

Sleep Problems in Children

Part I Infants, Toddlers, and Preschoolers



Sleep problems are very common among children during the first few years of life. Problems may include a reluctance to go to sleep, waking up in the middle of the night, nightmares, and sleepwalking. In older children, bed-wetting can also become a challenge.

Children vary in the amount of sleep they need and the amount of time it takes to fall asleep. How easily they wake up and how quickly they can resettle are also different for each child. It is important, however, that as a parent you help your child develop good sleep habits at an early age. The good news is that most sleep problems can be solved and your pediatrician can help.

Infants

Newborn infants have irregular sleep cycles, which take about 6 months to mature. While newborns sleep an average of 16 to 17 hours per day, they may only sleep 1 or 2 hours at a time. As children get older, the total number of hours they need for sleep decreases. However, different children have different needs. It is normal even for a 6 month old to wake up briefly during the night, but these awakenings should only last a few minutes and children should be able to go back to sleep on their own. Here are some suggestions that may help your baby (and you) sleep better at night:

- 1. Try to keep her as calm and quiet as possible.** When feeding or changing your baby during the night, avoid stimulating her or waking her up too much so she can easily fall back to sleep.
- 2. Don't let your infant sleep as long during the day.** If she sleeps for large blocks of time during the day, she will be more likely to be awake during the night.
- 3. Put your baby into the crib at the first signs of drowsiness.** Ideally it is best to let the baby learn to relax and settle herself to sleep. If you make a habit of holding or rocking her until she falls asleep, she may learn to need you to get back to sleep when she wakes up in the middle of the night. This may interfere with her learning to settle herself and fall asleep alone.
- 4. Try to avoid putting your baby to bed with a pacifier.** Your baby may get used to falling asleep with it and have trouble learning to settle herself without it. Pacifiers should be used to satisfy the baby's need to suck, not to help a baby sleep. If your baby falls asleep with a pacifier, gently remove it before putting her in bed.

- 5. Begin to delay your reaction to infant fussing at 4 to 6 months of age.** Wait a few minutes before you go in to check her, because she will probably settle herself and fall back to sleep in a few minutes anyway. If she continues to cry, check on her, but avoid turning on the light, playing, picking up, or rocking her. If crying continues or begins to sound frantic, wait a few more minutes and then recheck the baby. If she is unable to settle herself, consider what else might be bothering her. She may be hungry, wet or soiled, feverish, or otherwise not feeling well.

- 6. Ideally, by a few weeks of age a baby should sleep in a separate room from his parents.**

If your baby is ill, these suggestions should be relaxed. After she feels better, begin to reestablish sleep patterns.

Infant sleep positioning and SIDS

The American Academy of Pediatrics recommends that parents and caregivers place healthy infants on their backs when putting them down to sleep. This is because recent studies have shown an increased incidence of Sudden Infant Death Syndrome (SIDS) in infants who sleep on their stomachs. There is no evidence that sleeping on the back is harmful to healthy infants.

Toddlers and preschoolers

Many parents find their toddler's bedtime one of the hardest parts of the day. It is common for children this age to resist going to sleep, especially if there are older siblings who are still awake. However, remember toddlers and preschoolers usually need 10 to 12 hours of sleep each night. If your child's sleeping time does not approach this level, talk to your pediatrician.

Following are some tips to help your toddler develop good sleep habits:

- 1. Make sure there is a quiet period before your child goes to bed.** Establish a pleasant routine that may include reading, singing, or a warm bath. A regular routine will help your child understand that it will soon be time to go to sleep. If parents work late hours, it may be tempting to play with their child before bedtime. However, active play just before bedtime may leave the child excited and unable to sleep. Limit television viewing and video game play before bed.
- 2. Try to set a consistent schedule** for your child and make bedtime the same time every night. His sleep patterns will adjust accordingly.
- 3. Allow your child to take a favorite teddy bear, toy, or special blanket to bed each night.** Such comforting objects often help children fall asleep—especially if they awaken during the middle of the night. Make sure the object is safe. A teddy bear may have a ribbon, button, or other part that may pose a choking hazard for your child. Look for sturdy construction at the seams. Stuffing or pellets inside the stuffed animal may also pose a danger of choking.
- 4. Make sure your child is comfortable.** Check the temperature in your child's room. Clothes should not restrict movement. He may like to have a drink of water before bed, have a night-light left on, or the door left slightly open. Try to handle your child's needs before bedtime, so that he doesn't use them to avoid going to bed.

- 5. Try to avoid letting your child sleep with you.** This will only make it harder for him to learn to settle himself and fall asleep when he is alone.
- 6. Try not to return to your child's room every time he complains or calls out.** A child will quickly learn if you always give in to his requests at bedtime. When your child calls out, try the following:
 - Wait several seconds before answering. Your response time can be longer each time to give your child the message that it is time for sleep. It also gives him the opportunity to fall asleep on his own.
 - Reassure your child that you are there. If you need to go into his room, do not stimulate the child or stay too long.
 - Move farther from your child's bed every time you go to reassure him, until you can do this verbally without entering his room.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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of Pediatrics



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