SleepBaby.org NIGHT-SHIFT TOOLS FOR REAL FAMILIES

SAVE THIS BEFORE THE NEXT HARD NIGHT

Tonight's 15-Minute Night-Shift Reset

A calm, safety-first route for the moment your baby will not sleep and your brain has opened fourteen tabs but retained zero information.

- **Safety first**
- **One route**
- **No parent blame**

0-3 MINUTES

Check safety

Breathing, color, fever, feeding, pain, diapers, responsiveness.

3-6 MINUTES

Meet the need

Feed, burp, diaper, temperature, congestion, comfort.

6-10 MINUTES

Lower input

Dim the room. Fewer words. One steady ending.

10-13 MINUTES

Try one settle

Use the smallest response that helps. Do not add five new tricks.

13-15 MINUTES

Choose the route

Repeat, adjust one thing, or call for help when something feels wrong.

This is a reset, not a stopwatch promise. Your baby may not be asleep at minute 15. The win is knowing what you checked and what you are trying next.

SAFETY BEFORE SLEEP STRATEGY

01

First: is this a sleep problem - or a help-now problem?

Sleep advice belongs after urgent needs. Use this page when your tired brain needs a clear boundary, not another vague instruction to “trust your gut.”

EMERGENCY NOW

Call emergency services

Breathing trouble, blue/gray color, seizure, severe limpness, or extreme difficulty waking.

Do not continue a sleep experiment.

CONTACT A CLINICIAN PROMPTLY

Call the baby's care team

Young infant fever, poor feeding, fewer wet diapers, repeated vomiting, pain, unusual sleepiness, or a sudden alarming change.

Explain what changed and when.

ARRANGE ROUTINE ASSESSMENT

Bring a pattern, not a guess

Persistent snoring, gasping, reflux concerns, feeding struggle, poor growth, or ongoing sleep disruption.

Use the tracker on page 4.

THE EXHAUSTED-PARENT RULE

If you think you may fall asleep while holding the baby...

Move the baby to a separate, approved, firm, flat, clear sleep surface on the back. Sofas and armchairs are especially dangerous places to doze with an infant. Wake another adult or set the baby down safely before your eyes make the decision for you.

The clear-sleep-space check

- ☐ On the back
- ☐ Approved crib/bassinet/play yard
- ☐ Firm and flat
- ☐ No pillows, blankets, positioners, or clothing

Keep this factual: follow your clinician and current AAP/NICHD safe-sleep guidance. This kit is educational, not medical care.

NAME THE NIGHT BEFORE YOU FIX IT

02 Six patterns hiding inside “my baby won't sleep”

Pick the closest pattern. You are not diagnosing your baby; you are choosing the first useful question.

COMMON NIGHT PATTERN

Crib refusal

First question: Does the baby wake at mattress contact?

First move: Compare arms vs. mattress. Practice one low-pressure transfer at the easiest sleep.

COMMON NIGHT PATTERN

Bassinet refusal

First question: Does lying flat look uncomfortable?

First move: Check feeding, congestion, fit, flatness, and pain before calling it a habit.

COMMON NIGHT PATTERN

Only sleeps held

First question: Could the adult accidentally fall asleep?

First move: Protect safety first. Then practice one transfer - not every sleep at once.

COMMON NIGHT PATTERN

Wakes every hour

First question: Is the interval repeatable?

First move: Record the original sleep cue and smallest response for three wakes.

COMMON NIGHT PATTERN

Short naps

First question: Is the waking calm, hungry, or distressed?

First move: Track exact nap length, feed, and final awake period. Protect one nap.

COMMON NIGHT PATTERN

Sudden change

First question: What changed in the last 72 hours?

First move: Health and comfort first. Call when the change comes with red flags.

Official 2:13 a.m. finding: “The vibes are off” is not a diagnosis. It is, however, useful information. Write down what changed before you start rearranging the entire nursery.

ONE-RULE RULE Choose one pattern and one first move. Do not turn tonight into a twelve-variable science fair.

ONE CHANGE. THREE NIGHTS.

03 Give your exhausted brain data it can actually use

Keep the same safe, low-risk change for three nights unless your baby seems unwell or the change clearly makes things worse. The point is not perfection. The point is seeing a repeat.

Tonight's one change: _____

Circle one idea or write your own: 10 minutes earlier · shorter wind-down · one transfer at the easiest sleep · same phrase at every wake.

NIGHT 1 — Do the plan

Last nap / last feed

Where and how sleep began

First waking time + mood

Smallest response that helped

One variable tested

Harder ☐ Same ☐ Easier ☐

NIGHT 2 — Watch for the repeat

Last nap / last feed

Where and how sleep began

First waking time + mood

Smallest response that helped

One variable tested

Harder ☐ Same ☐ Easier ☐

NIGHT 3 — Keep or adjust

Last nap / last feed

Where and how sleep began

First waking time + mood

Smallest response that helped

One variable tested

Harder ☐ Same ☐ Easier ☐

What repeated?

What surprised me?

What will I keep?

THE WORDS AND MOVES FOR A TIRED BRAIN

04

Three settling scripts you can remember with one eye open

HELD TO CRIB / BASSINET

The slow landing

1. Choose the easiest sleep, not the hardest one.
2. Lower slowly with the baby's body close to yours.
3. Keep both hands in place for a few breaths.
4. Use one phrase: *“Same safe place. I'm right here.”*

One calm transfer counts as practice even if the sleep does not last.

CRIB OR BASSINET PROTEST

The no-drama reset

1. Check feeding, diaper, pain, temperature, and congestion.
2. Reduce the sensory jump between arms and mattress.
3. Repeat one short ending instead of adding new steps.
4. Stop the experiment if lying flat repeatedly looks painful.

Never add pillows, wedges, loose items, or parent-scented clothing to the sleep space.

HOURLY WAKING

The smallest-response ladder

1. Pause long enough to observe - not to ignore distress.
2. Try voice or a hand before the full bedtime routine.
3. Meet feeding or comfort needs when they are present.
4. Record what worked, then repeat the smallest effective step.

The goal is not withholding comfort. It is learning which part of the reset is doing the work.

Permission slip: Tonight can be a support night, not a training night. Safety and getting through the night still count.

One ending | **One phrase** | **One next move**

THE FIVE-MINUTE ROOM RESET

05 Make the room easier to read - not perfect

You are not redecorating the nursery at 2 a.m. You are removing the loudest clue and protecting a clear, approved sleep space.

LIGHT

Lower the visual volume

Use the dimmest light that still lets you feed, change, and move safely. Keep the final minute boring on purpose.

Try: one lamp or night-light, not the whole room.

SOUND

Choose one steady sound world

Reduce sudden changes. Keep any sound device at a conservative level and away from the baby's head; follow its instructions.

Try: steady and quiet, not louder and louder.

COMFORT

Meet the body need first

Feed, burp, change, and check temperature or congestion before asking a routine to solve a physical problem.

Try: name the need before naming the habit.

SLEEP SPACE

Keep the surface clear

Separate, approved, firm, flat, on the back, and free of pillows, blankets, positioners, or parent clothing.

Try: clear space beats a clever sleep prop.

2 a.m. no-go list

- ☐ Heating pads in the sleep space
- ☐ Loose blankets or comfort objects
- ☐ Wedges or positioners
- ☐ Sofa or armchair dozing with the baby

Night-shift note: the laundry basket can remain a supporting character. Tonight's assignment is sleep safety, one clear cue, and less sensory chaos - not winning a home tour.

ARMS TO CRIB OR BASSINET

06 The calm-transfer map: practice one landing, not ten battles

Transfer practice works best when the baby is fed, reasonably comfortable, and the caregiver is awake enough to move safely. Pick the easiest sleep of the day.

01

Check the body

Feeding, burping, diaper, pain, temperature, congestion.

02

Reduce the jump

Dim the room and keep the final cue recognizable.

03

Lower slowly

Keep the baby's body close to yours; support head and body.

04

Pause your hands

Hold still for a few breaths, then release gradually.

THE PHRASE

“Same safe place. I'm right here.”

Use one short phrase instead of adding five new cues when the transfer gets wobbly.

THE SUCCESS DEFINITION

One calm landing counts.

The sleep does not need to last all night for the practice to teach you something.

STOP AND GET ADVICE WHEN

Lying flat repeatedly looks painful or breathing/feeding changes.

A transfer plan should never be used to push through pain, illness, breathing trouble, or a sudden concerning change.

My easiest practice sleep: _____

My one phrase: _____

What happened at mattress contact? _____

WHEN THE ADULT IS THE EXHAUSTED ONE

07

Your emergency backup plan deserves a page too

The safest plan is the one you can use before your eyes close. Fill this out in daylight and put it somewhere a tired adult can find it.

HANDOFF

Wake or text:

“I am at the point where I might fall asleep holding the baby. I need you now.”

SAFE PAUSE

Approved sleep space:

Set the baby down safely even if they protest. A crying baby in a safe sleep space is safer than an adult dozing on a sofa or chair.

CALL

Care-team number:

Use it when the baby seems unwell, feeding changes, breathing worries you, or something feels suddenly different.

PERMISSION SLIP FOR A HARD NIGHT

Support is not failure. A safe pause is not abandonment.

You do not have to finish a routine, win a transfer, or prove anything at 2:13 a.m. Meet the need, protect the sleep space, and get another awake adult involved when your body is done.

Our two-sentence handoff

What the baby needs right now: _____

What I already tried: _____

What the next adult will do first: _____

Never plan to “rest your eyes” with the baby on a sofa or armchair. Those are especially dangerous places to doze with an infant.

MORNING DEBRIEF - BEFORE THE INTERNET STARTS YELLING AGAIN

08

Keep, adjust, or call: your next decision in three boxes

KEEP

A repeatable clue appeared

The baby settled a little faster, the first stretch changed, or the same small response helped more than once.

Repeat the same change tonight.

ADJUST

The pattern stayed muddy

Nothing clearly worsened, but no useful repeat appeared. Change only one variable - timing, sequence, or response.

Do not rebuild everything.

CALL

Something feels physical or sudden

Pain, feeding trouble, breathing noise, fever, fewer wet diapers, repeated vomiting, unusual sleepiness, or a concerning change.

Bring the three-night notes.

My morning notes

> “You are not failing the night. You are reading it.”

WHEN YOU WANT THE COMPLETE ROUTE

The full SleepBaby Method connects the clues, routines, toddler sleep, and three bonus tools.

Keep this free kit. Use it whenever the night gets loud. The complete method is normally $40, with family-first price flexibility currently available.

sleepbaby.org/purchase/

Educational information only. This kit does not replace medical care or current safe-sleep guidance.