

Helping Babies Learn to Fall Asleep On Their Own: What Research Says

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Parents get advice (and judgment!) from all sides, especially when the topic of sleep comes up. Everyone has something to say. But what do we actually know, based on the research? Let's start at the beginning.

Baby Sleep Patterns: Just the Facts

Babies don't begin showing a regular "day-waking, night-sleeping" pattern until about 4 months of age.¹ This is why we recommend that you **wait until your baby is at least 4 months old before you begin sleep training of any kind.**

Talk to your child's health care provider before starting sleep training. Always check with your health care provider before sleep training if your child has special health care needs.

Grown-Ups Need Sleep Too

Most new parents are tired. **Parents who lack good sleep for weeks and months are more likely to report feeling stressed, anxious, or depressed.**² A lack of sleep can also make it harder to cope with everyday feelings and challenges,³ like soothing babies when they fuss.

To Cry, or Not To Cry

For babies, crying is a normal response to settling down at bedtime. There are many ways to help babies learn how to self-soothe and fall asleep. It's up to parents to choose what sleep method works best for their babies and their families. Because babies learn through routines, it's important that parents pick a method that they can use consistently, one that won't wear them out.



What is "Crying It Out"?

There are different ways to think about helping babies learn to fall asleep on their own.

- **Graduated crying-it-out** (often called the "Ferber method") is when parents put their baby down after a bedtime routine and let the baby cry until they fall asleep. Parents check on the baby, waiting longer and longer periods of time before going in the room, starting at 2 minutes and gradually moving up to 30 minutes. (Experts recommend parents not pick up or talk to the baby when they go in the baby's room.) This routine is repeated until the baby falls asleep independently.
- **Bedtime fading:** Parents shift a baby's bedtime later by 10–15 minutes each night so the baby is tired at bedtime. When the baby reaches a point where he falls asleep soon after being put down, that becomes "bedtime."

What does the research say?

- **Both graduated crying-it-out and bedtime fading helped babies fall asleep faster**, compared to babies whose parents who received information about infant sleep (but not specific strategies).⁴
- **Mothers who used graduated crying-it-out or bedtime fading showed less stress** than moms who just received sleep information, but not strategies.⁵
- Families using graduated crying-it-out also found that their **babies were less likely to wake** during the night.⁶
- The choice of a **bedtime strategy does not impact a baby's relationship with parents**.⁷ Parents don't "damage" their relationship with their babies by using graduated crying-it-out.

What's the takeaway?

Learning to fall asleep is a new skill for babies. They often fuss and cry as a normal part of this early learning. **Short periods of crying help babies learn to settle down, fall asleep, and master the skill of falling asleep.**

Some babies have a harder time than others learning to fall asleep on their own. Sleep challenges are probably one of the hardest parts of early parenting.

When babies regularly receive loving, responsive care throughout the day, **sleep training is not harmful to their brain development or to their relationship with parents.**

Footnotes

¹ Sheldon, S. H. (2014). Development of sleep in infants and children. In S. H. Sheldon, R. Ferber, M. H. Kryger, & D. Gozal (Eds.), *Principles and practice of pediatric sleep medicine* (2nd ed.), pp. 17–23. Elsevier Saunders.

² Sheldon, S. H. (2014). Development of sleep in infants and children. In S. H. Sheldon, R. Ferber, M. H. Kryger, & D. Gozal (Eds.), *Principles and practice of pediatric sleep medicine* (2nd ed.), pp. 17–23. Elsevier Saunders. *Clinical Sleep Medicine*, 12(11), 1535–1543. doi:10.5664/jcsm.6284

³ Ibid.

⁴ Gradisar, M., Jackson, K., Spurrier, N. J., Gibson, J., Whitham, J., Williams, A. S., ... Kennaway, D. J. (2016). Behavioral interventions for infant sleep problems: A randomized controlled trial. *Pediatrics*, 137(6). Retrieved from <https://pediatrics.aappublications.org/content/137/6/e20151486>

⁵ Ibid.

⁶ Ibid.

⁷ Price, A. M. H., Wake, M., Ukoumunne, O. C., Hiscock, H. (2012). Five-year follow-up of harms and benefits of behavioral infant sleep intervention: Randomized trial. *Pediatrics*, 130(4).