

Dear [Grandparent's Name],

We're so excited to have you help with [Baby's Name]! To make things as smooth as possible, we've put together this list of useful things to know about [Baby's Name]'s sleep. Please review it and let us know if you have any questions.

1. Babies Sleep

- **Nap Times and Bedtime:**
 - Nap Times: [e.g., 10:00 AM, 2:00 PM]
 - Bedtime: [e.g., 8:30 PM]
 - **Sleep Environment:**
 - Baby sleeps in: [e.g., Their cot, co-sleeps]
 - Sleep Space Setup: [e.g., I usually do XXX , blackout curtains, white noise machine]
 - **Wind-Down Routine:**
 - Pre-Sleep Activities: [e.g., reading "Goodnight Moon," singing "Twinkle Twinkle"]
 - **Written pattern:**
 - [Attach/Include a printed pattern of activities in your baby's evening activities eg. feeds, bath, massage/cuddles etc]
 - "I am more than happy for you to leave out [factors that aren't essential]"
 - "If you would like to feel free to also do your own special calming activities..."
 - **Outfits:**
 - "I normally put [Baby's Name] into a [describe the layers your baby usually wears, including any well-tucked blankets, dream pods etc]"
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2. Communicate Your Baby's Sleep Cues

- **Sleep Cues:**
 - Typical Signs: [e.g., rubbing eyes, yawning, fussiness]
 - **Timing Importance:**
 - "I usually find that after (certain time/sleep cue) [Baby's Name] gets a little grouchy, if this happens, try this..."
 - **Soothing Strategies:**
 - Effective Methods: "These are the things that usually work really well [e.g., gentle rocking, favourite lullaby]"
 - "If [Baby's Name] cries, please respond by [insert how quickly you would like them to go in and what you would like them to do]"
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3. Practice run

- **Practice Sessions:**

- We can do a trial run together on: [Date/Time] if you like!
 - **Reassurance:**
 - “It’s okay if things aren’t perfect—what matters is that [Baby’s Name] feels loved and cared for. We are so grateful to have a little time to go and do [insert activity]”
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4. Discuss Comfort and Soothing Techniques

- **Comfort Items:**
 - Preferred Items: [e.g., dummy, milk, special blanket]
 - Location: [e.g., in nappy bag, in the changing table]
 - **Soothing Techniques:**
 - Methods for Night Wake-Ups: [e.g., gentle patting, firm pressure, rocking, feeding, taking them into bed with them, nappy changes, sitting quietly]
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5. Detail any equipment (monitors, milk prep machines etc) or environment notes

- **Safe Sleep Environment:**
 - Guidelines: [e.g., baby on back, no loose bedding, firm mattress]
 - **Monitor Use:**
 - Baby Monitor Details: [e.g., how to use, where to place]
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6. Communication

- **Open Communication:**
 - Feel free to contact us at: [Phone Number/Email] at any time. We have this [emergency person/ plan] on hand should we need it.
 - **Babies details:**
 - Babies name, DOB, Doctor, Allergies, medications and any other important details.
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8. Trust the Process

- **Let Go of Perfection:**
 - Things may not go perfectly, and that’s okay.
 - **Celebrate Successes:**
 - We’ll celebrate the wins and discuss any adjustments for next time.
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Thank you so much for helping us with [Baby’s Name]’s sleep! Your support means a lot to us.

Love,

[Your names]