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A New Parent's Survival Guide to Sleep, Nutrition, Feelings, and Sick Days

with support from: poppins

You love your kid fiercely.
You also recently looked up "is it normal that my toddler only eats beige food" and “how to instill more confidence in kids.”

Being a parent means loving your kid, but also overthinking basically everything about them. **This guide exists for exactly that version of you: someone who is in-tune with their child, but is also self aware enough to know that extra support never hurts.**

Whether you're a new parent or a seasoned caretaker of three, consider this your no-judgment, solutions-oriented resource for the four parenting challenges that keep us up at night (literally).

Sleep

Common Sleep Struggles & How to Fix Them

You finally had a rhythm. Then you didn't. If your child suddenly decides that sleep is optional, you're not doing anything wrong. Sleep disruptions in kids are almost always tied to something going right developmentally.

Why It's Happening

Sleep regressions happen when a busy, growing brain is working overtime. Learning to crawl, stand, walk, talk, navigate big emotions, or new life situations takes enormous neural energy—and that energy doesn't always clock out at bedtime. This translates to more night wakings, shorter naps, and a kid who seems wired at exactly the wrong moment.

Common Regression Windows to Know:

- **4 months:** Sleep cycles mature, and babies now have to learn to transition between them.
- **8 months:** Mobility kicks in (crawling, pulling up) right as separation anxiety arrives.
- **12–18 months:** Walking, independence, and big feelings collide. Bedtime becomes a negotiation.
- **2 years+:** Imagination and boundary-testing enter the picture.
  Hello, shadows and "one more hug."

Most regressions last two to six weeks and resolve once the developmental leap settles. We know, moving through these phases is easier said than endured, but worth knowing.

Three Things That Actually Help

Regressions or sleep disruptions can't be prevented,
but they can be shorter with the right foundation in place.

- **Protect the routine.** A consistent bedtime sequence—bath, pajamas, book, dim lights—acts as an anchor when everything else feels disrupted.
- **Watch your wake windows.** An overtired baby is harder to settle, not easier. Age-appropriate wake windows help build the right amount of sleep pressure so bedtime works with you, not against you.
- **Offer comfort without creating new habits.** Extra cuddles and reassurance are appropriate right now, but be mindful of introducing sleep props you'll need to undo later. Comfort them, then put them down drowsy but awake.
- **Encourage exercise and healthy eating habits.** What your child eats and how much they move their body and the quality of sleep they get are all deeply connected. Well fed and active kids often translate to better sleepers.

Sleep Guidance by Age

Children need different amounts of sleep as they grow.
Here's what the CDC recommends:

- Babies up to 3 months need **14–17 hour**s in a 24-hour period
- Older babies up to 12 months need **12–16 hours**
- Toddlers from 1–2 years need **11–14 hours**
- Preschoolers from 3–5 years need **10–13 hours**
- School-age kids from 6–12 need **9–12 hours**
- Teens from 13–17 need **8–10 hours**

Red Flags to Look For

Most sleep struggles are temporary and developmental.

These are worth a closer look:

- Sleep disruptions lasting longer than six weeks with no improvement
- Loud or frequent snoring (can signal sleep apnea)
- Extreme difficulty settling that doesn't respond to routine or comfort
- Signs of illness, pain, or significant appetite changes alongside sleep disruption
- Sleep deprivation that's affecting your child's mood, memory, or daily functioning

"Sleep regressions are a sign of a developing brain, not a broken routine. The foundation you've built is still there — it just needs time to settle back in."

Mary Clare Zak, CPNP

Picky Eating

Your Kid's Dinner Protest Is Developmentally Right on Schedule

If your three-year-old pushes away her plate and declares "I don't want that" (that being the exact same pasta and chicken she devoured yesterday) take a breath and repeat after us: this is totally normal.

Why It's Happening

Most picky eating peaks between ages 2–6, and it's less about the food than it is about everything else going on developmentally. Your once-ravenous eater is growing more slowly now, which means she genuinely needs less food than she used to.

She's also living in a world where adults tell her where to go, when to sleep, and what to wear, and the dinner table might be the one place she's figured out she has a say.

Your Independent-Seeking Child May Also Be Experiencing:

- **Appetite shifts.** After the rapid growth of infancy, kids' appetites naturally slow down starting around 2 years old. It can feel like they're surviving on air, pouches and bars, but it's usually normal.
- **Food neophobia.** The blueberries she loved last month? Suddenly suspicious. Fear or rejection of previously accepted foods is common at this age.
- **Sensory exploration.** A mushy texture or a strong smell can feel genuinely overwhelming to a still-developing sensory system.

Three Things That Actually Help Mealtimes

Even well-meaning table talk like "just one more bite" or "you can't leave until your plate is clean" tends to backfire and turn meals into a standoff nobody wins.

The slight mental shift can make the biggest difference: your job as a parent is to decide what's served, when, and where. Their job is to decide whether and how much to eat. Once you stop fighting for control over what goes in their mouth, there's nothing left to rebel against.

From there, a few practical moves help:

- Always include one "safe" food you know they'll eat, alongside whatever the family is having. This helps lower their anxiety enough to maybe try what else is on their plate.
- Keep meals to 20–30 minutes. Nobody's best self shows up after that, especially not a hungry, overstimulated child.
- Make the table about connection, not consumption. Talk about their day, their favorite dinosaur, whatever. Food should be the background noise.

Red Flags to Watch For

Picky eating is usually a phase, but some signs warrant a call to your pediatrician:

- Weight loss (never normal in kids) or consistently not following their growth curve
- Extreme distress around textures like gagging, vomiting, or real fear at mealtimes
- A diet shrinking to fewer than 10–15 foods total
- Chronic constipation lasting 4 or more weeks

If something feels off beyond typical mealtime drama, trust your parental instinct and reach out to your pediatrician to help you figure out whether it's a phase to ride out or something that deserves more support.

"As long as your child is growing, energetic, and eating some variety, you're doing better than you think. For the vast majority of kids, picky eating is just a phase."

Mary Clare Zak, CPNP

Big Feelings & Tantrums

Your Job Isn't to Fix Their Big Feeling

Your child loses it over a broken cracker or having to leave a playdate. These big feelings and tantrums are how young kids process a world that is constantly overwhelming their still-developing brains. It's how they learn, over time, to handle hard things.

Why It's Happening

The prefrontal cortex—the part of the brain responsible for regulating emotions and impulse control—isn't fully developed until age 25. This means your three-year-old isn't being dramatic. He is, quite literally, working with incomplete equipment.

An Age-by-Age Snapshot of Their Feelings:

- **Toddlers (ages 1–3)** feel everything at full volume with almost no vocabulary to express it. Tantrums are how they communicate.
- **Preschoolers (ages 3–5)** have more words, but emotions still regularly outpace them. They may use their bodies (hitting, throwing) because the feeling is simply too big for language yet.
- **School-age kids (ages 6–12)** start navigating more complex emotions: embarrassment, guilt, social anxiety. They need to be heard before they can be helped.

Three Things That Actually Help

The instinct to fix, soothe, or stop the emotion is natural—we're parents after all. But your instinct to just fit it can actually make things worse. Kids who are told "you're fine" when they're clearly not, learn that their feelings are inconvenient, not that they're manageable.

Here's what actually moves the needle:

- **Validate before you problem-solve.** "You're really upset that we had to leave the park" lands better than any logical explanation. The feeling has to be acknowledged before the brain can receive anything else.
- **Stay calm and stay present.** Your nervous system is literally regulating theirs. You don't have to say anything perfect—you just have to not escalate. We know this one is hard!
- **Skip the fix, offer the witness.** "I see you. I'm right here" is often enough. Kids don't need their feelings solved. Validating their feelings and They need to know their feelings are survivable and validated.

And a Few Other Phrases to Retire:

You're ok.
Stop crying.
It's not a big deal.
Why are you crying?

Mid-meltdown, all of these phrase—despite our best of intentions—teach kids that big feelings should be hidden rather than felt.

Red Flags to Look For

Tantrums and big emotions are completely normal; however, if your instinct as a parent tells you that there is something else brewing below the surface, it's worth a call to your pediatrician.

Here are a few things to watch out for:

- Emotions that are consistently disproportionate to what triggered them
- Self-harm or aggression that's escalating or doesn't respond to calm, consistent support
- Persistent sadness, anxiety, or withdrawal that doesn't lift
- Meltdowns that are disrupting daily functioning at school or home
- Your own sense that something beyond typical development is happening

Cold & Flu Season

The Never-Ending Runny Nose & What to Do About It

If it feels like your kiddo's runny nose is an uninvited, but always present extra family member you never asked for, you're not alone. Young kids catch an average of six to eight colds per year—more if they're in daycare, have older siblings, or simply enjoy touching everything within reach.

The silver lining: frequent illness in otherwise healthy kids isn't a sign of a weak immune system, but one that's actively learning.

Why It's Happening

A child's immune system is still developing through their early years, and every new germ is essentially a training exercise. That doesn't make the fourth cold of the season any less exhausting, but it does mean the relentlessness is normal and temporary.

The trickier part is knowing what you're dealing with. Here's a quick breakdown:

- **Cold:** The most common culprit. Runny nose, mild fever, cough, sneezing. Lasts 5–10 days. Manageable at home with rest and fluids.
- **Flu:** Hits harder and faster. High fever, body aches, fatigue, and a kid who genuinely can't get off the couch. Symptoms often peak around day 2–3. Fever can last up to 7 days, though fatigue and recovery can stretch beyond that.
- **Allergies:** No fever, but a runny nose that never fully goes away, especially when seasons change or pets are nearby. Itchy eyes are a giveaway.
- **RSV:** Starts like a cold but can escalate quickly, especially in babies and toddlers. Watch for wheezing, labored breathing, and poor feeding. One to monitor closely.

Three Things That Actually Help

There's no shortcut through a virus, but a few things can genuinely make it more manageable:

- **Saline drops + suction.** For babies and toddlers who can't blow their nose, saline drops followed by a nasal aspirator are unglamorous but effective. Studies show hypertonic saline can shorten cold symptoms by nearly two days - and may even reduce the spread of illness to other family members. .
- **Humidifier in the bedroom.** Moist air keeps nasal passages more comfortable and helps kids sleep through the congestion. Be sure to clean your humidifier and change the filter often.
- **Steam and warmth.** A hot shower running in a closed bathroom, a warm compress on the forehead, or a bowl of warm broth. Yes, they actually work.

A note on what not to reach for: over-the-counter cough and cold medications aren't recommended for children under six. When in doubt, check with your pediatrician before medicating.

Red Flags to Look For

Most colds run their course without intervention. Reach out to your pediatrician if you're seeing:

- Symptoms lasting more than 10 days without improvement
- Fever lasting more than 5 days, or a fever that is not responding to medication.
- Any difficulty breathing or signs of labored breathing
- Any wheezing or abnormal noisy breathing
- Cough that's getting worse, not better after the first week
- Signs of dehydration like no tears, dry mouth, significantly fewer wet diapers
- Your gut telling you something feels off

"Six to eight colds a year sounds relentless, and it is — but it's also completely normal. Young immune systems learn by being challenged, and most illnesses will run their course at home with rest and fluids. Knowing which signs to watch for can turn a stressful sick day into a manageable one."

Mary Clare Zak, CPNP

The sleep struggles, the untouched dinner plates, the meltdowns, the sick days that derail everything—none of it comes with a universal fix, because no two kids are the same. That's exactly why Poppins and Hello Nanny! work the way they do: personalized, thoughtful support that meets your family where it actually is.

Whether that means finding the right nanny, family assistant, or household manager, or having a pediatric expert or parent coach in your corner, we're here for every moment and phase.

Get started with Hello Nanny!
www.hellonanny.com

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