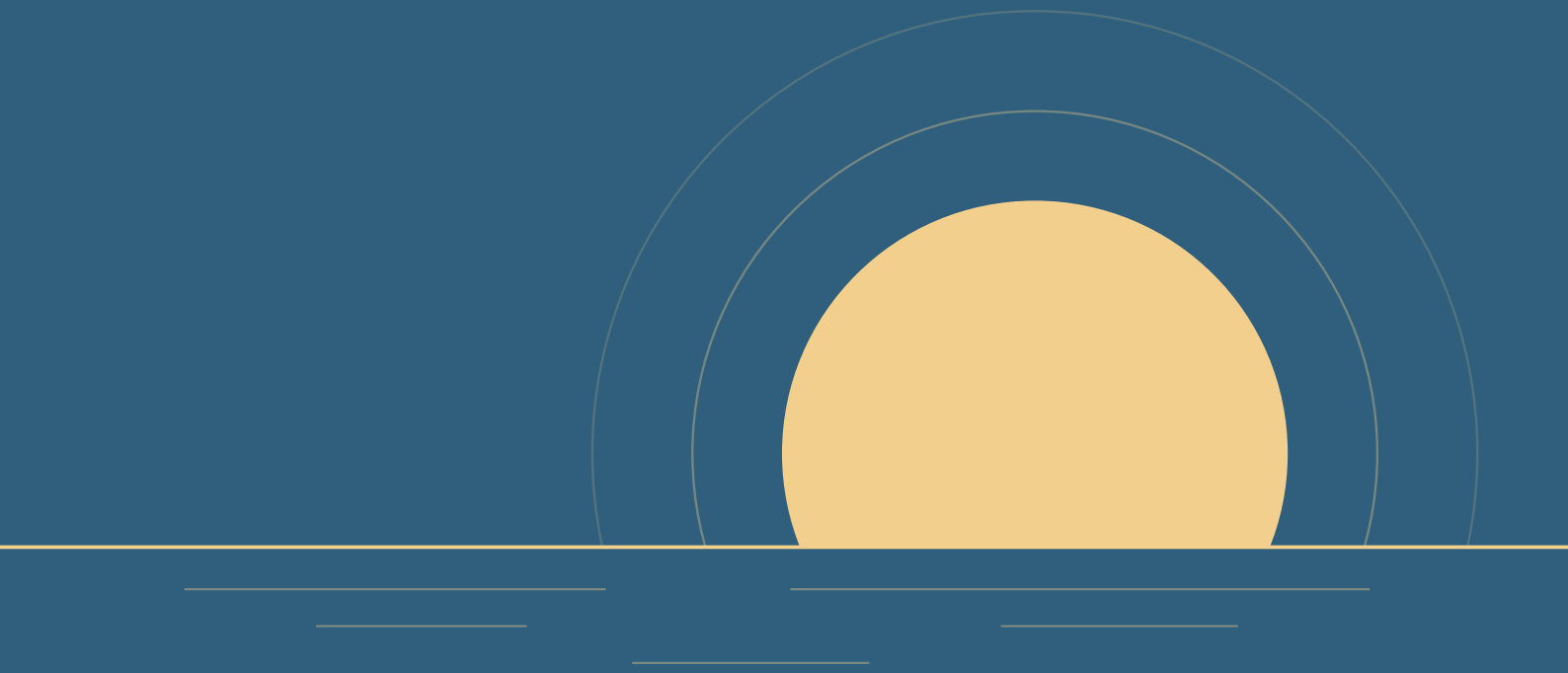
Mamavela

The 14-Night Sleep Plan

Choose the gentle method that suits your family, then follow it night by night for two weeks, with scripts, a sleep log and plans for setbacks.



Free sample

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Welcome

If you are reading this, nights have probably become long. Maybe your baby wakes every hour and only goes back to sleep on the breast or in your arms. Maybe your two-year-old asks for "one more story" until ten o'clock, or turns up in your bed at 3 am every night. Maybe you have tried everything for three nights and given up on the fourth, because nobody told you what night four would look like.

This plan is the night four. It does not promise a baby who sleeps twelve hours straight; no honest book can. It gives you what research and the main health bodies agree on, a way to choose a method that suits your child and your values, and a precise plan for fourteen nights: what to do at bedtime, what to do when your child wakes, what to say, and when to stop and ask for help.

What this plan is, and what it is not

It is a structured plan for common sleep problems in healthy children aged 6 months to 4 years: difficulty falling asleep alone, frequent night wakings, bedtime battles, early waking. It is not medical advice and does not replace your pediatrician, family doctor or health visitor. Before starting, read the "Before you begin" checks in Chapter 3: some sleep problems have a medical cause, and they come first.

> Call your doctor the same day, or your emergency number (911 in the US, 999 in the UK, 112 in Europe), if your child has difficulty breathing, pauses in breathing during sleep with gasping, a high fever, is unusually floppy or hard to wake, or if you are worried something is seriously wrong. A sleep plan is for healthy children only.

What the evidence says, in four sentences

A task force of the American Academy of Sleep Medicine reviewed 52 treatment studies (Mindell and colleagues, 2006): 94% reported that behavioral approaches worked, and more than 80% of children treated showed clinically significant improvement maintained for 3 to 6 months. In an Australian trial of 43 infants aged 6 to 16 months (Gradisar and colleagues, 2016), both graduated extinction and bedtime fading shortened the time to fall asleep, graduated extinction reduced night wakings, and twelve months later there were no differences in emotional or behavioral problems or in parent-child attachment. A five-year follow-up of another Australian trial (Price and colleagues, 2012) found no long-lasting effects, positive or negative, of behavioral sleep techniques used at 8 to 10 months, on children's emotions, behavior, stress or closeness to their parents. In plain words: these methods help many families in the short and medium term, and the best studies have not found harm.

What you will find inside

Chapter	What it gives you
1. Safe sleep first	The rules that never change, whatever method you choose
2. How much sleep children need	Official ranges by age, and what is normal
3. Before you begin	The checks, the questionnaire and how to choose your method
4. The bedtime routine	The base of every method, with a routine to fill in
5. Method A: routine and bedtime fading	The gentlest method, 14 nights
6. Method B: the chair	Staying present and moving away, 14 nights
7. Method C: check and console	Short checks at growing intervals, 14 nights
8. Method D: for 2 to 4 years	Bedtime battles, leaving the bed, early waking
9. Night feeds	Keeping, reducing or stopping, gently
10. Naps and the day	Sample days by age
11. Setbacks	Illness, teeth, travel, clock changes, a new sibling
12. Words to say	Scripts for bedtime and for 3 am
13. Special situations	Room sharing, siblings, twins, nursery, one parent alone
14. Questions parents ask	Honest answers to the doubts that come at 3 am
15. When to ask for help	Signs for the doctor, and for you
16. Your 14-night sleep log	Printable
17. Sources	Every source, checked

How to use this plan in three steps

1. **Read Chapters 1 to 4 tonight.** Safe sleep, the sleep your child needs, the checks and the questionnaire, then the routine. This takes about forty minutes and is the part that most often gets skipped, and the part that makes the rest work.
2. **Observe for two nights and choose.** Fill in the two observation lines of the log, then choose your method with the table in Chapter 3. Read the whole method chapter, and the night feeds chapter if it applies.
3. **Follow the 14 nights, and review twice.** Fill in one line of the log every morning. Review on night 7 and night 14, together if there are two of you.

After night 14

If things are clearly better, keep the routine, the wake-up time and your responses exactly as they are for at least two more weeks; habits settle with repetition. If they are a little better, continue the same method for a third week before changing anything. If nothing at all has changed despite consistent application, read Chapter 15: it is time to talk to your doctor or health visitor, who can

look for a cause you cannot see from home.

Chapter 1. Safe sleep first

No sleep method is worth a compromise on safety. The American Academy of Pediatrics (AAP) updated its safe sleep recommendations in 2022, and the NHS gives the same core advice. For babies under one year:

- ☐ Always on the back to sleep, for every sleep, naps included
- ☐ A firm, flat, level surface: a crib, cot or bassinet that meets current safety standards, with a fitted sheet
- ☐ Nothing else in the sleep space: no pillows, bumpers, blankets, soft toys or positioners
- ☐ Your baby's own sleep space, in your room: the AAP and the NHS say for at least the first 6 months, day and night; never share a bed with your baby
- ☐ Not too hot: light clothing, no hat indoors, a baby sleeping bag of the right size rather than loose blankets
- ☐ Never asleep on a sofa or armchair with your baby
- ☐ A smoke-free home and car

> **Why this matters for a sleep plan.**
>
> When parents are exhausted, they sometimes fall asleep with a baby on a sofa or bring the baby into an unsafe bed "just this once". The AAP and the NHS both warn that sofas and armchairs are particularly dangerous places to fall asleep with a baby. A plan that you can actually follow is one of the best protections against those 3 am decisions. If you are so tired you might fall asleep while feeding, feed in a place where, if you nod off, the baby is safe, and ask for help.

From one year onwards

After the first birthday, risks change but safety still counts. Keep the cot clear of anything a toddler could climb on. When your child starts to climb out, or the cot becomes too small, move to a low bed; there is no need to hurry before that. Secure furniture to the wall, cover sockets and keep blind cords out of reach in the room where your child sleeps.

End of the sample

Thank you for reading this far. We hope these first pages already feel useful, and that you can see how the rest of the book is built: clear steps, pages to fill in, sources you can check.

The full book has 36 pages.

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