



FAMILY GUIDANCE
and outreach

est. 1982

Common Baby Sleep Training Methods

(AND HOW TO MAKE THEM WORK WHEN YOU SHARE A ROOM)





© 2025 Family Guidance & Outreach
Author: Family Guidance & Outreach Education Team
All rights reserved.
Created November 2025.

This material may not be reproduced without permission. For questions or permissions, contact abby@lubbockfamily.org

For more family resources visit:
www.lubbockfamily.org



Disclaimer:

The information provided by **Family Guidance & Outreach** is for educational purposes only and is not a substitute for medical advice. Each baby is different, and parents should always consult with their pediatrician before beginning any sleep training method or making changes to their baby's sleep routine.

Always follow safe sleep guidelines: place baby on their back, on a flat and firm surface, in their own sleep space, free of blankets, pillows, and toys.



Sleep training helps babies learn the skill of falling asleep — just like eating, walking, or talking — through patience and practice.

When done with love, safety, and consistency, it leads to better sleep for both the baby and the caregiver.



Common Sleep Myths vs Facts

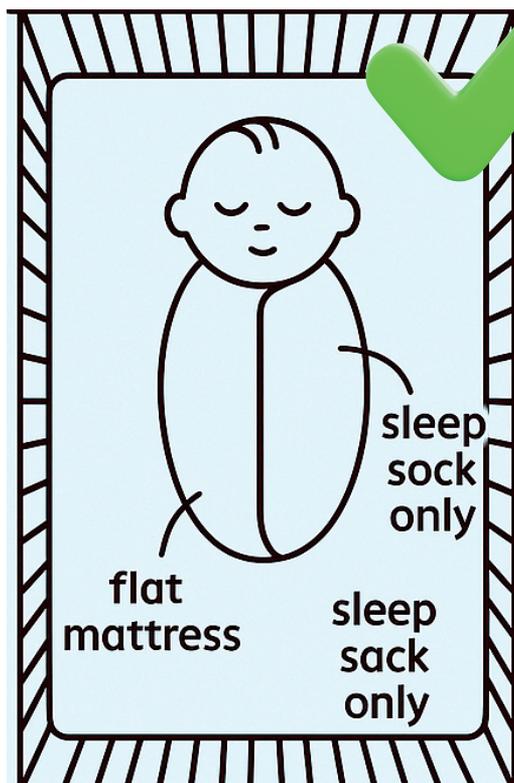
- **Myth:** Keeping baby up later makes them sleep longer.
 - **Fact:** Overtired babies actually wake more often.
- **Myth:** Some babies just need to “cry it out.”
 - **Fact:** There are many ways to help babies learn to sleep — you can choose what fits your style.
- **Myth:** “If I keep baby awake during the day, they’ll sleep longer at night.”
 - **Fact:** Overtired babies sleep worse.
- **Myth:** “Babies should sleep through the night by 3 months.”
 - **Fact:** Many don’t until closer to 9–12 months — and that’s normal.
- **Myth:** “If baby cries, I’m doing something wrong.”
 - **Fact:** Crying is communication, not failure.

Safe Sleep Basics

(Non-Negotiables)

- Back to sleep, flat surface, firm mattress
- No pillows, blankets, or stuffed animals
- Room-sharing without bed-sharing
- Dressed lightly, no overheating

SAFE



UNSAFE



Sleep Cues

Sleep cues help parents catch the right window to lay baby down — the foundation of every sleep method.

Tired Cues (put baby down soon)	Overtired Signs (missed window)
Rubbing eyes or ears	Screaming, arching back
Slower movements	Fussy and hard to calm
Yawning, zoning out	Jerky movements
Losing interest in toys	Rubbing face into you or surface

Real-Life Tips for Parents Who Share a Room

- Use a pack-and-play or mini-crib beside your bed.
- Hang a blackout curtain or sheet divider for darkness and privacy.
- White-noise machine or fan can help both you and baby sleep better.
- Keep your phone screen dim — bright light wakes both of you up.



Evidence-Based Infant Sleep Schedules

Newborn (0–2 Months)

- Total Sleep: 14–17 hours / 24 hrs (AAP, 2023)
- Naps: 4–6 short naps (30–90 min)
- Wake Window: 45–60 minutes
- Night Feeds: 2–3 times nightly (normal for growth and milk supply)
- Example Day:
 - 6:00 AM Wake + feed
 - 7:00 AM Nap 1
 - 8:00 AM Feed / awake time
 - 9:00 AM Nap 2
 - Cycle feed → awake → nap every 1–1.5 hours
 - Bedtime ≈ 9–11 PM

3 Months

- Total Sleep: 13–16 hours
- Naps: 4 naps
- Wake Window: 1–1.5 hours
- Example Day:
 - 6:00 AM Wake + feed
 - 7:15 AM Nap 1
 - 9:00 AM Feed
 - 10:15 AM Nap 2
 - 12:00 PM Feed
 - 1:30 PM Nap 3
 - 3:00 PM Feed
 - 4:30 PM Nap 4 (short)
 - 6:30 PM Feed + bedtime routine
 - 7:00 PM Bedtime
 - 1–2 night feeds



FAMILY GUIDANCE
and outreach
est. 1982



Evidence-Based Infant Sleep Schedules

4 Months

- Total Sleep: 12–16 hours
- Naps: 3–4
- Wake Window: 1.5–2 hours
- Example Day:
 - 6:00 AM Wake + feed
 - 7:30 AM Nap 1
 - 9:00 AM Feed
 - 10:30 AM Nap 2
 - 12:30 PM Feed
 - 2:30 PM Nap 3
 - 5:00 PM Short catnap
 - 6:30 PM Feed + routine
 - 7:00 PM Bedtime

5–6 Months

- Total Sleep: 12–15 hours
- Naps: 3 naps
- Wake Window: 2–2.5 hours
- Example Day:
 - 6:00 AM Wake + feed
 - 8:00 AM Nap 1
 - 9:30 AM Feed
 - 11:30 AM Nap 2
 - 1:00 PM Feed
 - 3:30 PM Nap 3
 - 5:00 PM Feed + play
 - 6:30 PM Routine
 - 7:00 PM Bedtime

7–8 Months

- Total Sleep: 12–15 hours
- Naps: 2
- Wake Window: 2.5–3 hours
- Example Day:
 - 6:00 AM Wake + feed
 - 9:00 AM Nap 1
 - 10:30 AM Feed / play
 - 1:30 PM Nap 2
 - 3:00 PM Snack / bottle
 - 5:30 PM Play / family time
 - 6:30 PM Bath + routine
 - 7:00 PM Bedtime

9–10 Months

- Total Sleep: 12–14 hours
- Naps: 2
- Wake Window: 3–3.5 hours
- Example Day:
 - 6:00 AM Wake + breakfast
 - 9:00 AM Nap 1
 - 10:30 AM Feed / play
 - 2:00 PM Nap 2
 - 3:30 PM Snack / bottle
 - 6:30 PM Routine
 - 7:00 PM Bedtime

Evidence-Based Toddler Sleep Schedules

11–12 Months

- Total Sleep: 12–14 hours
- Naps: 2 (nap 1 longer, nap 2 shorter; may start merging to 1)
- Wake Window: 3–4 hours
- Example Day:
 - 6:00 AM Wake + breakfast
 - 9:30 AM Nap 1
 - 11:00 AM Snack / play
 - 2:30 PM Nap 2
 - 3:30 PM Feed / dinner
 - 6:30 PM Bath + story + milk
 - 7:00 PM Bedtime



12–15 Months

- Total Sleep: 12–14 hours / 24 hrs
- Naps: 2 (morning & afternoon)
- Wake Window: 3–4 hours
- Night Feeds: None (unless medically necessary)
- Example Day:
 - 6:00 AM — Wake & breakfast
 - 9:30 AM — Nap 1 (1–1.5 hr)
 - 11:00 AM — Snack / play
 - 2:30 PM — Nap 2 (1–1.5 hr)
 - 3:30–4:00 PM — Snack / dinner prep
 - 6:30 PM — Bath, story, milk
 - 7:00 PM — Bedtime
- By this stage, many toddlers begin shortening the morning nap naturally. Follow baby's cues before forcing a single nap transition.

Evidence-Based Toddler Sleep Schedules

16–18 Months

- Total Sleep: 11–14 hours
- Naps: 1 long nap (1.5–3 hours)
- Wake Window: 4–5 hours
- Example Day:
 - 6:00 AM — Wake & breakfast
 - 11:30 AM — Nap (1.5–2.5 hrs)
 - 2:00–2:30 PM — Wake, snack, outdoor play
 - 6:30 PM — Bath, story, milk
 - 7:00 PM — Bedtime
- Around 15–18 months, most toddlers transition to one nap. This may take a few weeks of short naps and overtired afternoons — that’s normal.

19–21 Months

- Total Sleep: 11–14 hours
- Naps: 1 (1.5–3 hours)
- Wake Window: 5–6 hours
- Example Day:
 - 6:00 AM — Wake
 - 12:00 PM — Nap (1.5–2.5 hrs)
 - 2:30 PM — Wake / lunch / play
 - 6:30 PM — Wind-down routine
 - 7:00 PM — Bedtime
- Toddlers at this stage may resist naps but still need them. A quiet rest time in the crib is fine if they don’t sleep.



Evidence-Based Toddler Sleep Schedules

22–24 Months (2 Years)

- Total Sleep: 11–13 hours
- Naps: 1 nap (1–2 hours)
- Wake Window: 5–6 hours
- Example Day:
 - 6:00 AM — Wake
 - 12:30 PM — Nap (1–2 hrs)
 - 2:00 PM — Wake / play
 - 6:30 PM — Bath, book, cuddle
 - 7:00 PM — Bedtime



At 2 years, toddlers thrive on consistency. Bedtime routines help regulate melatonin and behavior.

Toddler Sleep Tips

- Keep naps and bedtime within the same 30-minute window daily.
- Maintain a 10–15 min wind-down before naps and bedtime.
- Avoid screen exposure within 60 minutes of sleep.
- Provide a transitional object (stuffed animal, blanket) for comfort — only after 12 months.
- Sudden nap refusal at 2 years often signals developmental leaps, not readiness to drop naps.



Sleep Training Methods

The Science Behind It

- Babies wake up naturally every 30–60 minutes (shorter sleep cycles than adults).
- Sleep training helps them connect those cycles without needing rocking, feeding, or holding every time.
- Predictable routines lower stress hormones.
- Studies show that consistent bedtime routines lower babies' cortisol (stress) levels and improve total sleep time.
- Attachment doesn't depend on constant soothing.
- Sleep supports brain development.
- During sleep, a baby's brain forms new neural connections. Quality sleep helps with memory, emotional regulation, and physical growth.
- When parents get more rest, they're more patient, emotionally available, and less likely to experience postpartum depression or anxiety.

How Sleep Training Helps

1. Builds consistency — Babies thrive on predictable patterns.
2. Encourages self-soothing — Over time, babies learn they're safe even when they fall asleep alone.
3. Improves daytime mood and feeding — Well-rested babies eat better and cry less.
4. Supports caregiver mental health — A rested parent can better handle the demands of parenting.

What Sleep Training Is Not

- It's not neglect — responding calmly and consistently is part of sleep training.
- It's not one-size-fits-all — some families prefer gentle methods (Pick-Up-Put-Down or Chair Method), others use timed check-ins (Ferber).
- It's not permanent — regressions happen. Babies grow, teeth, crawl, and wake more sometimes — and that's normal.

Cry It Out Method

How it works:

You follow a bedtime routine, lay baby down drowsy but awake, say goodnight, and leave the room (or stay quiet in the same room). You don't pick baby up when they cry; you let them settle on their own.

Goal: Baby learns to self-soothe without parent intervention.

Who it's for:

- Parents who can handle crying for short periods and want faster results.
- Babies 6+ months, healthy, fed, and safe.

Timeframe:

Usually takes 3–5 nights before improvement.

Room-sharing tip:

- Use a play yard or pack-and-play with blackout curtains between you and the baby's sleep space.
- Wear earplugs or use a white-noise machine to muffle crying while still monitoring safety.

Pros: Often works quickly.

Cons: Can feel emotionally tough; not ideal for very young babies or parents who feel triggered by crying.

Before You Start:

- Baby is 6 months or older
- Baby is healthy, fed, dry, and comfortable
- Safe sleep space (flat, firm surface, no blankets or toys)
- Pack-and-play or crib is ready, room is dark and quiet
- You've chosen a bedtime routine (bath, bottle, book, bed)

At Bedtime:

- Lay baby down drowsy but awake
- Say goodnight calmly and leave (or turn away quietly)
- Do not pick up baby after crying starts — only check for safety

Overnight:

- Keep lights off and limit talking if baby wakes
- Feed only if it's a normal night feeding age
- Stay consistent — do the same thing every night

Helpful Tools:

- Blackout curtain or sheet divider
- White-noise machine or fan
- Earplugs or headphones if needed for your rest

Cry It Out Checklist



Check-and-Console Method

How it works:

After bedtime routine, put baby down awake. If they cry, wait for short, increasing intervals before briefly checking in (pat, speak softly, but don't pick up). Example: wait 3 minutes, then 5, then 10, then 15.

Goal: Teaches baby to fall asleep independently, but with reassurance.

Who it's for:

- Parents who want structure but not full “cry it out.”
- Babies around 5–6 months and older.

Timeframe:

Takes about 1–2 weeks for progress.



Room-sharing tip:

- Leave the room until they are asleep; turn your back or sit quietly facing away. Keep your own phone light off.
- Use a white-noise machine to buffer small sounds.
- Keep consistent—respond at the same time intervals every night.

Pros: Balanced approach; effective for many families.

Cons: Still involves some crying; requires tracking and patience.

Before You Start:

- Baby is at least 5–6 months old
- Chosen your check-in intervals (ex: 3 min, 5 min, 10 min, 15 min)
- Room is dark, calm, and safe
- Bedtime routine is done the same every night

At Bedtime:

- Lay baby down drowsy but awake
- If baby cries, start timer for first check (ex: 3 minutes)
- Go in, speak softly or pat baby for 30–60 seconds — no picking up
- Leave again and repeat at next interval

Overnight:

- Respond at set intervals, not instantly
- Keep voice soft and movements slow
- Stay calm — baby learns from your tone and consistency

Helpful Tools:

- Timer or phone stopwatch for check intervals
- White-noise machine
- Dim nightlight (amber, not blue)

Check/Console Checklist



Gentle Sleep Method

How it works:

When baby cries, pick them up, comfort until calm, then put them down drowsy but awake. Repeat as needed. Add a predictable bedtime routine and gentle soothing.

Goal: Builds trust, helps baby learn to sleep independently with parental support.

Who it's for:

- Parents who want to stay responsive or struggle with hearing crying.
- Babies any age, especially under 6 months.

Timeframe:

Gradual—expect slow but steady progress over 2–4 weeks.

Room-sharing tip:

- Leave room until they are asleep, or keep baby's bed separate from your own with a small divider or blackout curtain.
- Use a white-noise machine to mask adult movement or phone sounds.
- Create a mini "sleep zone" for baby in your shared room.

Pros: Gentle, relationship-focused, less stress.

Cons: Takes more time and consistency.

Before You Start:

- Baby can safely sleep in pack-and-play beside your bed
- You have 20–30 minutes for a calm bedtime routine
- Room is quiet, dark, and cool

At Bedtime:

- Feed, burp, change diaper
- Rock or cuddle until calm but not fully asleep
- Lay baby down and stay nearby
- If baby cries: pick up, calm, and put down again

Overnight:

- Repeat the same pattern each time baby wakes
- Avoid rocking to full sleep every time — stop when calm
- Gradually lengthen the time baby stays in crib calm

Helpful Tools:

- White-noise machine or gentle lullaby
- Soft amber nightlight for diaper changes
- Swaddle (if under 2 months and not rolling yet) or sleep sack

Gentle Sleep Checklist



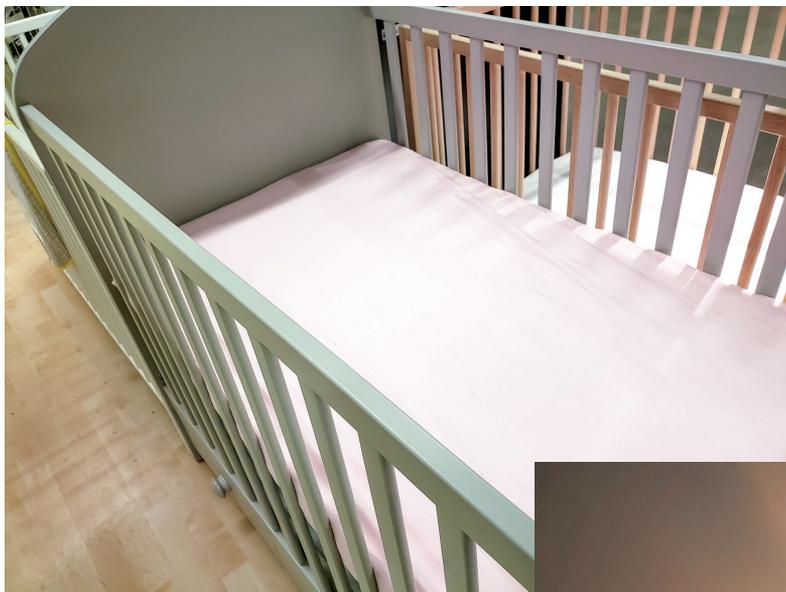
Optional Items That Help:

- Pack-and-Play or crib (safe sleep space)
- Portable blackout curtain or sheet divider
- White-noise or sound machine (fan works fine)
- Nightlight (soft amber color, not bright white or blue)

No single method is “right.”

What matters most is:

- Baby sleeps safely (on back, flat surface, no loose items)
- Parent responds consistently
- Everyone in the room gets rest and stays emotionally regulated





Troubleshooting and Real Life Tips

When Nothing Seems to Work

- Start over tomorrow. One rough night doesn't erase your progress.
- Pick one method and stick to it for at least a week before switching.
- Check the basics first: full belly, dry diaper, comfy temperature, no illness.

When Sleep Gets Worse (Regressions)

- Regressions happen at 4 months, 8–10 months, and around 1 year — usually after big growth or new skills.
- Go back to your bedtime routine and keep responding calmly. It passes.
- Avoid starting new habits (like co-sleeping or feeding every hour) during a regression if you don't plan to keep them long-term.

When You Need a Reset

- Take a break for a night or two. You and your baby both need rest.
- Ask a trusted friend or family member for help so you can nap.
- Remind yourself: you're not failing. Babies' sleep changes constantly.

When to Call Your Pediatrician

- Baby snores loudly or gasps for air.
- Baby is under 6 months and still wakes every hour even after routine changes.
- You're feeling overwhelmed, sad, or angry most days — your mental health matters just as much as your baby's sleep.

Caregiver Rest & Mental Health

Why Your Rest Matters

- When you're exhausted, everything feels harder — feeding, patience, even love.
- Sleep helps your body heal, think clearly, and handle stress.
- A rested parent can better read their baby's cues and enjoy those sweet moments.

Simple Ways to Rest

- Sleep when your baby sleeps — chores can wait.
- Trade shifts with your partner, family member, or friend.
- Set your phone down at night — even 30 minutes less scrolling helps.
- Ask for help before you reach your limit.

Signs You Might Need More Support

- You cry often, feel numb, or don't enjoy things you used to.
- You're easily irritated or angry.
- You have trouble eating, sleeping, or focusing.
- You feel hopeless, or think your baby would be better off without you.

You're not alone — and you're not broken. These are signs of postpartum depression or burnout, and help is available.

Where to Get Help

- Talk to your doctor, school nurse, or counselor.
- Reach out to a trusted adult or friend — just saying “I'm not okay” is enough.
- Call or text 988 to reach the Suicide & Crisis Lifeline — free, 24/7, and confidential.

Taking care of you is part of taking care of your baby.

Rest isn't a reward — it's a need.



All information in this booklet is based on trusted, research-backed guidance from pediatric sleep experts and national health organizations. These sources are listed below so you can explore them further or share them with your baby's healthcare provider.

References

American Academy of Pediatrics. (2023). Safe sleep and your baby: How parents can reduce the risk of SIDS. HealthyChildren.org.
<https://www.healthychildren.org>

Centers for Disease Control and Prevention. (2023). Safe sleep for babies. U.S. Department of Health & Human Services.
<https://www.cdc.gov/safe-sleep>

Ferber, R. (2006). Solve your child's sleep problems (Rev. ed.). Simon & Schuster.
Mindell, J. A., & Owens, J. A. (2015). A clinical guide to pediatric sleep: Diagnosis and management of sleep problems (3rd ed.). Wolters Kluwer.

National Institutes of Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development. (n.d.). Safe to Sleep® campaign.
<https://safetosleep.nichd.nih.gov>

Zero to Three. (n.d.).
Healthy sleep habits for babies and toddlers. <https://www.zerotothree.org>





About Family Guidance and Outreach

At Family Guidance & Outreach (FGO), we believe strong families build safe communities. For more than 40 years, we've helped parents and caregivers learn, grow, and build healthy relationships with their children through free classes, school programs, and family resources.

Our mission is simple:

- To prevent child abuse and strengthen families through education, connection, and support.

We offer:

- 🍼 Free parenting classes (online and in person)
- 🧸 School-based programs that teach kids about emotions and safety
- 🧑 Support for teen parents through our NEST program
- 💻 24/7 access to parenting tools through Family Guidance On Demand, our online app



www.lubbockfamily.org

About NEST

Nurturing Education and Support for Teen Parents

The NEST Program helps teen parents build confidence and skills while raising healthy, happy babies. Through group classes, one-on-one support, and community connections, NEST focuses on the whole family — helping young parents finish school, gain resources, and strengthen their bond with their baby.

NEST includes:

- Ongoing parenting classes on topics like baby care, safety, and emotional health
- Free baby supplies for active participants
- Help connecting to programs like WIC, Medicaid, and childcare assistance
- Special events and celebrations for young parents and their babies



NEST

Nurturing Education & Support for Teen
Parents



FAMILY GUIDANCE
and outreach
est. 1982

Support Resources:

Family Guidance & Outreach (FGO)

Free parenting classes, baby supplies, and support groups for young parents.

📍 3307 82nd Street #21, Lubbock, TX 79423

☎ (806) 318-1585 | 🌐 www.lubbockfamily.org

NEST Program (through FGO)

Support and education for teen parents, including classes, resources, and incentives.

Ask your school counselor how to join or visit www.lubbockfamily.org (search “NEST”).

Postpartum Support International (PSI)

Free, confidential help for parents struggling after birth.

☎ 1-800-944-4773 (English & Spanish)

Text “HELP” to 800-944-4773 | 🌐 postpartum.net

WIC (Women, Infants & Children Program)

Nutrition, breastfeeding, and formula support.

📍 Lubbock County WIC Clinic: 1610 5th St, Lubbock, TX

☎ (806) 692-1782 | 🌐 texaswic.org

Community Health Center of Lubbock

Low-cost medical, counseling, and prenatal care.

📍 1610 5th St, Lubbock, TX

☎ (806) 765-2611 | 🌐 chclubbock.org

Suicide & Crisis Lifeline

Call or text 988 — free, 24/7, confidential.





Family Guidance & Outreach
Preventing child abuse and strengthening families through education, connection, and support.

© 2025 Family Guidance & Outreach. All rights reserved.