ANITBIOTICS: PREVENTING UNNECESSARY USE

Antibiotics are strong medicines that can kill bacteria. They have saved many lives and prevented many serious complications. However, antibiotics have no impact on viral infections. One of the more important decisions made daily by every physician is whether a child's infection is viral or bacterial. Parents can learn to make some of these decisions themselves.

VIRAL INFECTIONS

Viruses cause most infections in children:

- All colds
- All cases of croup
- Most (99%) coughs
- Most (95%) fevers
- Most (90%) sore throats
- Most (99%) diarrhea and vomiting

BACTERIAL INFECTIONS

Bacterial infections are much less common than viral infections. Bacteria cause:

- Ear infections
- Most sinus infections
- Few (10%) sore throats (strep throat)
- Whooping cough (pertussis)
- Some pneumonia (lung infection)

Some symptoms are overrated as indicators of a bacterial infection. Yellow nasal discharge is more likely to be a normal part of the recovery from a cold than a clue to a sinus infection. Yellow phlegm (sputum) is a normal part of a viral tracheitis or bronchitis, not a sign of pneumonia. High fevers can be due to a virus or bacteria.

PREVENTION OF BACTERIAL INFECTIONS

Another false belief is that children with colds need antibiotics to prevent ear or sinus infections. In some cases the antibiotic does work, but in most cases the antibiotic just selects out a resistant germ to cause a secondary bacterial infection. It's smarter to save the antibiotic for those children who go on to develop a bacterial infection. After a cold, about 10% of children develop an ear infection (otitis media) and 1% develop a sinus infection (sinusitis). Why give antibiotics to the other 89% who don't need them?

BACTERIAL RESISTANCE

When bacteria become resistant to an antibiotic, that antibiotic can no longer kill that type of bacteria. Excessive use of antibiotics is the number one cause of resistant strains of bacteria, and research shows that 50% of prescriptions for antibiotics are inappropriate (mainly when they are given for coughs and colds). This makes future treatment of bacterial infections more difficult. Many bacteria are now resistant to antibiotics that used to control them. When we turn to newer and more expensive antibiotics, bacteria develop resistance to them as well. In the battle between antibiotics and bacteria, the bacteria seem to be winning.

SIDE EFFECTS OF ANTIBIOTICS

If your child doesn't need an antibiotic, giving him one is a bad idea, because all antibiotics have side effects. Some children taking antibiotics develop diarrhea, nausea, vomiting, or a rash. If a rash occurs, we are left with the difficult question: is it a drug allergy or an unrelated viral rash (such as roseola)? Since it's difficult to be sure, many children are mislabeled as allergic to a family of antibiotics, and a potentially useful antibiotic is not available when the child really needs it.

SUMMARY

Don't wish your child were on an antibiotic unless he or she really needs one. Don't pressure your child's doctor for an antibiotic. If your child has a viral illness, an antibiotic will not shorten the course of the fever or help the other symptoms. Antibiotics will not get your child back to school or you back to work sooner. If your child develops side effects from the antibiotic, he or she will feel worse instead of better.

Let's save antibiotics for ear infections, sinus infections, strep throat, and other bacterial infections. Let's not waste them on yellow nasal discharge, yellow phlegm, high fevers, and other normal symptoms associated with coughs and colds. Treat your child's symptoms with over-the-counter medicines or home remedies. Many just need extra TLC (tender loving care) until they feel better. Call back if your child develops any new signs that suggest a bacterial illness. Usually antibiotics are not the answer when your child becomes sick.

EMERGENCY SYMPTOMS: HOW TO RECOGNIZE

Some emergency symptoms are either difficult to recognize or are not considered serious by some parents. Most parents will not overlook or underestimate the importance of a major burn, major bleeding, choking, a convulsion, or a coma. However, if your child has any of the following symptoms, also contact our office immediately.

Sick Newborn. If your baby is less than 1 month old and sick in any way, the problem could be serious.

Severe Lethargy. Fatigue during an illness is normal, but watch to see if your child stares into space, won't smile, won't play, is too weak to cry, is floppy, or is hard to awaken. These are serious symptoms.

Severe Pain. If your child cries when you touch or move her, this can be a symptom of meningitis. A child with meningitis also doesn't want to be held. Constant screaming and inability to sleep also point to severe pain.

Can't Walk. If your child has learned to walk and then loses the ability to stand or walk, he or she probably has a serious injury to the legs or an acute problem with balance. If your child walks bent over, holding his or her abdomen, he or she probably has a serious abdominal problem such as appendicitis.

Tender Abdomen. Press on your child's belly while he or she is sitting in your lap and looking at a book. Normally you should be able to press an inch or so in with your fingers in all parts of the belly without resistance. It is significant if your child pushes your hand away or screams. If the belly is also bloated and hard, the condition is even more dangerous.

Tender Testicle or Scrotum. The sudden onset of pain in the groin can be from twisting (torsion) of the testicle. This requires surgery within 8 hours to save the testicle.

Labored Breathing. You should assess your child's breathing after you have cleaned out the nose and when he or she is not coughing. If your child has difficulty in breathing, tight croup, or obvious wheezing, she needs to be seen immediately. Other signs of respiratory difficulty are a breathing rate of more than 60 breaths/minute, bluish lips, or retractions (pulling in between the ribs).

Bluish Lips. Bluish lips or cyanosis can indicate a reduced amount of oxygen in the bloodstream.

Drooling. The sudden onset of drooling or spitting, especially associated with difficulty in swallowing, can mean that your child has a serious infection of the tonsils, throat, or epiglottis (top part of the windpipe).

Dehydration. Dehydration means that your child's body fluids are low. Dehydration usually follows severe vomiting or diarrhea. Suspect dehydration if your child has not urinated in 8 hours; crying produces no tears; the mouth is dry rather than moist; or the soft spot in the skull is sunken. Dehydration requires immediate fluid replacement by mouth or intravenously.

Bulging Soft Spot. If the anterior fontanel is tense and bulging, the brain is under pressure. Since the fontanel normally bulges with crying, assess it when your child is quiet and in an upright position.

Stiff Neck. To test for a stiff neck, lay your child down, then lift the head until the chin touches the middle of the chest. If he or she is resistant, place a toy or other object of interest on the belly so he or she will have to look down to see it. A stiff neck can be an early sign of meningitis.

Injured Neck. Discuss any injury to the neck, regardless of symptoms, with your child's physician because of the risk of damage to the spinal cord.

Purple Spots. Purple or blood-red spots or dots on the skin can be a sign of a serious bloodstream infection, with the exception of explained bruises, of course.

Fever Over 105°F (40.6°C). All the preceding symptoms are stronger indicators of serious illness than the level of fever. All of them can occur with low fevers as well as high ones. Fevers become strong indicators of serious infection only when the temperature rises above 105°F (40.6°C). In infants, a rectal temperature less than 97.5°F (36.5°C) can also be serious.

FEVER

DEFINITION

Your child has a fever if any of the following apply:

- Rectal temperature is over 100.4°F (38.0°C).
- Oral temperature is over 99.5°F (37:5°C).
- Axillary (armpit) temperature is over 99.0°F (37. 2°C).
- Ear (tympanic) temperature (taken in the ear) is over 100.4°F (38.0°C) (if set in rectal mode), or > 99.5°F (37.5°C) (if set in oral mode). (**Note**: Not reliable if your child is less than 6 months old.)
- Pacifier temperature is over 99.5°F (37.5°C). (**Note**: Not accurate in general. New digital ones are accurate. This mode is okay for screening if your child is over 3 months old.)
- Tactile fever (the impression that your child has a fever because he or she feels hot to the touch) is evident. Tactile fevers are more accurate than we used to think; however, if you're going to call your child's doctor about a fever, actually take his or her temperature.

The body's average temperature when it is measured orally is 98.6°F (37°C), but it normally fluctuates during the day. Mild elevation (100.4° to 101.3°F or 38.0°-38.5°C) can be caused by exercise, excessive clothing, a hot bath, or hot weather. Warm food or drink can also raise the oral temperature. If you suspect such an effect on the temperature of your child, take his or her temperature again in 30 minutes.

Causes

Fever is a symptom, not a disease. Fever is the body's normal response to infections and plays a role in fighting them. Fever turns on the body's immune system. The usual fevers (100°-104°F [37.8-40°C]) that all children get are not harmful. Most are caused by viral illnesses; some are caused by bacterial illnesses. Teething does not cause fever.

Expected Course

Most fevers with viral illnesses range between 101° and 104°F (38.3°-40°C) and last for 2 to 3 days. In general, the height of the fever doesn't relate to the seriousness of the illness. How sick your child acts when the fever is down is what counts. Fever causes no permanent harm until it reaches 107°F (41.7°C). Fortunately, the brain's thermostat keeps untreated fevers below this level.

Although all children get fevers, only 4% develop a brief febrile convulsion. Since this type of seizure is generally harmless but very scary for the parents, it is not worth worrying excessively about. If your child has had high fevers without seizures, your child is probably safe.

HOME CARE

Treat All Fevers with Extra Fluids and Less Clothing. Encourage your child to drink extra fluids, but do not force him or her to drink. Popsicles and iced drinks are helpful. Body fluids are lost during fevers because of sweating.

Clothing should be kept to a minimum because most heat is lost through the skin. Do not bundle up your child; it will cause a higher fever. During the time your child feels cold or is shivering (the chills), give him or her a light blanket.

Acetaminophen Products for Reducing Fever. Children older than 2 months of age can be given anyone of the Acetaminophen products. All have the same dosage.

Remember that fever is helping your child fight the infection. Use drugs only if the fever is over 102°F (39°C) and preferably only if your child is also uncomfortable. Give the correct dosage for your child's age every 4 to 6 hours, but no more often.

Two hours after they are given, these drugs will reduce the fever 2-3°F (1.0-1.5°C). Medicines do not bring the temperature down to normal unless the temperature was not very elevated before the medicine was given. Repeated dosages of the drugs will be necessary because the fever will go up and down until the illness runs its course. If your child is sleeping, don't awaken him for medicines.

Caution: The dropper that comes with one product should not be used with other brands.

Dosages of Acetaminophen. See accompanying table in the front of this manual.

Ibuprofen Products. All Ibuprofen products are now available without a prescription. Give the correct dosage for your child's weight every 6 to 8 hours as needed. (See accompanying table in the front of this manual.)

Ibuprofen and Acetaminophen are similar in their abilities to lower fever, and their safety records are similar. One advantage that Ibuprofen has over Acetaminophen is a longer-lasting effect (6-8 hours instead of 4-6 hours). However, Acetaminophen is still the drug of choice for controlling fever in most conditions. Children with special problems requiring a longer period of fever control may do better with Ibuprofen.

Avoid Aspirin. The American Academy of Pediatrics has recommended that children (through 21 years of age) not take aspirin if they have chickenpox or influenza (any cold, cough, or sore throat symptoms). This recommendation is based on several studies that have linked aspirin to Reye's syndrome, a severe encephalitis-like illness. Most pediatricians have stopped using aspirin for fevers associated with any illness.

ALTERNATING ACETAMINOPHEN AND IBUPROFEN

We don't recommend combining these medicines for the following reasons:

- No added benefit in reducing fever compared with either product used alone. (Reason: both drugs have the same mechanism of action.)
- Can cause dosage errors and poisoning (especially if you give one product too frequently).
- You don't need to control fever this closely.
- If you are instructed by your physician to alternate both products, do it as follows:
    - Use both if the fever is over 1O4°F (40°C) and unresponsive to one medicine alone.
    - Give a fever medicine every 4 hours (Acetaminophen every 8 hours and Ibuprofen every 8 hours).
    - Only alternate medicines for 24 hours or less, then return to a single product.

Sponging. Sponging is usually not necessary to reduce fever. Never sponge your child without giving her Acetaminophen first. Sponge immediately only in emergencies such as heatstroke, delirium, a seizure from fever, or any fever over 106°F (41.1°C). In other cases sponge your child only if the fever is over lO4°F (40°C), the fever stays that high when you take the temperature again 30 minutes after your child has taken Acetaminophen or Ibuprofen, and your child is uncomfortable. Until Acetaminophen has taken effect (by resetting the body's thermostat to a lower level), sponging will just cause shivering, which is the body's attempt to raise the temperature

If you do sponge your child, sponge her in lukewarm water (85° to 90°F [29° to 32°C]). (Use slightly cooler water for emergencies.) Sponging works much faster than immersion, so sit your child in 2 inches of water and keep wetting the skin surface. Cooling comes from evaporation of the water. If your child shivers, raise the water temperature or wait for the Acetaminophen to take effect. Don't expect to get the temperature below 101°F (38.3°C). Don't add rubbing alcohol to the water; it can be breathed in and cause a coma.

CALL OUR OFFICE

IMMEDIATELY if:

- Your child is less than 3 months old.
- The fever is over 105°F (40.6°C).
- Your child looks or acts very sick especially when the fever is down.

Within 24 hours if:

- Your child is 3 to 6 months old (unless the fever is due to a diphtheria-pertussis-tetanus (DPT) shot).
- The fever is between 104° and 105°F (40° to 40.6°C), especially if your child is less than 2 years old.
- Your child has had a fever more than 24 hours without an obvious cause or location of infection.
- Your child has had a fever more than 3 days.
- The fever went away for more than 24 hours and then returned.
- You have other concerns or questions.

FEVER PHOBIA: UNDERSTANDING THE MYTHS

Misconceptions about the dangers of fever are commonplace. Unwarranted fears about harmful side effects from fever cause lost sleep and unnecessary stress for many parents. Let the following facts help you put fever into perspective.

MYTH: All fevers are bad for children.
FACT: Fevers turn on the body's immune system. Fevers are one of the body's protective mechanisms. Most fevers are good for children and help the body fight infection. Use the following definitions to help put your child's level of fever into perspective:
100°-102°F (37.8°-38.9°C)
Low-grade fevers are beneficial. Try to keep the fever in this range.
lO2°-104°F (38.9°-40°C)
Moderate-grade fevers are beneficial.
> 104°F (>40°C)
High fevers cause discomfort but are harmless.
>105°F (>40.6°C)
There is a higher risk of bacterial infections with a very high fever.
>108°F (>42.2°C)
The fever itself can be harmful.

MYTH: Fevers cause brain damage, and fevers over 104°F (40°C) are dangerous.
FACT: Fevers with infections don't cause brain damage. Only body temperatures over 108°F (42.2°C) can cause brain damage. The body temperature only goes this high with high environmental temperatures (e.g., confined in a closed car).

MYTH: Anyone can have a febrile seizure.
FACT: Only 4% of children ever have a febrile seizure.

MYTH: Febrile seizures are harmful.
FACT: Febrile seizures are scary to watch, but they usually stop within 5 minutes. They cause no permanent harm. Children with febrile seizures have no higher incidence for developmental delays, learning disabilities, or seizures without fever.

MYTH: All fevers need to be treated with fever medicine.
FACT: Fevers only need to be treated if they cause discomfort – usually fevers over 102° or 103°F (38.9° or 39.5°C).

MYTH: Without treatment, fevers will keep going higher.
FACT: Fevers from infection top out at 105° or 106°F (40.6° or 41.10C) or lower, because of the brain's thermostat.

MYTH: With treatment, fevers should come down to normal.
FACT: With treatment, fevers usually come down 2° or 3°F (1.0-1.5°C).

MYTH: If the fever doesn't come down (if you can't "break the fever"), the cause is serious.
FACT: Fevers that don't respond to fever medicine can be caused by viruses or bacteria. It doesn't relate to the seriousness of the infection.

MYTH: If the fever is high, the cause is serious.
FACT: If your child looks very sick, the cause is serious.

MYTH: The exact number of the temperature is very important.
FACT: How your child looks is what's important.

MYTH: Temperatures between 98.6° and 100°F (37.0° and 37.8°C) are low-grade fevers.
FACT: The normal temperature changes throughout the day and peaks in the late afternoon and evening.

- A reading of 99.4°F (37.5°C) is just the average rectal temperature. It normally can change from 98.4°F (36.9°C) in the morning to a high of 100.3°F (38.0°C) in the late afternoon.
- A reading of 98.6°F (37°C) is just the average oral temperature. It normally can change from a low of 97.6°F (36.5°C) in the morning to a high of 99.5°F (37.5°C) in the late afternoon.

THE TEMPERATURE: HOW TO MEASURE IT

TAKING THE TEMPERATURE

Obtaining an accurate measurement of your child's temperature requires some practice. If you have questions about this procedure, ask a physician or nurse to demonstrate how it's done, and then observe you doing the same.

Where to Take the Temperature

- Rectal temperatures are the most accurate. Oral or eardrum temperatures are also accurate if done properly. Axillary (armpit) temperatures are the least accurate but are better than no measurement.
- For a child younger than 2 years old, a rectal temperature is preferred. Axillary temperature is adequate for screening if it is taken correctly. If your infant is less than 90 days old (3 months old) and axillary temperature is over 99.0°F (37.2°C), check it by taking the rectal temperature. The reason we need a rectal temperature taken for young infants is that if they have a true fever, they need to be evaluated immediately.
- For a child 2 years old or older, take the temperature by ear or orally (by mouth).

Taking Rectal Temperatures

- Have your child lie stomach down on your lap.
- Before you insert the thermometer, apply some petroleum jelly to the end of the thermometer and to the opening of the anus.
- Insert the thermometer into the rectum about 1 inch. During the first 6 months of life, gently insert the rectal thermometer 1/4 to 1/2 inch (inserting until the silver tip disappears is about 1/2 inch). Never try to force it past any resistance. (Reason: it could cause perforation of the bowel.)
- Hold your child still while the thermometer is in your child's rectum. Leave the thermometer in your child's rectum for 2 minutes.

Taking Axillary Temperatures

- Place the tip of the thermometer in a dry armpit.
- Close the armpit by holding the elbow against the chest and leave in place per instructions for thermometer. You may miss detecting a fever if the thermometer is removed before it beeps (if using digital thermometer).
- If you're uncertain about the result, check it with a rectal temperature.

Taking Oral Temperatures

- Be sure your child has not taken a cold or hot drink within the last 30 minutes.
- Place the tip of the thermometer under one side of the tongue and toward the back. An accurate temperature depends on proper placement. Ask a physician or nurse to show you where it should go.
- Have your child hold it in place with the lips and fingers (not the teeth) and breathe through the nose, keeping the mouth closed.
- Leave it in mouth per instructions for thermometer.
- If your child can't keep his or her mouth closed because of nose blockage, suction out the nose.

TYPES OF THERMOMETERS

Digital Thermometers. Digital thermometers record temperatures with a heat sensor and run on a button battery. They measure quickly, usually in less than 30 seconds. The temperature is displayed in numbers on a small screen. The same thermometer can be used to take both rectal and oral temperatures. Buy one for your family; they cost about $10.00.

Ear Thermometers. Many hospitals and medical offices now take your child's temperature using an infrared thermometer that reads the temperature of the eardrum. In general, the eardrum temperature provides a measurement that is as accurate as the rectal temperature. The outstanding advantage of this instrument is that it measures temperatures in less than 2 seconds. It also requires no cooperation by the child and causes no discomfort (the thermometer is placed at the ear's opening). An ear thermometer for home use is available, but it's expensive.

CONVERSION OF DEGREES FAHRENHEIT (F) TO DEGREES CENTIGRADE (C)

96.8°F = 36.0°C	102.0°F = 38.9°C
98.6°F = 37.0°C	103.0° F = 39.5°C
99.5°F = 37.5°C	104.0° F = 40.0°C
100.0°F = 37.8°C	105.0° F = 40.6°C
100.4°F = 38.0°C	106.0° F = 41.1°C
101.0°F = 38.3°C	107.0° F = 41.7°C

BEDTIME RESISTANCE

DEFINITION

- These children are over 2 years old and refuse to go to bed or stay in the bedroom.
- These children can come out of the bedroom many times because they no longer sleep in a crib.
- In the usual form, the child eventually goes to sleep while watching television with the parent or in the parents' bed.
- In a milder form, the child stays in his or her bedroom but prolongs the bedtime interaction with ongoing questions, unreasonable requests, protests, crying, or temper tantrums.
- In the morning, these children sleep late or have to be awakened because they went to bed so late.

Cause

These are unreasonable attempts to test the limits, not expressions of fear. Your child has found a good way to postpone bedtime and receive extra entertainment. Your child is stalling and taking advantage of your good nature. If given a choice, over 90% of children would stay up until their parents' bedtime. These children also often try to share the parents' bed at bedtime or sneak into their parents' bed during the middle of the night. By contrast, the child who comes to the parents' bed if she is frightened or not feeling well should be supported at these times.

DEALING WITH BEDTIME RESISTANCE

The following recommendations apply to children who are manipulative at bedtime, not fearful.

1. **Clarify what a good sleeper does.** Tell your child what you want her to do: At bedtime a good sleeper stays in her bed and doesn't scream. During the night, a good sleeper doesn't leave her bedroom or wake up her parents unless it's an emergency. A good sleeper gets a sticker or an extra book at bedtime the next day. A bad sleeper loses a privilege for the following day (e.g., no book at bedtime the next day or access to a favorite toy).
2. **Start the night with a pleasant bedtime ritual.** Provide a bedtime routine that is pleasant and predictable. Most pre bedtime rituals last about 30 minutes and include taking a bath, brushing teeth, reading stories, talking about the day, saying prayers, and other interactions that relax your child. Try to keep the same sequence each night because familiarity is comforting for children. Try to have both parents take turns in creating this special experience. Never cancel this ritual because of misbehavior earlier in the day. Before you give your last hug and kiss and leave your child's bedroom, ask, "Do you need anything else?" Then leave and don't return. It's very important that you are not with your child at the moment of falling asleep. (Reason: she will then need you to be present following normal awakenings at night.)
3. **Establish a rule that your child can't leave the bedroom at night.** Enforce the rule that once the bedtime ritual is over and your child is placed in the bedroom, she cannot leave that room. Your child needs to learn to put herself to sleep for naps and at bedtime in her own bed. Do not stay in the room until she lies down or falls asleep. Establish a set bedtime and stick to it. Make it clear that your child is not allowed to leave the bedroom between 8:00 at night and 7:00 in the morning (or whatever sleep time you decide on). Obviously, this change won't be accomplished without some crying or screaming for a few nights. If your child has been sleeping with you, tell her "Starting tonight, we sleep in separate beds. You have your room, we have our room. You have your bed, we have our bed. You are too old to sleep with us anymore."
4. **Ignore verbal requests.** For ongoing questions or demands from the bedroom, ignore them and do not engage in any conversation with your child. All of these requests should have been dealt with during your pre-bedtime ritual. Don't return or talk with your child unless you think she is sick. (**Some exceptions**: If your child says she needs to use the toilet, tell her to take care of it herself. If your child says her covers have fallen off and she is cold, promise her you will cover her up after she goes to sleep. You will usually find her well covered.)
5. **Close the bedroom door for screaming.** For screaming from the bedroom, tell your child, "I'm sorry I have to close your door. I'll open it as soon as you're quiet." If she pounds on the door, you can open it after 1 or 2 minutes and suggest that she go back to bed. If she does, you can leave the door open. If she doesn't, close the door again. For continued screaming or pounding on the door, reopen it approximately every 15 minutes, telling your child that if she quiets down, the door can stay open. Never spend more than 30 seconds reassuring her. Although you may not like to close the door, you don't have many options. Rest assured, if your child is over 2 years old and has no daytime separation fears, it's quite reasonable to do this.
6. **Close the bedroom door for coming out.** If your child comes out of the bedroom, return her immediately to her bed. During this process, avoid any lectures and skip the hug and kiss. Get good eye contact and remind her again that she cannot leave

her bedroom during the night. Warn her that if she comes out again, you're sorry but you will need to close the door. If she comes out, close the door. Tell her, "I'll be happy to open your door as soon as you're in your bed." If your child says she's in her bed, open the door. If she screams, every 15 minutes, open the door just enough to ask your child if she's in her bed now.

7. **Lock the bedroom door or put up a barricade for repeated coming out.** If your child is very determined and continues to come out of the bedroom, consider putting a barricade in front of her door, such as a strong gate. A half-door or plywood plank may also serve this purpose. If your child makes a ruckus at night, you can go to her without taking her out of her bedroom and say, "Everyone is sleeping, I'll see you in the morning."

   If your child learns to climb over the barricade, a second gate can be placed on top of the first. Although you may consider this step extreme, it can be critical for protecting children less than 5 years old who wander through the house at night without an understanding of dangers (such as the stove, hot water, electricity, knives, and going outdoors).

   If your child does not get into trouble at night, you can open the door as soon as she falls asleep. Reassure her that you will do this. Also, each night give her a fresh chance to stay in the bedroom with the door open. (Caution: If your child has bedtime fears, don't close her door. Get her some counseling.)

8. **If your child comes into your bed at night, return her to her own bed.** For middle-of-the-night attempts to crawl into your bed, unless your child is fearful, sternly order your child back to her own bed. If she doesn't move, escort her back immediately without any physical contact or pleasant conversation. If you are asleep when your child crawls into your bed, return her as soon as you discover her presence. If she attempts to come out again, lock her door until morning. If you are a deep sleeper, consider using some signaling device that will awaken you if your child enters your bedroom (such as a chair placed against your door or a loud bell attached to your doorknob). For children over age 5, some parents simply lock their bedroom door or put a stop sign poster on the outside of it. Remind your child that it is not polite to interrupt other people's sleep. Tell her that if she awakens at night and can't go back to sleep, she can read or play quietly in her room, but she is not to bother her parents.

9. **If your child awakens you at night with screaming or demands, visit her briefly.** Reassure her that she is safe. If she needs her blankets readjusted, help her do this. Then leave. On the following day teach her how to solve independently any complaints she makes during the night. (Remind your child that it is not polite to awaken people at night. Tell her that if she awakens at night and can't go back to sleep, she can read or play quietly in her room.)

10. **Help the roommate.** If the bedtime screaming wakes up a roommate, have the well-behaved sibling sleep in a separate room until the nighttime behavior has improved. Tell your child with the sleep problem that her roommate cannot return until she stays in her room quietly for three consecutive nights. If you have a small home, have the sibling sleep in your room temporarily and this will be an added incentive for your other child to improve.

11. **Awaken your child at the regular time each morning.** Even if she fought bedtime and fell asleep late, wake her up at the regular time so she will be tired earlier the next evening.

12. **Start bedtime later if you want to minimize bedtime crying.** The later the bedtime, the more tired your child will be and the less resistance she will offer. For most children, you can pick the bedtime hour. For children who are very stubborn and cry a lot, you may want to start the bedtime at 10 PM (or whenever your child naturally falls asleep). If the bedtime is at 10 PM, start the bedtime ritual at 9:30 PM. After your child learns to fall asleep without fussing at 10 PM, move the bedtime back by 15 minutes every week. In children who can't tell time, you can gradually (over 8 weeks or so) achieve an 8 PM bedtime in this way with many fewer tantrums (this technique was described by Adams and Rickert in 1989). However, don't let your child sleep late in the morning or you won't be able to advance the bedtime.

CALL OUR OFFICE

During regular hours if:

- Your child is not sleeping well after trying this program for 2 weeks.
- Your child needs to be locked in the bedroom for more than 7 nights.
- Your child is frightened at bedtime (she probably needs some counseling).
- Your child has lots of nightmares.
- Your child also has several discipline problems during the day.
- You have other questions or concerns.

NIGHTMARES

DEFINITION

Nightmares are scary dreams that awaken a child. Occasional bad dreams are normal at all ages after about 6 months of age. When infants have a nightmare, they cry and scream until someone comes to them. When preschoolers have a nightmare, they usually cry and run into their parents' bedroom. Older children begin to understand what a nightmare is and put themselves back to sleep without waking their parents.

Cause

Everyone dreams 4 or 5 times each night. Some dreams are good, and some are bad. Dreams help the mind process complicated events or information. The content of nightmares usually relates to developmental challenges: Toddlers have nightmares about separation from their parents; preschoolers, about monsters or the dark; and school-age children, about death or real dangers. Frequent nightmares may be caused by violent television shows or movies.

DEALING WITH NIGHTMARES

Reassure and cuddle your child. Explain to your child that she was having a bad dream. Sit on the bed until your child is calm. Offer to leave the bedroom door open (never close the door on a fearful child). Provide a night-light, especially if your child has fears of the dark. Most children return to sleep fairly quickly.

Help your child talk about the bad dreams during the day. Your child may not remember what the dream was about unless you can remind her of something she said about it when she woke up. If your child was dreaming about falling or being chased, reassure her that lots of children dream about that. If your child has the same bad dream over and over again, help her imagine a good ending to the bad dream. Encourage your child to use a strong person or a magic weapon to help her overcome the bad person or event in the dream. You may want to help your child draw pictures or write stories about the new happier ending for the dream. Working through a bad fear often takes several conversations about it.

Protect your child against frightening movies and television shows. For many children, violent or horror movies cause bedtime fears and nightmares. These fears can persist for months or years. Absolutely forbid these movies before 13 years of age. Between 13-17 years, the maturity and sensitivity of your child must be considered carefully in deciding when she is ready to deal with the uncut versions of R-rated movies. Be vigilant about slumber parties or Halloween parties. Tell your child to call you if the family she is visiting is showing scary movies.

CALL OUR OFFICE

During regular hours if:

- The nightmares become worse.
- The nightmares are not minimal after using this approach for 2 weeks.
- The fear interferes with daytime activities.
- Your child has several fears.
- You have other concerns or questions.

NIGHT TERRORS

DEFINITION

- Your child is agitated and restless but cannot be awakened or comforted.
- Your child may sit up or run helplessly about, possibly screaming or talking wildly.
- Although your child appears to be anxious, he doesn't mention any specific fears.
- Your child doesn't appear to realize that you are there. Although the eyes are wide open and staring, your child looks right through you.
- Your child may mistake objects or persons in the room for dangers.
- The episode begins 1-2 hours after going to sleep.
- The episode lasts from 10-30 minutes.
- Your child cannot remember the episode in the morning (amnesia).
- The child is usually 1-8 years old.
- This diagnosis must be confirmed by a physician.

Cause

Night terrors are an inherited disorder in which a child tends to have dreams during deep sleep from which it is difficult to awaken. They occur in 2% of children and usually are not caused by psychological stress. Being overtired can trigger night terrors.

Expected Course

Night terrors usually occur within 2 hours of bedtime. Night terrors are harmless and each episode will end of its own accord in deep sleep. The problem usually disappears by 12 years of age or sooner.

DEALING WITH NIGHT TERRORS

1. **Try to help your child return to normal sleep.** Your goal is to help your child go from agitated sleep to a calm sleep. You won't be able to awaken your child, so don't try. Turn on the lights so that your child is less confused by shadows. Make soothing comments such as "You are all right. You are home in your own bed. You can rest now." Speak calmly and repetitively. Such comments are usually better than silence and may help your child refocus. Some children like to have their hand held during this time, but most will pull away. Hold your child only if it seems to help him feel better. There is no way to abruptly shorten the episode. Shaking your child or shouting at him will just cause the child to become more agitated and will prolong the attack.
2. **Protect your child against injury.** During a night terror, a child can fall down a stairway, run into a wall, or break a window. Try to gently direct your child back to bed.
3. **Prepare babysitters or overnight leaders for these episodes.** Explain to people who care for your child what a night terror is and what to do if one happens. Understanding this will prevent them from overreacting if your child has a night terror.

PREVENTION OF NIGHT TERRORS

1. **Keep your child from becoming overtired.** Sleep deprivation is the most common trigger for night terrors. For preschoolers, restore the afternoon nap. If your child refuses the nap, encourage a 1-hour "quiet time." Also avoid late bedtimes because they may trigger a night terror. If your child needs to be awakened in the morning, that means he needs an earlier bedtime. Move lights-out time to 15 minutes earlier each night until your child can self-awaken in the morning.
2. **Use prompted awakenings for frequent night terrors.** If your child has frequent night terrors, Dr. B. Lask of London has found a new way to eliminate this distressing sleep pattern in 90% of children. For several nights, note how many minutes elapse from falling asleep to the onset of the night terror. Then awaken your child 15 minutes before the expected time of onset. (Remind your child at bedtime that when you do this, his job is "to wake up fast." Keep your child fully awake and out of bed for 5 minutes. Carry out these prompted awakenings for seven consecutive nights. If the night terrors return, repeat this seven-night training program.

CALL OUR OFFICE

During regular hours if:

- Any drooling, jerking, or stiffening occurs.
- The episodes occur two or more times per week after doing the seven prompted awakenings.
- Episodes last longer than 30 minutes.
- Your child does something dangerous during an episode.
- Episodes occur during the second half of the night.
- Your child has several daytime fears.
- You feel family stress may be a factor.
- You have other questions or concerns.

PREVENTION OF SLEEP PROBLEMS

DEFINITION

Parents want their children to go to bed without resistance and to sleep through the night. They look forward to a time when they can again have 7 or 8 hours of uninterrupted sleep. Newborns, however, have a limit to how many hours they can go without a feeding (usually 4 or 5 hours). By 2 months of age, some 50% of bottle fed infants can sleep through the night. By 4 months, most bottle fed infants have acquired this capacity. Most breast fed babies can sleep through the night by 5 months of age.

Good sleep habits may not develop, however, unless you have a plan. Consider the following guidelines if you want to teach your baby that nighttime is a special time for sleeping, that his crib is where he stays at night, and that he can put himself back to sleep. It is far easier to prevent sleep problems before 6 months of age than it is to treat them later.

Newborns

1. **Place your baby in the crib when he is drowsy but awake.** This step is very important. Without it, the other preventive measures will fail. Your baby's last waking memory should be of the crib, not of you or of being fed. He must learn to put himself to sleep without you. Don't expect him to go to sleep as soon as you lay him down. It often takes 20 minutes of restlessness for a baby to go to sleep. If he is crying, rock him and cuddle him; but when he settles down, try to place him in the crib before he falls asleep. Handle naps in the same way. This is how your child will learn to put himself back to sleep after normal awakenings. Don't help your infant when he doesn't need any help.
2. **Hold your baby for all fussy crying during the first 3 months.** All new babies cry some during the day and night. If your baby cries excessively, the cause is probably colic. Always respond to a crying baby. Gentle rocking and cuddling seem to help the most. Babies can't be spoiled during the first 3 or 4 months of life, but even colicky babies have a few times each day when they are drowsy and not crying. On these occasions, place the baby in his crib and let him learn to self-comfort and self-induce sleep.
3. **Carry your baby for at least 3 hours each day when he isn't crying.** This practice will reduce fussy crying.
4. **Do not let your baby sleep for more than 3 consecutive hours during the day.** Attempt to awaken him gently and entertain him. In this way, the time when your infant sleeps the longest will occur during the night. (**Note**: Many newborns can sleep 5 consecutive hours and you can teach your baby to take this longer period of sleep at night.)
5. **Keep daytime feeding intervals to at least 2 hours for newborns.** More frequent daytime feedings (such as hourly) lead to frequent awakenings for small feedings at night. Crying is the only form of communication newborns have. Crying does not always mean your baby is hungry. He may be tired, bored, lonely, or too hot. Hold your baby at these times or put him to bed. Don't let feeding become a pacifier. For every time you nurse your baby, there should be four or five times that you snuggle your baby without nursing. Don't let him get into the bad habit of eating every time you hold him. That's called "grazing."
6. **Make middle-of-the-night feedings brief and boring.** You want your baby to think of nighttime as a special time for sleeping. When he awakens at night for feedings, don't turn on the lights, talk to him, or rock him. Feed him quickly and quietly. Provide extra rocking and playtime during the day. This approach will lead to longer periods of sleep at night.
7. **Don't awaken your infant to change diapers during the night.** The exceptions to this rule are soiled diapers or times when you are treating a bad diaper rash. If you must change your child, use as little light as possible (e.g., a flashlight), do it quietly, and don't provide any entertainment.
8. **Don't let your baby sleep in your bed.** Once your baby is used to sleeping with you, a move to his own bed will be extremely difficult. Although it's not harmful for your child to sleep with you, you probably won't get a restful night's sleep. So why not teach your child to prefer his own bed? For the first 2 or 3 months, you can keep your baby in a crib or box next to your bed.
9. **Give the last feeding at your bedtime (10 or 11 PM).** Try to keep your baby awake for the 2 hours before this last feeding. Going to bed at the same time every night helps your baby develop good sleeping habits.

Two-Month-Old Babies

1. **Move your baby's crib to a separate room.** By 3 months of age, your baby should be sleeping in a separate room. This will help parents who are light sleepers sleep better. Also, your baby may forget that his parents are available if he can't see them when he awakens. If separate rooms are impractical, at least put up a screen or cover the crib railing with a blanket so that your baby cannot see your bed.

2. **Try to delay middle-of-the-night feedings.** By now, your baby should be down to one feeding during the night (two for some breast fed babies). Before preparing a bottle, try holding your baby briefly to see if that will satisfy him. If you must feed him, give 1 or 2 ounces less formula than you would during the day. If you are breast feeding, nurse for less time at night. As your baby gets close to 4 months of age, try nursing on just one side at night. Never awaken your baby at night for a feeding except at your bedtime.

Four-Month-Old Babies

1. **Try to discontinue the 2 AM feeding before it becomes a habit.** By 4 months of age, your bottle fed baby does not need to be fed more than four times per day. Breast fed babies do not need more than 5 nursing sessions per day. If you do not eliminate the night feeding at this time, it will become more difficult to stop as your child gets older. Remember to give the last feeding at 10 or 11 PM. If your child cries during the night, comfort him with a back rub and some soothing words instead of with a feeding. (**Note**: Some breast fed babies will continue to need to be nursed once during the night.)
2. **Don't allow your baby to hold his bottle or take it to bed with him.** Babies should think that the bottle belongs to the parents. A bottle in bed leads to middle-of-the-night crying because your baby will inevitably reach for the bottle and find it empty or on the floor.
3. **Make any middle-of-the-night contacts brief and boring.** All children have 4 or 5 partial awakenings each night. They need to learn how to go back to sleep on their own at these times. If your baby cries for more than a few minutes, visit him but don't turn on the light, play with him, or take him out of his crib. Comfort him with a few soothing words and stay for less than 1 minute. If your child is standing in the crib, don't try to make him lie down. He can do this himself. If the crying continues for more than 10 minutes, calm him and stay in the room until he goes to sleep. (**Exceptions**: You feel your baby is sick, hungry, or afraid.)

Six-Month-Old Children

1. **Provide a friendly soft toy for your child to hold in his crib.** At the age of 6 months, children start to be anxious about separation from their parents. A stuffed animal, doll, or blanket can be a security object that will give comfort to your child when he wakes up during the night.
2. **Leave the door open to your child's room.** Children can become frightened when they are in a closed space and are not sure that their parents are still nearby.
3. **During the day, respond to separation fears by holding and reassuring your child.** This lessens nighttime fears and is especially important for mothers who work outside the home.
4. **For middle-of-the-night fears, make contacts prompt and reassuring.** For mild nighttime fears, check on your child promptly and be reassuring, but keep the interaction as brief as possible. If your child panics when you leave or vomits with crying, stay in your child's room until he is either calm or goes to sleep. Do not take him out of the crib but provide whatever else he needs for comfort, keeping the light off and not talking too much. At most, sit next to the crib with your hand on him.

   These measures will calm even a severely upset infant.

One-Year-Old Children

1. **Establish a pleasant and predictable bedtime ritual.** Bedtime rituals, which can start in the early months, become very important to a child by 1 year of age. Children need a familiar routine. Both parents can be involved at bedtime, taking turns with reading or making up stories. Both parents should kiss and hug the child "good night." Be sure that your child's security objects are nearby. Finish the bedtime ritual before your child falls asleep.
2. **Once put to bed, your child should stay there.** Some older infants have temper tantrums at bedtime. They may protest about bedtime or even refuse to lie down. You should ignore these protests and leave the room. You can ignore any ongoing questions or demands your child makes and enforce the rule that your child can't leave the bedroom. If your child comes out, return him quickly to the bedroom and avoid any conversation. If you respond to his protests in this way every time, he will learn not to try to prolong bedtime.
3. **If your child has nightmares or bedtime fears, reassure him.** Never ignore your child's fears or punish him for having fears. Everyone has four or five dreams every night. Some of these are bad dreams. If nightmares become frequent, try to determine what might be causing them, such as some- thing your child might have seen on television.
4. **Don't worry about the amount of sleep your child is getting.** Different people need different amounts of sleep at different ages. The best way you can know that your child is getting enough sleep is that he is not tired during the day. Naps are important to young children but keep them less than 2 hours long. Children stop taking morning naps between 18 months and 2 years of age and give up their afternoon naps between 3 and 6 years of age.

NIGHT AWAKENINGS FROM HOLDING UNTIL ASLEEP (TRAINED NIGHT CRIER)

DEFINITION

- Your child is over 4 months old and wakes up and cries one or more times a night.
- The crying occurs most nights.
- Your child is held, rocked, or walked until asleep.
- Your child doesn't need to be fed in the middle of the night. (Until the age of 2 or 3 months, most babies need to be fed during the night.)
- Your child has awakened and cried at night since birth.
- The child's parents are tired, but the child is not.

Causes

1. **Holding or rocking your baby until asleep.** All children normally wake up four or five times each night after dreams. Because they usually do not wake up fully at these times, most children can get back to sleep by themselves. However, children who have not learned how to comfort and quiet themselves 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 without your help. Babies who are not usually placed in their cribs while they are still awake expect their mothers to help them go back to sleep when they wake up at night. Because they usually fall asleep away from their cribs, they don't learn to associate the crib and mattress with sleep. This is called poor sleep-onset association.
2. **Providing entertainment during the night.** Children may awaken and cry more frequently if they realize they gain from it, for example, if they are walked, rocked, or played with, or enjoy other lengthy contact with their parents. Being brought to the parents' bed makes the problem far worse.

   Trained night crying can also begin after situations that required the parents to give more nighttime attention to their baby for a while. Examples of such problems are colds, discomfort during hot summer nights, or traveling. Many babies quickly settle back into their previous sleep patterns after such situations. However, some enjoy the nighttime contact so much that they begin to demand it.
3. **Believing any crying is harmful.** All young children cry when confronted with a change in their schedule or environment (called normal protest crying). Crying is their only way to communicate before they are able to talk. Crying for brief periods is not physically or psychologically harmful. The thousands of hours of attention and affection you have given your child will easily offset any unhappiness that may result from changing a bad sleep pattern.

Expected Outcome

If you try the following recommendations, your child's behavior will probably improve in 2 weeks. The older your child is, the harder it will be to change your child's habits. Children over 1 year old will fight sleep even when they are tired. They will vigorously protest any change and may cry for hours. However, if you don't take these steps, your child won't start sleeping through the night until 3 or 4 years of age, when busy daytime schedules finally exhaust your child.

HELPING A TRAINED NIGHT CRIER

1. **Place your baby in the crib when he is drowsy but awake for naps and bedtime.** It's good to hold babies and to provide pleasant bedtime rituals. However, 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 almost asleep, 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. **If your baby is crying at bedtime or naptime, visit your baby briefly every 5 to 15 minutes.** Visit your baby before he becomes too upset. You may need to check younger or more sensitive babies every 5 minutes. You be the judge. Gradually lengthen the time between your visits. Babies cannot learn how to comfort themselves without some crying. This crying is not harmful.
3. **Make the visits brief and boring but supportive.** Don't stay in your child's room longer than 1 minute. Don't turn on the lights. Keep the visit supportive and reassuring. Act sleepy. Whisper, "Shhh, everyone's sleeping." Add something positive, such as "You're a wonderful baby," or "You're almost asleep." Never show your anger or punish your baby during these visits. If you hug him, he probably won't let go. Touch your baby gently and help him find his security object, such as a doll, stuffed animal, or blanket.
4. **Do not remove your child from the crib.** Do not rock or play with your baby or bring him to your bed. Brief contact will not reward your baby enough for him to want to continue the behavior. Most young babies cry for 30 to 90 minutes and then fall asleep.
5. **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-the-night awakenings as easy as possible for everyone. If he doesn't fuss for

more than 5 or 10 minutes, respond as you do at bedtime. Otherwise, take your crying child out of the crib and hold him until he falls asleep. Don't turn on the lights or take him out of the room. Try not to talk to him very much. Often this goes better if Dad goes in.

6. **Help your child attach to a security object.** A security (transitional) object is something that helps a waking child fall asleep. It comforts your child and helps your child separate from you. A cuddly stuffed animal or doll, other soft toy, or blanket can be a good security object. Sometimes covering a stuffed animal with one of the mother's T-shirts helps a child accept it.

   Include the security object whenever you cuddle or rock your child during the day. Also include it in your ritual before bedtime by weaving it into your storytelling. Tuck it into the crib next to your child. Eventually, your child will hold and cuddle the stuffed animal or doll at bedtime in place of you.

7. **Later, phase out the nighttime holding.** Phase out nighttime holding only after your child has learned to quiet himself and put himself to sleep for naps and at bedtime. Then you can expect him to put himself back to sleep during normal middle-of-the-night awakenings. Go to him every 15 minutes while he is crying, but make your visits brief and boring. After your child learns to put himself to sleep at bedtime, awakening with crying usually stops in a few nights.

8. **Other helpful hints for sleep problems:**
   - Move the crib to another room. If the crib is in your bedroom, move it to a separate room. If this is impossible, cover one of the side rails with a blanket so your baby can't see you when he wakes up.
   - Avoid long naps during the day. If your baby has napped for more than 2 hours, wake him up. If he has the habit of taking three naps during the day, try to change his habit to two naps each day.
   - Don't change wet diapers during the night. Change the diaper only if it is soiled or you are treating a bad diaper rash. If you must change your child's diaper, use as little light as possible (e.g., a flashlight), do it quickly, and don't provide any entertainment.
   - If your child is standing up in the crib at bedtime, you can leave him in that position.
   - Try to get your child to settle down and lie down. If he refuses or pulls himself back up, leave him that way. He can lie down without your help. Encouraging your child to lie down can soon become a game.

9. Keep a sleep diary. Keep a record of when your baby is awake and asleep. Bring it with you on your office follow-up visit.

CALL OUR OFFICE

During regular hours if:

- You think the crying has a physical cause.
- Your child acts fearful.
- Someone in your family cannot tolerate the crying.
- The steps outlined here do not improve your child's sleeping habits within 2 weeks.
- You have other questions or concerns.

NIGHT AWAKENINGS FROM FEEDING UNTIL ASLEEP (TRAINED NIGHT FEEDER)

DEFINITION

- Your child is over 4 months old and wakes up and cries one or more times at night to be fed.
- Your child wakes up to be fed most nights.
- Your child is bottle-fed or breast-fed until asleep.
- Your child has awakened to be fed at night since birth.
- The child's parents are tired, but the child is not.

NOTE: From birth to the age of 2 months, most babies awaken twice each night for feedings. Between the ages of 2 and 3 months, most babies need one feeding in the middle of the night. By 4 months of age, most bottle fed babies sleep more than 7 hours without feeding. Most breast fed babies can sleep through by 5 months of age. Normal children of this age do not need calories during the night to stay healthy.

Causes

1. **Breast or bottle feeding the baby until asleep.** If the last memory before sleep is sucking the breast or bottle, the bottle or breast becomes the baby's security object. The child does not learn to comfort herself and fall asleep without the breast or bottle. Therefore, when the child normally wakes up at night, she has the habit of not being able to go back to sleep without feeding. Being brought to the parents' bed for a feeding makes the problem far worse.
2. **Leaving a bottle in the bed.** Periodically during the night the child sucks on a bottle. When it becomes empty, the child awakens fully and cries for a refill. Bottles in bed, unless they contain only water, also can lead to severe tooth decay.
3. **Feeding often during the day.** Some mothers misinterpret "demand feedings" to mean that they should feed the baby every time she cries. This misunderstanding can lead to feeding the baby every 30 to 60 minutes. The baby becomes used to being fed small amounts often instead of waiting at least 2 hours between feedings following birth and at least 4 hours between feedings at the age of 4 months. A pattern of feeding every hour or so is called "grazing." This problem occurs more often in breast fed babies if nursing is used as a pacifier. Bottle dependency leads to the bad habit of carrying a bottle around during the day. Also, giving a child a lot of liquid at night means your child will wake up more often because her diapers are soaked.

Expected Outcome

If you try the following recommendations, your child's behavior will probably improve in 2 weeks. The older your child is, the harder it will be to change your child's habits. Children over 1 year old will fight sleep even when they are tired. They will vigorously protest any change and may cry for hours. However, if you don't take these steps, your child won't start sleeping through the night until 3 or 4 years of age, when busy daytime schedules finally exhaust your child.

HELPING A TRAINED NIGHT FEEDER

1. **Gradually lengthen the time between daytime feedings to 3 or 4 hours.** You can't lengthen the time between nighttime feedings if the time between daytime feedings is short. If a baby is used to frequent feedings during the day, she will get hungry during the night. Grazing often happens to mothers who don't separate holding from nursing. For every time you nurse your baby, there should be four or five times that you snuggle your baby without nursing.

   Gradually postpone daytime feeding times until they are more normal for your baby's age. If you currently feed your baby hourly, increase the time between feedings to 1 ½ hours. When your baby accepts the new schedule, go to 2 hours between feedings. When your baby cries, cuddle her or give her a pacifier. Your goal for a formula fed baby is to give her 4 bottles a day by 4 months of age. Breast fed babies often need 5 feedings each day until they are 6 months old, when solid foods are added to their diet. If your child is over 6 months old, also introduce cup feedings.
2. **At naps and bedtime, place your baby in the crib drowsy but awake.** When your baby starts to act sleepy, place her in the crib. If your baby is very fussy, rock her until she settles down or is almost asleep, but stop before she's fully asleep. If your baby falls asleep at the breast or bottle, it is best to wake her up. To help your baby not think of feeding at bedtime, consider feeding her 1 hour before bedtime or before a nap. Your baby's last waking memory needs to be of the crib and mattress, not of the breast or bottle. She needs to learn to put herself to sleep. Your baby needs to develop this skill so she can put herself to sleep when she wakes up at night.
3. **If your baby is crying at bedtime or naptime, visit your baby briefly every 5 to 15 minutes.** Visit your baby before she becomes too upset.

You may need to check babies younger than 1 year or more sensitive babies every 5 minutes. Gradually lengthen the time between your visits. Make your visits brief and boring but supportive. Don't stay in the room longer than 1 minute. Don't turn on the lights. Act sleepy. Whisper, "Shhh, everyone's sleeping." Do not remove your child from the crib. Do not feed, rock, or play with your baby, or bring her to your bed. This brief contact will not reward your baby enough for her to want to continue the behavior.

4. **For crying during the middle of the night, temporarily hold your baby until asleep.** Until your child learns how to put herself to sleep at naps and bedtime, make the middle-of-the-night awakenings as easy as possible. If she doesn't fuss for more than 5 or 10 minutes, respond as you do at bedtime. Otherwise, take your crying child out of the crib and hold her until she falls asleep. However, don't turn on the lights or take her out of the room. Try not to talk to her very much. Often this goes better if Dad goes in.

   After the last feeding of the day (10 or 11 PM), feed your baby only once during the night. Provide this nighttime feeding only if 4 or more hours have passed since the last feeding. Make this nighttime feeding boring and brief (no longer than 20 minutes). Stop it before your child falls asleep, and replace it with holding only.
5. **Stop giving your baby any bottle in bed.** If you feed your child at bedtime, don't let her hold the bottle. Also feed your child in a different room than the bedroom. Try to separate mealtime and bedtime. If your baby needs to suck on something to help her go to sleep, offer a pacifier or help her find her thumb.
6. **Help your child attach to a security object.** A security (transitional) object is something that helps a waking child fall asleep. It comforts your child and helps your child to separate from you. A cuddly stuffed animal or doll, other soft toy, or blanket can be a good security object. Sometimes covering a stuffed animal with one of the mother's T-shirts helps a child accept it.

   Include the security object whenever you cuddle or rock your child during the day. Also include it in your ritual before bedtime by weaving it into your storytelling. Tuck it into the crib next to your child. Eventually, your child will hold and cuddle the stuffed animal or doll at bedtime in place of you.
7. **Later, phase out the nighttime feeding.** Phase out the nighttime feeding only after the time between daytime feedings is more than 3 hours and your child can put herself to sleep without feeding or rocking. Gradually reduce the amount you feed your baby at night. Decrease the amount of formula you give a bottle fed baby by 1 ounce every two to three nights. Nurse a breast fed baby on just one side and reduce the time by 2 minutes every two to three nights. After 1 to 2 weeks, your baby will no longer crave food at night and should be able to go back to sleep without holding or rocking.
8. **Other helpful hints for sleep problems:**
   - Move the crib to another room. If the crib is in your bedroom, move it to a separate room. If this is impossible, cover one of the side rails with a blanket so your baby can't see you when she wakes up.
   - Avoid long naps during the day. If your baby has napped for more than 2 hours, wake her up. If she has the habit of taking three naps during the day, try to change the habit to two naps each day.
   - Don't change wet diapers during the night. Change the diaper only if it is soiled or you are treating a bad diaper rash. If you must change your child's diaper, use as little light as possible (e.g., a flashlight), do it quickly, and don't provide any entertainment.
   - If your child is standing up in the crib at bedtime, you can leave her in that position.
   - Try to get your child to settle down and lie down. If she refuses or pulls herself back up, leave her that way. She can lie down without your help. Encouraging your child to lie down soon becomes a game.
9. **Keep a sleep diary.** Write down the times when your baby is awake and asleep. Bring this record with you on your office follow-up visit.

CALL OUR OFFICE

During regular hours if:

- Your child is not gaining enough weight.
- You think the crying has a physical cause.
- Your child acts fearful.
- Someone in your family cannot tolerate the crying.
- The steps outlined here do not improve your child's sleeping habits within 2 weeks.
- You have other questions or concerns.