



THE MILLETTE METHOD™

Sleep Solutions That Meet The Needs Of The Family

RINSE & REPEAT METHOD™ NO-LOW CRYING SLEEP METHOD

BEFORE STARTING

- Take the next week to “build attachment” to child’s room (especially for bedtime and naptimes and nighttime).
- Start by spending more time in your child’s room: bath time, diaper changes, playing, reading, cuddling, and getting dressed. Send the message to your child that their room is a secure and warm place to sleep and getting their needs met.
- Make the room child-friendly, use darkening drapes if needed, sound machine, make the crib safe, lower the crib mattress or remove objects hanging above child’s sleep spot. Add child’s favorite stuffed animal or lovey (6 inches by 6 inches).
- Remove any unsafe shelves that child may climb, or bolt shelves/furniture to wall, watch temperature of room, and location of vents (heat or air) if child is sensitive to air blowing directly on them.
- Spend your child’s bedtime ritual in their room, reading books, and cuddling. Be sure to follow a consistent bedtime ritual. Offer the last feed outside of child’s room if dropping bedtime feed.
- Look at your calendar and pick a date to start the sleep changes. Pick a date that allows you 4–16 weeks or more to devote to **Rinse & Repeat Method™**. This doesn’t mean that you won’t have anything else happening during this time. It does mean that you will want to keep the routine or schedule as consistent as possible, so that your child can master the sleep changes, especially around bedtimes and naptimes. Younger babies learn the method more quickly and older babies tend to take longer.
- Allow for neighbors, nanny, friends, and family members to provide extra support and help. This is a very gradual approach, and you will see small changes rather than big changes, so it can tire parents out more. Pull in some help so you can get a nap.
- In the next week, if you are breastfeeding, observe your child’s night breastfeeding pattern. Does your child eat hungrily? Does your child snack? Is your child falling asleep at the breast and staying there past the feeding time? Begin to feed your child in a chair and not in the bed or side-lying feeding position, as you start to get baby used to the changes up ahead. Pay attention to short feeds at night, 3–5 minutes long feeds. This is a sign that your baby is using the feed to sleep and is not hungry. Pay attention to flutter sucking. This is a sign that your baby is using the feed for sleeping and is not hungry. See the handout **Dropping Night Feeds**.

HOW IT WORKS

- With **Rinse & Repeat Method™** you are using parent presence to help your child gently wean from frequent breastfeeding, rocking, holding, or co-sleeping to go back to sleep at bedtime and go back to sleep in the middle of the night.
- With **Rinse & Repeat Method™** you are breaking down the changes into little manageable goals. If you have been using the family bed, start by moving your child out of the family bed, and use the chair (or mattress) in your child’s room to comfort. When you have been successful with the chair,



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and transferring to crib asleep, then try to transfer baby to crib drowsy, and use the **Transfer Cuddle™**.

- With this method, you are doing a little less comforting. Provide brief and intermittent comforting close to or over the crib and bounce lightly. Return baby to crib promptly and use the Shush/Pat to continue to calm. If baby fusses again, pick up promptly, “pick up and put down.” You may have to do this several times, it is called the **Rinse & Repeat Method™** picking up and soothing for a few minutes then putting back down again. If baby begins to cry, pick up.
- Every baby has a “sweet spot” or something that helps them to settle and soothe. For many babies it is Shush/Pat but it might also be forehead massage, patting the crib mattress, shushing, patting baby’s thigh, or jiggling the crib/bassinet/co-sleeper.
- Try not to convey anxiety about possible tears to your child. Take deep breaths, remain calm, and know that you are helping your child to learn how to sleep with less and less of your help. If you do find yourself growing frustrated, or angry, take a break and leave the room for 1–5 minutes. This is OK and safer for baby and you too. Before you leave, let your baby/child know that you are leaving.
- If baby is having a difficult night, and you are getting tired, sit with baby in the rocking chair, (or sleep on the mattress), rest together and then transfer to crib. In this way, you will still be working at moving baby out of the family bed (while not getting overwhelmed) and will be getting a little rest for you and baby. Remember, don’t do this every night or throughout the night.
- For your child’s bedtime, follow your bedtime routine, and offer a feed or bedtime bottle. If possible, try to put child in crib while drowsy. If this is not possible, try to work towards this goal. Stay with your child and keep your hands on your child as needed **Weighted Hands™** or the **Transfer Cuddle™**. When your child is asleep, leave the room. If your child awakens, go to them quickly, and comfort, soothe, pick up if necessary, rock, and **Rinse & Repeat™** by placing child back in the crib and keeping a hand on them. You may have to do this several times for bedtimes or middle-of-the-the-night awakenings.
- Use the same technique for nighttime pops, going to your child, avoid reinserting the pacifier (if using a pacifier), instead use a quick pick up if necessary, putting back down drowsy and using Shush/Pat to help your child to go to sleep. If you need to offer the pacifier, start to try to wean off by introducing a lovey or transitional blanket starting at 3–8 months of age.
- Remember that when you have a hand on your child, remember to breathe sleep to your child, and a few moments before you pull your hand away, try to start first by decreasing the pressure of your hand and offering less and less of your help.
- Some parents like to lean against the side of the crib and put some weight on baby to reassure baby and shush close to baby’s face. You can also do this when you transfer baby to the crib. I call this the **Transfer Cuddle™** or **Weighted Hands™**.
- As you are making these sleep changes, talk to your child about what is going on—it can sound a little like this: “_____ (insert your child’s name here), Mommy/Daddy are helping you to sleep a little more on your own, and it is a little bit different then the way that you are used to sleeping. Now, Mommy/Daddy are going to help you to sleep at night in your room. Mommy/Daddy (or nanny) will help you to sleep in your room for your naps. If you need anything during your naps or at night, you are so good at using your voice to tell Mommy/Daddy what you need, and we will be right there for you.”



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- Do keep feeding your child according to the feeds recommended in the schedule for your child's age but try not to use night feeds to put back to sleep at night. If baby has just fed 1–4 hours before, encourage other parent to **Rinse & Repeat™** back to sleep and drop feeds that are snack or flutter sucking feeds. If dropping a feed, ask spouse/partner to do **Rinse & Repeat Method™**.

NAPS

- If baby will only nap in your arms, needs bouncing/movement/feeding, or only naps 30 minutes: Start to bounce or rock a little less, reducing the movement by 1–5 minutes, until you are only bouncing a few minutes before naptime or bedtime and eventually barely moving or only slow dancing. Use your voice shush or “sleep baby” as you are bouncing and start to rely on your voice more as you bounce less.
- If baby wakes up after 20–40 minutes of napping, lengthen nap. Pick up baby and rock back to sleep, shush or “sleep baby,” and replace in crib. You can even offer a few minutes at the breast if baby will not accept the bouncing or shushing, but try to fade this away as you use more bouncing and holding in other ways. Try to lengthen the nap to 45 minutes to 1–2 hours. Babies 4–8 months need two long naps (45 minutes to 1–2 hours) and 1 short nap (20–40 minutes). Babies drop the third nap between 6 and 9 months.
- If making nap changes, try to keep 75% of naps happening in child's room, in the rocking chair, and eventually in the crib using the Shush, Pat, and **Rinse & Repeat™** when necessary. Many families like to start nights first, and after a few weeks/months of better sleep at night, will start to use **Rinse & Repeat™** for naps. Introduce a 10 minute “pre-nap routine” to help baby to transition to nap time and best to darken the room and use a sound machine so baby is less stimulated and can sleep. You can also use a sleep sack and lovey for naps.

WRAPPING UP

- This method works because you make very slow gradual changes trading one sleep association, such as breastfeeding down to sleep, for another sleep association, such as bouncing down to sleep. Baby learns that parent is still close by, but also starts to need a little less of parents help to fall asleep. This method relies heavily on others helping since babies who are used to being breastfed down to sleep will do better with another caregiver stepping in and comforting baby down to sleep in other ways.
- Hang in there with the sleep changes—this is a gradual approach (up to 4–16 weeks) or more if child gets sick, has a major developmental milestone, or if you travel. If needed, just work on the first part of the night and then continue to work towards making sleep changes across the night.
- Some babies cry more with **Rinse & Repeat Method™**, often because they are fast learners and get frustrated with how slow the method is. If you find your baby crying or frustrated with this method, your baby may not be a good candidate for the method and your baby may do better with a crying method. Consider the **Chair/Mattress Method** or **Interval Method**, which are two other sleep training methods (see handouts) or nap training for naps (see Naps Guidelines handout).