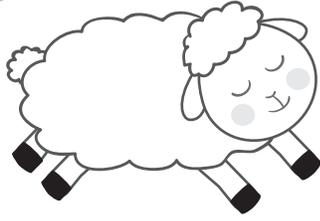




Sleep and Young Children



Common Misconceptions About Sleep and Young Children

Misconception: The child who doesn't fall asleep easily at bedtime is just not sleepy.

Separation anxiety, limit testing, and wanting to play longer are all reasons that children frequently resist going to bed despite physiological sleepiness.

Misconception: Children sleep as much as they need.

Up until about age 3 to 4 months, this may be true. After this time, however, parents and caregivers can significantly influence a child's sleep through scheduling and bedtime routines.

Misconception: Children outgrow all sleep problems.

Most children outgrow problems such as bedwetting, nightmares, and sleepwalking. However, difficulties such as getting a child to fall asleep and multiple awakenings which require a parent's presence in order for the child to return to sleep are less likely to resolve on their own, and often require changes in the behavior of the parents and child.

Misconception: If a child sleeps poorly at night, you should eliminate or shorten daytime naps.

Eliminating or shortening daytime sleep rarely corrects a nighttime sleep disturbance, and sometimes makes the situation worse.

Misconception: Keeping a child up later at night will help to minimize nighttime awakenings and may help the child sleep later in the morning.

Most nighttime awakenings are normal; they become a problem when the child cannot return to sleep on his own. This is the issue which may require attention. In addition, the time a child awakens in the morning is determined by a daily rhythm (biological clock) and is not strongly affected by the prior night's bedtime.

Misconception: Encouraging lots of exercise throughout the day will help the child fall asleep faster and sleep longer; conversely, the child who remains indoors and is sedentary may not need a nap.

The amount of sleep that a child needs is determined more by genetics than by daytime activities.

Misconception: Children who awaken at night and need a parent to return to sleep probably need more attention during the day.

There is no evidence to suggest that night awakenings are a reflection of how much love and attention a child receives during the day.

Misconception: Riding in a car makes children sleepy.

Riding in a car provides an environment which limits activity, thus allowing sleepiness to manifest itself. A well-rested child will not fall asleep in sedentary situations.

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What Every Parent Should Know About Sleep in Children

Many sleep problems in children are unavoidable.

- The number one cause for a child's sleep to go awry (after sleeping well) is illness.
- Parents spend an inordinate amount of time blaming themselves for sleep habits a child develops during a period of colic, reflux, other illness, travel, holidays, thunderstorms, and when transitioning from crib to bed.

Snoring or noisy breathing during sleep is abnormal at any age.

- Children who snore or have noisy breathing almost every night, without an upper respiratory illness, should be evaluated by the pediatrician for possible sleep apnea.

The number one sleep problem in children is insufficient sleep.

- Americans in general are obtaining less and less sleep and this includes children. The most common reasons cited for insufficient sleep in the child are:
 - Increasing number of evening activities.
 - Inadequate knowledge about the amount of sleep a child needs to function at his/her best.
 - A child's delay tactics.
 - Increase in both parents working full time outside the home.

The manner in which a child falls asleep often determines if she will sleep through the night. The way an individual sleeps is a learned behavior.

- If a child needs the assistance of a parent to fall asleep, she will usually need the same or similar assistance following a night awakening.
- Ideally, sleeping arrangements should be decided by the time the child is 6 months old. The decision about a family bed vs. sleeping alone is controversial and best left to the parents.
- The child in a co-sleeping environment can learn to sleep alone in a gradual manner. Often, various strategies can be used to help the child learn new sleep habits without hours of crying.
- A parent can use methods that teach a child to sleep well very quickly, especially if a child is 6 months of age or younger. Or a parent can use a more gradual approach with an older child.

There are certain situations in which we would recommend that a parent consider sleeping in the same room with a child.

- Children with medical conditions must learn to cope with significant changes in their daily routines. It may not be fair to put the child through a series of crying sessions (to teach him to sleep alone) following each medical crisis. A child may need to near a parent until the medical condition is stable.
- After adoption, a parent may need to consider sleeping in the same room with the child until their lives are more stable. This is especially true when a child has been adopted after 8 to 9 months, the background is unknown, or the child has come from a co-sleeping environment.

For safety reasons, parents should NOT sleep in the same bed with a child under 10 to 12 months.

- Because of the risk of SIDS, falling out of bed, and a parent rolling over onto the child, a parent must use great caution when sleeping with a child in the same bed. Sleep deprivation, size of parent and child, mobility of the child, and use of drugs or alcohol on the part of the parent are all factors which must be considered. If a parent wants a co-sleeping arrangement, consider using a side-sleeper (attached to parents' bed) or having the crib next to the bed.

The increase in evening activities combined with a child's resistance to going to bed place a significant emphasis on the parent's ability to be firm, consistent, and organized about bedtimes and the importance of sleep.