

# Sleep Training Package

1.5~3months



Sleepbetter.Baby's reading materials are personal works and officially registered with Copyright Commission.

Please be advised in advance that any unauthorized use, theft, distribution, transmission, or republication of this material may result in criminal punishment under copyright law.

# Introduction

Nice to meet you — this is Sleep Better Baby.

Sleep Better Baby is Korea's No.1 sleep consulting brand. Beyond simply teaching baby sleep knowledge, we provide in-depth, personalized consulting that conveys the true value of healthy sleep to parents.

All of our consultants are certified through the IPSP (Institute of Pediatric Sleep and Parenting). We prioritize secure attachment between parents and children, and we continuously work to find customized sleep education methods that align with each child's unique temperament.

We support children in developing independent sleep skills and building healthy, sustainable sleep habits.

Sleep Better Baby will continue to grow as a brand grounded in communication, up-to-date sleep research, and the latest educational practices.

# Introduction

**“Will my child really be able to sleep well?”**

We understand this question deeply. Every child is unique — their temperament, development, and daily routine all play a role in sleep.

That’s why Sleep Better Baby provides personalized, child-centered sleep education designed to support both parents and children.

We work with families of children from 6 weeks to 5 years old, helping them develop healthy and sustainable sleep habits.

Our goal is simple:

To ensure both parents and children enjoy restful, consistent, and high-quality sleep — together.



# WARNING

**This reading material is the proprietary property of Sleepbetter.Baby Inc. (hereinafter referred to as “the Company”).**

This document is a preparation guide for Sleep Better Baby's sleep consulting.

After reviewing the materials, if your child struggles to follow the instructions during sleep training or needs ongoing assistance with naps or nighttime sleep, we strongly recommend individualized consulting. In most cases, a child's sleep habits vary depending on their temperament and environment, so personalized, individualized consulting is often necessary.

**Our reading materials are protected by copyright law.**

Any information provided may not be copied, recorded, stored, or otherwise reproduced, republished, or transmitted to others or in public places in any form or by any means (including mechanical or electronic means) without the prior permission of the company. All oral and written information provided by the company is the sole property of the company, and all rights thereto belong to the company.

**Sleep education materials, consultation content, sleep records, and all advice provided may not be copied, recorded, published, or transmitted orally in any form without our written consent.**

**All information is confidential.**

Any unauthorized distribution of this information to anyone is strictly prohibited and is protected by copyright law. If the book is found to be posted or sold on a second-hand trading site or elsewhere, legal action may be taken.



# Terms of Use

## Medical Disclaimers and Pediatrician Approval

**The information and advice provided in this consultation is not medical advice.**

If your child is currently receiving treatment at a university hospital or pediatrics department, or is being examined or observed for reasons such as reflux, heart problems, breathing problems, or taking medication, please be sure to consult with a pediatrician before deciding whether or not to perform sleep training.

**There is no relationship between Sleepbetterbaby (hereinafter referred to as “the Company”) and you as a medical professional and patient.**

Our advice is provided for informational purposes only and applies only to healthy children with common sleep issues unrelated to medical conditions. The information provided is not intended as a substitute for professional medical advice, and any concerns regarding your child's health or medical condition should always be discussed with a healthcare professional. You also agree to consult with and obtain the approval of a pediatrician before implementing any advice or techniques provided in this consultation.

## Legal Notice

**For any accident, injury, damage or other damage caused by relying on the information provided. The company is not responsible in any case.**

While we have strived to ensure the accuracy of the information provided, we are not responsible for any errors, omissions, or misinterpretations that may arise during consultations. Reliance on our advice and any decisions based on it are entirely at the client's own risk.



## How to use this material

1. Please read the e-book thoroughly at least **two to three times**. Those who read the book repeatedly had a much higher success rate in sleep training.
2. After reading the e-book, please sign up for the in-depth video lecture and special lecture on reading materials on the website.
3. Clicking on the table of contents will take you directly to that page.
4. Click the print icon in the upper right corner to print, although it may take some time. If you'd like to bind the book, click the link.
5. If you click 'click here' or see an underline under the text, you will be taken to that page.
6. If you have successfully completed the sleep education course using the e-book, please request graduation materials.
7. If you are having difficulties with sleep training, please apply for a one-time consultation or a customized consultation for your child.

# SleepBetterBaby Contents

Click any item in the Table of Contents to go directly to the relevant page.

## 1

### **THE PREPARATION PROCESS**

The Need for Sleep	11
A Scientific Approach to Sleep	14
Why My Child Won't Sleep?	18
How to Solve a Sleep Issue	20
A difficult time for sleep training	22
Common Sleep Training Problems	23
Key Terms in Sleep Training	31
What Helps Your Baby Fall Asleep?	36
Time Required for Sleep Training	38
The Purpose of Sleep Training	40
5 Elements of Sleep Training	41

## 2

### **#1 SLEEP TRAINING METHOD: E.A.S.Y**

#### **1-1. E(Eat)**

Feeding: Amount & Timing	43
Feeding : Hunger vs. Sleepy Cues	45
Feeding Guide by Time of Day	46
Keeping Baby Awake During Feeds	49
Why Babies Refuse to Eat	54
Breastfeeding Essentials	58

#### **1-2. A(Activity)**

The Purpose and Role of Play	65
Developmental Play	69

<b>1-3. S(Sleep)</b>	70
----------------------	----

<b>1-4. Your time</b>	70
-----------------------	----

# SleepBetterBaby Contents

Click any item in the Table of Contents to go directly to the relevant page.

3

## #2 SLEEP TRAINING METHOD: SLEEP ENVIRONMENT

Comparing Bed Types	72
Sleep Training Essentials	74
Sudden Infant Death Syndrome	77
Healthy Sleep Habits	78

4

## #3 SLEEP TRAINING METHOD: SLEEP ROUTINE

Sleep Routine: Naps	85
Sleep Routine: Bedtime	86
Sleep Routine Q & A	87
The 5 S's: Soothing a Crying Baby	89

5

## #4 SLEEP TRAINING METHOD: SCHEDULE

Sleep Pressure/Adenosine/Cortisol	91
Understanding Wake Windows	93
Understanding Sleep Cues	95
Setting the Right Wake-Up Time	97
The 12-Hour Sleep Rule	101
Age-Based Wake Windows	104
Using Catnaps Effectively Q & A	117
Age-Based Sleep Schedule Guide	123

# SleepBetterBaby Contents

Click any item in the Table of Contents to go directly to the relevant page.

6

## #5 SLEEP TRAINING METHOD:

### STOP AND SOOTHE (SS) THE FIVE PRINCIPLES OF SLEEP TRAINING

Nap Training Basics & Guidelines	151
Nap SS Method A-Z	156
How to Extend Naps	174
Night Sleep Training Basics & Guidelines	182
Night SS Method A-Z	186
Early Morning SS Method A-Z	190
Early Morning Wakes: Hungry vs Not Hungry	208
Common Mistakes During Early Morning Feeds	209

7

### FREQUENTLY ASKED QUESTIONS ABOUT SLEEP TRAINING

Pacifier Weaning for Naps	220
Pacifier Weaning for Nighttime Sleep	222
Early Morning Wakings Guide	224
Early Night Wakings: Solutions	230
Q&A Sickness or Vomiting During Sleep Training	232
Q&A When Will the Crying Stop?	233
Q&A Thumb Sucking Concerns	234
Q&A When Will Short Naps Improve?	234
Q&A Sleep Training During Wonder Weeks	235
Q&A What Is the 4-Month Sleep Regression?	236
Q&A Rolling Over Issues	237
Q&A Helping Babies with a Strong Moro Reflex	238
Must-know sleep tips for outings	240



# 01

## The Preparation Process

I will guide you through the necessity of sleep and the scientific approach to sleep training. I also explain why children may struggle to fall asleep and provide effective solutions.

In addition, we cover:

- The challenging periods that commonly arise during sleep training
- The top three issues families frequently encounter
- Key sleep training terminology
- Positive and negative sleep associations that need to be addressed
- The purpose and foundational principles of sleep training

# The Need for Sleep

---

"Sleep is the best medicine."

Have you ever heard this expression?

Sleep deprivation in infants and toddlers

Sufficient sleep is essential for infants and toddlers. Sleep directly influences their physical growth and brain development. But are our children truly getting enough sleep?

How much sleep does a child need?

Age	Total recommended amount of sleep per day
0~3 months	15~17 hours
3~12 months	12~15 hours
12~36 months	11~14 hours

# The Need for Sleep

---

What are the benefits of getting enough sleep?

First, Improved IQ and Cognitive Development

- Studies show that children who sleep well demonstrate higher cognitive ability and IQ compared to those who do not.

Second, Better Adaptation During Developmental Changes :

- Children with healthy sleep habits handle major developmental stages more smoothly.

Third, Relatively stable response to sensory stimuli

- Quality sleep recharges an energy for the day and has a positive impact to perceive stimulation, learn, and focus.

# The Need for Sleep

---

Fourth, Health benefits of preventing childhood obesity and reducing the risk of developing adult diseases

- Research has shown that children who have had long-term sleep problems have higher rates of childhood obesity, obesity in adulthood, and adult diseases.

Fifth, Improved parental happiness and reduced postpartum depression

- Good quality sleep and sufficient sleep can help alleviate postpartum depression.

# A Scientific Approach to Sleep

---

The relationship between growth hormone and sleep  
Growth hormone (GH) plays a crucial role in a child's height and weight gain, as well as muscle and bone development. This hormone is primarily secreted during deep sleep.

## **Two types of sleep (Non-REM sleep, REM sleep)**

Sleep consists of two stages: non-REM sleep (NREM) and rapid eye movement (REM).

### **Non-Rapid Eye Movement (NREM) sleep**

- Stage 1: This is the stage where you begin to fall asleep, and it is a relatively light sleep state.

Pro tip : Your child will look slightly dazed and will try to open or close his/her eyes half-closed.

If you put your baby down or touch them at this point, their so-called "back sensor" will activate, causing them to cry. Therefore, putting your baby down before they enter Stage 1 of non-REM sleep is key to sleep training!

# A Scientific Approach to Sleep

---

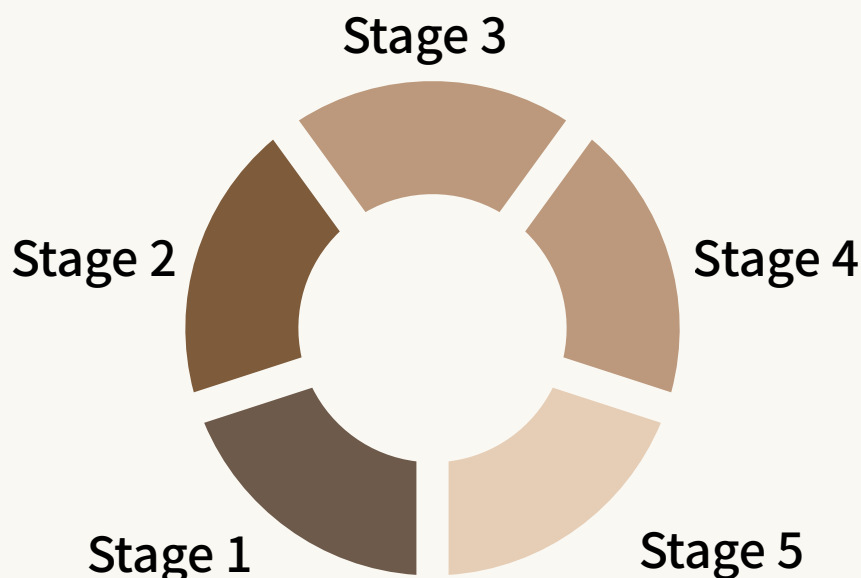
## Non-Rapid Eye Movement (NREM) sleep

- Stage 2: A deeper sleep stage, where body temperature and heart rate decrease.
- Stages 3 and 4: Deep sleep, where the body recovers and regenerates. At this stage, growth hormones are secreted intensively.

## REM sleep (Rapid Eye Movement)

At this stage, brain activity becomes more active and dreams become more frequent.

However, growth hormone secretion is not as active as during non-REM sleep.



# A Scientific Approach to Sleep

---

Comparison of REM and non-REM sleep ratios in adults and infants

sleep	0~6 months	6 months ~ 3 years old	adult
NREM sleep	50%	70%	75%
REM sleep	50%	30%	25%
one sleep cycle	30~50 minutes	50~60 minutes	90 minutes

Comparing adults and infants under 6 months of age, we can see that infants have a particularly high proportion of REM sleep.

Pro tip: One of the reasons why children these days are ‘groaning’ in the early morning is because of the high REM sleep! Depending on the movement, there is ‘Active Sleep’ and ‘Deep Sleep’. When children are in active sleep, they “groan”, and when they are in inactive sleep, they appear to be in ‘deep sleep’.

# A Scientific Approach to Sleep

---

Q : If my baby is groaning, does it mean they are having trouble sleeping? What can I do to help them sleep better?

A : Because about half of a baby's sleep is REM, it's normal for them to groan and move. They're still sleeping well. Your role is to keep their environment comfortable, offer enough daytime play, and prevent overtiredness. We'll walk you through these steps in the book.

## **Growth hormone secretion time zone**

Growth hormone is primarily secreted during sleep, particularly during the deep non-REM sleep stage, the first hour or two after falling asleep.

Because secretion is concentrated during this period, it's crucial to ensure your child gets regular and sufficient sleep.

# Why My Child Won't Sleep?

---

Do you remember when you first learned to ride a bike as a child?



When children first learn to ride a bike, they may fall several times and even get hurt. However, parents provide a safe environment for their children to practice, wait patiently, and trust and support them. Most importantly, parents don't ride the bike for their children.

Your baby who was in your womb for 9 months, coming out into the world, just learning to breathe and eat on their own. Starting solid foods, practicing using a straw cup, tummy time, potty training, etc. We have to teach our children more than we think. Rather than doing it for them, it is important to help them and wait for them to do it themselves. Sleep also requires a process of trust and waiting.

# History of Sleep Training

---

Research on sleep education began in the 1950s. Since the 2000s, the profession of sleep consultant has emerged and become widespread. In Eastern cultures, with urbanization, the rise of nuclear families, and independent parenting environments centered on couples becoming more common than cohabitation with parents, interest in sleep education is also growing.



Night feedings  
Frequent night wakings  
Sleeping independently  
Taking long naps  
and falling asleep without crying



your goals for sleep training may start with one of these.

However, the true purpose of sleep training is to help a child fall asleep on their own without any parental assistance. Once a child can do that, most other sleep problems naturally resolve themselves.

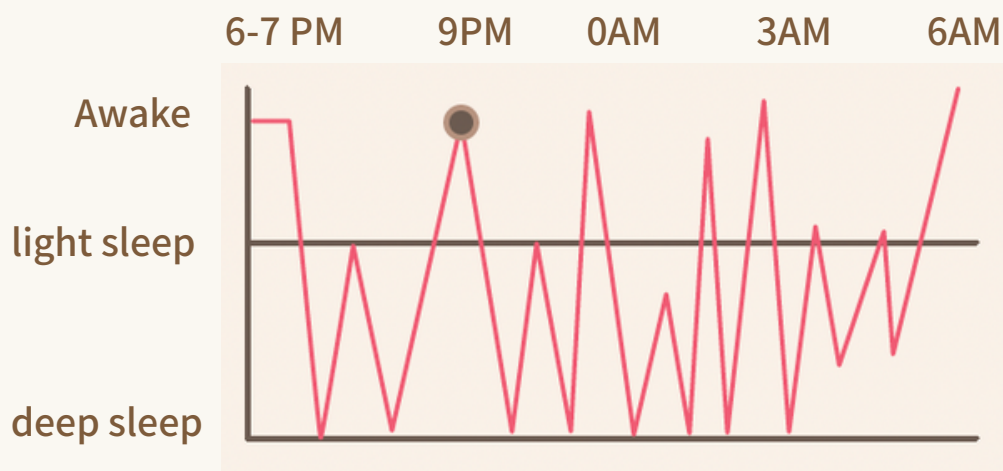
# How to Solve a Sleep Issue

---

As we explored non-REM and REM sleep, we learned about the sleep cycle. To review, human sleep consists of five stages, each of which constitutes a single sleep cycle.

Stage 1: Lightest sleep → Stage 5: REM sleep

The moment to return from stage 5 to stage 1, sleep transition into light sleep. Your baby may briefly wake up around these times: 9PM, 0AM, 2-3AM, 4-5AM, and so on.



Pro tip) 84% of babies who fall asleep independently at night naturally extend their early-morning wake-ups.

But if your baby is held to sleep at night, there's a high chance they'll want to be held again in the middle of the night. Likewise, if your baby falls asleep during the last feeding, they'll likely expect another feed in the middle of the night to fall back asleep.

# How to Solve a Sleep Issue

---

Mom at bedtime: You're having trouble falling asleep?  
Okay, I'll help you.



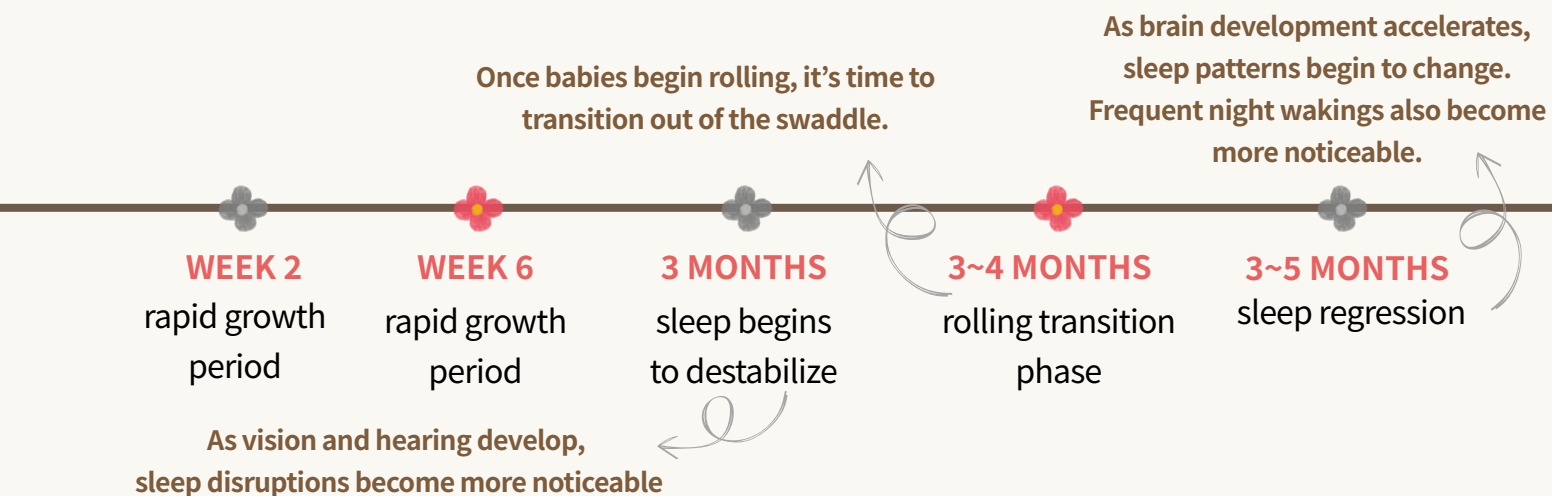
Mom at night: Why can't you sleep on your own?

So, when a child struggles to take long naps, we first check whether they are able to fall asleep independently.

And when a child wakes frequently during the night, we again look at whether they fell asleep independently at bedtime.

**This is the most basic—and most important—assessment we use in consulting.**

# A difficult time for sleep training



As children grow, they go through several growth spurts and wonder weeks, and their previously stable sleep may become temporarily disrupted during these periods.

However, children who can fall asleep independently tend to get through these phases much more easily and smoothly.

**To put it simply, sleep training is parent training.**

It is a process that helps you deepen your understanding of your child's sleep with guidance from a sleep expert, and teaches you how to respond to sleep challenges in the right way. Of course, putting your child to sleep quickly may feel easier in the moment.

But is that truly the ultimate goal of parenting—your child's independence? Sleep Better Baby training focuses on fostering this very independence.

# Top Issue #1: Fussing&Crying

---

Dr. Oh Eun-young, a child and adolescent psychiatrist, explains that children who are highly energetic during the day may have difficulty calming down at night and may show fussing and crying before sleep as part of their self-regulation process. She emphasizes that this is a completely natural phenomenon and that, even if they cry loudly, they still need time to relax on their own.

Source: MBC Radio Star Episode 709, February 24, 2021

Lee Young-ae, director of the Wonkwang Child Counseling Institute, explained on EBS Parenting School that what may seem like severe fussing before sleep can actually indicate difficulty processing sensory stimuli. Children with these challenges often show either extreme hyperactivity or, conversely, lethargy during the day, and this state of overstimulation can continue until bedtime, intensifying sleep struggles. She emphasized that minimizing daytime stimulation can help improve the issue.

Source: EBS Parenting School

Pro tip: Over 90% of children who complete our consulting either stop crying at sleep onset or reduce to mild fussing. However, about 10% may continue to cry at sleep onset even after completing the program.

# Top Issue#1: Fussing&Crying

---

When starting sleep training, many parents hesitate because of their child's crying. Below is a closer look at why this happens.

## **1. The meaning of crying**

Newborns and infants cannot yet express their emotions verbally, so they communicate their discomfort and needs through crying. In the early stages of sleep training, it is normal for most babies to respond with crying.

- Adjusting to a new environment: Your child may feel uncomfortable and cry because the familiar sleep method has changed.
- A form of communication: Crying is a way for babies to express their feelings and seek a response from their parents.
- Sleepiness / protest crying: Some babies cry because they are sleepy. This can be part of the self-soothing process, helping their muscles relax before falling asleep.

# Top Issue #1: Fussing&Crying

---

## 2. Scientific understanding

Research shows that a child's crying during sleep training is a temporary and expected response.

## 3. Parents' Roles in Sleep Training

- **Maintain consistency:** Consistency is key. Changing methods every one or two days can confuse your child and make the process longer.
- **Respond calmly:** Even when your child cries, it is important for parents to remain steady, comfort the child calmly, and avoid becoming emotionally overwhelmed.
- **Build attachment during the day:** Strong, responsive attachment while your child is awake is essential and supports smoother sleep training.

Pro tip: After meeting thousands of parents, I've learned that those who succeed with sleep training share one thing: calm, steady energy. Children sense their parents' emotions immediately—especially stress or the pressure to be perfect. Your worries are completely natural. Let's move forward with a steady mindset so your child can trust you and follow your lead.

# Top Issue#1: Fussing&Crying

---

## 2. Scientific understanding

Research shows that a child's crying during sleep training is a temporary and expected response.

## 3. Parents' Roles in Sleep Training

- **Maintain consistency:** Consistency is key. Changing methods every one or two days can confuse your child and make the process longer.
- **Respond calmly:** Even when your child cries, it is important for parents to remain steady, comfort the child calmly, and avoid becoming emotionally overwhelmed.
- **Build attachment during the day:** Strong, responsive attachment while your child is awake is essential and supports smoother sleep training.

Pro tip: After meeting thousands of parents, I've learned that those who succeed with sleep training share one thing: calm, steady energy. Children sense their parents' emotions immediately—especially stress or the pressure to be perfect. Your worries are completely natural. Let's move forward with a steady mindset so your child can trust you and follow your lead.

# Top Issue #2: Regression

---

**“People say that sleep training eventually goes back to square one. Is that true?”**

Earlier, we explained that sleep training is a learned habit. Here’s an example:

Your child catches a cold and suddenly refuses to eat foods they normally enjoy. Worried, you try everything—offering snacks, giving toys, even feeding them on your lap. Once they recover, a new problem appears: they now refuse to eat unless you repeat the same actions as before.

Sleep training works the same way. If you stick to the rules and maintain consistency, your child will adapt again.

If your child is sick or taking medication, it’s okay to pause sleep training temporarily. However, if the discomfort is mild—such as teething, sleep regression, or Wonder Weeks—it is best to remain consistent.

**A baby’s sleep disturbances are temporary phases:**

- Sleep regression: 2–4 weeks
- Wonder Weeks: 1–2 weeks
- Teething discomfort: 3–5 days

# Top Issue #3: Attachment

---

According to a study from the University of Warwick, sleep training methods that do not involve immediate parental intervention when a baby cries do not negatively affect child development.

Source: ScienceDaily (2020). Leaving your baby to 'cry it out' has no adverse effects on child development.

The research confirmed that when parents allow their infants a brief period to self-soothe rather than intervening right away, there are no negative effects on development or attachment. In fact, infants in the group without immediate intervention tended to cry for shorter periods overall. This study, conducted by researchers at the University of Warwick, was published on March 11, 2020, in the *Journal of Child Psychology and Psychiatry*.

(The paper is titled “Parents Using Cry It Out with Their Infants: No Effect on Attachment and Behavioral Development at 18 Months.”)

The research team followed 178 infants and their parents over an 18-month period. They compared two groups of parents: those who responded immediately to their babies' cries, and those who waited briefly to allow their infants to calm themselves. After 18 months, developmental outcomes were compared between the two groups.

# Top Issue #3: Attachment

---

## **Attachment Research Findings**

- According to research from Harvard Medical School, attachment is primarily formed through parent–infant interactions during waking hours. As long as sleep training does not interfere with this bonding time, it does not negatively affect attachment.
- The American Academy of Pediatrics (AAP) also reports that when sleep training is implemented appropriately, it can support a baby's emotional stability and promote healthy attachment with parents.

## **Benefits of Healthy Sleep Training**

- Establishing healthy sleep patterns: Sleep training helps infants develop regular, restorative sleep habits that support both physical and emotional development.
- Reduced parental stress: When parents get adequate sleep, overall parenting stress decreases, allowing for more positive and energetic interactions with their baby.

# Top Issue #3: Attachment

---

## **Benefits of Healthy Sleep Training (Cont'd)**

- Increased autonomy in children: As babies learn to fall asleep independently, their self-regulation skills and autonomy naturally improve.

## **Challenges of Sleep Training**

- Initial stress: The early stages of sleep training can be temporarily stressful for both babies and parents, but with the right approach, these difficulties typically resolve quickly.

- Importance of consistency: Inconsistent routines can confuse the baby, so patience and consistent implementation are essential.

Pro tip: A lot of the sleep training information found in blogs, YouTube videos, or books is general guidance for the public—not a personalized solution tailored to each child's unique situation.

For this reason, self-directed sleep training often fails—for example, attempting Ferber's method on a 2-month-old is inappropriate and ineffective.

# Key Terms in Sleep Training

---

<b>Morning Wake-up Time</b>	<p>The start of the morning Eat–Play–Sleep cycle. Example: If a baby wakes at 7:00 AM, feeds, and then falls asleep again much sooner than their usual wake window, this is likely not the true start of the day but a dawn waking.</p>
<b>First feed</b>	<p>The first feeding offered 5–15 minutes after waking, rather than immediately upon waking.</p>
<b>Bedtime</b>	<p>The time a baby actually falls asleep for the night. Example: If a baby is put down at 7PM but wakes after 40 minutes, stays awake for their full wake window, and then falls asleep again at 9PM, the actual bedtime is considered 9 PM.</p>

# Key Terms in Sleep Training

---

<b>Night Feeding</b>	Any feeding that occurs between bedtime and the first morning feed.
<b>Night Wakings</b>	Any awakenings that occur between bedtime and the morning wake-up time.
<b>False Start</b>	A waking that occurs within the first hour after falling asleep at night.
<b>Early Rising</b>	Waking before 6AM with total nighttime sleep under 10 hours.
<b>Dream Feed</b>	A feeding where the baby is woken intentionally to feed without signaling hunger. Recommended only when nighttime feeds occur 2 or more feeds per night, including the dream feed.

# Key Terms in Sleep Training

---

<b>Feeding Interval</b>	The time from the start of one feeding to the start of the next.
<b>Wake Window</b>	Also called awake time, the period from when a baby wakes up until they fall asleep again.
<b>Bedtime Routine</b>	Signals or routines that communicate to the baby that it is time to sleep.
<b>Total Nap Time</b>	Total daytime sleep across the day, including all naps.
<b>Catnap</b>	A very short nap under 20 minutes.

# Key Terms in Sleep Training

---

<b>Micro Nap/ Power catnap</b>	A brief 5–15 minute nap used when it's too late for another nap but too early for bedtime, helping prevent overtiredness.
<b>Extended Nap</b>	A nap lasting more than 40 minutes.
<b>Sleep Association Item</b>	Essential items or cues that help a baby fall asleep.
<b>Nap Transition period</b>	A developmental stage when the number of naps changes.
<b>Wonder Weeks</b>	A period of emotional and cognitive developmental leaps.

# Key Terms in Sleep Training

---

<b>Growth Spurt</b>	A period of rapid physical development.
<b>Sleep Regression</b>	A temporary phase where sleep becomes difficult due to developmental changes.
<b>Nursing-to-Sleep / Feeding-to-Sleep</b>	Putting a baby to sleep while breastfeeding or bottle-feeding.
<b>Witching Hour</b>	A fussy period between 4–6 PM leading up to bedtime.

# What Helps Your Baby Fall Asleep?

---

## **Various Sleep Associations**

Babies develop a wide range of sleep associations—conditions they feel they need in order to fall asleep.

Examples include a pacifier, nursing, being held, or a baby carrier. When a baby has not yet learned how to fall asleep independently, they remain in a lighter state of sleep at the end of each sleep cycle.

As a result, they often wake fully and cry because they are unable to fall back asleep on their own.

For this reason, gradually reducing sleep associations is an essential part of helping a baby learn to sleep independently.

## **Positive Sleep Associations**

Tools such as white noise, a bedtime routine, a sleep sack or swaddle, and blackout curtains are examples of positive sleep associations.

These are cues introduced before sleep, and their absence does not cause a baby to wake after every sleep cycle. They help create an environment that supports independent sleep and allow the baby to settle more easily on their own.

# What Helps Your Baby Fall Asleep?

---

## Negative Sleep Associations

Rocking, patting, holding a baby to sleep, or a caregiver's continuous presence are considered negative sleep associations because the baby requires the same intervention every time they fall asleep or when their sleep is interrupted.

These habits often carry over into nap extensions or early-morning wakings, making them more difficult to break. For this reason, they should be reduced gradually over time.

Pro tip: When reducing sleep associations, I prioritize them in this order:

safety concerns → habits that interfere with sleep training → tools mainly used to soothe crying.

For example, safety-related items and nursing to sleep should be addressed first, followed by soothing habits like patting or pacifiers—gradually and step by step.

# Time Required for Sleep Training

---

Sleep training can take as little as two weeks or as long as eight weeks, depending on the baby.

## Adjusted Age Guidelines

For babies born before 37 weeks of gestation, sleep training should be based on adjusted age, calculated from the original due date—not the actual number of days since birth.

If you have twins, follow the same guidelines as you would for a singleton baby.

For example, a baby born at 36 weeks may be 60 days old, but their adjusted age is 30 days. Sleep training should always be guided by adjusted age.

Pro tip: If you have full-term 3-month-old twins, consider them to be developmentally closer to 2.5-month-old babies and refer to a 2-month schedule as a starting point.

Twins do not necessarily have shorter wake windows than singletons—each baby may differ.

# Time Required for Sleep Training

---

Because babies already have established sleep habits—especially negative sleep associations—it is unrealistic to expect change overnight. A period of adjustment is both normal and necessary.

Some crying may occur during this process. However, most babies gradually adapt to new sleep habits and begin settling more comfortably within about a month. The most important factor in successful sleep training is consistency.

Caregivers must apply the same approach every time. When more than one caregiver is involved, it is essential that everyone follows the same method. Changing approaches midway can confuse the baby and slow progress.

Sleep training requires patience and emotional stamina. In the beginning, your baby may cry more or take longer to fall asleep—but don't give up. With time and consistency, your baby will develop healthy, independent sleep habits—one of the most valuable foundations you can give.

# The Purpose of Sleep Training

---

First,

## **Accurate Awake Time**

Understanding your baby's sleepy cues and age-appropriate wake windows.

Third,

## **Enough Sleep**

Ensuring your baby gets sufficient rest without becoming overtired.

Fifth,

## **Caregiver Well-Being**

Supporting the caregiver's emotional balance and well-being.

Second,

## **Independent Sleep**

Helping your baby learn to fall asleep independently.

Fourth,

## **Healthy Sleep Environment**

Providing a safe and developmentally appropriate space for sleep.

# 5 Elements of Sleep Training

---



## **Eat-Play-Sleep Routine**

A daily rhythm in which the baby eats, then plays, and then sleeps—helping prevent the habit of feeding to sleep.

## **Sleep Environment**

Creating a comfortable and safe space that supports healthy sleep.

## **Bedtime Routine**

A calming sequence of cues that signals to your baby that sleep is approaching.

## **Schedule**

A predictable daily schedule built around your baby's age-appropriate wake windows.

## **Sleep Training Method**

The approach used to gently support your baby in learning to fall asleep independently.



# 02

## #1 E.A.S.Y. (Eat–Activity–Sleep–Your time)

In this first principle, we take an in-depth look at the Eat–Activity–Sleep–Your time (E.A.S.Y) routine.

We cover:

- Appropriate feeding amounts and feeding intervals
- How to avoid your baby falling asleep while feeding
- Guidance from feeding and nutrition specialists
- Night and early-morning feedings
- The role of play within the E.A.S.Y routine
- Age-appropriate developmental play recommended by play specialists
- The importance of sleep and rest periods

# #1. Feeding: Amount & Timing

---

## **Eat–Play–Sleep–Your time (E.A.S.Y) Routine**

The Eat–Play–Sleep–Your time routine describes a baby’s daily rhythm and is also commonly referred to as E.A.S.Y, which stands for Eat, Activity, Sleep, and Your time.

## **Components of the Eat–Play–Sleep–Your time Routine**

### 1. Eat

The table below presents average feeding guidelines. Because feeding needs vary by a baby’s growth, weight, and individual development, always consult with a pediatrician or a qualified feeding specialist for personalized guidance.

Age	Breastfeeding (per feed / per day)	Formula Feeding (per feed / per day)	Recommended Interval
1months	60–120 ml / 8–12 feeds	60–120 ml / 6–8 feeds	Every 2.5–3 hours
2months	90–150 ml / 8–12 feeds	90–150 ml / 5–6 feeds	Every 2.5–3 hours
3months	120–180 ml / 7–9 feeds	120–180 ml / 5–6 feeds	Every 2.5–3 hours

# #1. Feeding: Amount & Timing

---

## **Consulting Case**

In one consultation, a mother of a 5-month-old baby was concerned about exceeding the recommended daily feeding amount and potentially overfeeding her baby. As a result, she limited daytime intake to approximately 1000ml. Despite this, the baby continued to wake frequently at night and required 200ml of feeding each time to fall back asleep.

At that point, one key question became clear: What if this baby was genuinely hungry?

I asked the parents to consult their pediatrician about whether increasing the total daily intake—up to 1,200 ml, based on the baby's growth and overall health—would be appropriate. Once the daytime intake was adjusted to 1,200 ml, both nighttime wakings and night feedings resolved completely.

## **What This Case Teaches Us**

Recommended feeding amounts vary depending on a baby's weight, growth curve, and individual needs. Consultation with a pediatrician is essential.

Most importantly, finding the right feeding amount requires carefully observing your baby's hunger and fullness cues, rather than relying on a single number alone.

# Feeding : Hunger vs. Sleepy Cues

---

## Common Signs of Hunger

- Opening the mouth and turning the head: When a baby is hungry, they often show the rooting reflex—opening their mouth and turning their head from side to side.

This natural reflex appears during the first few months of life and occurs when the cheek or mouth area is stimulated, prompting the baby to turn toward that direction.

- Bringing hands to the mouth: A baby may bring their hands to their mouth or begin sucking on them as an early hunger cue.

- Sucking motions: Opening the mouth, puckering the lips, or making sucking movements can also indicate hunger.

- Sucking on fingers or fists: Sucking on fingers or the entire fist—sometimes with audible sucking sounds—is a typical sign of hunger.

# First, Last and Overnight Feeds

---

## **The Importance of Sufficient Daytime Calorie Intake**

When a baby consumes enough calories during the day, they are more likely to sleep longer and more soundly at night.

This is a key factor in helping a baby stay comfortably asleep through the night.

## **Adjusting Feeding Intervals and Feeding Frequency**

“Is there really a difference between offering lunch at 12:00pm and 12:15pm?”

When I ask this question during consultations, most parents answer, “Not really.”

However, many parents feel stressed when their predetermined feeding interval is disrupted.

Feeding intervals can shift by about 30 minutes earlier or later, depending on a baby’s sleep pattern.

- Feeding interval: a time set by the parents
- Wake window: the time determined naturally by the baby

# First, Last and Overnight Feeds

---

## **Case study A : 2-Month-Old Baby (Formula-Fed)**

[Formula Feeding Schedule]

8am 130ml / 11am 130ml / 2pm 130ml / 5pm 130ml /  
8pm 130ml / 3am 150ml

The issue in this case is that the 3am overnight feed is larger than the baby's average daytime amount.

Overnight feeds should be gradually reduced as follows: 150ml → 130ml → 110ml → 90ml

## **Consulting Case B : 2-Month-Old Baby (Breastfed)**

[Breastfeeding Schedule]

8am 15 min / 11am 15 min / 2pm 15 min / 5pm 15  
min / 8pm 15 min / 3am 40 min

The mistake here is that the 3am overnight feed is larger than the baby's average daytime amount.

For overnight feeds, it is recommended to gradually reduce the feeding duration as follows: 40 min → 15 min → 13 min.

# First, Last and Overnight Feeds

---

## Managing the First and Last Feeds

It is important to prevent the first and last feeds from being affected by overnight feeds.

## Fixing the First Feed Time


If your baby has an overnight feed at an in-between time—such as 5:30am—and goes back to sleep, wake your baby at the planned first-feed time (e.g., 7:00am) and offer a feeding, even if the amount is small.

## Fixing the Last Feed Time

Maintain a consistent time for the last feed so that it does not shift or become irregular.



5:30	Overnight Feeds
7:00	First Feeds
10:00	Feed 2
12:30	Feed 3
15:30	Feed 4
18:30	Last Feed



5:30	Overnight Feeds
8:30	<b>Delayed First Feed</b>
11:30	Feed 2
14:30	Feed 3
17:30	Feed 4
Bedtime at 19:00pm Woke hungry at 20:30pm	

# Keeping Baby Awake During Feeds

---

## **Drowsiness During Feeds**

Younger babies often become drowsy while feeding.

When this happens, it can significantly affect their sleep patterns. This will be discussed further in the sections on wake windows and sleep pressure.

There are two main reasons why babies get sleepy during feeds:

- 1. Feeding at the very end of the wake window**
- 2. Habitual drowsiness**

For the first case, adjusting the feeding time and understanding wake windows usually resolves the issue.

It is best to finish the feed about 20 minutes before the wake window ends.

**Pro Tip)** For example, if your baby's nap is expected around 10:00am, the feed should finish by 9:40am. To achieve this, start the feed around 9:20am. This helps prevent drowsiness during the feed.

## **Ways to Keep a Sleepy Baby Awake During Feeds**

### **1. Gentle stimulation**

Lightly tickle the feet, remove a layer of clothing, keep the baby cool, or wipe the face with lukewarm water.

### **2. Change feeding position**

Shift to a different feeding position, pause and place the baby down briefly, or gently bounce/rock for mild stimulation.

# Keeping Baby Awake During Feeds

---

## 3. Increase alertness

Move to a different environment, feed in a brighter area, or sing softly to engage the baby.

## 4. Physical stimulation

Offer a light massage or change the diaper.

## 5. Avoid feeding immediately after sleep

Wait 5–15 minutes after waking from naps or nighttime sleep before starting the feed.

## 6. Finish the feed 20 minutes before sleep

End the feed about 20 minutes before the wake window ends to help prevent drowsiness.

**Pro Tip)** Drowsiness during feeds is very common in newborns and babies under 90 days old.

However, it can become an undesirable habit, so it is important to gently keep your baby awake during feeds each day.

After 90 days of age, drowsiness during feeds is more likely to become habitual.

Don't stress too much—simply continue helping your baby stay awake during feeds and support them in developing healthy feeding habits.

# Feeding FAQ

---

**Q: When can we extend the feeding interval to 4 hours?**

A: We generally recommend starting around 4–5 months, when daytime naps naturally transition to three naps.

**There are two reasons for this.**

At 2–3 months, a 4-hour feeding interval makes the E.A.S.Y routine difficult.

Example: A 2-month-old typically has a 1 hr 15 min wake window + a 1 hr nap = 2 hr 15 min. With 1 hr 30 min still remaining until the next feed, the baby will likely need an additional nap, disrupting the E.A.S.Y flow.

At 4 months, wake windows are about 2 hours or longer, making the routine easier to maintain. Babies at 2–3 months take smaller volumes per feed compared to 4–5 months. This means total daytime intake can decrease with a 4-hour interval.

Example:

150 ml × 5 feeds (3-hour interval) = 750 ml

180 ml × 4 feeds (4-hour interval) = 720 ml

# Feeding FAQ

---

**Q: My baby can follow a 4-hour feeding interval, stay on the E.A.S.Y routine, and doesn't need overnight feeds. Should I shorten the interval?**

A: No, that's perfectly fine.

We recommend a 3-hour interval mainly for maintaining the E.A.S.Y routine and ensuring adequate total daytime intake.

If both of these are going well, you can continue with your current 4-hour interval without any concerns.

**Q: We used to follow a 4-hour feeding interval, but after switching to 3 hours as recommended, my baby is eating much less. What should I do?**

A: Compare your baby's total daytime intake on a 3-hour interval versus a 4-hour interval.

Even if your baby eats better on a 4-hour interval, it can make the E.A.S.Y routine challenging.

In many cases, the second "sleep" becomes short or disrupted because the baby becomes hungry again.

However, if your baby's total intake is clearly higher with the 4-hour interval, you may consider maintaining that schedule while still keeping the E.A.S.Y routine in mind.

# Feeding FAQ

---

**Q: Can babies who spit up frequently still do sleep training?**

A: Yes, sleep training is possible as long as your baby is not experiencing projectile vomiting.

However, if the spitting up seems excessive, please consult your pediatrician before beginning sleep training.

**Q: My baby doesn't eat well. How can I help them eat more?**

A: Try offering the feed gradually over the course of one hour.

For example, feed at 10:00, and if your baby takes 50 ml, burp for 5–15 minutes. Then offer more at 10:30, and again at 10:45 for a final attempt.

If your baby still refuses, it's okay to stop and discard the remaining milk. For formula-fed babies, check whether the nipple flow size is appropriate. For breastfed babies, consulting a lactation specialist may be helpful.

# Why Babies Refuse to Eat

---

Feeding and sleep are closely connected. Just as establishing healthy sleep habits is important, building a strong feeding foundation from around 3 months of age is equally essential.

The average recommended daily intake for a 3-month-old baby is approximately 600–900 ml. However, feeding amounts can vary depending on each baby's physical condition and developmental pace.

At this age, it can be difficult to identify the exact reason for decreased intake or feeding refusal. In many cases, these changes are temporary and occur naturally as part of normal development.

So even if your baby drinks a little less than usual, as long as they appear well overall, it is often best to observe calmly and give them time.

## **Common Reasons Babies Refuse to Eat**

Around 3 months of age, many babies begin producing more saliva. This increase in drooling can sometimes lead to their first episode of feeding refusal and is considered a normal developmental phase.

# Why Your Baby Isn't Eating

---

## **Increased Saliva and Immature Swallowing**

During this stage, babies begin producing more saliva, while their swallowing skills are still developing. This can make feeding feel uncomfortable or slow, leading to brief feeding refusal.

## **Growing Awareness and Distraction**

As babies become more aware of their surroundings, they may lose focus during feedings more easily. Sounds, light, or movement can interrupt feeding even when they are hungry.

## **Feeding and Breathing Coordination**

Young babies are still learning to coordinate sucking, swallowing, and breathing. If breathing feels difficult, feeding may naturally stop.

## **Adjusting to Feeding Changes**

Some babies can recognize differences in taste or scent between breast milk and formula. This may lead them to temporarily refuse one over the other.

# Why Your Baby Isn't Eating

---

## How Can You Support Your Baby's Feeding?

### **Creating a Better Feeding Environment**

If distraction is the main issue, try feeding in a quiet, dimly lit space. Reducing stimulation can help your baby stay focused and calm during feedings.

### **Breastfeeding, Formula, and Combination Feeding**

When supplementing with formula, a gradual introduction can help prevent confusion or resistance. Allow your baby time to adjust, especially if switching between breast milk and formula.

### **Supporting Easier Breathing During Feeds**

If your baby has nasal congestion, gently clearing the nose before feeding may help. When breathing becomes easier, feeding often improves naturally.

# Why Your Baby Isn't Eating

---

## When Colic or Tummy Discomfort Is Suspected

Some babies refuse feeding due to tummy discomfort or colic. If your baby seems fussy, arches their back, or cries during feeds, try:

- Holding your baby upright after feeding
- Offering smaller, more frequent feeds
- Gently burping during and after feeding

**Pro Tip)** Some babies may wake within 2–3 hours after falling asleep following their last feed of the day. This early waking is often caused by discomfort from gas building up in the stomach during sleep, swallowing too much air during feeding, or feeding amounts that are either insufficient or excessive.

## How to Massage Your Baby for Tummy Discomfort [CLICK HERE](#)

Namhee Kim, a feeding coach and the author of *The Miracle of Mealtime*, who works with infants through adults, shares expert insight on understanding feeding challenges and gently supporting healthy eating habits during early infancy.

# Breastfeeding Essentials

---

Dr. Jungsuk Cho, Director of the Oketani Breastfeeding Clinic, shares several key insights for breastfeeding parents participating in the Sleepbetter Baby program.

## **What Are the Signs That Your Baby Is Getting Enough Milk?**

Parents can look for several physical and behavioral signs to feel confident that their baby is feeding well. A baby who is getting enough milk will often:

- Feed at least 8 times in 24 hours during the newborn stage
- Show active swallowing sounds during feeding
- Appear alert, content, and satisfied during and after feeds
- Have good muscle tone and healthy-looking skin
- Produce at least six wet diapers per day with pale-colored urine
- Gain weight steadily, with an average increase of approximately 18–30 grams per day

When these signs are present, they generally indicate sufficient breast milk intake and healthy growth.

# Breastfeeding Essentials

---

## What Are the Average Feeding Intervals and Number of Feeds by Age?

Age	Number of Feeds per Day	Recommended Feeding Interval
0-4 weeks (Newborn)	8-12 feeds	Feed on demand
1-3 months	8-12 feeds	Every 2.5-3 hours
4-6 months	4-7 feeds	Every 3-4 hours

**Pro tip)** Feeding intervals can vary from baby to baby. Please use this chart as a general guideline rather than a strict schedule.

# Breastfeeding Essentials Q&A

---

## **Q. Do You Need to Drink More Water to Increase Milk Supply?**

A. There is a common belief that drinking more water increases milk supply, which leads some breastfeeding parents to consume excessive amounts of fluids.

In reality, fluid intake alone does not significantly affect milk production. While severe dehydration may reduce milk supply, drinking more fluids than your body needs does not increase it and may even have the opposite effect. For this reason, it is best to focus on adequate, balanced hydration, drinking according to thirst rather than forcing extra fluids.

## **Q. Do You Need to Pump to Increase Milk Supply in the Early Postpartum Period?**

A. Pumping is not always necessary to increase milk supply. Frequent and effective breastfeeding alone can be sufficient.

However, if you continue to feel breast fullness or discomfort after feeding, pumping may be helpful.

Leaving milk pooled in the breast can signal the body to reduce milk production, so gentle pumping to relieve fullness may support

# Breastfeeding Essentials Q&A

---

## **Q. Is Nighttime Feeding Necessary?**

A. Yes, nighttime feeding plays an important role in supporting milk supply. Prolactin, the hormone responsible for milk production, is released most actively at night.

Feeding every 3–4 hours between 10:00 p.m. and 4:00 a.m. can be especially helpful for increasing and maintaining milk supply. When milk production is high, skipping nighttime feeds may lead to milk pooling in the breast, which can cause breast engorgement.

For this reason, nighttime feeding is considered an essential part of breastfeeding, particularly in the early months.

## **Q. If Very Little Milk Comes Out When Pumping, Does That Mean My Milk Supply Is Low?**

A. Not necessarily. Pumping output alone is not a reliable indicator of milk supply.

Milk expression can vary depending on how well the pump fits, breast condition, and individual response. In many cases, babies are able to remove milk more effectively when feeding directly at the breast, even if pumping output seems low.

# Breastfeeding Essentials Q&A

---

## **Q. If My Breasts Don't Feel Firm or Full, Is Milk Still Being Produced?**

A. Yes. During feeding, breasts should feel soft and flexible rather than hard or overly full. Breasts that remain firm may indicate blocked milk ducts, which can interfere with milk flow. If your breasts feel comfortable before and after feeding, milk production is generally going well.

## **Q. Should I Breastfeed Every Time My Baby Cries?**

A. In the newborn stage, frequent feeding is normal, as babies often feed every 1–1.5 hours. However, crying does not always mean hunger.

If your baby shows hand-to-mouth movements or turns their head when something touches their cheek shortly after a feed, this may be a natural sucking or rooting reflex rather than a hunger cue, especially before 3 months of age.

## **Q. What Is the Let-Down Reflex?**

A. The let-down reflex is the release of milk triggered by nipple stimulation during breastfeeding.

It can also occur when a parent thinks about their baby, hears their baby cry, or anticipates feeding time.

# Breastfeeding Essentials Q&A

---

## **Q. What If My Let-Down Is Too Strong?**

A. When a large amount of milk is released too quickly, babies may cough, choke, or struggle to manage the flow during feeding.

If this happens, gently expressing a small amount of milk by hand or with a pump before and after feeding can help reduce the intensity of the let-down. Feeding on time without stretching feeding intervals may also help.

If an overly strong let-down continues, seeking guidance from a breastfeeding professional can help support better breast function and feeding comfort.

## **Q. What Should I Do If My Baby Seems Hungry or Cries Soon After Feeding?**

A. First, check for other sources of discomfort. If your baby needs to burp, they may turn their head or make short sounds. Holding your baby upright to burp can help.

If your baby makes repetitive sounds and seems uncomfortable, this may signal gas in the lower abdomen. Gentle tummy massage may provide relief. Crying does not always mean hunger. Rather than offering the breast immediately each time, observe what your baby's hunger cues, comfort needs, and satisfied behaviors typically look like.

# Breastfeeding Essentials Q&A

---

## **Q. When Should I Seek Help From a Breastfeeding Specialist?**

A. It is recommended to seek professional support if you experience breast pain, engorgement, redness, nipple injury, flat or inverted nipples, concerns about milk supply, or difficulty with milk release.

You may also benefit from expert guidance if your baby frequently fusses during feeds, refuses the breast, bites the nipple, if you are planning to wean, or if prenatal breast care is needed after 37 weeks of pregnancy. Early support can help prevent breastfeeding challenges from worsening.

# #2. Activity(Play)

---

## Components of the Eat, Activity, Sleep Routine

### 2. Activity (Play)

After feeding, babies need adequate time for activity and play. Within sleep education, play plays a crucial role for several important reasons.

- Building Secure Attachment
- Through interaction during play, babies develop a sense of safety and secure attachment with their parents.
- Supporting Development
- Play encourages physical movement and cognitive stimulation, supporting healthy growth and development.
- Aiding Digestion
- Gentle activity after feeding helps promote digestion and reduces discomfort.
- A Core Element of the Eat, Activity, Sleep Routine
- One of the main challenges in sleep education occurs when babies associate feeding directly with sleep.
- Activity helps break this connection, making it the most essential component of the Eat, Activity, Sleep routine.

## #2. Activity(Play)

---

**Play is essential for stimulating your baby’s growth and development.**

Seoyeon Jang, the author of *The TodakTodak Mom Play Parenting Bible* and the creator of the play-based parenting coaching program *Todak Play*, shares age-appropriate play guidance to support babies at each developmental stage.

**During awake time, respond sensitively to your baby’s cues.**

When parents tune in and respond to their baby’s signals while they are awake, babies develop trust—not only in their caregivers, but also in the world around them. These experiences help build emotional security and a sense of comfort.

As awake time gradually increases, babies often send signals that say, “Please play with me!” Being ready to respond warmly to these cues becomes especially important during this stage.

## #2. Activity(Play)

---

**Babies begin communicating through different types of crying, so it's important to understand what their cries may be expressing.**

From birth, babies use crying to express discomfort. After the first month, cries gradually become more varied and may sound different depending on the situation. Hunger may be signaled by cries that include a “neh” sound, while sleepiness is often accompanied by softer sounds like “ah” or “uh,” along with behaviors such as rubbing the eyes or burying the face. High-pitched cries are more commonly associated with pain or discomfort.

Because a baby's cry can mean different things in different situations, learning to interpret these cues and respond appropriately is key. When babies experience consistent, responsive care, they begin to feel, “My parents understand me,” which supports emotional security and stability.

**Get close and talk face to face with your baby.**

A parent's face is a baby's favorite toy, and eye contact can be even more engaging than visual cards or books.

## #2. Activity(Play)

---

Seeing facial expressions and movements provides emotional comfort while also supporting early cognitive development.

Up to around 2 months of age, babies can see clearly only at a distance of about 20–30 cm. For this reason, when playing or talking, bring your face close, make eye contact, and speak gently to your baby.

### **Playing With a Black-and-White Mobile**

Up to around 3 months of age, babies can clearly distinguish black and white, while the ability to perceive a wider range of colors develops gradually over time. For this reason, high-contrast black-and-white mobiles are especially beneficial before 3 months.

Place the mobile about 20–30 cm away from your baby and interact by talking together. Combining visual stimulation with the sound of a parent's voice provides more effective support for early cognitive development.

#### **Q. How Long Should Playtime Be in the Routine?**

A. The main purpose of play is to break the connection between feeding and sleep. While there is no strict minimum, it is recommended to finish feeding at least 20 minutes before sleep.

## #2. Activity(Play)

---

### **Playing by Holding a Parent's Finger**

Babies are often born with tightly clenched hands. Around 2 months of age, as the muscles in the wrists and palms develop, babies begin to open their hands and grasp objects.

During this stage, gently place your finger into your baby's open palm. As your baby grips your finger, nearby muscles are activated and strengthened. Once your baby is holding on, slowly move your finger from side to side or gently pull forward. Your baby may tighten their grip and begin to move their body in response to the direction of the movement.

Singing while changing directions or offering warm praise when your baby grips firmly provides additional positive stimulation.

### **Playing With a Soft Cloth**

Try covering your baby's face with the cloth and revealing it with a cheerful "Peekaboo!" You can also cover your own face to encourage eye contact and interaction.

Gently wave the cloth within your baby's reach. When your baby reaches for it, sing a simple song and move it side to side to support rhythm and movement.

# #3. Sleep and #4. Your Time

---

## **Components of the Eat, Activity, Sleep Routine**

### **3. Sleep**

After active play, babies need adequate sleep. Sleep supports the release of growth hormones and plays a vital role in helping a baby's body and brain rest, recover, and develop.

### **4. Your Time**

While your baby sleeps, it is important for parents to rest as well. Taking time to recharge supports not only physical health, but also emotional well-being, helping parents stay calm, present, and responsive.

### **Q. Do We Have to Follow the Eat, Activity, Sleep Routine?**

A. Variations such as play–eat–play–sleep or eat–play–sleep–play–sleep are also fine. The core principle of the routine is making sure your baby does not fall asleep while feeding.

### **Q. Should We Follow Eat, Activity, Sleep for the Last Feed of the Day?**

A. Yes. If your baby becomes drowsy, try feeding in a bright space. If your routine is bath → feed, consider switching to feed → bath to support clearer sleep cues.



03

## #2 Sleep Environment

# The Five Principles of Sleep Training

In this second principle, we take a closer look at the sleep environment. You will learn how to choose the right bed from various options, review a checklist of essential items for sleep training, and understand ways to help prevent Sudden Infant Death Syndrome (SIDS).

This section also explains when and how to stop using side-sleeping pillows safely.

# Comparing Bed Types

---



## **Bassinet**

- Easy to move, allowing your baby to sleep anywhere in the home
- Convenient to place next to the bed for nighttime care
- Typically usable only from birth to around 6 months



## **Solid Wood Crib**

- Sturdy and safe, allowing long-term use up to around 3 years of age
- Mattress height should be adjustable as your baby grows

# Comparing Bed Types

---



## Portable Crib

- Can be folded for easy transport and storage
- Can be used for a longer period, up to around 2 years of age

**Pro Tip)** Before starting sleep training, setting up the right sleep environment is essential.

1. Avoid changing the bed when beginning sleep training.
2. Switching beds can be stressful for babies. It is recommended to begin sleep training in the bed your baby is already using. Starting sleep training in a new bed or a new room should be avoided whenever possible.
3. Be cautious about when to remove bed guards.
4. Between 12 and 24 months, some parents transition their child from a floor bed to a toddler bed and remove the guard early out of safety concerns. However, this may lead to sleep challenges such as late bedtimes, early morning waking, or difficulty falling asleep.

# Sleep Training Essentials

---



## White Noise Machine

A white noise machine can help soothe babies, signal sleep time, and block background noise. Place the device at least 2 meters away from your baby and keep the volume below 50 dB.



## Swaddle

Swaddling is essential for babies under 90 days old to help reduce the Moro reflex. While some babies may resist at first, most adjust quickly and tend to sleep more deeply when swaddled.



## Sleep Sack

Once your baby starts rolling, stop swaddling and switch to a wearable sleep sack for safe, comfortable sleep.

# Sleep Training Essentials

---



## **Baby Monitor**

For your baby's safety during naps and nighttime sleep, use a baby monitor. Choose a camera that allows you to clearly see your baby's movements, even in low-light or dark conditions.



## **Blackout Curtains/Sheets**

Even small amounts of light can interfere with sleep and lead to lighter rest. If light still enters despite blackout curtains, blackout sheets can help create a darker sleep environment.

- Create a safe sleep environment before starting sleep training. Many accidents with babies under 3 months occur during daily care.
- Help your baby feel comfortable in the sleep space with calm, positive play outside of sleep time.

# Sleep Training Essentials

---

Q. Should naps be in a bright environment?

A. After about 6 weeks of age, most babies begin to distinguish between day and night.

If your baby sleeps lightly during the day and tends to fall asleep during nighttime feeds, this usually means day–night differentiation has begun.

If your baby is difficult to wake during the day and struggles to fall asleep at night, they may still have day–night confusion. In this case, keeping the nap environment bright can help.

Many caregivers worry that dark naps may cause confusion again, but once day–night differentiation has started, this is unlikely.



## Getting Comfortable with the Bed & Room

Some babies may cry when being laid down or entering the room after sleep training.

- Spend calm, playful time together in the nursery outside of sleep.

# Sudden Infant Death Syndrome

---

## What is Sudden Infant Death Syndrome (SIDS)?

Sudden Infant Death Syndrome (SIDS) refers to the sudden and unexplained death of a healthy infant under one year of age, most commonly occurring during sleep. In South Korea, SIDS accounts for approximately 17.9% of all infant deaths, making it the second leading cause of infant mortality.

According to an analysis of approximately 5,000 cases of Sudden Infant Death Syndrome (SIDS) by the U.S. Centers for Disease Control and Prevention (CDC), **72% of these deaths were associated with soft and plush items**, such as pillows, blankets, comforters, and stuffed toys. The American Academy of Pediatrics (AAP) continues to emphasize the importance of a safe sleep environment to reduce sleep-related infant deaths. Below are the **sleep safety recommendations published by the AAP** in 2022.



Sleepbetter.Baby prioritizes safe sleep training above all else. Sleep training will not proceed if safety guidelines are not followed, and we are not responsible for any accidents resulting from failure to comply with these safety standards.

# Healthy Sleep Habits

---

## **1. Always Place Your Baby on Their Back to Sleep**

Back sleeping: Always place your baby on their back when putting them down to sleep. This is the most important sleep safety guideline for significantly reducing the risk of Sudden Infant Death Syndrome (SIDS).

Once your baby is able to roll over independently and return to their original position, you only need to place them on their back at the start of sleep. Rolling onto the side or stomach during sleep is considered a normal part of development. However, always remember to place your baby on their back when you first put them down.

## **2. Create a Safe Sleep Environment**

Firm and flat sleep surface: The mattress should be firm and flat, and a baby-specific mattress is recommended for safety.

Keep the sleep area clear: Do not place blankets, pillows, stuffed toys, toys, or bumper pads in the crib. Soft and plush items increase the risk of suffocation and airway obstruction and should be completely removed.

# Healthy Sleep Habits

---

## **3. Do Not Use Sleep Positioners**

The American Academy of Pediatrics (AAP) advises against the use of sleep positioners, wedges, and round or contoured pillows. These products can increase the risk of SIDS and may cause suffocation.

## **4. Same Room, Separate Sleep Surface**

Room sharing recommended: Having your baby sleep in the same room as parents, but on a separate sleep surface, is the safest option and can reduce the risk of SIDS by up to 50%.

Bed sharing discouraged: Avoid sharing the same bed with your baby under all circumstances, as this **greatly increases the risk of suffocation.**

## **5. Feeding and Sleep**

Breastfeeding recommended: Breastfeeding has been shown to reduce the risk of SIDS.

When possible, continuing breastfeeding until at least 6 months of age is recommended.

# Healthy Sleep Habits

---

## **6. Pacifier Use**

Pacifier recommended: Using a pacifier during naps and nighttime sleep may help reduce the risk of SIDS.

However, pacifier use is recommended only after breastfeeding is well established, typically around 3–4 weeks of age.

## **7. Environmental Management**

Maintain a comfortable room temperature: Keep the room temperature between 20–22°C (68–72°F) during sleep, and avoid overdressing or using heavy blankets.

Preventing overheating is an important safety measure.

No hats during sleep: Do not place hats on your baby while sleeping, as this can increase the risk of overheating.

## **8. Additional Recommendations**

Tummy time: While your baby is awake, provide short periods of tummy time to help strengthen neck and shoulder muscles.

Car seats and strollers: If a baby under 4 months of age falls asleep in a car seat, stroller, bouncer, or similar device, move them to a firm, flat sleep surface as soon as possible.

# Sleep Training Checklist

---

## Safe Baby Bed

Do not begin sleep training on beds with a risk of falling. Until at least 2.5 years of age, children should not be able to get out of bed independently. Guard rails should be at least 70 cm high.

## Consistent Sleep Environment

Using different locations for naps and nighttime sleep may confuse your baby.

## White Noise

Recommended for both naps and nighttime sleep.

## Temperature & Humidity

Keep the room at 20–22°C (68–72°F) with humidity around 60%. Check body temperature at the chest (not hands or feet). Clear the sleep area of soft items. Stop swaddling after 3 months or once rolling begins.

## Swaddle Transition

One arm out for one week → then both arms out. If rolling has started, stop swaddling immediately.

## Separate Sleep

Pediatric associations recommend room separation after 6 months, ideally after 12 months. Even before room separation, babies must always sleep on a separate sleep surface.

# Sleep Training Checklist

---

<input type="checkbox"/>	Was your baby born before 37 weeks? If so, apply corrected age and begin sleep training based on adjusted age.
<input type="checkbox"/>	If your baby is taking medication, has a medical diagnosis, or visits a tertiary hospital regularly, consult your specialist before starting sleep training.
<input type="checkbox"/>	Does your whole family agree on sleep training? If more than one caregiver is involved, everyone should follow the same approach to avoid confusion.
<input type="checkbox"/>	Do you have travel or moving plans within the next 2 weeks? If so, start sleep training afterward.
<input type="checkbox"/>	Is your baby scheduled for vaccinations within one week of starting sleep training? If so, begin after the vaccination.
<input type="checkbox"/>	If your baby has a cold and is taking medication, start sleep training only after all medication is finished and your baby has fully recovered.
<input type="checkbox"/>	Are all items on the preparation list ready?
<input type="checkbox"/>	During sleep training, are you able to wait about 3–5 minutes when your baby cries? Staying calm is important. If this feels difficult, ask for support anytime.

# Sleep Training Checklist

---

<input type="checkbox"/>	If your baby is exclusively breastfed, consult a lactation specialist before starting to confirm feeding amount, interval, frequency, and duration.
<input type="checkbox"/>	Trust the Sleepbetter.Baby program and stay consistent for 2 weeks. If all naps and nighttime sleep continue to fail despite consistent practice, a one-time consultation or personalized coaching is recommended.



04

---

## #3 Sleep Routine

# The Five Principles of Sleep Training

This section explains the third principle of sleep training: the sleep routine.

It covers the differences between nap and bedtime routines, common mistakes parents make during sleep routines, and how to respond when a baby cries during the routine.

# Sleep Routine: Naps

---

**Nap routines should be kept to about 5 minutes.**

If they are too long, babies may lose focus. Follow a consistent order and complete the routine in the room where your baby sleeps. **The nap routine should end in line with your baby's awake window.** Reading a short book, singing a lullaby, or gently stroking your baby's head are all appropriate.

During the first week of sleep training, many babies cry intensely when entering the room. This is normal but can be emotionally challenging. The early stage requires the most patience. If your baby cries excessively, it is okay to remain in the room, but avoid helping your baby fall asleep.

1



Change diaper  
in the baby's room

2



Tell your baby  
it's time for a nap

3



put on swaddle  
or sleep sack

4



Turn white noise on,  
lights off

# Sleep Routine: Bedtime

---

The bedtime routine is typically longer than the nap routine and may include activities such as a bath or calm play. It should always be done consistently in the space where your baby sleeps.

**Begin the bedtime routine about 40–50 minutes before bedtime**, and keep the entire routine under one hour.

Complete the routine within your baby's appropriate awake window. Including quiet play or gentle massage that your baby enjoys can be helpful.

Most importantly, repeat the same routine in the same order every day. Avoid interrupting the flow or adding extra activities, even if time remains. Consistency is key.

1 Bath



2 Change diaper in the baby's room



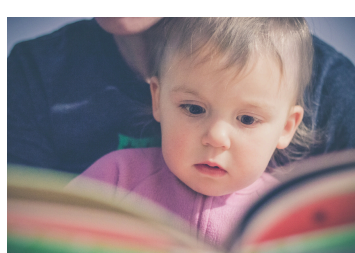
3 Last feeding before bedtime



4 put on swaddle or sleep sack



5 Burping, Lullaby & Book Reading



6 Turn white noise on, lights off



# Sleep Routine Q & A

---

**Q. Is a bath necessary as part of the sleep routine?**

**A. Yes. A bath offers many benefits as a sleep cue and is highly recommended.**

It helps babies learn good sleep hygiene, releases calming hormones, and helps both the body and mind relax.

**Q. Does the sleep routine have to be done in the bedroom?**

A. For example, if diaper changing is the first step of the nap routine, it may also happen in the living room during daytime play.

In this case, starting the routine in your baby's sleep room helps create a clear distinction and is recommended.

**Q. My baby cries a lot during the sleep routine. Should I continue? Is it okay to hold my baby?**

A. Yes, it is absolutely okay to hold your baby.

However, if your baby cries during diaper changing, finish changing first and then hold them.

The key is to understand why your baby is crying—whether they are uncomfortable, sleepy, or hungry.

For example, if your baby is crying from hunger, feeding promptly is more appropriate than continued soothing.

# Sleep Routine Q & A

---

**Q. My baby gets very sleepy during the final feeding.**

A. If your baby frequently falls asleep during the final feeding, feed in a bright living area.

If your routine has been “bath → feeding,” try switching to “feeding → bath.” For babies who spit up often, placing feeding earlier in the routine is recommended, as it avoids laying your baby down immediately after feeding.

**Q. Is it okay to change the sleep routine midway?**

A. Yes. As your baby grows, the sleep routine may naturally change.

However, rather than changing it daily based on parental needs, adjust gradually according to your baby’s development and maintain the routine for at least one month.

During the sleep routine, avoid actively helping your baby fall asleep.

Sleep assistance refers to actions that help a baby drift into sleep, such as holding your baby until they yawn or close their eyes, soothing in a dark room until eyelids droop, or singing a lullaby until sleep begins. Because these actions put the baby to sleep, they may cause ongoing difficulties during sleep training.

# The 5 S's: Soothing a Crying Baby

---

The 5 S's Soothing Method for Babies Who Cry During the Sleep Routine For babies who cry intensely during the sleep routine, the 5 S's soothing method can be helpful.

Developed by Dr. Harvey Karp, the 5 S's are designed for babies aged 0–3 months and help recreate the sense of security babies experienced in the womb.

This method can be used effectively during the sleep routine to support calming. The 5 S's are most effective when practiced in order, from Step 1 to Step 5.

To watch the video demonstration, please click the button beside this page.

[CLICK HERE](#)





05

---

## #4 Schedule

# The Five Principles of Sleep Training

This section explains the fourth principle of sleep training: the schedule.

You will learn why a schedule is important from a scientific perspective, including the concept of sleep pressure, how to understand awake windows, how to recognize sleepy cues, and how to apply age-appropriate schedules.

# Sleep Pressure

---

Creating a schedule that fits your baby is one of the most important factors in helping your baby fall asleep more easily and stay asleep longer.

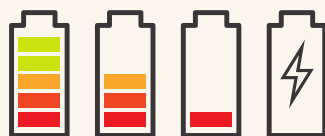
Have you ever heard of awake windows?

Before understanding awake windows, let's first look at sleep pressure. Sleep pressure refers to the fatigue that gradually builds while a baby is awake. It is a signal that the brain and body need rest and reflects how much tiredness has accumulated before sleep.

Sleep pressure affects how easily and how long your baby sleeps. You can think of sleep pressure like a battery.

While your baby is awake, the battery slowly drains. When your baby sleeps, the battery recharges.

Our goal is to put your baby to sleep when the battery is at the right level.



If the battery is still too full, your baby may struggle to fall asleep. If it is completely drained, stress hormones can make sleep harder, leading to overtiredness, short naps, or night wakings. Following age-appropriate awake windows and your baby's sleepy cues helps keep the battery balanced for healthy sleep.

# Adenosine/Cortisol

---

Adenosine is a neurotransmitter that builds up while a baby is awake, as brain cells remain active. The longer the baby stays awake, the more adenosine accumulates, increasing sleep pressure and leading to sleepiness. During sleep, adenosine is broken down, allowing brain cells to recover and prepare for the next period of wakefulness.

Cortisol is often referred to as the “stress hormone,” but it also plays an important role in maintaining alertness. In a healthy circadian rhythm, cortisol levels peak in the morning to support natural waking and decline at night to promote sleep. However, if cortisol levels rise too high due to factors such as overtiredness or a late bedtime, it may become harder for the baby to fall asleep.

As a result, while adenosine increases sleep pressure during wakefulness, an excessively long awake period can elevate cortisol levels, leading to overtiredness and difficulty falling asleep. Therefore, it is important to follow wake windows that are appropriate for the baby’s developmental stage.

# Understanding Wake Windows

---

To make it easier to understand, let me explain with an example. Let's compare sleep pressure to a phone battery, and sleep to charging.

**Case)** A baby who can stay awake for 90 minutes  
When the baby wakes up in the morning, their "battery" starts at 100%. After about 90 minutes, the battery drops close to 0%. A nap recharges the battery, bringing it back up again.

**Pro Tip)** If you start charging when the battery is at around 30%, it reaches 100% more quickly. This helps explain why short naps can be effective.

For naps, if the baby has been awake long enough, it's easier to fall asleep and extend the nap. On the other hand, if the wake window isn't appropriate, it can be harder to fall asleep and stay asleep for longer.

# Understanding Wake Windows

---

**Case Study)** A 2-month-old baby with a 75-minute wake window

- A baby who cannot stay awake for 75 minutes and falls asleep after 50 minutes may have difficulty settling to sleep or extending the nap. This is because sleep begins while the “battery” is still at 20–30%, causing it to reach full capacity too quickly.
- A baby who is not sleepy at 75 minutes and does not nap until 120 minutes may resist the nap or have difficulty extending it. This is because the “battery” is already depleted. While it can recharge, a fully drained battery is harder to recover. When a baby becomes overtired, it can paradoxically become more difficult to extend sleep.

For nighttime sleep, if the baby hasn't been awake long enough, it may be harder to fall asleep, and they may stay awake for over 30 minutes during the early morning hours or wake up early. On the other hand, if the baby has been awake for too long, falling asleep can also be difficult, and this may lead to frequent night wakings and early morning waking.

# Understanding Sleep Cues

---

## The Importance of Maintaining an Appropriate Wake Window

- **Maintaining optimal sleep pressure:** When a baby stays awake for an appropriate amount of time, adenosine builds up sufficiently, leading to natural sleepiness.
- **Preventing overtiredness:** If the wake window becomes too long, cortisol levels rise, resulting in overtiredness and making it harder to fall asleep.
- **Establishing a regular sleep pattern:** Consistent wake windows and sleep times help stabilize the baby's circadian rhythm, making it easier to fall asleep and wake up.

However, it can be difficult to follow wake windows strictly, as exceptions may occur. For example, while out, a baby may briefly doze off for a minute or two in a stroller or car seat, or become drowsy and relaxed during feeding, or enter a light sleepy state with their eyes half closed. Even these short periods of rest can provide partial recovery, which may extend the next wake window beyond what was expected.

# Understanding Sleep Cues

---

## Recognizing Your Baby's Sleep Cues

In situations where exceptions occur, accurately reading your baby's sleep cues can be very helpful. However, interpreting signs of tiredness is not always easy. Some babies may become fussy even when they are not very tired, while others may show few clear signs even when they are overtired.

Therefore, it is important to carefully observe and understand your baby's individual sleep cues.

- **Mildly tired:** staring blankly at one spot, red or flushed eyes/eyebrows, turning the head
- **Tired:** big yawns, rubbing eyes/ears, fussiness, irritability
- **Overtired:** intense, scream-like fussiness, loud crying, pushing away with tension, arching the back, clenched fists

# Setting the Right Wake-Up Time

---

**Before creating a schedule, you should first establish a consistent wake-up time.**

Have you ever seen those neatly structured daily charts in parenting communities?



All three graphs above are examples from babies who have graduated from Sleep Better Baby. At your baby's current age, it is not possible to follow the same pattern. In particular, the more naps a baby takes, the harder it is to maintain consistent timing and duration.

**Even so, do you notice a common pattern despite the differences in age?** It's the morning wake-up time.

When the wake-up time is consistent, the day can begin and end in a more structured and predictable way. (A variation of around  $\pm 30$  minutes is perfectly fine.)

**The wake-up time refers to the point when the “eat-play-sleep” routine truly begins.** For example, if a baby who can stay awake for 90 minutes wakes at 8:00 a.m. but falls back asleep after just 10 minutes, this should not be considered the actual wake-up time. Rather, it can be regarded as an early morning waking.

# Setting the Right Wake-Up Time

---

A consistent schedule makes sleep training easier.

To build consistency, the day should start with a regular morning wake-up time.

The start of the day is when the eat-play-sleep routine begins, while the start of nighttime sleep is a longer stretch of sleep without the eat-play-sleep cycle.

## **What time does your baby usually wake up?**

If your baby's average wake-up time falls between 8:00 and 8:30 a.m., set a target time of 8:15 a.m. Of course, babies are not machines, so a variation of about 30 minutes is to be expected. Even so, your baby should be woken up by 8:30 a.m. at the latest. Setting a clear standard is important.

## **A common mistake many parents make is this:**

"Since my baby was awake for two hours during the early morning, I'll let them sleep in."

However, if the baby ends up waking at 10:00 a.m., there is a high chance that bedtime will also be pushed back to after 10:00 p.m.

Just as arriving late to work makes it difficult to leave on time, the same applies to your baby's sleep. Most babies tend to wake up at a similar time the next morning, even if they went to bed later the night before. Therefore, the recommended approach is to adjust bedtime based on your baby's average wake-up time.

# Setting the Right Bedtime Q & A

---

**Q. If a baby who usually wakes at 7:30 a.m. wakes at 6:00 a.m. on a particular day, what time should they be put to bed that night? Should their bedtime be moved earlier since they woke up earlier than usual?**

A. Putting your baby to bed earlier just because they woke up early can lead to an even earlier wake-up the next day. Therefore, it's best to avoid an overly early bedtime. If needed, consider adding an extra nap to help keep bedtime close to the usual time.

Also, be careful not to allow too much daytime sleep, as excessive napping can lead to early morning waking the next day. Make sure not to exceed the total amount of daytime sleep appropriate for your baby.

**Q. If your baby's usual wake-up time is 7:30 a.m. but they wake up at 6:00 a.m., should you try to hold them and get them back to sleep?**

A. First, check whether your baby had at least 10 hours of nighttime sleep. For example, if your baby fell asleep at 10:00 p.m., any waking before 8:00 a.m. is considered early morning waking, and it's best to respond quietly in a dark environment. For reference, nighttime sleep does not include early morning wakings. If your baby went to bed at 10:00 p.m. and wakes at 9:00 a.m., the total nighttime sleep is 11 hours, regardless of how many times they woke early.

# Setting the Right Bedtime Q & A

---

**Q. I feel bad waking my baby up every morning. What if they still want to sleep more?**

A. If your baby's bedtime is 8:00 p.m., it is generally recommended to wake them around 8:00 a.m. the next morning. Ideally, nighttime sleep should not exceed 12 hours. While sleep is of course important, feeding, play, and interaction with parents during the day are also essential experiences for a baby. A total sleep duration of 15–17 hours within a 24-hour period, including both naps and nighttime sleep, is considered within the normal range.

**Pro Tip)** At this stage, babies often wake in the early morning due to hunger. Many parents try to reduce the number of night feeds or avoid feeding too close to the first morning feed by attempting to put the baby back to sleep. However, this approach can sometimes lead to habitual early morning wakings. Instead, when your baby wakes, wait for about 2–5 minutes and try soothing them first. If they do not fall back asleep, it is appropriate to change their diaper and offer a feed. In this case, keep the feeding amount small, just enough to help your baby settle back to sleep.

# The 12-Hour Sleep Rule

---

## At Least a 12-Hour Rule

A minimum of 12 hours of awake daytime is needed between waking up and bedtime. In other words, if your baby wakes at 7:00 a.m., bedtime should not be before 7:00 p.m.

If a baby sleeps 10 or 11 hours at night, the total daytime awake time from wake-up to bedtime will be 14 or 13 hours, respectively.

- Adequate exposure to sunlight
- Sufficient feeding
- Appropriate activity and stimulation all have a positive impact on a baby's sleep

The morning wake-up time determines bedtime. On average, babies aged 1–2 months sleep about 11–12 hours at night, while from 3 months onward, nighttime sleep typically ranges from 10–12 hours.

# The 12-Hour Sleep Rule

---

## At Least a 12-Hour Rule

### 1 month

- Recommended wake-up time: 9:00–10:00 a.m.
- Recommended bedtime: 9:00–10:00 p.m.

### 2 months

- Recommended wake-up time: 8:00–9:00 a.m.
- Recommended bedtime: 8:00–9:00 p.m.

### 3 months and older

- Recommended wake-up time: 6:00–7:00 a.m.
- Recommended bedtime: 7:00–8:00 p.m.

**Pro Tip)** From around 3 months of age, a baby's circadian rhythm begins to develop, and after 3–4 months, they naturally tend to prefer earlier wake-up and earlier bedtime.

Even if your baby's schedule does not perfectly match the recommended wake-up and bedtime, it is not a concern as long as they are getting more than 10 hours of nighttime sleep, napping well during the day, and not experiencing difficulties with nighttime sleep.

# The 12-Hour Sleep Rule Q & A

---

**Q. If a baby's total awake time exceeds 13 hours, it's often said that overtiredness can occur, so some advise never going beyond that. Is that really appropriate? (e.g., waking at 6:00 a.m. and going to bed at 8:00 p.m. X)**

A. Some sleep experts in Korea claim that "13 hours of total daily awake time equals overtiredness." However, to date, there is no high-quality international research, peer-reviewed medical literature, or authoritative clinical evidence that substantiates this claim. In particular, I do not agree with the assertion that "a child who sleeps 10 hours at night will inevitably become overtired if they are awake for 14 hours during the day."

According to the experience of Sleep Better Baby, which has the largest number of successful sleep training cases and graduates in Korea, even among babies who sleep 10 hours at night, overtiredness does not consistently occur when total daily awake time exceeds 13 hours. This highlights that sleep training must be tailored to each child's individual characteristics. It also underscores why careful attention to detail and personalized guidance are essential, as more babies than one might expect are awake for over 13 hours a day.

# Total Daytime Sleep at 4 Months

---

## **Maximum Daytime Sleep / Minimum Daytime Sleep**

Please make sure to check the following when putting your baby down for a nap.

- Please wake your baby if a single nap exceeds 2 hours.
- Be careful not to exceed the maximum daytime sleep for their age, even by one minute.
- There is no need to reach the maximum. It simply should not be exceeded.

If a nap exceeds 2 hours, feeding intervals may become disrupted, and subsequent naps may become shorter or it may be harder for the baby to fall asleep. While there is a defined “maximum” for nap duration, there is no set “minimum.”

The following are guidelines for maximum total daytime sleep by age:

1 month

- 6 hours

2 month

- 5 hours

3 months and older

- 4 hours

# Total Daytime Sleep at 4 Months

---

**Pro Tip)** When transitioning to a new age stage, if early morning wakings occur, limit daytime sleep according to the current age.

Conversely, if there are no early morning wakings, it is acceptable for daytime sleep to slightly exceed the guideline at the beginning of the new age stage.

**Q. My baby seems very tired after reducing naps. Is it okay to go slightly beyond the recommended limit?**

A. Even if your baby wakes early in the morning or requires an early morning feed, it is not recommended to exceed the daytime sleep limit simply because they appear sleepy.

Babies with higher sleep needs often sleep more than 11 hours at night without early morning wakings. As longer daytime sleep can reduce the quality of nighttime sleep, it is important to keep daytime sleep within the recommended limits.

# Ideal Wake Windows for 5 Months

---

Wake windows are shortest in the morning and gradually lengthen toward bedtime.

## **Wake Windows at 1 Month: 60–75 minutes**

- Morning wake-up to first nap: 60 minutes
- Midday wake windows: 65–70 minutes
- Last nap to bedtime: 75 minutes

## **Wake Windows at 2 Months: 75–90 minutes**

- Morning wake-up to first nap: 75 minutes
- Midday wake windows: 80–85 minutes
- Last nap to bedtime: 90 minutes

## **Wake Windows at 3 Months: 90–120 minutes**

- Morning wake-up to first nap: 90 minutes
- Midday wake windows: 100–110 minutes
- Last nap to bedtime: 105–120 minutes

# Managing Wake Windows Q & A

---

**Q. Does the recommended wake window mean that the baby should already be asleep by that time? Or does it mean that I should start putting the baby down for sleep at that time?**

A. Please put your baby down at that time. It is difficult to predict whether it will take 2 minutes, 10 minutes, or longer for your baby to fall asleep. For example, if your baby wakes at 8:00 a.m. and has a 75-minute wake window, finish the sleep routine and have your baby in bed by 9:15 a.m.

**Q. If my baby takes a short nap, should I still keep them awake for the same amount of time? Is the wake window the same after a 2-hour nap and after a 20-minute nap?**

A. Naps are classified as a “full nap” when they last 20 minutes or longer, and a “catnap” when they are shorter than 20 minutes. If a baby was capable of sleeping longer but did not get enough sleep, they may feel significantly more tired afterward. In such cases, it is helpful to try to stretch the wake window as much as possible, even if it does not fully reach the recommended duration. If this is difficult, you may put your baby down slightly earlier than the recommended time. It is important to adjust nap timing flexibly based on your baby’s condition.

# Managing Wake Windows Q & A

---

**Q. My baby feels sleepy much earlier than the recommended wake window. OR My baby does not seem sleepy even after the recommended wake window has been reached.**

A. In such cases, it is important to review your baby's previous sleep patterns. Check whether your baby has been able to fall asleep easily within the recommended wake window. A normal sleep onset typically takes around 5–20 minutes.

If your baby appears sleepy and is put down for sleep but does not fall asleep easily or is unable to extend naps as usual, this may be a “false sleep cue,” and it could indicate that the wake window is too short.

On the other hand, if your baby has been active and engaged during wake time but does not seem sleepy at the recommended time, avoid delaying sleep by more than 10 minutes beyond the guideline. Please ensure that you do not exceed the maximum wake window for each age stage.

# Managing Wake Windows Q & A

---

**Q. When transitioning from 1 month to 2 months and 3 months, how should the schedule and daytime sleep be adjusted?**

A. Wake windows should be adjusted according to your baby's situation.

- If you are just starting sleep training: Follow the wake windows recommended for your baby's current age.
- If you have already been sleep training for more than one week: You do not need to change the wake window if your baby is falling asleep easily and consistently with the current schedule. For example, if your baby is doing well on a 1-month schedule, there is no need to suddenly increase the wake window just because they have reached 60 days (2 months).

**Q. When should I increase my baby's wake windows?**

A. Review your baby's current sleep patterns. If sleep onset suddenly becomes slower, takes 10–20 minutes longer than usual, or if your baby no longer shows clear sleepy cues, you may consider extending the wake window by 5–10 minutes, depending on your baby's condition. However, it is important to distinguish this from developmental phases such as wonder weeks, teething, or sleep regression, which can also temporarily delay sleep onset.

# Managing Wake Windows Q & A

---

**Pro Tip)** During consultations, we do not immediately extend wake windows simply because a baby suddenly takes longer to fall asleep. First, we check whether the baby falls asleep during feeds, whether there were any unusual variables during the day, whether there has been an increase in fussiness, and whether there is a pattern of early morning wakings.

We then review the baby's age and only consider gradual adjustments if the baby is in the later stage of that age range. For example, if a 95-day-old baby who is on a 3-month wake window is having difficulty falling asleep, we do not immediately switch to the 4-month wake window.

However, if the baby is closer to 120 days, such as 117 days, it may be appropriate to begin transitioning to the 4-month wake window.

# Managing Wake Windows Q & A

---

**Q. My baby tends to stay awake for a shorter time than the recommended wake window. Is it okay to shorten the wake window slightly?**

A. Yes, it is okay to shorten the wake window. However, a few conditions should be considered. When the wake window is shortened from the recommended guideline, your baby should be able to fall asleep more easily. On the other hand, if extending the wake window results in increased fussiness but faster sleep onset, it is likely that the longer wake window is more appropriate for your baby. This may indicate that your baby was showing “false sleep cues.”

**Q. Do I need to wake my baby from a nap? I feel bad waking them when they are sleeping so peacefully.**

A. While good naps are beneficial, the quality of nighttime sleep, as well as daytime feeding and parent–baby interaction, are more important. If a feeding time is approaching or the nap is likely to exceed the maximum duration, it is advisable to gently wake your baby.

# Managing Wake Windows Q & A

---

**Q. My baby fell asleep while playing, during feeding, or while being held. How should I calculate the wake window until the next nap?**

A. Even if your baby dozes off for as little as 30 seconds to 1 minute, it may be difficult to follow the recommended wake window for the next nap. In such cases, it is best to use your baby's sleepy cues as a guide for when to put them down for the next nap.

**Q. If my baby has their eyes closed and is sucking on a pacifier or their fingers, are they asleep?**

A. Yes, if your baby's eyes are closed, you may consider that they have begun to fall asleep. During light sleep, babies may move frequently, but their eyes are typically closed. If your baby repeatedly opens and closes their eyes for a few minutes before fully falling asleep, record the nap start time from when their eyes first closed.

# Managing Wake Windows Q & A

---

## **Q. What should I do if a feeding time overlaps with my baby's nap time?**

A. There are two approaches:

1. Skip the feeding and follow a “feed–play–sleep–play–sleep” routine.
2. Move the feeding earlier, feed your baby, and then proceed with the nap.

With the first approach, putting your baby down without a feeding may result in a very short nap or difficulty falling asleep. If the previous feeding interval is less than 2 hours, this approach may be appropriate. If the previous feeding interval is around 2.5 hours, the second approach is recommended.

**Pro Tip)** For a 1-month-old baby, the wake windows from morning wake-up through the first and second naps are 60–70 minutes.

# Managing Wake Windows Q & A

Option 1

	9:00 / 9:15	Wake-up / Feeding
60 minutes	10:00 / 10:10	Put down for Nap 1 / Fall asleep
	10:30	Wake-up, 20-minute nap
70 minutes	11:40 / 11:50	Put down for Nap 2 / Fall asleep
	12:20	Wake-up, 30-minute nap
	12:25	Feeding (3-hour 10-minute interval)

Option 2

	9:00 / 9:15	Wake-up / Feeding
60 minutes	10:00 / 10:10	Put down for Nap 1 / Fall asleep
	10:50	Wake-up, 40-minute nap
70 minutes	11:30	Feeding (2-hour 15-minute interval)
	12:00	Nap 2

1) After a 65–70 minute wake window, Nap 2 is scheduled for 11:35–11:40.

2) If Feeding 2 is between 11:45–12:15, a 2.5–3 hour feeding interval can be maintained.

In conclusion, put your baby down for a 30–40 minute nap starting around 11:40, then offer a feed. This allows for a feeding interval of approximately 3 hours. This schedule is recommended for babies who tend to fall asleep while feeding or whose intake decreases significantly when feeding intervals are shorter than 3 hours.

1) The feeding interval is approximately 2 hours and 15 minutes. This schedule is recommended for babies who feed smaller amounts and need more frequent feeds, or for babies who continue to feed well even with shorter feeding intervals.

# Managing Wake Windows Q & A

---

**Q. My baby doesn't nap well and wakes after only 20-30 minutes each time. Should I be concerned?**

A. In this case, there are two approaches:

1. Try extending the nap using a “wait-and-see” method. If your baby does not fall back asleep, bring them out and switch to a “play–feed–play–sleep” or “play–sleep–feed–play–sleep” routine. Then, use the next wake window as a guide for the following nap, or shorten the wake window if your baby appears tired.
2. Actively assist in extending the nap (for example, by holding your baby, using a carrier, or offering a pacifier).

If your baby wakes after 20–30 minutes but remains in good condition, it is fine to follow the first approach. However, if your baby becomes noticeably more tired or fussy after a short nap, it is recommended to use the second approach to help extend the nap.

# Managing Wake Windows Q & A

**Q. When a nap is extended, should that time be included in the total daytime sleep?**

A. The following guidelines apply:

1. If the nap extension is successful, include the time spent during the extension attempt in the total nap duration.
2. If the nap extension is unsuccessful, exclude the time spent attempting to extend the nap from the total nap duration.

9:00 / 9:15	Wake-up / Feeding
10:00 / 10:10	<b>Put down for Nap 1 / Fall asleep</b>
10:30	Wake-up
10:45	Attempt to extend the nap, unsuccessful

Nap extension attempt: 15 minutes  
Nap duration: 10:10–10:30 (20 minutes)

9:00 / 9:15	Wake-up / Feeding
10:00 / 10:10	<b>Put down for Nap 1 / Fall asleep</b>
10:30	Wake-up
10:45	Attempt to extend the nap, unsuccessful
11:30	Nap wake-up

Nap extension attempt: 15 minutes  
Nap duration: 10:10–11:30  
(1 hour 20 minutes)

# Using Catnaps Effectively Q & A

---

**Q. In what situations and for what purpose should catnaps be used?**

A. A catnap refers to a nap lasting less than 20 minutes. It is typically used between the last nap of the day and bedtime to help bridge the gap between the two sleep periods. After a catnap, the wake window is likely to be shorter than usual. While this can vary significantly from baby to baby, it is generally recommended to begin by reducing the usual wake window by around 30 minutes and then observe your baby's response.

# Using Catnaps Effectively Q & A

---

## Guidelines for Catnaps

As mentioned earlier, catnaps are typically used between the last nap of the day and bedtime. If a catnap occurs too late, it can naturally push bedtime later.

The appropriate end time for a catnap varies depending on your baby's age. Please refer to the guidelines below.

- **42–60 days:** End the catnap by 8:00 p.m. at the latest (based on a bedtime of 9:00–10:00 p.m.)
- **60–90 days:** End the catnap between 7:30–8:00 p.m. at the latest (based on a bedtime of 8:00–9:00 p.m.)
- **90–120 days:** End the catnap by 6:30 p.m. at the latest (based on a bedtime of 7:00–8:00 p.m.)

Please plan the next sleep based on your baby's age-specific wake window after a catnap, along with their sleepy cues.

- **1 month:** After a 10–15 minute catnap, aim for a 45-minute wake window
- **2 months:** After a 10–15 minute catnap, aim for a 60-minute wake window
- **3 months:** After a 10–15 minute catnap, aim for a 90-minute wake window



# Catnap Rescue Schedule (1–3 Months)

**EXAMPLE** Using Catnaps for Babies 42–60 Days Old

**70 minutes**  
 1-month-old baby  
 With a 70-minute wake window, you may start sleep 10–15 minutes earlier depending on your baby’s condition before the catnap.

**45 minutes**  
 1-month-old baby  
 With a 75-minute wake window, shorten it by 20–30 minutes depending on your baby’s condition after the catnap.

Time	Routine
18:30	Wake-up from Nap 5
19:40	<b>Nap 6 Catnap</b>
19:50	<b>Wake up after 10 minutes</b>
20:00	Usual bedtime
20:35	<b>Bedtime after the catnap</b>

**Catnap duration**  
 10–15 minutes

**EXAMPLE** Using Catnaps for Babies 90–120 Days Old

**110 minutes**  
 3-month-old baby  
 With a 110-minute wake window, you may start sleep 10–15 minutes earlier depending on your baby’s condition before the catnap.

**90 minutes**  
 3-month-old baby  
 With a 120-minute wake window, shorten it by 20–30 minutes depending on your baby’s condition after the catnap.

Time	Routine
16:30	Wake-up from Nap 4
18:20	<b>Nap 5 Catnap</b>
18:30	<b>Wake up after 10 minutes</b>
19:00	Usual bedtime
20:00	<b>Bedtime after the catnap</b>

**Catnap duration**  
 10–15 minutes

# The Key to Building Baby Schedules

---

## **Q. Which naps should be longer and which should be shorter?**

A. It is not possible to set a fixed length for each nap. In fact, trying to do so can often create unnecessary stress for parents. However, in the following situations, some adjustments may be helpful:

- If your baby wakes from nighttime sleep after less than 10 hours, or has frequent early morning wakings (excluding night feeds): limit Nap 1 to under 1 hour.
- If your baby has difficulty falling asleep at bedtime, or sleeps less than 10 hours at night: limit the last nap to 20–40 minutes.

If these situations do not apply, there is no need to strictly control the length of each nap. Instead, focus on keeping the total daytime sleep within the recommended range, and avoid letting any single nap exceed 2 hours.

# The Key to Building Baby Schedules

---

## **Q. How much time should there be between cluster feeding and the last feed before bedtime?**

A. Cluster feeding serves a similar purpose to a catnap. If the interval between the previous feeding and the final feed before bedtime becomes too long, a cluster feed can be helpful. In a structure such as [previous feed – (cluster feed) – last feed], the cluster feed should be placed midway between the previous feed and the last feed.

For example, if the previous feed is at 4:00 p.m. and the last feed is scheduled for 8:00 p.m., there is a 4-hour interval, so adding a cluster feed around 6:00 p.m. is recommended.

The amount for the cluster feed can start at about half of the usual feeding amount, and you may feed as much as your baby wants. However, if the cluster feed significantly reduces the intake at the last feed, it is advisable to adjust the amount accordingly.






## **Q. When is the best time to give the last feed before bedtime?**

A. The last feed should always be included as part of the bedtime routine. The routine should begin 30 minutes to 1 hour before bedtime. For example, if your routine takes about 40 minutes—such as [bath – feeding – lotion – lullaby – goodnight]—the feeding should be incorporated within this sequence.

# Recommended Schedule

## for Babies Who Extend Naps Well (42–60 Days Old)

✓ Summary · 60–75 minute wake window · Max daytime sleep: 6 hours  
 Notes · Do not exceed 2 hours per nap · 12+ hour daytime schedule

Wake window	Time	Routine	Total Daytime Sleep Example:
60 min	9:00 / 9:15	Wake-up / Feeding 	10 min to fall asleep
	10:00 / 10:10	<b>Nap 1: Put Down / Asleep</b>	
70 min	12:00 / 12:15	Wake-up / Feeding 	1 hr 50 min
	13:10 / 13:20	<b>Nap 2: Put Down / Asleep</b>	
70 min	15:00 / 15:15	Wake-up / Feeding 	1 hr 40 min
	16:10 / 16:20	<b>Nap 3: Put Down / Asleep</b>	
70 min	18:00 / 18:15	Wake-up / Feeding 	1 hr 40 min
	19:10 / 19:20	<b>Nap 4: Put Down / Asleep</b>	
75 min	19:50	Wake-up	30 min
	20:20	Bath	
	20:30	Final Feed 	
	21:05	<b>Start Night Sleep</b>	
	Daytime Sleep: 5 hr 40 min		Nighttime Sleep: 11 hr 55 min

Pro Tip) 1-Month Sleep Average: 15–17 total hours / 11–12 nighttime hours



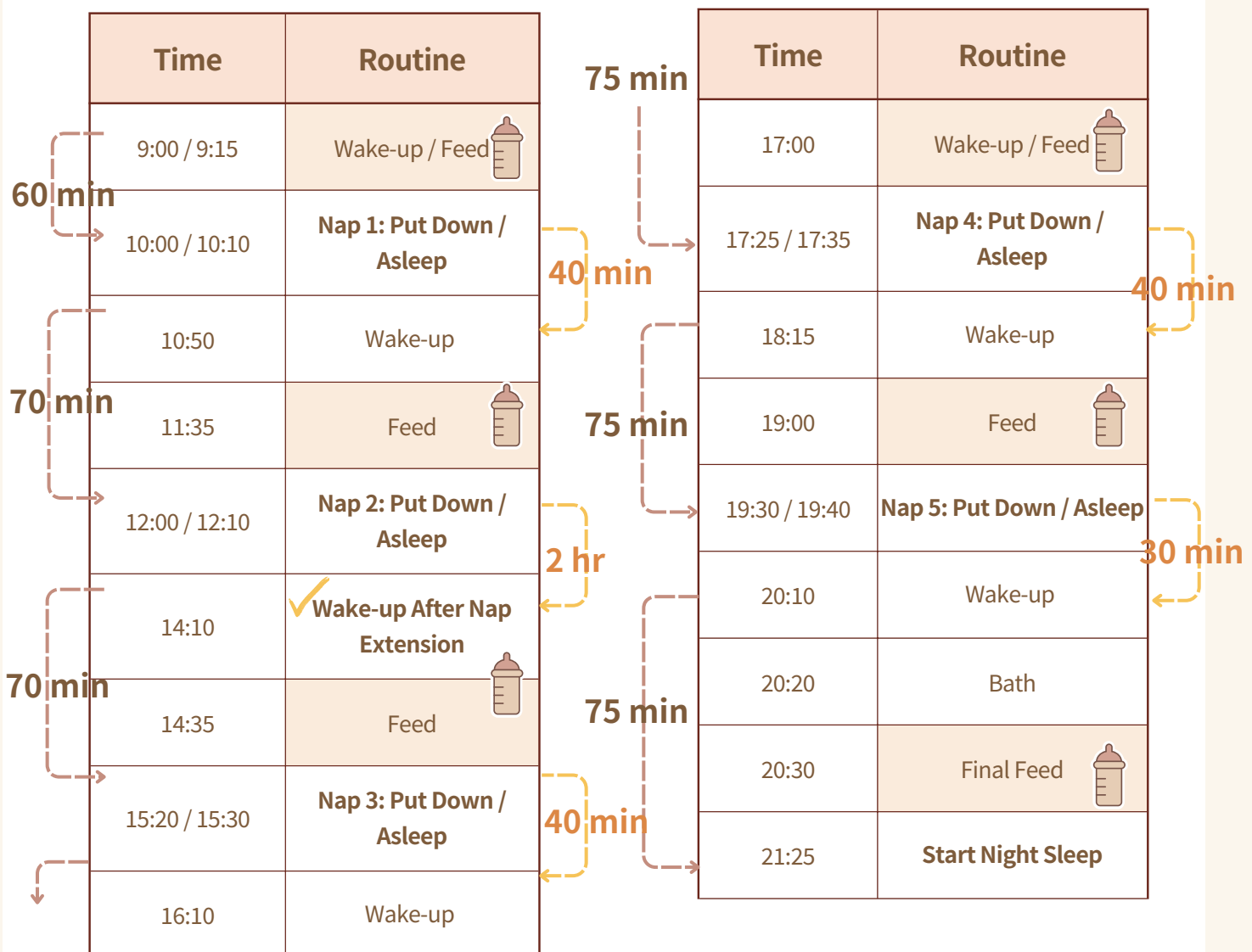
## Recommended Schedule

### for Babies Who Extend Naps Only Once a Day (42–60 Days Old)

- ✓ **Summary** · Wake window: 60–75 min · Max daytime sleep: 6 hr, **no** minimum  
**Notes** · Nap count is not important!  
 · Play-Eat-Play-Sleep is OK · Do not exceed a 12-hour day  
 · Cluster feed only half the usual amount

● Wake Window

● Total Daytime Sleep (10 min to fall asleep)



Daytime Sleep: 4 hr 30 min

Nighttime Sleep: 11 hr 35 min

= 16 hr 5 min

Pro tip) 1-Month Average Sleep: 15–17 hr total (day + night), including 11–12 hr of nighttime sleep



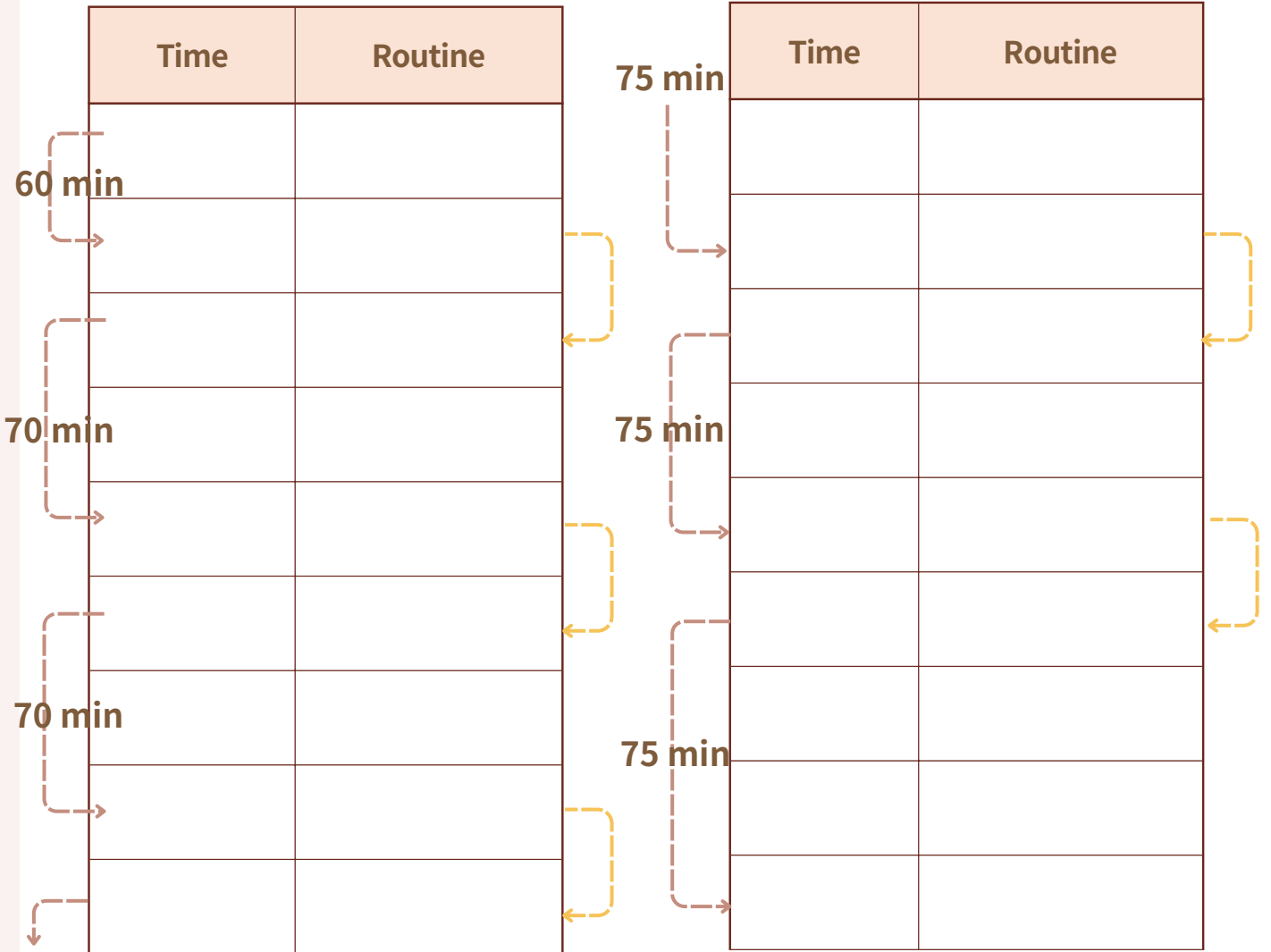
# ) SCHEDULE

## ✓ Summary Notes

- Wake window: 60–75 min
- Nap count is not important
- Do not exceed a 12-hour day
- Cluster feed only half the usual amount
- P-E-P-S and E-P-S-P-S Are Also OK
- Maximum daytime sleep: 6 hr, no minimum

● Wake Window

● Total Daytime Sleep (10 min to fall asleep)



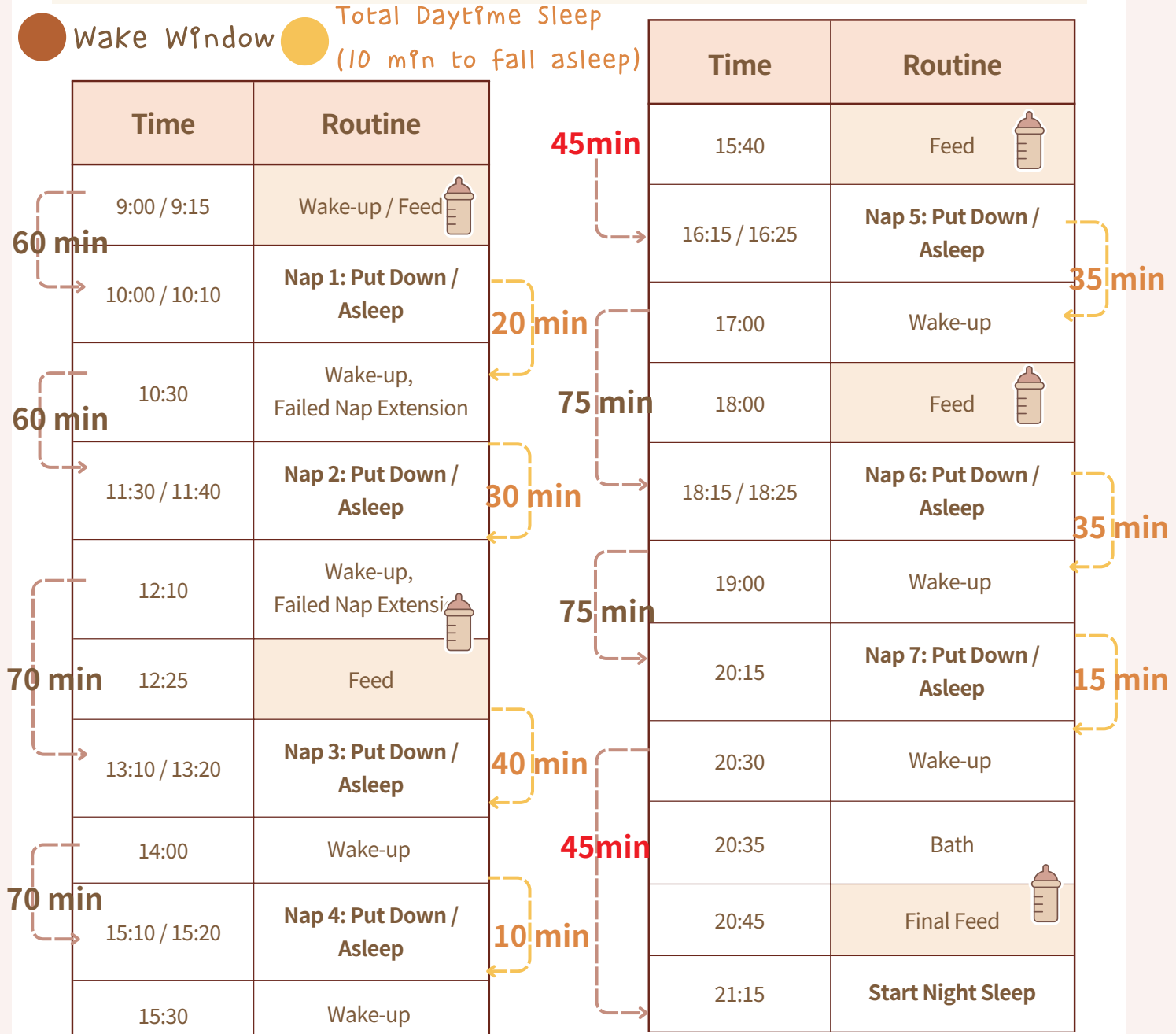
<b>Daytime Sleep:</b>	<b>Nighttime Sleep:</b>
-----------------------	-------------------------

# Recommended Schedule

## for Babies Who Do Not Extend Naps at All (42–60 Days Old)

### Summary Notes

- Wake window: 60–75 min
- E-P-S-P-S Is Also OK
- Adjust wake windows based on your baby's cues
- Maximum daytime sleep: 6 hr, **no minimum**
- Do not exceed a 12-hour day
- Avoid falling asleep during feeds



Pro tip) If your baby's wake window from the last nap to nighttime sleep is normally 75 min, but they took a 10-min catnap, try bedtime again after 40–45 min instead of the full 75 min.

**Daytime Sleep: 3 hr 5 min**      **Nighttime Sleep: 11 hr 50 min**      = **15 hr**






Pro tip) 1-Month Average Sleep: 15–17 hr total (day + night), including 11–12 hr of nighttime sleep



# Recommended Schedule

## for Babies Who Extend Naps Well (60–90 Days Old)

✓ Summary · 75–90 minute wake window · Max daytime sleep: 5 hours  
 Notes · Do not exceed 2 hours per nap · 12+ hour daytime schedule

Wake window	Time	Routine	Total Daytime Sleep Example:
75 min	08:00 / 08:15	Wake-up / Feeding 	10 min to fall asleep <b>1 hr 35 min</b>
	09:15 / 09:25	<b>Nap 1: Put Down / Asleep</b>	
80 min	11:00 / 11:15	Wake-up / Feeding 	<b>1 hr 30 min</b>
	12:20 / 12:30	<b>Nap 2: Put Down / Asleep</b>	
85 min	14:00 / 14:15	Wake-up / Feeding 	<b>55 min</b>
	15:25 / 15:35	<b>Nap 3: Put Down / Asleep</b>	
90 min	16:30	Wake-up	<b>30 min</b>
	17:00	Feed 4 	
	18:00 / 18:10	<b>Nap 4: Put Down / Asleep</b>	
90 min	18:40	Wake-up	<b>16 hr 20 min</b>
	19:20 / 19:30	Bath / Final Feed 	
	20:10	<b>Start Night Sleep</b>	
		<b>Daytime Sleep: 4 hr 30 min</b>	<b>Nighttime Sleep: 11 hr 50 min</b>

Pro Tip) 2-Month Average Sleep: 15–17 hours total | 11–12 hours nighttime



# Recommended Schedule for Babies Who Wake Up Early (60–90 Days Old)

- ✓ **Summary Notes**
- Wake window: 75–90 min
  - Maximum daytime sleep: 5 hr, **no minimum**
  - Nap count is not important
  - E-P-S-P-S Is Also OK
  - Cluster feed only half the usual amount

● Wake Window

● Total Daytime Sleep (10 min to fall asleep)



**Daytime Sleep: 4 hr 25 min**      **Nighttime Sleep: 10 hr 30 min**      = **14 hr 55 min**

Pro Tip) 2-Month Average Sleep: 15–17 hr total (day + night), including 11–12 hr of nighttime sleep

# Recommended Schedule for Babies Who Wake Up Early (60–90 Days Old)




## ✓ Summary Notes

- Wake window: 75–90 min
- Nap count is not important
- Play–Eat–Play–Sleep Is OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 5 hr, **no minimum**
- Example: 13 hr 30 min day

### ● Wake Window

### ● Total Daytime Sleep (10 min to fall asleep)

Time	Routine

Time	Routine
	
	
	

<b>Daytime Sleep:</b>	<b>Nighttime Sleep:</b>
-----------------------	-------------------------

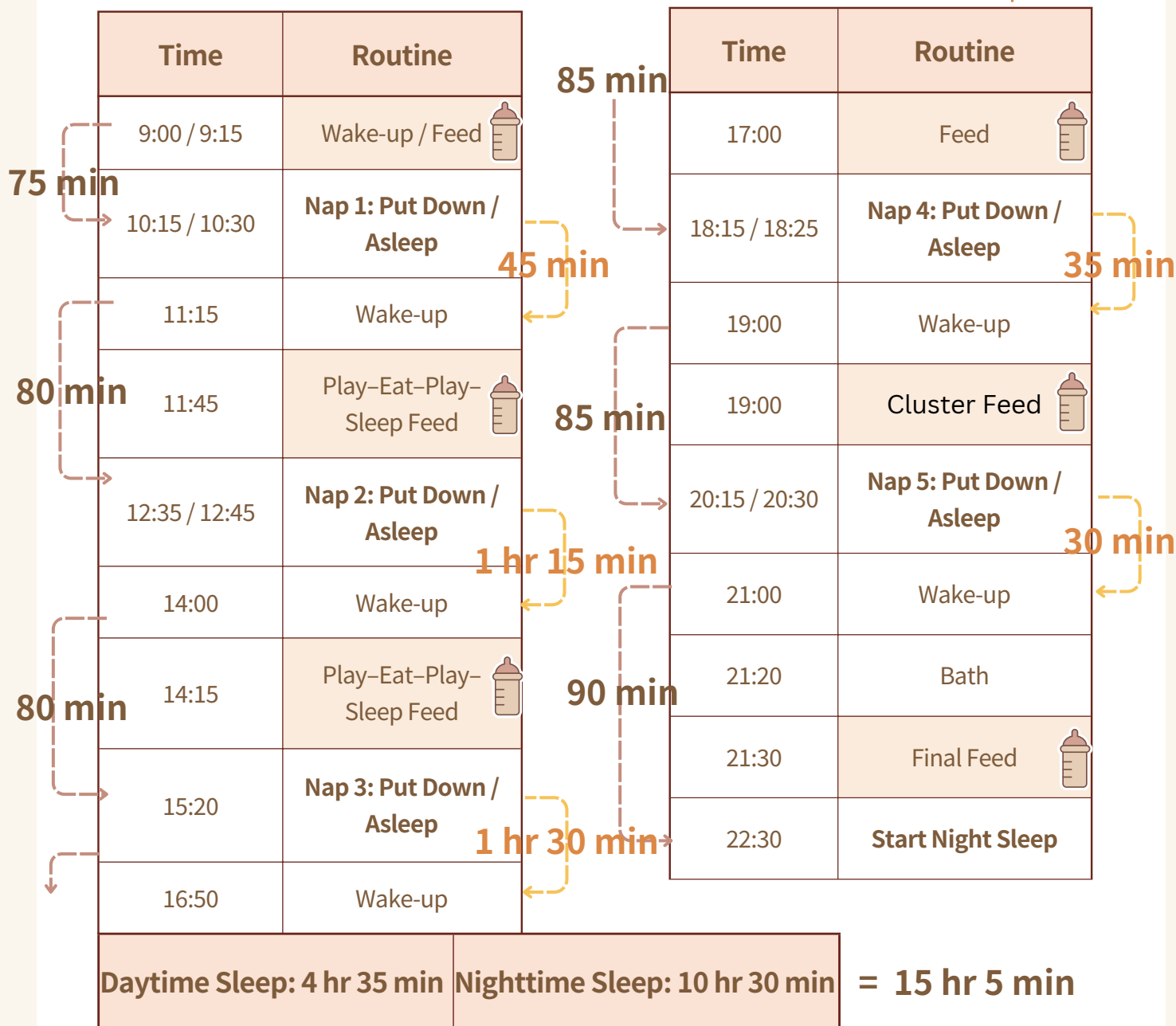
# Recommended Schedule for Babies with Late Wake-Up and Bedtimes (60–90 Days Old)

## Summary Notes

- Wake window: 75–90 min
- Nap count is not important
- Play-Eat-Play-Sleep Is OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 5 hr, **no minimum**
- Example: 13 hr 30 min day

● Wake Window

● Total Daytime Sleep  
(10 min to fall asleep)



Pro Tip) 2-Month Average Sleep: 15–17 hr total (day + night),  
including 11–12 hr of nighttime sleep

# Recommended Schedule for Babies with Late Wake-Up and Bedtimes (60–90 Days Old)

✓ **Summary**  
**Notes**

- Wake window: 75–90 min
- Nap count is not important
- Play-Eat-Play-Sleep Is OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 5 hr, **no minimum**
- Example: 13 hr 30 min day

● **Wake Window**

● **Total Daytime Sleep**  
(10 min to fall asleep)

Time	Routine

Time	Routine

<b>Daytime Sleep:</b>	<b>Nighttime Sleep:</b>	<b>=</b>
-----------------------	-------------------------	----------

# Recommended Schedule for Babies Who Extend Naps Only Once a Day (60–90 Days Old)

## Summary Notes

- Wake window: 75–90 min
- Nap count is not important
- Play–Eat–Play–Sleep Is OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 5 hr, **no minimum**
- Example of Using a Catnap

● Wake Window

● Total Daytime Sleep  
(10 min to fall asleep)



Pro Tip) Average total sleep for a 2-month-old is 15–17 hr, with average nighttime sleep totaling 11–12 hr.

## Recommended Schedule

### for Babies Who Extend Naps Only Once a Day (60–90 Days Old)




✓ **Summary**  
**Notes**

- Wake window: 75–90 min
- Nap count is not important
- Play–Eat–Play–Sleep Is OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 5 hr, **no minimum**
- Example of Using a Catnap

● **Wake Window**

● **Total Daytime Sleep**  
(10 min to fall asleep)

Time	Routine

Time	Routine
	
	
	

<b>Daytime Sleep:</b>	<b>Nighttime Sleep:</b>
-----------------------	-------------------------

## Recommended Schedule






### for Babies Who Cannot Extend Naps at All (60–90 Days Old)

#### Summary Notes

- Wake window: 75–90 min
- Short-Nap-Based Schedule
- **Make Sure Baby Stays Awake During Feeds**
- **Adjust Wake Windows Based on Baby's Condition as Needed**
- **Eat-Play-Sleep-Play-Sleep Is Also OK**
- Maximum daytime sleep: 5 hr, **no minimum**

● Wake Window

● Total Daytime Sleep  
(10 min to fall asleep)

Time	Routine	Time	Routine
8:00 / 8:15	Wake-up / Feed 	14:50	Nap 4: Put Down / Asleep
9:15 / 9:25	Nap 1: Put Down / Asleep	15:20	Wake-up
9:45	Wake-up, Nap Extension Unsuccessful	16:40 / 16:50	Nap 5: Put Down / Asleep
11:00 / 11:10	Nap 2: Put Down / Asleep	17:20 / 17:25	Wake-up / Feed 
11:40	Wake-up, Nap Extension Unsuccessful	18:50 / 19:00	Nap 6: Put Down / Asleep
11:45	Feed 	19:10	Wake-up
13:00 / 13:10	Nap 3: Put Down / Asleep	19:40	Bath
13:30	Wake-up	19:50	Final Feed 
14:15	Feed 	20:10	Start Night Sleep

Wake window durations (left side): 75 min, 75 min, 80 min, 80 min.

Total daytime sleep durations (right side): 85 min, 80 min, 90 min, 60 min.

Nap durations (middle): 20 min, 30 min, 20 min.

Time to fall asleep (right side): 30 min, 30 min, 10 min.

Pro Tip) If the usual wake window before bedtime is 90 min, but baby took a 10-min catnap, try bedtime after 60 min instead.

Daytime Sleep: 2 hr 20 min    Nighttime Sleep: 11 hr 50 min    = 14 hr 10 min

Pro Tip) Average total sleep at 2 months: 15–17 hr  
Average nighttime sleep: 11–12 hr

# Recommended Schedule for Babies Who Cannot Extend Naps at All (60–90 Days Old)

## ✓ Summary Notes

- Wake window: 75–90 min
- Short-Nap-Based Schedule
- **Make Sure Baby Stays Awake During Feeds**
- **Adjust Wake Windows Based on Baby's Condition as Needed**
- **Eat-Play-Sleep-Play-Sleep Is Also OK**

· Maximum daytime sleep:  
5 hr, **no minimum**

● Wake Window

● Total Daytime Sleep  
(10 min to fall asleep)

Time	Routine

Time	Routine

Daytime Sleep:






Nighttime Sleep:



# 3-Month Recommended Schedule

## for Babies Who Extend Naps Well (After 90 Days)

✓ Summary · 90–120 minute wake window Max daytime sleep: 4 hours  
 Notes · Do not exceed 2 hours per nap · 12+ hour daytime schedule

Wake window	Time	Routine	Total Daytime Sleep Example:
90 min	07:00 / 07:15	Wake-up / Feeding 	10 min to fall asleep
	08:30 / 08:40	<b>Nap 1: Put Down / Asleep</b>	
100 min	09:40 / 10:00	Wake-up / Feeding 	1 hr
	11:20 / 11:30	<b>Nap 2: Put Down / Asleep</b>	1 hr
105 min	12:30 / 13:00	Wake-up / Feeding 	35 min
	14:15 / 14:25	<b>Nap 3: Put Down / Asleep</b>	
110 min	15:00	Wake-up	30 min
	16:00	Feed 4 	
120 min	16:50 / 17:00	<b>Nap 4: Put Down / Asleep</b>	= 14 hr 35 min
	17:30	Wake-up	
	18:50 / 19:00	Bath / Final Feed 	
	19:30	<b>Start Night Sleep</b>	
		<b>Daytime Sleep: 3 hr 5 min</b>	<b>Nighttime Sleep : 11 hr 30 min</b>

Pro Tip) 3-Month Average Sleep: 12–15 hr total | 10–12 hr nighttime



# 3-Month Recommended Schedule for Babies Who Wake Up Early (After 90 Days)

## Summary Notes

- Wake window: 90–120 min
- Nap count is not important
- Play-Eat-Play-Sleep Is Also OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 4 hr, **no minimum**
- Example: 13 hr 30 min day



Daytime Sleep: 3 hr 20 min    Nighttime Sleep : 9 hr 50 min    = 13 hr 10 min

Pro Tip) Average total sleep at 3 months: 12–15 hr, Target nighttime sleep: 10+ hr  
[Click here to learn about early morning waking: causes and solutions!](#)

# 3-Month Recommended Schedule for Babies Who Wake Up Early (After 90 Days)

✓ **Summary**  
**Notes**

- Wake window: 90–120 min
- Nap count is not important
- Play-Eat-Play-Sleep Is Also OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 4 hr, **no minimum**
- Example: 13 hr 30 min day

● Wake Window

● Total Daytime Sleep  
(10 min to fall asleep)

Time	Routine

Time	Routine

<b>Daytime Sleep:</b>	<b>Nighttime Sleep:</b>	<b>=</b>
-----------------------	-------------------------	----------



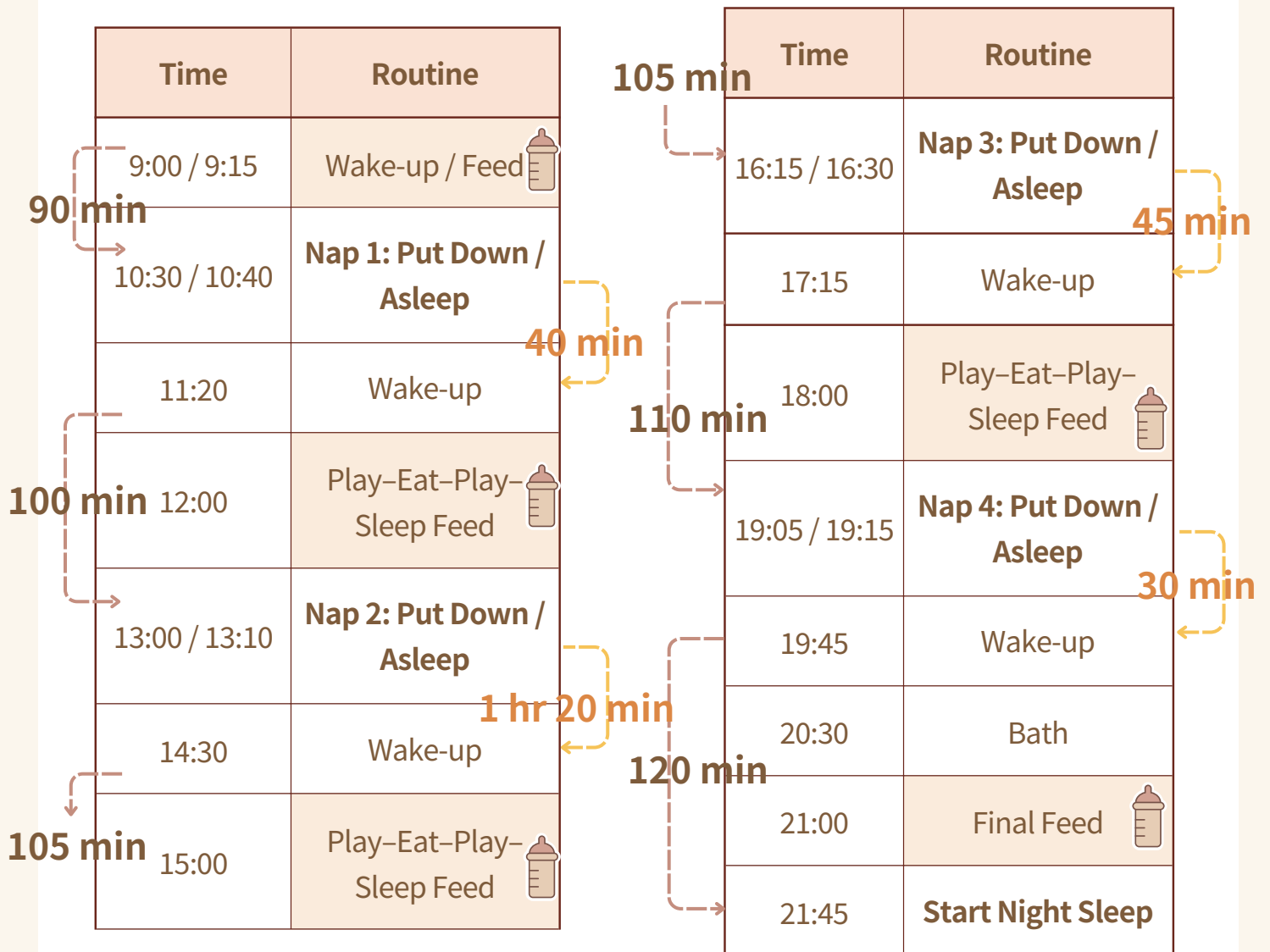
# 3-Month Recommended Schedule for Babies with Late Wake-Up and Bedtimes (After 90 Days)

## Summary Notes

- Wake window: 90–120 min
- Nap count is not important
- Play-Eat-Play-Sleep Is Also OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 4 hr, **no minimum**
- One active nap extension is OK

● Wake Window

● Total Daytime Sleep  
(10 min to fall asleep)



Daytime Sleep: 3 hr 15 min    Nighttime Sleep: 11 hr 15 min    = 14 hr 30 min

Pro Tip) Average total sleep at 3 months: 12–15 hr  
Average nighttime sleep: 10–12 hr

# 3-Month Recommended Schedule for Babies with Late Wake-Up and Bedtimes (After 90 Days)

✓ Summary Notes

- Wake window: 90–120 min
- Nap count is not important
- Play-Eat-Play-Sleep is OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 4 hr, **no minimum**
- One active nap extension is OK

● Wake Window

Time	Routine

● Total Daytime Sleep (10 min to fall asleep)

Time	Routine

Daytime Sleep:	Nighttime Sleep:	=
----------------	------------------	---

# 3-Month Recommended Schedule for Babies Who Extend Naps Only Once a Day (After 90 Days)

## Summary Notes

- Wake window: 90–120 min
- Nap count is not important
- Play–Eat–Play–Sleep is OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 4 hr, **no minimum**
- One active nap extension is OK

● Wake Window

● Total Daytime Sleep  
(10 min to fall asleep)



Daytime Sleep: 2 hr 50 min

Nighttime Sleep : 11 hr 50 min

= 14 hr 40 min

Pro Tip) Average total sleep at 3 months: 12–15 hr

Average nighttime sleep: 10–12 hr

# 3-Month Recommended Schedule for Babies Who Extend Naps Only Once a Day (After 90 Days)

✓ Summary  
Notes

- Wake window: 90–120 min
- Nap count is not important
- Play–Eat–Play–Sleep is OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 4 hr, **no minimum**
- One active nap extension is OK

● Wake Window

Time	Routine

● Total Daytime Sleep  
(10 min to fall asleep)

Time	Routine

Daytime Sleep:	Nighttime Sleep:	=
----------------	------------------	---

# 3-Month Recommended Schedule for Babies Who Do Not Extend Naps (After 90 Days)

## Summary Notes

- Wake window: 90–120 min
- Nap count is not important
- Play–Eat–Play–Sleep is OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 4 hr, **no minimum**
- A flexible schedule is essential

● Wake Window ● Total Daytime Sleep (10 min to fall asleep)



Pro Tip) If the usual wake window before bedtime is 120 min, but baby took a 10-min catnap, try bedtime after 90 min instead.

Daytime Sleep: 2 hr 20 min    Nighttime Sleep : 11 hr 5 min    = 13 hr 25 min

Pro Tip) Average total sleep at 3 months: 12–15 hr  
Average nighttime sleep: 10–12 hr

# 3-Month Recommended Schedule for Babies Who Do Not Extend Naps (After 90 Days)

✓ **Summary**  
**Notes**

- Wake window: 90–120 min
- Nap count is not important
- Play–Eat–Play–Sleep is OK
- Cluster feed only half the usual amount
- Maximum daytime sleep: 4 hr, **no minimum**
- A flexible schedule is essential

● Wake Window

● Total Daytime Sleep  
(10 min to fall asleep)

Time	Routine

Time	Routine

**Daytime Sleep:**                      **Nighttime Sleep:**                      **=**

# Tips for Earlier Wake-Ups and Bedtimes

---

## **1) Adjust bedtime gradually when shifting it earlier.**

If your baby already has a consistent bedtime, gradually shift it earlier toward your target time. Putting your baby down significantly earlier without a gradual adjustment may lead them to perceive it as a nap rather than nighttime sleep.

On the first day of this transition, put your baby down at their usual average bedtime. The following day, move bedtime earlier by about 5–15 minutes. If your baby falls asleep without difficulty, continue to shift bedtime earlier in the same way each day. By making small, gradual adjustments, you can work toward your desired bedtime. For example, if your baby's usual bedtime is between 10:00–11:00 p.m. and your goal is 8:00 p.m., put your baby down at 10:30 p.m. on the first day. If your baby falls asleep well, move bedtime earlier to 10:15 p.m. the next day.

**Pro Tip)** If your baby has difficulty falling asleep after moving bedtime earlier by 5–15 minutes, keep the adjusted time for 2–3 days before making further changes. After that, you can continue to move bedtime earlier in small increments every 2–3 days. For babies who are more sensitive to changes, a slower, more gradual approach is recommended.

# Tips for Earlier Wake-Ups and Bedtimes

---

## **2) When moving bedtime earlier, the wake-up time should be adjusted accordingly as well.**

As you gradually move bedtime earlier as described in Step 1, and it begins to approach the current wake-up time, adjust the wake-up time earlier as needed.

However, if the wake-up time is already appropriate and only bedtime was too late, there is no need to change it. For example, if your baby wakes at 9:00 a.m. and goes to bed at 11:00 p.m., as bedtime is gradually moved earlier and begins to get closer to the wake-up time, you can also shift the wake-up time earlier—such as to 8:45 a.m., then 8:30 a.m.

**Pro Tip)** For babies between 42 and 60 days old—that is, under 2 months—both wake-up and bedtime typically fall between 9:00 and 10:00, so there is no need to move them earlier.



06

# #5 Sleep Training Method: Stop and Soothe (SS) The Five Principles of Sleep Training

The fifth principle introduces the Stop and Soothe (SS) sleep training method. This principle covers not only how to teach healthy nap routines and extend daytime naps, but also how to establish nighttime sleep habits. It also provides detailed guidance on how to handle early morning wake-ups and manage early morning feedings.

# Stop and Soothe (SS)

---

## SSleep Training Method #1: Stop and Soothe (SS)

When I explain **the Stop and Soothe (SS) method**, many parents often say, “It seems simpler than I expected.” Let me assure you with confidence—this simplicity is exactly where its strength lies.

As **Korea’s leading sleep consulting brand**, Sleep Better Baby has helped more families successfully complete sleep training than any other approach, and the key to that success lies in the Stop and Soothe (SS) method.

The Stop and Soothe (SS) method carries **a deeper meaning**. Through working with countless parents and children, Sleep Better Baby has carefully developed and refined this approach over time.

**1. Flexible Waiting Intervals:** Unlike the Ferber method, there are no fixed time intervals. Parents can adjust the waiting time freely based on the situation.

**2. Responsive Soothing:** Unlike the Ferber method, soothing intervals are not fixed and can be adjusted flexibly based on your baby’s responses.

# Stop and Soothe (SS)

---

**3. Autonomy-Centered Approach:** Compared to the Ferber method, results may develop more gradually; however, this approach prioritizes the autonomy of both the baby and the parent. Because it follows the natural rhythm of both the caregiver and the child, it allows healthy sleep habits to form smoothly and without unnecessary stress.

**4. Effective and Sustainable Results:** Positive changes are often seen sooner than expected (typically within 1–2 weeks), and the results tend to remain stable over time. Sleep Better Baby's approach supports sleep training through the Stop and Soothe (SS) method up to around age five, with strategies flexibly adapted to each child's temperament and circumstances.

# Stop and Soothe (SS)

---

**“I’d like to take a gradual approach to nap training. Is it okay to start with nighttime sleep first?”**

Yes, absolutely. You may remember the five core elements of sleep training: the feed–play–sleep routine, sleep environment, bedtime routine, sleep schedule, and the final component—the “Stop and Soothe (SS)” method.

For nap training, begin by applying the first four elements and hold off on the “Stop and Soothe (SS)” method for now. You can introduce the sleep training method later when you feel fully prepared.



# Stop and Soothe (SS)

---

Fortunately, many babies' brains tend to **distinguish between daytime naps and nighttime sleep**. This means that even if you work on nap training, it does not automatically carry over to nighttime sleep. In practice, it is quite common for babies to be **soothed to sleep for naps** while sleep training is applied **only to nighttime and early morning sleep**.

If you choose to proceed with sleep training gradually, results may take a little longer to appear. However, with consistency, very positive outcomes are still fully achievable.

# Nap

---

A single sleep cycle during a daytime nap lasts approximately 30 to 40 minutes.

## Nap Extension or Nap End

This is the stage where light sleep begins again. At this point, you may observe responses such as babbling, opening their eyes, movement, fussing, or intense crying. This phase then leads either to nap extension or to the end of the nap.

## The Exit from Deep Sleep

This is the stage where the baby gradually transitions from very deep sleep into lighter sleep, and begins to show slight movements.



## Very Deep Sleep Stage

This is the deepest stage of the nap cycle.

## Sleep Onset

The eyelids become heavy as the baby begins to fall asleep. Small, subtle movements may still be present.

## Deep Sleep Onset

The baby begins to enter deep sleep. The small movements seen earlier gradually decrease, as the baby transitions into a deeper stage of sleep.

**Pro Tip)** It may take at least 1–2 weeks for a baby to adapt to nap training. A more established nap pattern may emerge around six months of age.

Between 1.5 and 3 months, the goal should not be a fixed schedule, but rather building the experience of falling asleep independently.

# Nap

---

## Let's Go Over Nap Scheduling One More Time!

- 1) Extending naps is not the primary goal. First and foremost, focus on helping your baby fall asleep independently.
  
- 2) The length of naps may vary depending on the baby's condition.
  - Normal nap: 20–40 minutes
  - Short nap: less than 20 minutes
  - Long nap: more than 40 minutes
  
- 3) Each nap should not exceed a maximum of 2 hours. If the next feeding time is approaching, it is recommended to gently wake the baby about 10 minutes before the next feeding.

# SS #1: Naps

---

## A Structured Guide to Nap Sleep Training

1) Set your morning wake-up time. Please base it on the average wake-up time over the past 5 days. This should reflect the actual average wake-up time, not the target wake-up time.

( \_\_\_\_\_ )'s average wake-up time .....

An appropriate average wake-up time is between 8:00 AM and 10:00 AM.

**Q. My baby's wake-up time is still inconsistent and varies from day to day due to night feedings.**

A. This is happening because night feedings are gradually getting closer to the first morning feed. As mentioned in the feeding section, night feedings are considered "extra feedings."

Please use the average wake-up time mentioned above as your reference, and gently wake your baby even if they are still asleep.

For example, if your baby's average wake-up time is between 8:00 and 10:00 AM and bedtime is between 8:00 and 10:00 PM, waking them around 8:30–9:00 AM can be a good approach.

# SS #1: Naps

---

2) **Set a goal for your baby to fall asleep independently starting with the first nap.**

The first nap is naturally linked to nighttime sleep pressure, so your baby is more likely to show early sleep cues and fall asleep more easily. When the first nap goes well, subsequent naps are also more likely to become stable and consistent.

3) **The “Stop and Soothe (SS)” method for naps has a 25-minute time limit.** If your baby has not fallen asleep within 25 minutes, please use your usual method to help them sleep.

If you have previously been helping your baby fall asleep by holding them, it is okay to continue doing so after the 25-minute limit. However, if possible, helping your baby fall asleep while lying down is a better option.

We recommend lying down with your baby in an arm-resting position rather than having them sleep in a carrier.

What matters most is not achieving a perfect nap, but ensuring that your baby gets some sleep in any way possible. Please approach this with the mindset of “practicing how to sleep.”

# SS #1: Naps

---

**Q: I've been helping my baby fall asleep by nursing, and I've also been using a side sleeper pillow.**

A. As mentioned in the early part of this e-book, certain sleep associations need to be gently phased out. Do you remember that? Returning to nursing as a way to fall asleep is not recommended, as it may affect your baby's overall nap patterns.

Since the side sleeping pillow is no longer in use, please use an alternative method to help your baby fall asleep. For example, you may use arm-resting on your bed, a stroller, a baby carrier, a car seat, or gently walking while holding your baby.

# SS #1: Naps

---

**Q. My baby fell asleep using the “Stop and Soothe” (SS) method within 25 minutes, but woke up again after only 10 minutes. What should I do?**

A. Falling asleep within 25 minutes is already a wonderful achievement. From this point on, follow this guideline: if your baby naps for less than 20 minutes, use stronger sleep associations to help them fall back asleep.

- **For how long?** Continue until the next feeding time, without exceeding 2 hours from the start of the nap or going beyond the baby’s maximum total daytime sleep limit for the day.
- If your baby slept for more than 20 minutes, please refer to the “Stop and Soothe” section on extending naps.

4) The last nap before bedtime is often the most difficult one for sleep training. While it is generally appropriate to apply the full 25 minutes of “Stop and Soothe” (SS), there may be times **when your baby is crying intensely or when continuing SS for the full 25 minutes would push bedtime too late**. In those cases, for the final nap only, apply SS for just 10–15 minutes.

# SS #1: Naps

---

5) The last nap of the day should ideally be around 30–40 minutes, and there is no need to extend it. This helps your baby sleep better at night. However, if your baby misses the last nap, you should actively help them fall asleep. Skipping the final nap can lead to overtiredness at bedtime, drowsiness during the last feeding, false starts, early morning wakings, and split nights. Even if the last nap is challenging, do your best to make sure your baby gets some sleep.

## 6) Going-Out Guidelines During the Early Stages of Sleep Training

During the early stages of sleep training, it is best to minimize outings as much as possible. The idea is similar to potty training: when children are learning to stop using diapers, families often stay home for about a week to practice consistently. At first there may be accidents, but with repetition, success gradually increases. However, going out usually means putting the diaper back on again, which can be confusing for the child.

For the same reason, during the first 1–2 weeks of sleep training, try to limit outings as much as possible. Once your baby is consistently able to nap independently, outings are perfectly fine, and occasional naps outside the home are unlikely to disrupt the sleep habits established at home.

# SS Step 1: Pause and Wait

---

## Pause and Wait

Complete the bedtime routine and place your baby down.

- **Caregiver Position:** Caregivers may remain in the room while staying outside the crib or bed. Your baby does not need to see you, as long as you are able to see your baby. If you prefer to leave the room, that is also perfectly fine. Choose the approach that feels most comfortable for you.

According to research published in BMC Neuroscience, parents may perceive time as passing more slowly when listening to their baby cry. This is because the parental brain is highly sensitive to infant cues, and the stress and emotional response triggered by crying can distort the perception of time.

If leaving the room feels too difficult, it is perfectly okay to remain in the room. However, for the caregiver's mental well-being, waiting outside the room may be a helpful option when possible.

# SS Step 1: Pause and Wait

---

## Pause and Wait

- **Waiting Duration:** Decide on a waiting time that feels manageable for you. Below are the recommended waiting intervals from Sleep Better Baby.

By Age	Recommended Waiting Time
0-2 Months	30 Seconds–5 Minutes
3 Months	2–15 Minutes

# SS Step 1: Pause and Wait

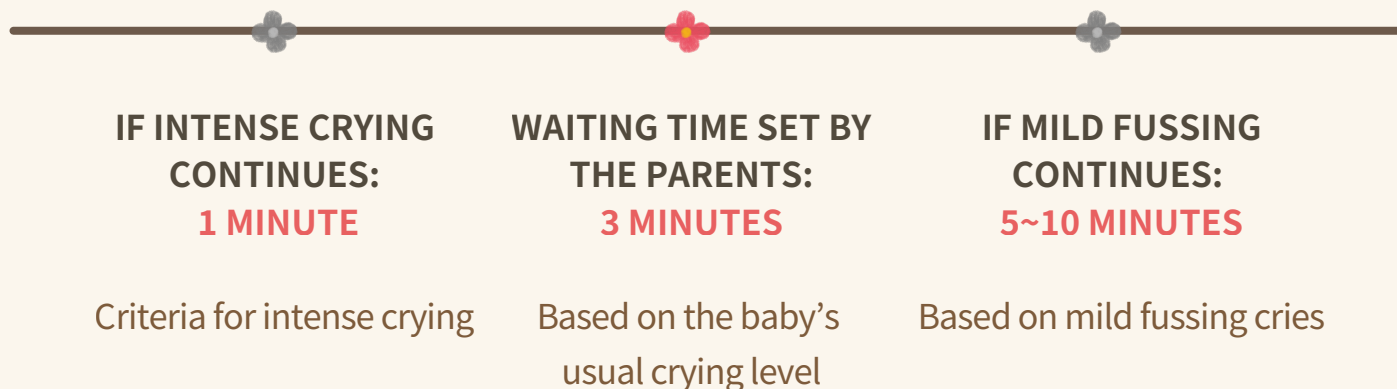
---

## Pause and Wait

**Intensity of Crying:** Crying can generally be divided into three categories.

- 1) Fussing cry (a weaker cry than usual)
- 2) Moderate cry (a typical, usual-level cry)
- 3) Intense cry (a much stronger cry than usual)

These three types of crying may appear as one continuous pattern, or they may fluctuate in a sequence such as mild-moderate-intense-moderate-mild. A baby's crying pattern can vary depending on each situation and moment.



# SS Step 1: Pause and Wait

---

## Pause and Wait

### Important Notes

- 1) During the waiting period, it is important to remain consistent with the waiting process. This is a time when your baby is concentrating, **so avoid touching or talking to them.**
- 2) If you are waiting outside the room, monitor your baby using a baby monitor. **If you notice any safety concerns or risk of danger, intervene immediately.**
- 3) Dividing roles can also be helpful. For example, the mother may handle naps while the father handles bedtime and early morning wake-ups. However, both parents should apply the same approach consistently.
- 4) If the waiting time has ended and you are about to enter the room, but your baby's crying suddenly becomes very weak or they begin showing signs of falling asleep, **try waiting one additional minute before intervening.**

**Pre-sleep behaviors:** sucking fingers, babbling, shaking the head from side to side, tossing and turning, kicking, rubbing the eyes, and weak crying may appear. In some cases, intense crying may also continue.

# SS Step 2: Soothe While Lying Down

---

## Soothe While Lying Down

If your baby is still unable to fall asleep and continues crying after the waiting period has ended, enter the room and begin “Soothe While Lying Down.” The most important point when soothing your baby is to avoid helping them transition into Stage 1 sleep (dazed eyes, drowsiness, half-closed eyes, body relaxation). **In other words, soothing is a process to help stop the crying, not a process to make the baby fall asleep. Please find a soothing method that works best for your baby.**

The following are some soothing methods you can try with your baby.

Possible soothing methods include softly talking, gently pressing on the chest, singing a lullaby, making “shhh” or “ahhh” sounds, patting the baby while side-lying, or offering a pacifier. If the pacifier falls out, replace it immediately up to 2–3 times, then gently remove it within 5–10 minutes after the baby falls asleep. Use white noise at 65–75 dB during soothing, then lower it to below 50 dB once the baby is asleep.

# SS Step 2: Soothe While Lying Down

---

## Soothe While Lying Down

### Response Guidelines by Situation

- 1) If the crying has stopped, stop soothing and move on to **“Step 3: Wait.”**
- 2) If the crying stops briefly but starts again intensely immediately after soothing is stopped, **repeat “Step 2: Soothe While Lying Down” up to three times.** If intense crying continues even after three repetitions, move on to **“Step 4: Soothe While Holding.”**

After “Step 1: Pause and Wait,” begin Step 2 immediately. (Proceed through steps 1–4 without waiting between each sequence.)

- 1) Soothe while lying down → crying stops → stop soothing → intense crying resumes immediately
- 2) Soothe while lying down → crying stops → stop soothing → intense crying resumes immediately
- 3) Soothe while lying down → crying stops → stop soothing → intense crying resumes immediately
- 4) Soothe while lying down (final attempt) → crying stops → stop soothing → intense crying resumes immediately → soothe while holding the baby

# SS Step 2: Soothe While Lying Down

---

## Soothe While Lying Down

3) If the crying stops and changes into **moderate crying or mild fussing**, move on to “Step 3: Wait.”

**Q. Is there a recommended duration for soothing?**

A. No. Some babies calm down right away, while others may take around 10 minutes. The goal is simply to soothe, not to put your baby to sleep.

# SS Steps 3-4: Wait and Hold

---

## Wait and Hold

### Wait

Please follow the same process as Stop and Soothe (SS) Step 1.

---

IF INTENSE CRYING  
CONTINUES:  
**1 MINUTE**

Criteria for intense crying

WAITING TIME SET BY  
THE PARENTS:  
**3 MINUTES**

Based on the baby's  
usual crying level

IF MILD FUSSING  
CONTINUES:  
**5~10 MINUTES**

Based on mild fussing cries

### Held Soothing

Step 4 is Held Soothing. Pick your baby up from the crib or bed and hold your baby in your arms. You may gently pat your baby and make a “shhh” sound to help your baby feel calm and soothed.

### Response Guidelines by Situation

- 1) If the crying has stopped, stop soothing and move on to **“Step 1: Pause and Wait.”**
- 2) If the crying stops briefly but starts again intensely immediately after soothing is stopped, **repeat Step 4 up to three times**. If intense crying continues even after three repetitions, place your baby back in the bed and return to **“Step 1: Pause and Wait.”**

# SS Steps 3-4: Wait and Hold

---

## Wait and Hold

- 1) First soothe while holding → crying stops → place the baby down → intense crying resumes immediately
- 2) Soothe while holding → crying stops → place the baby down → intense crying resumes immediately
- 3) Soothe while holding → crying stops → place the baby down → intense crying resumes immediately
- 4) Final soothe while holding → crying stops → stop soothing → intense crying resumes immediately → return to “Step 1: Pause and Wait”

3) If the crying stops and changes into **moderate crying or mild fussing**, move on to “Step 1: Pause and Wait.”

# SS #1: Naps

---

**Q. My baby does not respond well to soothing while lying down. Is it okay to skip soothing while lying down?**

A. Of course. The most important part of soothing is understanding which method works best for your baby. If you have tried soothing while lying down several times but the crying does not stop, try transitioning to “Soothe While Holding.” If your baby calms down more effectively while being held, you may skip soothing while lying down and follow the pattern below instead:

Step 1: Pause and Wait → Step 4: Soothe (While Holding)  
→ Step 1: Pause and Wait → Step 4: Soothe (While Holding)

**Q. My baby fell asleep while being soothed. What should I do?**

A. It’s okay. When a baby is overtired or having a difficult time, they may fall asleep quickly when being held by a parent. However, if this happens frequently, try the following methods:

- 1) Try reducing awake time by about 5–10 minutes.
- 2) Check whether the soothing time is too long. If you usually soothe for around 5 minutes, try reducing it to one-third or one-half of that time.

# SS #1: Naps

---

3) There may be a repeated pattern.

[Stop and Soothe (SS): reaches the 00-minute mark → baby falls asleep immediately during soothing]

That “00-minute” timing will likely be similar each time. In future Stop and Soothe (SS) sessions, pay close attention to that timing. Around that specific point, try slightly increasing the waiting time and shortening the soothing time.

**Q. If I choose to stay in the room during the waiting period, should I remain there the entire time?**

A. Gradually move your chair a little closer to the bedroom door each day from your original position. During the early stages of sleep training, the Stop and Soothe (SS) waiting time is 25 minutes. However, as training progresses, your baby will often begin falling asleep independently during “Step 1: Pause and Wait” alone. This change is commonly observed after 1–2 weeks of training. At that point, after completing the bedtime routine and placing your baby down, try waiting outside the room instead.

# SS #1: Nap Summary

---

# A



After completing the bedtime routine, place your baby in the crib. In the beginning, start Stop and Soothe (SS) beside the crib. Caregivers should always maintain a calm, confident, and gentle expression while interacting with their baby.

# B



If your baby begins to cry, wait patiently. While waiting, stay nearby and observe, but it is important not to touch or stimulate your baby.

# C



Once the waiting time set by the caregiver has ended, soothe your baby as needed. It is recommended to soothe your baby while they remain lying down, but if that does not work well, it is okay to pick them up. The caregiver's role is not to put the baby to sleep, but to comfort and encourage them.

# D



**Repeat Steps 1–4 for 25 minutes.**

If your baby is still awake after 25 minutes, put your baby to sleep using your usual method.

# SS #2: Nap Extension Method

---

**If nap extension is not going well, be sure to check the following five factors.**

1) Make sure your baby's wake window is appropriate.

Check Sleep Pressure

2) If there are no negative sleep associations, your baby can also learn to fall asleep independently for naps.

3) Longer naps are related to brain development and may begin to emerge around 5–6 months, after the 4-month sleep regression.

4) The eat-play-sleep routine has not yet been established. (Drowsiness occurs during feeding or playtime.)

5) The sleep environment is too bright.

## **Q. How Many Nap Extensions per Day Are Considered Normal?**

It is common for naps to be extended once or twice a day. Some babies are able to extend naps on their own, but between 1.5 and 3 months of age, this may be difficult due to immature brain development. Based on consulting with thousands of babies, the following nap patterns were commonly observed.

# SS #2: Nap Extension Method

---

## Alternating Nap Extensions

- Nap 1: Extended O → Nap 2: Not Extended X → Nap 3: Extended O → Nap 4: Not Extended X
- Nap 1: Not Extended X → Nap 2: Extended O → Nap 3: Extended O → Nap 4: Not Extended X

Each baby has certain naps that are easier to extend than others. Fixed standards such as “Nap 1 should be long” or “Nap 2 should be the longest” are not always appropriate. However, in cases of early morning waking, a shorter first nap may be more suitable.

If there are no underlying pathological issues, nap extension can occur naturally.

During Sleep Better Baby consultations, more than 80% of babies under 6 months of age were able to extend naps independently. However, approximately 1–2 out of 10 babies still experienced difficulty with nap extension. For an accurate assessment, we recommend a one-on-one consultation with the Sleep Better Baby team.

# SS #2: Nap Extension Method

---

## Nap Extension Method

1) This method is similar to Stop and Soothe (SS) nap training and is carried out for 5–15 minutes.

Step 1: If your baby wakes after sleeping for more than 20 minutes, begin with Step 1: Pause and Wait → Step 2: Soothe while lying down → Step 3: Pause and Wait → Step 4: Soothe while holding. If your baby falls back asleep within 5–15 minutes, leave the room. **Nap extension should only be attempted once per nap.**

- Not Recommended: Baby sleeps for 20 minutes → nap extension succeeds → wakes again after 10 minutes → attempting another nap extension X

If it is time for a feeding, proceed with feeding after 5–15 minutes. If it is not a feeding time, continue with an eat-play-sleep or play-sleep routine, and plan the next nap based on the wake window.

# SS #2: Nap Extension Method

At 1 month of age: wake window is 60–75 minutes.

Nap extension successful,  
eat-play-sleep example

9:15	Feeding
10:00 / 10:10	<b>Nap 1: Put down / Falls asleep</b>
12:00	Wakes up after successful nap extension
12:15	Wake up / Feeding

Nap extension unsuccessful,  
eat-play-sleep-play-sleep example

9:15	Feeding
10:00 / 10:10	<b>Nap 1: Put down / Falls asleep</b>
10:30	Wake up
10:45	Nap extension unsuccessful
11:30	<b>Nap 2: Put down</b>
12:00	Wake baby from nap
12:15	Wake up / Feeding

60 minutes

# SS #2: Nap Extension Method

---

## Nap Extension Method

2) If the Stop and Soothe (SS) method in Step 1 consistently does not work, you may try Method 2 once per day. This method is also carried out for 5–15 minutes.

- Identify the usual wake-up time during naps (typically 20–30 minutes).
- Enter the room about 5 minutes before the expected wake-up time.
- When your baby begins to stir, soothe them while lying down (e.g., white noise, gentle patting).
- If your baby does not fall back asleep, proceed with the same steps as Method 1.

**Q. Why can this method only be used once per day?  
Can't it be tried at every nap?**

A. Nap extension becomes possible naturally when a baby is developmentally ready. However, if caregivers repeatedly use two active nap extension methods at every nap, they may fail to recognize when the baby is actually capable of self-extending sleep. As a result, the baby may miss opportunities to develop independent nap extension skills. Therefore, it is recommended to use the more active Method 2 only once per day.

# SS #2: Nap Extension Method

---

## Nap Extension Method

### Case Study)

1) Nap 1: Nap extension Method 1 is successful → Nap 2: Method 1 is used in the same way but unsuccessful → Nap 3: Check total daily nap amount and assess whether extension is needed. (If extending would exceed the maximum total daily nap allowance, do not use Method 1 or Method 2. If it will not exceed the total allowance and the baby can sleep up to 1 hour, either Method 1 or Method 2 may be selected.)

2) Nap 1: Nap extension Method 1 is unsuccessful → Nap 2: Proceed with Method 2, and it is successful → Nap 3: Check total daily nap amount and assess whether extension is needed. (If extending would exceed the maximum total daily nap allowance, do not use Method 1 or Method 2. If it will not exceed the total allowance and the baby can sleep up to 1 hour, either Method 1 or Method 2 may be selected.)

# SS #2: Nap Extension Method

---

## **Nap Extension Method**

**Q. What should I do if my baby wakes up but is not crying?**

A. If your baby wakes after about 30 minutes of sleep but is not crying, check the time. If it is feeding time, take your baby out of the crib immediately. If there is still a significant amount of time before the next feeding, try Nap Extension Method 1 (Stop and Soothe).

**Q. After an unsuccessful nap extension, I took my baby out, but they are crying and still sleepy. What should I do if my baby falls asleep during feeding?**

A. If this pattern occurs consistently, it is recommended to adjust your approach for that specific nap. For example, if your baby frequently wakes after 30 minutes and struggles during Nap 2, reduce extension attempts for Nap 1 and focus more on Nap 2. If your baby falls asleep during feeding, gently complete the feeding and then follow the appropriate nap strategy based on the schedule.

# Night Sleep Training Principles

---

## A Step-by-Step Guide to Night Sleep Training

1) First, set an appropriate bedtime. At this stage, two factors should be considered together:

- Whether at least 12 hours have passed since morning wake-up
- The wake window from the last nap to bedtime

Bedtime may vary from day to day and can shift by approximately 30 minutes to 1 hour earlier or later. If you wish to maintain a more consistent bedtime, you may consider nap capping or using a short bridging nap.

**Case Study)** A baby's typical daily schedule is a 10:00 a.m. wake-up and a 10:00 p.m. bedtime. One day, the caregiver comes across information suggesting that an appropriate bedtime is between 7:00 and 8:00 p.m. If this baby, who normally wakes at 10:00 a.m., is put to bed at 7:00 p.m., the baby may interpret this sleep as a nap. In other words, when bedtime is set significantly earlier than usual, the baby may fail to transition into deep sleep and may wake again after 30 to 40 minutes.

# Night Sleep Training Principles

---

- Reason 1) The baby has not had at least 12 hours of daytime wakefulness. If the daytime period does not adequately reach 12 hours, there may be insufficient time for feeding, play, and stimulation. In such cases, the baby may take a long time to fall asleep at bedtime, or may treat nighttime sleep as a nap and wake after a short sleep.
- Reason 2) The bedtime has been abruptly moved 3 hours earlier. If you wish to move bedtime to 7:00 p.m., the wake-up time should also be adjusted to 7:00 a.m. It is recommended to gradually shift both wake-up and bedtime earlier by 5–15 minutes per day, ensuring that both are adjusted proportionally.

## **How to Gradually Move an Late Bedtime Earlier**

Day 1: Wake at 10:00 a.m., bedtime at 10:00 p.m. → Wake at 9:45 a.m. (wake your baby), bedtime at 9:45 p.m.

Day 2: Wake at 9:45 a.m., bedtime at 9:45 p.m. → Wake at 9:30 a.m. (wake your baby), bedtime at 9:30 p.m.

Day 3: Wake at 9:30 a.m., bedtime at 9:30 p.m. → Wake at 9:15 a.m. (wake your baby), bedtime at 9:15 p.m.

The wake window before bedtime should also be adjusted accordingly. To support this, appropriate use of nap capping or a short bridging nap may be helpful.

# Night Sleep Training Principles

---

## A Step-by-Step Guide to Night Sleep Training

- 2) During the bedtime routine, avoid using any sleep-inducing methods.
- 3) Be careful not to let your baby become drowsy, sleepy, or glassy-eyed during the final feeding before bedtime.
  - Ways to Prevent Drowsiness: During the bedtime routine, switch the order from “bath → final feeding” to “final feeding → bath.”
  - Feed your baby in a bright environment.
- 4) Nighttime sleep training lasts for a total of 60 minutes.

**Pro Tip)** During the first and second nights, bedtime sleep training may take anywhere from 45 minutes to 2.5 hours. The first night is usually the most challenging. A second peak of difficulty commonly occurs on the third night, while the fourth night is often noticeably easier. Some babies may experience another setback on the fifth night, though it is typically milder than the third-night peak. Most babies show significant improvement by the sixth night. Another temporary regression may occur around the tenth night, but it is generally less difficult than the fifth night.

# Night Sleep Training Principles

---

## A Step-by-Step Guide to Night Sleep Training

If your baby is still crying and unable to fall asleep after 60 minutes, you may soothe your baby to sleep using your usual method. For example, if you normally rock or hold your baby to sleep, it is okay to do so after the 60-minute sleep training attempt. However, if your baby can fall asleep while lying down, putting your baby to sleep in the crib or bed is preferred.

How bedtime begins **determines nearly 80%** of the difficulty of overnight wakings.

Your baby is still very young, so think of this stage as practice and gradual learning. If you feel comfortable doing so, you may continue the sleep training attempt for longer than 60 minutes.

# Night Sleep Training Principles

---

**Q. If your baby wakes up at 6:30 a.m., what would be an ideal bedtime?**

A. Please consider your baby's usual nighttime sleep duration. For example, if your baby typically sleeps 10 hours at night, an 8:30 p.m. bedtime may be appropriate. If your baby sleeps around 11 hours, a 7:30 p.m. bedtime may be more suitable.

Example of Nighttime Sleep Calculation:

8:00 p.m. – 7:00 a.m. = 11 hours

20:00	<b>bedtime</b>
02:00~03:00	<b>overnight wakings</b>
04:30~05:00	<b>overnight wakings</b>
07:00	morning wake-up

Before sleep training, a baby's true nighttime sleep duration is often unclear. Some babies may seem to sleep longer due to overnight wakings or feedings, but after sleep training and consolidated sleep, their nighttime sleep may decrease or increase.

If it is difficult to determine your baby's usual nighttime sleep duration, **use 11 hours as a starting point when setting the desired morning wake time.**

**Example: 7:00 a.m. wake-up → 8:00 p.m. target bedtime**

# Night Sleep Training Principles

---

**Q. If your baby normally goes to bed at 8:00 p.m. but fell asleep at 10:00 p.m., what would be an appropriate wake-up time?**

A. We recommend waking your baby at around the usual wake-up time. However, if your baby slept less than 10 hours overnight, it is okay to allow up to one additional hour of sleep. Please keep in mind that a later wake-up time will also result in a later bedtime.

# SS Step 1: Pause and Wait

---

## Pause and Wait

Complete the bedtime routine and place your baby down.

- **Caregiver Position:** Caregivers may remain in the room while staying outside the crib or bed. Your baby does not need to see you, as long as you are able to see your baby. If you prefer to leave the room, that is also perfectly fine. Choose the approach that feels most comfortable for you.

According to research published in BMC Neuroscience, parents may perceive time as passing more slowly when listening to their baby cry. This is because the parental brain is highly sensitive to infant cues, and the stress and emotional response triggered by crying can distort the perception of time.

If leaving the room feels too difficult, it is perfectly okay to remain in the room. However, for the caregiver's mental well-being, waiting outside the room may be a helpful option when possible.

# SS Step 1: Pause and Wait

---

## Pause and Wait

- **Waiting Duration:** Decide on a waiting time that feels manageable for you. Below are the recommended waiting intervals from Sleep Better Baby.

By Age	Recommended Waiting Time
0-2 Months	30 Seconds–5 Minutes
3 Months	2–15 Minutes

# SS Step 1: Pause and Wait

---

## Pause and Wait

**Intensity of Crying:** Crying can generally be divided into three categories.

- 1) Fussing cry (a weaker cry than usual)
- 2) Moderate cry (a typical, usual-level cry)
- 3) Intense cry (a much stronger cry than usual)

These three types of crying may appear as one continuous pattern, or they may fluctuate in a sequence such as mild-moderate-intense-moderate-mild. A baby's crying pattern can vary depending on each situation and moment.



# SS Step 1: Pause and Wait

---

## Pause and Wait

### Important Notes

- 1) During the waiting period, it is important to remain consistent with the waiting process. This is a time when your baby is concentrating, **so avoid touching or talking to them.**
- 2) If you are waiting outside the room, monitor your baby using a baby monitor. **If you notice any safety concerns or risk of danger, intervene immediately.**
- 3) Dividing roles can also be helpful. For example, the mother may handle naps while the father handles bedtime and early morning wake-ups. However, both parents should apply the same approach consistently.
- 4) If the waiting time has ended and you are about to enter the room, but your baby's crying suddenly becomes very weak or they begin showing signs of falling asleep, **try waiting one additional minute before intervening.**

**Pre-sleep behaviors:** sucking fingers, babbling, shaking the head from side to side, tossing and turning, kicking, rubbing the eyes, and weak crying may appear. In some cases, intense crying may also continue.

# SS Step 2: Soothe While Lying Down

---

## Soothe While Lying Down

If your baby is still unable to fall asleep and continues crying after the waiting period has ended, enter the room and begin “Soothe While Lying Down.” The most important point when soothing your baby is to avoid helping them transition into Stage 1 sleep (dazed eyes, drowsiness, half-closed eyes, body relaxation). **In other words, soothing is a process to help stop the crying, not a process to make the baby fall asleep. Please find a soothing method that works best for your baby.**

The following are some soothing methods you can try with your baby.

Possible soothing methods include softly talking, gently pressing on the chest, singing a lullaby, making “shhh” or “ahhh” sounds, patting the baby while side-lying, or offering a pacifier. If the pacifier falls out, replace it immediately up to 2–3 times, then gently remove it within 5–10 minutes after the baby falls asleep. Use white noise at 65–75 dB during soothing, then lower it to below 50 dB once the baby is asleep.

# SS Step 2: Soothe While Lying Down

---

## Soothe While Lying Down

### Response Guidelines by Situation

- 1) If the crying has stopped, stop soothing and move on to **“Step 3: Wait.”**
- 2) If the crying stops briefly but starts again intensely immediately after soothing is stopped, **repeat “Step 2: Soothe While Lying Down” up to three times.** If intense crying continues even after three repetitions, move on to **“Step 4: Soothe While Holding.”**

After “Step 1: Pause and Wait,” begin Step 2 immediately. (Proceed through steps 1–4 without waiting between each sequence.)

- 1) Soothe while lying down → crying stops → stop soothing → intense crying resumes immediately
- 2) Soothe while lying down → crying stops → stop soothing → intense crying resumes immediately
- 3) Soothe while lying down → crying stops → stop soothing → intense crying resumes immediately
- 4) Soothe while lying down (final attempt) → crying stops → stop soothing → intense crying resumes immediately → soothe while holding the baby

# SS Step 2: Soothe While Lying Down

---

## Soothe While Lying Down

3) If the crying stops and changes into **moderate crying or mild fussing**, move on to “Step 3: Wait.”

**Q. Is there a recommended duration for soothing?**

A. No. Some babies calm down right away, while others may take around 10 minutes. The goal is simply to soothe, not to put your baby to sleep.

# SS Steps 3-4: Wait and Hold

---

## Wait and Hold

### Wait

Please follow the same process as Stop and Soothe (SS) Step 1.

---

IF INTENSE CRYING  
CONTINUES:  
**1 MINUTE**

Criteria for intense crying

WAITING TIME SET BY  
THE PARENTS:  
**3 MINUTES**

Based on the baby's  
usual crying level

IF MILD FUSSING  
CONTINUES:  
**5~10 MINUTES**

Based on mild fussing cries

### Held Soothing

Step 4 is Held Soothing. Pick your baby up from the crib or bed and hold your baby in your arms. You may gently pat your baby and make a “shhh” sound to help your baby feel calm and soothed.

### Response Guidelines by Situation

- 1) If the crying has stopped, stop soothing and move on to **“Step 1: Pause and Wait.”**
- 2) If the crying stops briefly but starts again intensely immediately after soothing is stopped, **repeat Step 4 up to three times**. If intense crying continues even after three repetitions, place your baby back in the bed and return to **“Step 1: Pause and Wait.”**

# SS Steps 3-4: Wait and Hold

---

## Wait and Hold

- 1) First soothe while holding → crying stops → place the baby down → intense crying resumes immediately
- 2) Soothe while holding → crying stops → place the baby down → intense crying resumes immediately
- 3) Soothe while holding → crying stops → place the baby down → intense crying resumes immediately
- 4) Final soothe while holding → crying stops → stop soothing → intense crying resumes immediately → return to “Step 1: Pause and Wait”

3) If the crying stops and changes into **moderate crying or mild fussing**, move on to “Step 1: Pause and Wait.”

Repeat Steps 1 through 4 for 60 minutes.

# SS #3: Bedtime Summary

---

# A



Complete the sleep routine and place your baby in the crib or bed. Begin the Stop and Soothe (SS) method beside your baby at first. Caregivers should always approach their baby with a calm, confident, and reassuring expression.

# B



If your baby begins to cry, wait quietly and observe from nearby. During this time, it is important to avoid touching or stimulating your baby.

# C



Once the caregiver's chosen waiting period has ended, soothe your baby as needed. It is preferable to soothe your baby while lying down, but if that is not working well, it is okay to pick your baby up. The caregiver's role is not to put the baby to sleep, but to provide comfort and reassurance.

# D



**Repeat Steps 1–4 for 60 minutes.**

After 60 minutes, you may put your baby to sleep using your usual method.

# SS #4: Overnight Wakings

---

## SS Step 1: Pause and Wait

Apply the Stop and Soothe (SS) method consistently, even during times when your baby would normally wake for a feeding. All wakings after bedtime should be handled using the same SS approach. For example, if your baby falls asleep at 8:00 p.m. and wakes 30 minutes later, follow the overnight waking SS method.

Babies may cry, squirm, or babble as they transition between REM sleep cycles.

- **Caregiver Position:** If you are room-sharing, quietly wait in your usual bed while monitoring your baby through a camera or baby monitor.
- **Waiting Duration:** It generally takes 3–5 minutes for a baby to fully wake from sleep. Even if your baby is crying, continue to observe and wait a little longer.

By Age	Recommended Waiting Time
0-2 Months	30 Seconds–5 Minutes
3 Months	2–15 Minutes

- **If your baby falls asleep after crying:** If your baby stops crying on their own within 5–10 minutes at night without any intervention, this is considered a “full night sleep.”

# SS #4: Overnight Wakings

---

## SS Step 1: Pause and Wait

**Intensity of Crying:** Crying can generally be divided into three categories.

- 1) Fussing cry (a weaker cry than usual)
- 2) Moderate cry (a typical, usual-level cry)
- 3) Intense cry (a much stronger cry than usual)

These three types of crying may appear as one continuous pattern, or they may fluctuate in a sequence such as mild-moderate-intense-moderate-mild. A baby's crying pattern can vary depending on each situation and moment.



# SS #4: Overnight Wakings

---

## SS Step 1: Pause and Wait

### Important Notes

- 1) During the waiting period, it is important to remain consistent with the waiting process. This is a time when your baby is concentrating, **so avoid touching or talking to them.**
- 2) If you are waiting outside the room, monitor your baby using a baby monitor. **If you notice any safety concerns or risk of danger, intervene immediately.**
- 3) Dividing roles can also be helpful. For example, the mother may handle naps while the father handles bedtime and early morning wake-ups. However, both parents should apply the same approach consistently.
- 4) If the waiting time has ended and you are about to enter the room, but your baby's crying suddenly becomes very weak or they begin showing signs of falling asleep, **try waiting one additional minute before intervening.**

**Pre-sleep behaviors:** sucking fingers, babbling, shaking the head from side to side, tossing and turning, kicking, rubbing the eyes, and weak crying may appear. In some cases, intense crying may also continue.

# SS #4: Overnight Wakings

---

## SS Step 2: Soothe While Lying Down

If your baby is still unable to fall asleep and continues crying after the waiting period has ended, enter the room and begin “Soothe While Lying Down.” The most important point when soothing your baby is to avoid helping them transition into Stage 1 sleep (dazed eyes, drowsiness, half-closed eyes, body relaxation). **In other words, soothing is a process to help stop the crying, not a process to make the baby fall asleep. Please find a soothing method that works best for your baby.**

The following are some soothing methods you can try with your baby.

Possible soothing methods include softly talking, gently pressing on the chest, singing a lullaby, making “shhh” or “ahhh” sounds, patting the baby while side-lying, or offering a pacifier. If the pacifier falls out, replace it immediately up to 2–3 times, then gently remove it within 5–10 minutes after the baby falls asleep. Use white noise at 65–75 dB during soothing, then lower it to below 50 dB once the baby is asleep.

# SS #4: Overnight Wakings

---

## SS Step 2: Soothe While Lying Down

### Response Guidelines by Situation

- 1) If the crying has stopped, stop soothing and move on to **“Step 3: Wait.”**
- 2) If the crying stops briefly but starts again intensely immediately after soothing is stopped, **repeat “Step 2: Soothe While Lying Down” up to three times.** If intense crying continues even after three repetitions, move on to **“Step 4: Soothe While Holding.”**

After “Step 1: Pause and Wait,” begin Step 2 immediately. (Proceed through steps 1–4 without waiting between each sequence.)

- 1) Soothe while lying down → crying stops → stop soothing → intense crying resumes immediately
- 2) Soothe while lying down → crying stops → stop soothing → intense crying resumes immediately
- 3) Soothe while lying down → crying stops → stop soothing → intense crying resumes immediately
- 4) Soothe while lying down (final attempt) → crying stops → stop soothing → intense crying resumes immediately → soothe while holding the baby

# SS #4: Overnight Wakings

---

## SS Step 2: Soothe While Lying Down

3) If the crying stops and changes into **moderate crying or mild fussing**, move on to “Step 3: Wait.”

**Q. Is there a recommended duration for soothing?**

A. No. Some babies calm down right away, while others may take around 10 minutes. The goal is simply to soothe, not to put your baby to sleep.

# SS #4: Overnight Wakings



---

## SS Steps 3-4: Wait and Hold

### Wait

In Step 3 (Wait), as with daytime and bedtime waiting, the waiting time may gradually decrease over time.

---

		
<b>IF INTENSE CRYING CONTINUES: 1 MINUTE</b>	<b>WAITING TIME SET BY THE PARENTS: 3 MINUTES</b>	<b>IF MILD FUSSING CONTINUES: 5~10 MINUTES</b>
Criteria for intense crying	Based on the baby's usual crying level	Based on mild fussing cries

### Held Soothing

Step 4 is Held Soothing. Pick your baby up from the crib or bed and hold your baby in your arms. You may gently pat your baby and make a “shhh” sound to help your baby feel calm and soothed.

### Response Guidelines by Situation

- 1) If the crying has stopped, stop soothing and move on to **“Step 1: Pause and Wait.”**
- 2) If the crying stops briefly but starts again intensely immediately after soothing is stopped, **repeat Step 4 up to three times**. If intense crying continues even after three repetitions, place your baby back in the bed and return to **“Step 1: Pause and Wait.”**

# SS #4: Overnight Wakings

---

## SS Steps 3-4: Wait and Hold

- 1) First soothe while holding → crying stops → place the baby down → intense crying resumes immediately
- 2) Soothe while holding → crying stops → place the baby down → intense crying resumes immediately
- 3) Soothe while holding → crying stops → place the baby down → intense crying resumes immediately
- 4) Final soothe while holding → crying stops → stop soothing → intense crying resumes immediately → return to “Step 1: Pause and Wait”

3) If the crying stops and changes into **moderate crying or mild fussing**, move on to “Step 1: Pause and Wait.”

Repeat Steps 1 through 4 for 5-15 minutes.

# SS #4: Overnight Wakings

---

## SS Step 5: Feeding

### Diaper Change and Feeding

If your baby does not fall asleep after 5–15 minutes of Stop and Soothe (SS), change the diaper and proceed with a nighttime feeding.

### Customized Responses Based on the Situation

- 1) If it is close to your baby's usual feeding time, try Stop and Soothe (SS) for 5–15 minutes before offering a feeding. (Only applicable if at least 3 hours have passed since the previous feeding.)
- 2) If it is not your baby's usual feeding time, you may extend the Stop and Soothe (SS) period to 30 minutes.
- 3) If your baby wakes within 1–2 hours after bedtime, you may try applying Stop and Soothe (SS) for 30 minutes up to 1 hour.

The duration of Stop and Soothe (SS) may vary depending on whether your baby has been adequately fed. Even if it is not your baby's usual feeding time, offering a feeding within 5–30 minutes may still be appropriate if needed.

# SS #4: Overnight Wakings

---

## SS Step 5: Feeding

### Case Study)

- 1) If feeding was not what your baby needed → Continue using Stop and Soothe (SS)
- 2) If the nighttime feeding seems insufficient → Offer an additional feeding
- 3) If abdominal discomfort is suspected → Try to help your baby burp thoroughly
- 4) If your baby is experiencing schedule changes or going through a Wonder Weeks phase → Continue using Stop and Soothe (SS) while helping your baby adjust

If you'd like to check the recommended overnight feeding amount, please refer to page 35.

[Overnight Feeding Amount Guide](#)

# SS #4: Overnight Wakings

---

## SS Step 5: Feeding

How to Tell Whether Your Baby Is Hungry or Simply Unable to Fall Back Asleep Independently

If the baby woke due to hunger	Sleepy but unable to resettle
Fell asleep immediately after feeding	Continued crying after feeding, and needed sleep association support
Took a full feed and remained awake during feeding	Small feed, fell asleep immediately, and cried upon being placed down
Long gap since last feeding	Frequent feeding desired, with feeding intervals under 3 hours

During nighttime feedings, it is normal for babies to remain drowsy, and the eat-play-sleep routine does not need to be followed overnight.

After nighttime feedings, babies should return to sleep right away. If possible, try to keep your baby awake during overnight feedings. However, if your baby feeds well, burps properly, and falls asleep immediately after being placed down, it is perfectly fine for your baby to feed with their eyes closed.

# SS #4: Overnight Wakings

---

## SS Step 5: Feeding

### When Dream Feeds Are Recommended vs. Not Recommended

A dream feed involves waking your baby for a feeding even if your baby has not signaled hunger. It is generally recommended to offer a dream feed 2–3 hours after the last feeding, preferably before midnight.

When Dream Feeds Are Recommended	When Dream Feeds Are Not Recommended
Two or more overnight feedings, including dream feeds	When the dream feed is the only remaining overnight feeding
Feeds well during the dream feed, burps properly, and does not wake when placed back down	When the baby does not feed well during the dream feed and fully wakes, requiring Stop and Soothe (SS)
When dream feeds make overnight feedings easier	Dream feeds do not reduce the number of overnight feedings
Does not wake before the dream feed	Already awake before the dream feed

# SS #4: Overnight Wakings Q & A

---

**Q. I really want to eliminate nighttime feedings. Is it okay to simply hold my baby to help them fall back asleep?**

A. If a baby is helped by a parent to extend sleep during the night, this can reinforce the habit. In such cases, it may become more difficult to change this pattern later. Allowing your baby to fall asleep with as little parental intervention as possible is the fastest path to sleeping through the night.

**Q. When I intervened immediately without waiting, my baby fell asleep quickly, but when I waited, it took much longer.**

A. I completely understand. As a mother of a young child myself, I know how difficult nighttime Stop and Soothe (SS) can be. However, to eliminate night wakings, minimizing sleep associations is essential. Sleep training is not about immediate comfort, but about building the foundation for healthy sleep habits over the coming weeks and months. In our Sleep Better Baby consulting experience, most unnecessary night wakings resolve within 2–3 weeks. It will improve soon—hang in there a little longer.

# SS #4: Overnight Wakings Q & A

---

**Q. If a baby who usually sleeps until 7:00 a.m. wakes up at 5:30 a.m., what should I do?**

A. First, follow the nighttime sleep training method using Stop and Soothe (SS). If your baby feeds well but still does not fall back asleep, continue SS until 6:00 a.m. (Do not rock your baby to sleep, use arm contact sleep, or bring your baby into your bed.)

If your baby still does not fall asleep, treat 6:00 a.m. as the official wake-up time and move your baby to the living room. Then adjust the daytime schedule based on age-appropriate wake windows and set the first nap accordingly. For example, a 3-month-old typically has a 90-minute wake window, so the first nap would be around 7:30 a.m. In this case, ensure that naps do not exceed one hour.

**Q. My baby is quietly playing on their own without crying. What should I do in this case?**

A. During the night, observe your baby for at least 30 minutes. If your baby shows ongoing hunger cues, such as sucking motions or signs of discomfort, you may offer a pacifier and try soothing for about 5 minutes. If your baby still does not settle, you may proceed with a feeding, as they may be unable to resettle due to hunger.

# SS #4: Overnight Wakings Q & A

---

**Q. It seems my baby woke up much earlier, but I was asleep and couldn't check the exact wake-up time.**

A. Set the first nap based on the time your baby is either confirmed to be awake or likely to have woken up. At the same time, be sure to observe your baby's sleepy cues and adjust accordingly.

**Q. When should I stop nighttime feedings?**

A. A baby typically stops nighttime feedings on their own when the following conditions are met:

- They are able to sleep for longer stretches at night and fall back asleep independently.
- They are receiving sufficient calories during the daytime.
- Stop and Soothe (SS) is applied consistently and appropriately during night wakings.

However, every baby has different caloric needs.

Therefore, it is important to consider factors such as weight gain, growth curve, and daytime feeding intake, and to consult with a pediatrician when needed.

Nighttime feeding is not only a behavioral habit but may also be influenced by nutritional needs. For this reason, careful observation of both sleep patterns and feeding intake is essential, and professional guidance is recommended when appropriate.

# SS #4: Overnight Wakings Q & A

---

**Q. My pediatrician advised me to reduce nighttime feedings. What should I do?**

A. Gradually reduce the amount of milk your baby consumes at each nighttime feeding. If there are no unnecessary night wakings for 2–3 days, reduce the amount slightly again and continue to observe your baby's response.

Formula feeding

- On the first day, if your baby usually takes 150 ml during a nighttime feeding, reduce the amount slightly to 140 ml.
- If your baby sleeps well and does not wake for 2–3 days, reduce it further to 130 ml on day 4.
- Important note: If your baby begins waking more frequently after the reduction, return to the previous amount and maintain it for a period before trying again. Gradual and steady reduction is key.

# SS #4: Overnight Wakings Q & A

---

## Breastfeeding

- On the first day, if your baby usually feeds for 10 minutes during nighttime feedings, reduce the duration slightly to 8–9 minutes.
- If your baby sleeps well and does not wake for 2–3 days, reduce the feeding time by 1–2 minutes every 2–3 days starting from day 4.
- Important note: If your baby is unable to fall back asleep after a shortened 6-minute feeding, return to the previous feeding duration and maintain it for a period before trying again. Gradual and flexible reduction is essential.

**Q. It has been more than a week since we stopped nighttime feedings. Do I still need to feed my baby at night?**

A. Babies go through periods of increased caloric needs, such as developmental leaps or growth spurts. During these times, previously resolved night wakings may reappear, and in many cases, genuine hunger may be the cause. This is especially common in younger infants. In such situations, follow Stop and Soothe (SS), and consider offering a feeding if your baby continues to show signs of hunger after approximately 15 minutes.

# SS #4: Overnight Summary

---

# A



If your baby begins crying during the night, wait at least 3–5 minutes before responding. During this time, monitor your baby from your bed using a camera to ensure they are safe.

# B



Try soothing your baby while keeping the swaddle or sleep sack on. We recommend keeping the main lights off and using a feeding light or dim lighting instead. Using your phone flashlight is also acceptable.

# C



If your baby does not calm down after soothing, change the diaper and offer a feeding while keeping the swaddle or sleep sack on. Offer the same amount as daytime feedings, or slightly less, while keeping interaction and lighting to a minimum.

# D



After burping your baby, place them back in the crib. There is no need to repeat the bedtime routine. If your baby falls asleep while burping, do not wake them and simply lay them down. However, if your baby wakes and cries after being placed down, soothe them using the Stop and Soothe (SS) method.



07

---

# Frequently Asked Questions About Sleep Training

This section provides detailed guidance on various situations that may arise during sleep training. It covers when to wean off the pacifier, the causes and solutions for early morning wakings, common changes that may occur during the training process, and how to manage sleep training while traveling.

# Pacifier Weaning for Naps

---

**Pacifier Weaning during Naps is recommended in the following cases:**

- When the baby uses a pacifier for the entire nap (for over 30 minutes)
- When the baby becomes highly distressed when the pacifier falls out
- When naps are limited to 30–40 minutes and cannot be extended independently without a pacifier

**If two or more of the above situations apply,** it is recommended to begin weaning the pacifier during naps. However, this does not mean eliminating it from daily use. Pacifier use is only limited at nap onset and may still be used during outings, nighttime sleep, and early morning sleep if there are no concerns. This approach is recommended in cases where the pacifier has become a strong negative sleep association.

**The Stop and Soothe (SS) method can help gradually wean the pacifier during naps.**

- 1) Use the Stop and Soothe (SS) method for 25 minutes without a pacifier.
- 2) If your baby does not fall asleep after 25 minutes, use the pacifier to help them fall asleep.
- 3) For nap extension, the pacifier may be used during the soothing phase after a period of waiting.

# Pacifier Weaning for Naps

---

**Q. How long does it usually take to wean off the pacifier?**

A. Pacifier weaning is often completed within as little as one day, and in most cases within one week. On average, it takes about 1–3 days, and is usually completed more quickly than expected.

**Q. Do I need to continue avoiding pacifier use during naps?**

A. Not necessarily. If your baby is able to fall asleep at nap onset without a pacifier for about two weeks in a stable and consistent way, occasional use afterward is generally acceptable when needed.

**Q. How long should I wait before removing the pacifier after my baby falls asleep with it?**

A. Once your baby has entered a deep sleep (a still and settled state), wait about 5–10 minutes before gently removing the pacifier. If your baby wakes and cries immediately after it is removed, do not wait—simply offer the pacifier again right away. If this pattern occurs frequently, it may be helpful to consider weaning the pacifier.

# Pacifier Weaning for Nighttime Sleep

---

**Pacifier weaning during nighttime sleep is recommended in the following cases:**

- When the baby sleeps with a pacifier for the entire night sleep (for over 30 minutes)
- When the baby becomes highly distressed when the pacifier falls out
- When the baby wakes at night without a need for feeding and repeatedly falls back asleep only with the pacifier (a “pacifier shuttle” pattern)

If two or more of the above situations apply, it is recommended to begin weaning the pacifier during nighttime sleep, but this does not mean eliminating it from daily use. Pacifier use is only limited at sleep onset during nighttime sleep and may still be used during outings and early morning sleep. This is for cases of a strong negative sleep association.

**The Stop and Soothe (SS) method can be used to gradually wean the pacifier.**

- 1) Use the Stop and Soothe (SS) method for 60 minutes without a pacifier.
- 2) If your baby does not fall asleep after 60 minutes, use the pacifier to help them fall asleep.
- 3) For extended night wakings, the pacifier may be used during the soothing phase after a period of waiting.

# Pacifier Weaning for Nighttime Sleep

---

**Q. If my baby wakes up and cries immediately after falling asleep at night, is it okay to use a pacifier? Or what should I do if my baby wakes up in the middle of the night?**

A. If your baby wakes and cries immediately after falling asleep, first pause and wait briefly. If the crying continues, the pacifier should be used as a last resort.

**Q. If I use a pacifier for naps but not for nighttime sleep, will my baby become confused?**

A. Babies are able to distinguish between contexts, so there is no need for concern. Just as they differentiate between day and night sleep (as shown in the sleep illustration), they can also distinguish between nap and nighttime routines. [Day vs. Night Brain Illustration](#)

**Q. Does this mean pacifier use must be completely avoided at night forever?**

A. Not necessarily. If your baby has been able to fall asleep at nighttime sleep onset without a pacifier for about two weeks in a stable way, occasional use is generally acceptable when needed afterward.

# Early Morning Wakings Guide

---

## What Are Early Morning Wakings?

Early morning waking refers to a baby sleeping less than 10 hours from bedtime onset or waking before 6:00 a.m. When calculating total nighttime sleep, night wakings should still be included in the overall sleep duration.

- Example: 8:00 p.m. bedtime → awake from 2:00–3:00 a.m. → 6:30 a.m. wake-up = Total nighttime sleep: 10 hours 30 minutes

## How Long Does Improvement Take?

Early morning wakings are one of the sleep habits that may take longer to improve during sleep training (often requiring 4–6 weeks). The solutions provided may not produce immediate results, so consistent application for at least two weeks is recommended. While some babies are naturally early risers, more than 90% of cases showed improvement through consulting.

# Early Morning Wakings Guide

---

## Causes of Early Morning Wakings

- 1) External factors: light, noise, hunger, diaper condition, and room temperature or humidity
- 2) Internal factors: sleep habits, difficulty falling asleep independently, excessive daytime sleep, overly long or short wake windows before bedtime, drowsiness during the final feeding, or an overly early bedtime

To improve early morning wakings successfully, it is important to identify the underlying cause that best applies to your baby. Because every baby's sleep patterns are different, solutions that work for one child may not work for another.

Use the chart below to help identify possible factors contributing to your baby's early morning wakings.

**Q. If my baby falls asleep at 7:00 p.m. and wakes up at 5:30 a.m., does this still count as an early morning waking?**

A. If your baby still wakes at 5:30 a.m. even after bedtime has been moved later to 8:00 p.m., it is likely considered an early morning waking. However, if your baby sleeps more than 10 hours, wakes in a good mood, and the schedule works for the family, an early bedtime-early wake-up pattern may be maintained.

# Early Morning Wakings Guide

Causes of Early Morning Wakings	Causes and Solutions	Check
Light	Improve blackout conditions to prevent light leakage	
Noise	White noise or separate sleep arrangements may be needed	
Hunger	If your baby wakes at 5:00 a.m. due to hunger, try treating it like a nighttime feeding in a dark environment. If your baby is able to fall back asleep, it is not considered an early morning waking.	
Diaper Condition	Use daytime diapers or consider changing brands if leakage is occurring.	
Temperature and Humidity	Maintain a sleep environment of 20–22°C with 50–60% humidity for optimal sleep.	
Sleep Habits	If parents actively help the baby fall back asleep after an early waking, the pattern may become reinforced. In such cases, beginning sleep training is recommended.	
Parent-Assisted Sleep	If the baby cannot fall asleep independently, they are unlikely to extend sleep independently → Begin sleep training.	

# Early Morning Wakings Guide

Causes of Early Morning Wakings	Causes and Solutions	Check
Excessive daytime sleep	Daytime sleep should be appropriately limited — check the maximum recommended nap duration for your baby’s age.	
Overly long wake windows before bedtime	Check the maximum recommended wake window before bedtime for your baby’s age.	
Insufficient wake windows before bedtime	Adjust the bedtime wake window according to the maximum recommended wake window for your baby’s age.	
Drowsiness during the final feeding	Move bath time after the final feeding to help prevent drowsiness during feeding.	
Bedtime in the 6:00 p.m. hour	Try adding a short catnap to shift bedtime later (around 7:00–8:00 p.m.).	
Nap transition issues	Nap 1 occurs too early or lasts longer than 1 hour.	

# Early Morning Wakings Guide

---

## **How to Respond to Early Morning Wakings**

If your baby wakes less than 10 hours after bedtime, respond as you would to a nighttime waking. In these cases, the Stop and Soothe (SS) method followed by feeding is recommended.

For example, if your baby wakes at 5:00 a.m., begin with 15–30 minutes of the Stop and Soothe (SS) method, then offer a feeding around 5:30 a.m. The feeding amount may range from a small feeding to a full feeding, depending on your baby's needs. (See the “Night Wakings” section.)

If your baby does not fall back asleep after a small feeding, offer additional feeding. If your baby still does not fall asleep after a full feeding, continue the Stop and Soothe (SS) method until 6:00 a.m., as the waking may be habitual.

# Early Morning Wakings Guide

---

## What to Do After 6:00 a.m.

- Once it reaches 6:00 a.m., end the Stop and Soothe (SS) method and bring your baby out of the room. Before the first feeding, engage in calm, low-stimulation activities in a bright living area. (Low-stimulation activities: diaper changes, getting dressed, massage, and tummy time / Stimulating activities: playing in parents' bed, feeding immediately, and dozing in a parent's arms)
- Treat 6:00 a.m. as the official start of the day and calculate wake windows from that time. If your baby seems overly tired, help them stay awake as long as reasonably possible.
- If your baby has not been falling back asleep after early morning feedings more than 70% of the time, discontinue the early morning feeding and offer the first feeding after 6:00 a.m. instead.
- Limit Nap 1 to no more than 1 hour and wake your baby if needed.
- Limit the last nap to about 30 minutes.
- Check whether the wake window before bedtime is appropriate.
- Be sure not to exceed the maximum recommended daytime sleep duration.

# Early Night Wakings: Solutions

---

**Waking within the first hour after falling asleep at bedtime is called a “false start.”**

**Common causes of false starts include:**

- Skipping the Last Nap (Overtiredness)
- Wake Window Before Bedtime Is Too Long (Overtiredness)
- Baby Was Drowsy During the Final Feed (Not Enough Sleep Pressure Built Up)
- Baby Became Drowsy During the Bedtime Routine (Not Enough Sleep Pressure Built Up)
- Baby Fell Asleep with Caregiver Assistance Instead of Falling Asleep Independently
- Total Daytime Awake Time Is Less Than 12 Hours
- Bedtime Was Moved Earlier by More Than 1 Hour Than Usual
- Bedtime Does Not Match Baby’s Natural Sleep Rhythm (Example: If baby feeds at 6 AM, falls back asleep, and wakes again at 9 AM, then 9 AM is the true wake-up time. If that sleep is treated as a nap and bedtime is set at 7 PM, bedtime may become too early for the baby’s natural rhythm)
- Habitual False Starts (Caregiver Consistently Helps Baby Fall Back Asleep)

# Early Night Wakings: Solutions

---

**As with early morning wakings, it is important to first identify the underlying cause and then apply an approach that suits your baby.**

## **It's an Early Night Waking! What Should You Do?**

- Try the Stop and Soothe (SS) method for 30 minutes, similar to nighttime wakings.
- If your baby does not fall asleep, they may not have had enough intake at the final feeding. Offer a feeding in a dark environment, similar to a night feeding.
- If your baby still does not fall asleep after feeding, continue the Stop and Soothe (SS) method for another 30 minutes.
- If sleep still does not occur, use your baby's existing sleep association to help them fall asleep.

# Sleep Training Q&A

---

**Q. My baby became sick after starting sleep training. What should I do?**

A. If your baby becomes ill during sleep training, pause the process. It is recommended to resume only after your baby has fully recovered and is back to normal.

**Q. My baby vomited during the “waiting” phase of sleep training. What should I do?**

A. If it is not projectile vomiting, it is generally not a cause for concern. The possible reasons are as follows:

- Many parents may unintentionally offer more milk at the final feeding than recommended.
- The gag reflex in infants is still immature, so vomiting may also occur due to crying. In such cases, try moving the final feeding slightly earlier to allow sufficient time for digestion before bedtime.
- If vomiting continues even after adjusting the feeding time, please consult a pediatrician.

# Sleep Training Q&A

---

**Q. When will my baby be able to fall asleep without crying? When will they start smiling at bedtime like in some success stories? Is the goal of sleep training for babies to fall asleep without crying?**

A. During sleep training, it can be emotionally difficult for parents to hear their baby cry, and it is natural to feel concerned. However, crying before falling asleep is a very normal part of the process. Babies may cry for the following reasons:

- It may be a form of sleep fussiness, and in some cases, crying may continue for a period even after sleep training is completed (approximately 10–15% of Sleep Better Baby students).
- Your baby may cry because they are still uncomfortable falling asleep independently while lying down.
- Based on Sleep Better Baby consulting data, approximately 85–95% of babies show a significant reduction in bedtime crying within one to two months after starting sleep training. If needed, personalized one-on-one consulting is also available for more detailed support.

# Sleep Training Q&A

---

## **Q. I'm worried about thumb sucking. Is it okay?**

According to the Korean Pediatric Society, most children naturally stop thumb sucking between ages 2 and 5. Try not to worry too much, and avoid forcing or punishing the habit, as it may cause stress.

## **Q. Why does my baby only nap for about 30 minutes? (Short nap / "catnap" pattern)**

A. This may be because your baby's ability to transition between light and deep sleep cycles is still developing. This typically matures around 5 to 6 months of age. Based on Sleep Better Baby consulting cases, about 60% of babies are able to extend naps by around 3 months of age or earlier, and about 90% are able to do so between 4 and 5 months. However, if your baby does not fall within these ranges, there is no need for concern. Just as each baby develops at their own pace in milestones such as rolling over, speaking, or walking, sleep development also varies from child to child. The same applies to night weaning progress.

Please review the [nap extension checklist](#) and assess your baby's sleep patterns holistically. With consistent adjustments, most babies gradually learn to sleep for longer, more restorative naps.

# Sleep Training Q&A

---

## **Q. Can I start sleep training during Wonder Weeks or the 4-month sleep regression?**

A. Yes, sleep training can be started during these periods, and it is generally recommended to continue without interruption. Wonder Weeks occur frequently throughout infancy, making them difficult to avoid. If your baby is not ill, it is best to continue sleep training as planned.

- When to pause sleep training: if your baby has a fever or is unwell.
- When to continue sleep training: during sleep regressions, Wonder Weeks, or teething.

Sleep regressions, Wonder Weeks, and teething are all temporary phases.

- Sleep regression: 2–4 weeks
- Wonder Weeks: 1–2 weeks
- Teething: 3–5 days

# Sleep Training Q&A

---

## **Q. What is the 4-month sleep regression?**

A. The 4-month sleep regression typically occurs between 3 and 5 months of age. During this period, a baby's sleep cycles mature and become more closely resemble adult sleep, with distinct light and deep sleep stages. This rapid developmental change may temporarily lead to more frequent night wakings and difficulty maintaining sleep.

- It typically occurs between 3 and 5 months of age.
- Babies may wake every 1–3 hours after falling asleep at night, often with strong crying.
- It can last for 2–4 weeks.

## **Tips for managing sleep regression**

1. During sleep regression, focus on consistent independent sleep training. Apply the Stop and Soothe (SS) method during both nighttime wakings and early morning wakings.
2. Limit the last nap to about 30 minutes to build sufficient sleep pressure for nighttime sleep.
3. Keep white noise on throughout the night, from bedtime until morning wake-up.
4. Be sure to monitor and follow the recommended maximum total daytime sleep duration.

# Sleep Training Q&A

---

## **Q. My baby keeps rolling over and won't sleep. What should I do? (Rolling milestone sleep disruption)**

A. Congratulations—this is a sign your baby has reached an important developmental milestone. Here are key ways to manage rolling during sleep.

- **Safe sleep environment:** Remove pillows, soft pads, cushions, loose mattress pads, stuffed animals, blankets, and toys. Keep only your baby and the mattress in the sleep space.
- **Intensive daytime practice:** Encourage frequent rolling practice during the day so your baby can master the skill while awake and is less likely to practice it during sleep.
- **Stop and Soothe (SS) method:** If your baby rolls over or enters tummy time after being placed in bed, gently return them to a lying-down position during the soothing phase. Monitor via camera, and intervene immediately if breathing appears abnormal or your baby's face is pressed into the mattress.
- **Sleep adjustment period:** Rolling may temporarily affect sleep, including bedtime resistance, shorter naps, and early morning wakings. These changes typically last about two weeks. Continue applying the SS method consistently.

# Sleep Training Q&A

---

## **Q. How long can I use a swaddle, and how should I wean it off?**

A. Swaddles should only be used until your baby begins attempting to roll over. This is typically around 3 to 4 months of age. Once rolling starts, continuing to swaddle may increase the risk of suffocation, so it should be discontinued beforehand.

Here is how to transition away from the swaddle:

1. One arm at a time: During the first week, swaddle with one arm out (for example, keep the arm that your baby prefers free), and use the same approach for both naps and nighttime sleep.
2. Both arms out: After the first week, transition to having both arms out while sleeping.
3. Switch to a sleep sack: Once both arms are out, switch to a footed sleep sack.

## **Q. My baby has a strong Moro reflex. Do we still need to stop swaddling?**

A. Yes, Swaddling should be discontinued even if the Moro reflex is strong. The Moro reflex is a natural reflex that fades over time, and in some cases, continued swaddling may prolong it by limiting normal movement. In addition, free movement of the arms and legs is important for motor development.

# Flexible Sleep Scheduling

---



It is important to follow a schedule that works for your baby, but there is no need to avoid outings in order to maintain the same routine every day. Learning to adjust the schedule flexibly can help both mother and baby feel more relaxed and happy.

Once you have found a comfortable schedule for your baby, it is natural to worry before going out—such as “Will my baby struggle?” or “Will our routine be disrupted?” This is because when a schedule is disrupted, babies may become overtired, which can make sleep and overall caregiving more difficult.

However, going outside for fresh air and sunlight can help reduce maternal stress and is also very important for a baby’s growth and development. In addition, there are situations where outings are unavoidable, such as appointments, vaccinations, health check-ups, or family events.

Therefore, you do not need to choose between sticking strictly to a schedule or going out. Below are practical tips on how to maintain your baby’s routine during outings without unnecessary stress.

# Must-know sleep tips for outings

---

## **1) The 80/20 Rule: The 80% and 20% Principle**

If you maintain a consistent nighttime sleep schedule every day, and your baby is able to sleep about 80% of their naps at home, then the remaining 20% can be taken while out and about. For example, if your baby takes five naps a day, four of them can be at home, and one can be replaced with a nap while out.

If your baby is getting most of their naps at home and is well-rested, they are more likely to cope well even if the schedule changes during outings, and the risk of becoming overtired is reduced. In this way, you can maintain consistency in sleep habits while also allowing flexibility for going out.

Once your baby's sleep pattern has become consistent, it is generally fine if naps taken while out exceed the 20% guideline about once or twice a week. In particular, for a second child, it is okay to maintain the usual balance of 80% naps at home and 20% naps while out, while also allowing for occasional exceptions.

# Must-know sleep tips for outings

---

## **2) If possible, please try to schedule the first nap so that it can be taken at home.**

While every child is different, the first nap of the day is generally the easiest and most restorative sleep period. In particular, this nap plays an important role in relieving accumulated fatigue, and for most children, it helps them start the day in a more stable state.

Therefore, it is recommended that the first nap be taken at home before going out. This helps the child nap more peacefully even during outings and supports them in getting through the day without becoming overtired.

## **3) Set realistic expectations when going out.**

Even a child who can fall asleep independently or is easily settled at home may find it difficult to sleep in unfamiliar environments or while out. This is a very normal response. During outings, wake windows, sleep routines, and nap durations are more likely to deviate from the plan. However, the schedule can be readjusted once you return home, and things will realign over time.

## Short Catnap vs. Adding an Extra Nap

# Must-know sleep tips for outings

---

## **4) Prepare sleep essentials for a good sleep environment.**

If the child needs to sleep outside the home (for example, during travel or a visit to grandparents' house), prepare the sleep environment in advance to help them sleep more deeply. Bringing items such as blackout shades, a white noise machine, a swaddle or sleep sack, and a portable crib (Pack 'n Play) can help recreate a sleep environment that is as similar as possible to the one they are used to. Children tend to feel more comfortable in familiar settings rather than unfamiliar ones, so this preparation can greatly support their adjustment to new environments.

## **5) Allow enough time for a consistent bedtime routine to help your baby adapt to new sleep environments.**

In a new environment, there are many “new things” that can capture a child’s attention beyond sleep itself. Especially for children who are sensitive to environmental changes, falling asleep may become more difficult. Please enter the sleep space about 10 minutes earlier than you would at home and allow enough time for the bedtime routine. If your child is able to calm down comfortably before sleep, their level of tension toward the unfamiliar surroundings will gradually decrease.

# Must-know sleep tips for outings

---

## **6) Minimize frequent outings, and allow enough recovery time the day after going out.**

If there was an outing the day before, please try to avoid going out the following day and allow your child to recover from fatigue through sufficient rest and sleep at home. In particular, younger infants may be more affected in their next-day condition by accumulated fatigue from the previous day's outing.

This is especially relevant in cases of longer outings that include more than one nap period, or situations involving a high level of new stimulation compared to their usual routine. On the other hand, short walks or simple outings generally do not place a significant burden on the child into the following day, so there is no need for excessive concern.

The American Academy of Pediatrics (AAP) recommends that newborns under 4 weeks of age should have their time in a car seat limited to no more than 30 minutes. For infants older than 4 weeks, it is also advised to avoid keeping them in a car seat for more than 2 consecutive hours. In addition, when infants under 4 months old spend most of their sleep time in car seats, strollers, or baby carriers, there may be an increased risk of Sudden Infant Death Syndrome (SIDS), so extra caution is required.

# Must-know sleep tips for outings

---

**Q. When going out, should I leave during my baby's awake time or time it around their nap?**

A. Both are possible, but if you can plan your outing, consider the following:

- If your baby tends to sleep well while out → plan the outing around nap time
- If your baby struggles to sleep while out → go during awake time

Based on the example schedule, let's look at different outing scenarios:

- When the baby falls asleep during the outing
- When the baby is unable to sleep during the outing
- When the baby falls asleep but only for a short nap (less than 20 minutes) during the outing
- When the baby is out for the entire day

# Must-know sleep tips for outings

---

When reviewing the example schedules provided below, please keep the following points in mind:

- During outings, some variation in the sleep schedule is inevitable. Rather than expecting it to be perfectly maintained, flexible adjustments are necessary.
- The last nap should ideally be set at around 30–40 minutes.
- If the baby appears drowsy or dozes off during a walk, this should be considered a nap, and the awake time may need to be adjusted accordingly.
- If signs of tiredness are observed, it is okay to shorten the awake window by 5–15 minutes. After outings, it is more appropriate to respond to the baby's sleep cues rather than strictly adhering to the planned awake time.

# If Baby Naps During an Outing

---

If your baby napped well during the outing, check the following three things.

- How long did your baby sleep during the outing, and when did they wake up? → Calculate the awake window based on the wake-up time.
- What is the target bedtime? → Count backward from the desired bedtime. For example, if a 1-month-old baby's target bedtime is 9:00 PM, the baby should wake up about 75 minutes before bedtime, making around 7:45 PM an appropriate wake-up time for the last nap.
- If it is the nap before bedtime, will you offer a short catnap or a 30–40 minute nap? →
  1. When a catnap is needed: If offering a 30–40 minute nap would push bedtime too late.
  2. When a 30–40 minute nap is possible: If bedtime would only shift by around 30 minutes even with a longer nap, it is generally fine to proceed.

## Checking the Catnap Schedule

# If Baby Naps During an Outing

---

If your baby was unable to sleep during the outing, begin the bedtime routine promptly.

Time	Routine
15:00	Arrive Home After the Outing
15:05	Begin the Bedtime Routine Promptly

→ Currently Overtired

If your baby does not fall asleep within 10–15 minutes, use any soothing method available to help them sleep.

- Examples: baby carrier, holding in arms, car seat, etc.

# If Baby Only Dozes During an Outing

If your baby briefly dozed off during the outing (less than 20 minutes), it can generally be treated as a catnap. Then, plan the next nap based on your baby's age-appropriate awake window and sleep cues.

- 1 month: After a 10–15 minute catnap, try a 45-minute awake window. / 2 months: After a 10–15 minute catnap, try a 60-minute awake window. / 3 months: After a 10–15 minute catnap, try a 90-minute awake window.

If the sleep lasted less than 10 minutes, the next awake window may need to be shortened further. Please prioritize your baby's sleep cues when planning the next sleep. (Example: A baby who briefly dozed off before arriving home (based on a 90-minute awake window))

	Time	Routine	
	17:30~18:10	Baby Carrier Nap 4	
	19:00~19:10	Fell Asleep in the Car Seat	
<b>Usual 90 Minutes</b>	19:10	Final Feeding	<b>55–60 Minutes (Usual 90 Minutes)</b>
	19:40	Usual Bedtime	
	20:05~20:10	Delayed Bedtime	

# Managing Sleep After a Full Day Out

---

If your baby has had a long full-day outing, please keep the following three points in mind:

- Sleep in a crib and sleep in moving vehicles or unfamiliar outdoor environments may differ in quality. After a long outing, your baby's awake windows may become shorter than usual, and signs of fatigue may appear more easily.
- In these situations, your baby may become drowsy during the final feeding before bedtime. Please offer the feeding in a bright environment and try to keep your baby awake while feeding.
- After assessing your baby's condition before bedtime, if your baby appears very sleepy, it is okay to shorten the usual awake window by 15–30 minutes and begin nighttime sleep earlier than usual.

# Managing Sleep After a Full Day Out

---

Example: A 2-month-old baby who was out for an extended period from morning until bedtime.

	Time	Routine
<b>75 Minutes (Usual 90 Minutes)</b>	19:00~19:30	Car Seat Nap
	19:45	Bath / Feeding
	20:45	Actual Bedtime
	21:00	Usual Bedtime

If your baby appears very fatigued, consider moving bedtime 15–30 minutes earlier than usual. Depending on the situation, moving bedtime earlier by 30–45 minutes may also be appropriate, so please adjust based on your baby’s overall condition and sleep cues.

# Sleep Guidance for Outings Q&A

---

**Q. My baby falls asleep very quickly during outings. Is that okay?**

A. Younger infants often fall asleep easily during outings in strollers, car seats, or baby carriers. The gentle motion and vibrations can feel similar to the womb, helping them feel calm and secure. However, sleep at home and sleep while out are different. Some babies who struggle at home may sleep well during outings, while others who sleep well at home may find it harder to nap outside. If your baby takes even a short nap during an outing, it is generally perfectly fine.

**Q. My baby sleeps well at home but only takes short catnaps during outings and often becomes tired and fussy. What should I do?**

A. During outings, it is difficult to fully control the environment, so it may feel unfamiliar to your baby. Babies sensitive to light or noise may find it harder to fall asleep outside. If your baby wakes up and becomes upset, soothe them immediately by holding them or using a baby carrier to help them fall back asleep. For babies who struggle with sleeping while out, gradually increase outing duration and allow them to adjust step by step. You can reduce stimulation by using white noise, a stroller sunshade, or blocking light from the car window.

# Sleep Guidance for Outings Q&A

---

**Q. If we do sleep training, will my baby be able to sleep in a car seat, stroller, or unfamiliar environments? My baby never falls asleep in the car seat.**

A. This is not something that can be fully improved through sleep training alone, as each baby has a different temperament and level of sensitivity to external stimuli. However, sleep training can help your baby feel more comfortable with sleep itself and improve overall sleep quality. In other words, their general association with sleep may become more positive than before training. That said, results vary from baby to baby, so this is something to keep in mind.