Teeny step 3
<p>Place your baby in the car seat. Adjust straps and lock buckles. Check the support the seat provides your baby's body, especially neck and head. Make certain he's comfortable.</p>	<p>Once your baby is comfortable in the car seat, turn off the radio or video, drive around the block. Is he calm?</p>	<p>If he didn't make it around the block without fussing, try a different time of day. Is he comfortable when it's dark, but not midday when the sunlight pierces his eyes?</p>
Teeny step 4	Teeny step 5	
<p>Add a sunshade if needed. Try again. Success? Turn on the radio.No success? Try again.</p>	<p>Gradually lengthen your drive but avoid exceeding more than an hour before taking your baby out for a stretch.</p>	

TEENY, TINY STEPS TO A SUCCESSFUL TRIP IN A DIFFERENT TIME ZONE

Teeny step 1	Teeny step 2	Teeny step 3
<p>Begin a week or two before departing to shift your baby's wake time and bedtime closer to your destination's time zone. Move in 15-minute increments.</p>	<p>If you'll be flying, decide if it would be easier for your baby to arrive at nighttime and shortly thereafter go to sleep, or to arrive during daylight.</p>	<p>If it's daytime when you arrive, walk outside. Delay bedtime as long as your baby can handle it to move closer to the new zone's bedtime. If it's nighttime when you arrive, dim lights, wind down, try to sleep.</p>
Teeny step 4	Teeny step 5	Teeny step 6
<p>Minimize plans for the first day or two after arrival. A change in time zone makes it harder to fall asleep and stay asleep.</p>	<p>Maintain your baby's nap and bedtime schedule in your destination's time zone.</p>	<p>Reverse the process going home. Expect that it can take weeks to shift a mere hour or two. Plan recovery time accordingly.</p>

CHEAT SHEET FOR SUCCESSFUL OUTINGS

- 1. *Always begin with you and your baby's readiness for success.***
Whenever possible, before you go, ask yourself, "Would I be willing to bet Dr. Mary \$100 my baby will be successful on this outing?" Don't leave the decision to chance.
- 2. *Prepare your baby for success.*** Fiercely protect sleep and feedings as you make your plans. A hungry, tired baby will have a limited capacity to cope. The timing of events matters.
- 3. *Prepare yourself.*** Allow extra time to get out the door. Always have your bag packed with supplies and activities. Be mindful of potential pitfalls like stimulation and tension levels. Plan your entry to allow time for your baby to acclimate.
- 4. *Plot your exit.*** Stay tuned in to your baby's cues. At the first indication of dysregulation, be prepared to step away for a break, or leave. Inform others beforehand that you'll be honoring your baby's sleep and feeding needs. Stay organized for a quick getaway.
- 5. *Plan recovery time.*** Going out with a spirited baby requires both mental and physical energy. Allow yourself time to recenter and recharge. Maintain a journal with successes and tips for next time.
- 6. *Use the Gentle NUDGE to strengthen skills.*** High-stimulation environments require stronger "self-regulation muscles." Break this challenge down into teeny, tiny steps.

REFLECTION QUESTIONS FOR YOUR JOURNAL

- What is my biggest fear when going out with my baby?
- What is the number one cue I need to look for—and respect—when I'm out with my baby?
- What is the most successful outing I've had recently? What works best for us?
- What new social skills did my baby demonstrate today?