

[Dr. Nancy:](#) Hello everybody. Welcome to Wednesday Live with Dr. Nancy. Today, I have with me Andrea De La Torre. Might work on my Spanish. She's going to be talking to us about sleeping, but before we get with her, we're going to review what's going on in the office this week. Actually, within the next week, we still have our campaign running for Oklahaven. We are running a raffle. If you want to donate \$10 to Oklahaven, we'll put you in our raffle to win a 60-minute massage with one of our fabulous massage therapists and you can do that in the office. There will be a link on the Facebook page if you want to donate. Oklahaven is a clinic out in Oklahoma that treats special need kids with chiropractic care. They've had really good results and they do this all for free. It's a not for profit, so every year chiropractors wanted to get together and help this clinic out and we're one of them. If you would be generous and donate to them, we would really appreciate it.

[Dr. Nancy:](#) Today, we're going to talk with Andrea about sleeping and if you have any questions at all while she's talking, go ahead and comment and we'll make sure that your questions get answered. If you find this information useful, please share it on your pages. Thank you and welcome Andrea.

[Andrea:](#) Thank you. [crosstalk 00:01:28].

[Dr. Nancy:](#) Tell us a little bit about this sleep consultant job that you do.

[Andrea:](#) Yeah, so consultant is just the word that we use because that's the word we have, but I refer to it more as coaching.

[Dr. Nancy:](#) Okay.

[Andrea:](#) That's what I like to do and I'm a gentle coacher. I don't do cry it out. I don't like that. I'm more of a holistic, I guess, sleep coach because I focus on getting the right schedule, the right environment, and getting to know a kid before you just implement something. Not everything is going to work for every kid. There are things, I want to talk about those three things that are really important to get into any age, even for adults.

[Dr. Nancy:](#) Okay. How did you get into this?

[Andrea:](#) My son was a terrible sleeper and I need sleep. And so I was looking into it, so I Googled everything. I read so many books, so many articles, and I couldn't figure it out. I found out there were sleep consultants, but there are very expensive sleep consultants and I didn't want to spend all that money. Instead, I became certified myself. I was like, I'm going to have more kids, I'll do it myself. Then, I just really fell in love with sleep science. It's really cool.

[Andrea:](#) The way that you are different when you have sleep, it's just huge. You can be yourself, you're not angry all the time, you're not sleep deprived and being sleep deprived is almost as bad as being drunk when you're driving, so it's also dangerous to you, to your baby, and to everyone else. I just found a new calling. I've been a teacher always, so it was a way to be at home and teach and help other people. Then, turns out my kid didn't

have a sleep disorder, he just had a dairy allergy, but everything happens for a reason, so now I'm here. I've been doing it for two years now. My son's two years old, and I really like it. I've helped a ton of families and that's really the big part of it.

[Dr. Nancy:](#) Wonderful. When you say holistic, do you look at things like that then with dairy allergies and things like that? Is that what you mean?

[Andrea:](#) Yeah. That's a cool part, too. When a client comes to me, I have them fill out a survey first. It's a pretty extensive survey, it takes like 10-15 minutes to fill out, but it asks you a lot of things. That way we can figure out if it's a routine problem or if it's a personality thing or it's a parenting style thing. Or maybe you're doing everything right, but there's something else. Then, I can refer you to a chiropractor or an allergist or a doctor. I never answer questions of, should I be feeding him, because that's always up to the pediatrician or a nutritionist, but yeah, I'm more than happy to refer out even to different sleep consultants if my style does not work with you.

[Dr. Nancy:](#) Great. Do they do this in person, do you do this over the phone, so you get calls?

[Andrea:](#) My favorite thing to do is in person, but I've only had maybe 5% of my clients be in person. I mostly do Skype or phone calls or just emailing or Facebook. I'm pretty flexible about it because I'm at home. Whatever works best for somebody. Some people are real introverts, so they don't want to talk, we just do everything through email, and some people really like getting together, so I love that. I love getting to know people. It's all people that are moms in the midst of it, so they're new friends for me.

[Dr. Nancy:](#) Yeah. Friends for your kids.

[Andrea:](#) Yeah, for sure.

[Dr. Nancy:](#) What tips did you have you wanted to share with our parents today?

[Andrea:](#) Yeah. I was going to focus ... My main focus is on three things. I call them the three C's. I tried to find words that started with a Z, but there aren't that many words with Z, so the three C's are clock, crib, and consistency.

[Andrea:](#) For clock, I ask parents to stick to a schedule that goes along with the kids. There's some people that like to put their kids on a specific schedule and that works for them. I'm not someone like that. I like to follow baby sleep and babies will tell you when they're tired if you listen to them. Once we stop listening to babies and kids, they stop showing obvious signs, especially overtired kids will just be grumpy and crying all the time. The more attuned we are to babies and the more we're watching them, the better we know when they're tired.

[Andrea:](#) With the clock, too, there's especially even for newborns to toddlers to preschoolers, they have a specific time window that they can be awake. For newborns, it's around 45 to 60 minutes, so around every 45 to 60 minutes of being awake, the need to go down for a nap. Sometimes you have a weird little baby that wants to be up for a little longer,

but you can be watching them and watching their eye movement and their limb movement. Then when they start getting red under the eyes, those are the sleep cues you want to be looking for.

[Andrea:](#) There's a misconception that we need to be looking for yawning and eye rubbing and crying. Those are actually signs of over-tiredness, so if your baby is skipping a lot of naps and being just whiny, they're more than likely overtired and you waited too long. That's the first one, clock, sticking to baby's natural sleep cycles. Then, once you've stuck to them a lot, they're ... I can hear my toddler ...

[Dr. Nancy:](#) Uh-oh.

[Andrea:](#) ... fighting his sleep cycle ... they're going to come up and up and up, so you'll be able to figure out when they need to nap.

[Andrea:](#) The second C is crib. Obviously, some people like to co-sleep.

[Dr. Nancy:](#) Oh I hear him!

[Andrea:](#) That's okay. We're all moms here. Second one is crib. Obviously, if you want to co-sleep in the same thing, it's just having a specific place that baby can know it's where you go to sleep. Then, you want it to be pitch black because darkness helps us sleep and you want it to have white noise ... you want to have white noise, both to soothe baby and also to block out other noises.

[Dr. Nancy:](#) Okay.

[Andrea:](#) He's just singing.

[Dr. Nancy:](#) Do you want to go get him?

[Andrea:](#) He's singing.

[Dr. Nancy:](#) Oh, is he? Okay.

[Andrea:](#) If he's starts being upset, I'm going to have to go get him.

[Dr. Nancy:](#) Okay.

[Andrea:](#) That's something else actually with toddlers. They'll have random waking boosts. They'll wake up from 2:00 to 3:00 AM and just be talking. That's completely normal. We tend to freak out when that happens, but their brain's doing like a hundred miles an hour. His name's Mateo. I'm watching him on the camera. He's just having a ball. That happens. Kids will fight sleep. Kids will do that. The most important thing is to answer with consistency and love.

[Andrea:](#) Yeah, talking about cribs. Sorry. You want to make sure it's dark. You want to make sure it's quiet, but we have white noise blaring and that it's not too hot and not too cold. You want to err on the side of colder. I think that might be why he's not sleeping right now actually. It is so hot randomly. It was so cold last week.

[Dr. Nancy:](#) Oh, I no. Yes.

[Andrea:](#) Now, it's just like sultry.

[Dr. Nancy:](#) Yeah.

[Andrea:](#) You want to stick between 69 and 72 Fahrenheit for temperature.

[Andrea:](#) The last C of the three C's is consistency. You want to be as consistent as possible with everything you do. If you want to stick to the American Association of Pediatrics guidelines and put them in a crib with a flat sheet and nothing else, always do the same thing. If you and your partner, or whoever you're with, decide to co-sleep with baby, then set the expectations, set the rules, have a safe environment and always do the exact same thing, so that baby knows what to expect. The more that babies and kids know what to expect, the better they react to what you want them to do.

[Andrea:](#) With consistency, too, is a bedtime routine. Bedtime routines, people underestimate their power. It's usually like 80% of a baby's sleep problems is because they don't have a good bedtime routine. What should a bedtime routine have? They should be in a dimmer lit room to let their bodies know that it's time to go to sleep, they should have quiet activities that are engaging, but not alerting.

[Dr. Nancy:](#) Yeah. No rock and roll.

[Andrea:](#) You need to have some, what I call PDA. You need to have some time just cuddling and telling them how much you love them, some time for them to spend really close with you, so that can be their last memory of the day. Then, just putting them down wherever they're going to go to sleep, probably a crib, when they're still awake.

[Dr. Nancy:](#) Yeah.

[Andrea:](#) Those are very open umbrella things, but it's just the most important thing to know. Stick to a schedule, stick to a good environment, and stick to consistency. Make sure everybody in the house knows the expectations and to stick to them. When you go off-track, that's when things start happening. Now, if you go traveling, you can take the same routine and the same sheet, the same smell, the same sounds, the same white noise machine, and it's less of the sleep distractors.

[Dr. Nancy:](#) When they do wake up and do the talking, like with your toddler now, will you go talk to him or will you just let him talk it out and see if he falls back asleep?

[Andrea:](#) We usually just let him talk it out, especially because we need our sleep. If he's upset, or starts crying, or starts needing us, we'll go to him.

[Dr. Nancy:](#) Okay.

[Andrea:](#) I can hear a difference. If he's scared or if he's hurt, we'll definitely go in, calm him, and put him back in there. You want to avoid making them fall asleep on you because once you place them back down, they'll wake up or when they wake up, when they're changing REM cycles, they'll need you again. If they're just talking, I mean, my kid is really hyper, so if they're running around or playing around or throwing everything, it's just what they need to do right then. As long as they're not putting themselves in danger, then you're okay.

[Dr. Nancy:](#) Do you see this question about when they start talking to you when you're co-sleeping, like, "Hey Mommy, what are you doing?"

[Andrea:](#) Yeah, that one's a little trickier. It's kind of why we decided not to co-sleep because you interrupt their cycles and they interrupt your cycles, so you have to manage around that, but it's a family decision. If you're in that, I would say just ignore as much as you can and just pat them back down and tell them, "Mommy needs sleep and you need sleep." It's tricky, but that's part of it, too. People, we have to know, we have to have realistic expectations. Kids are people.

[Andrea:](#) I have a Q and A on my Instagram every Wednesday and I had a cool question just now. It's like, every time we go to a different place, my kiddo can't sleep well. It's like well, can you sleep well when you're in different places?

[Dr. Nancy:](#) No.

[Andrea:](#) No. We have to have realistic expectations, but stick to love and stick to consistency. Make sure they're resting when they need to rest, that they know what to expect and we have a good environment. That's all you can do for them. Don't stress out. Obviously, never leave them just to cry if they're upset, but don't create new bad habits when you don't have to.

[Dr. Nancy:](#) I had a question offline actually from a fellow chiropractor. He's got a patient that has a postpartum mom that's having trouble sleeping and they wanted to know if you work with anybody in that category at all or do you just work with kids?

[Andrea:](#) I only work with kids and babies specifically.

[Dr. Nancy:](#) Okay.

[Andrea:](#) The same keys of sleep can be transferred, so when you're an adult, make sure you have a routine, make sure your environment is sleep friendly, and make sure you're staying away from the TV or your screens even two hours before you go to sleep because that

kills your melatonin. Make sure you're not taking too many because people will just say, "Oh, take melatonin or take [crosstalk 00:12:55]." The more you take that, the more your body becomes accustomed to taking other things to fall asleep. The more you do that, the less you create your own melatonin.

[Dr. Nancy:](#) Right.

[Andrea:](#) Then, you have a lot of problems. Also, if you have anxiety, that's going to be an issue. Same with separation anxiety in babies. If it's too hot, that's going to be an issue. It's kind of the same things. We can talk if she wants to, but I don't specifically work with adults.

[Dr. Nancy:](#) Okay. All right. We have a question; how do you know when a toddler's ready to drop the naps?

[Andrea:](#) For good.

[Dr. Nancy:](#) Yeah.

[Andrea:](#) I actually suggest that we keep toddler naps as long as possible and once they want to drop it or they're showing signs, like my little one, still give them an hour in the dark or in the dim light up until four, four and a half years old at least because they need that rest. Most kiddos are just beasts when they skip their naps. You want to keep it as long as you can. How do you know? They start fighting it more and more and once they do drop it, you'll want to start the bedtime routine a little earlier.

[Dr. Nancy:](#) I know this little guy and he just is ... that's his personality. He's going to fight mom the whole way.

[Andrea:](#) Yep.

[Dr. Nancy:](#) Freda wants to know, are babies more likely to sleep through the night if they fall asleep on their own versus you helping them by rocking, feeding, etcetera?

[Andrea:](#) For sure, for sure. That's the number one problem I'd say that I see. If you're helping them fall asleep in the first sleep of the night, that's when their first big chunk of REM sleep happens. Once they transition to the next REM sleep, they're going to say, well how did I fall asleep? Oh, there was rocking. Okay. I'm going to call back for some rocking. I need that to go back to sleep. Then, babies have four to five REM cycles during the night. Adults have two to three at the most. If they're falling asleep completely by themselves at the beginning of the night, they learn to transition that into the middle of the night even if, you know, if they're not hungry or they don't actually need something.

[Dr. Nancy:](#) That's where I went wrong with my daughter. She didn't sleep for three years, I swear, and that was the mistake I made was I nursed her to sleep every night. We had the music going and everything. I put her to sleep and put her in bed and I was up so much

with her, oh my gosh. I wish you were around when 13 ... No, she's 15 now, 15 years ago. That was... it was hard.

[Andrea:](#) That's the main issue with most of my clients. They have some sort of sleep prop and baby doesn't know how to transition on their own. Then, it happens, oh they woke up, they're probably hungry. That's mostly not necessarily true.

[Dr. Nancy:](#) Yeah. That was my fault. We, more questions. We have quite a few viewers and some good interaction. Great tips. I like that. I know there's some people that cry it out and it breaks your heart to do that. Then, we were looking for somebody to come on that didn't do that and then, kind of a different way of looking at sleeping. Yeah. Megan would like to know how can you do any different without tears? Is this tears for the baby or for mom?

[Andrea:](#) I don't understand the question; how can you do any different? Oh, any different from nursing down to sleep? That's part of it. A big, huge part is to stick to a schedule. An overtired baby is going to cry. I have actually a sleep chart on my website, [TiniestDreamers.com/blog](http://TiniestDreamers.com/blog).

[Dr. Nancy:](#) I'll write that in here.

[Andrea:](#) Look for one of the blogs that says, "Baby Sleep Chart." That's going to tell you how long babies should be awake. The longer they're overtired, the harder it is for them to fall asleep on their own. I've had a lot of clients that we just fix schedule and they'll cry for 5-10 minutes and then fall asleep. There is no way in my opinion to avoid completely all tears because it's the only way babies know how to express themselves, but tears don't mean you're a horrible mom or I'm scared. Sometimes it just means, I'm winding down for the day or I'm figuring out how to fall asleep.

[Andrea:](#) I don't promise a no tears approach to things because they're babies, they're going to cry. I mean, if you have a baby, they cry like 10 times a day just because. I don't like leaving them alone in there to cry, so that's the difference.

[Dr. Nancy:](#) If they cry ten times a day they need an exam from me, so there could be something else going on. Just as a side.

[Andrea:](#) What's it called? I have a lot of methods, different kinds of gentle methods, and that's what I can help you with.

[Dr. Nancy:](#) Okay.

[Andrea:](#) That's what I coach you with and that's something else I do. I don't every just give you information by ... we have a week where we talk about different things and troubleshoot and I don't like failing. Even if our week is up, most of the time I'll keep on giving you tips.

[Dr. Nancy:](#) Good. Sounds like you really, really love what you do, so ...

[Andrea:](#) I do. My main passion is teaching kids and it was a tough transition to go into having my own business and doing marketing and doing all that stuff I don't like to do, but just talking to people and really having them tell me, "Well, my baby's in a better mood and so am I," that's what I really love.

[Dr. Nancy:](#) Yeah, it's very fulfilling.

[Andrea:](#) Yeah, it really is.

[Dr. Nancy:](#) Yeah. It's ... not just about the babies, it's about the parents.

[Andrea:](#) Yeah.

[Dr. Nancy:](#) And you do, you need your sleep. That's for sure.

[Andrea:](#) Yep.

[Dr. Nancy:](#) Does anybody have any more questions before we let Andrea go today? She's great, you know, some great information, the three C's. I like that instead of three Z's, but really good tips. Is there anything else you want to tell our parents that we didn't touch on today?

[Andrea:](#) I wanted to say follow me on Instagram if you don't already.

[Dr. Nancy:](#) Okay. What's your ... Is it Tiniest Dreamers?

[Andrea:](#) No. Actually, I changed it to BabySleep.Answers. I give out tips all the time, I show you my life. I like funny things and every Wednesday I have a free Q and A when you can just ask me anything, a short question, and I'll answer it throughout the day.

[Dr. Nancy:](#) Great.

[Andrea:](#) I like connecting with new moms, so send me a message-

[Dr. Nancy:](#) Great.

[Andrea:](#) ... or so. Then, also not to freak out if your baby isn't sleeping. That also has a huge effect on your baby's ability to learn how to sleep or not. There was actually a study saying that the parents that think their babies sleep, have babies that sleep better and that's partly because babies can feel our anxiety, they can feel that something's wrong. The more positive about things we are, the more positive our bedtime routine is, the better things are. All right. I hear my baby getting upset.

[Dr. Nancy:](#) I love it. He's a special guest on the side. It's awesome.



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[Andrea:](#) Yeah. He likes getting in the middle of everything.

[Dr. Nancy:](#) Thank you, Andrea for coming again. I appreciate it. Then, like I said earlier, if you find this helpful, please share it with all your friends and let's get Andrea helping some people sleep.

[Andrea:](#) Yeah, please refer me and I am going to get going.

[Dr. Nancy:](#) All right. Bye.

[Andrea:](#) Bye.