



Sleep and Your Child:

A Guide for Families

Nemours[®]

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Sleep is especially important for children as it plays an important role in their physical growth and development.

Children need plenty of sleep to rest their growing minds and it contributes to how they feel, think and learn.

But, for many children, bedtime is not a fun experience, and for many parents, getting children to go to bed — and stay there — can be a challenge.

The following guide provides information on the importance of adequate sleep in children and identifies strategies and resources to promote healthy sleep habits that will help children grow up healthy and ready to learn.



WHY IS SLEEP IMPORTANT?

Infants and young children spend large portions of the day asleep, which is important for their overall health and development. Research suggests that not enough sleep in children can have a negative impact on their health, growth, behavior and cognitive development (thinking). They might have a hard time following directions, or have difficulty with tasks they can usually complete. Also, too little sleep can affect growth and the immune system — which protects a child from getting sick.

Sleep's impact on the body

Brain Development

- promotes ability to follow directions
- better attention span and ability to focus
- increased cognitive and language development
- 90% of a child's brain development occurs before age 5
- some scientists think that the brain sorts through and stores information as well as solves problems during sleep

Behavioral and Emotional Health

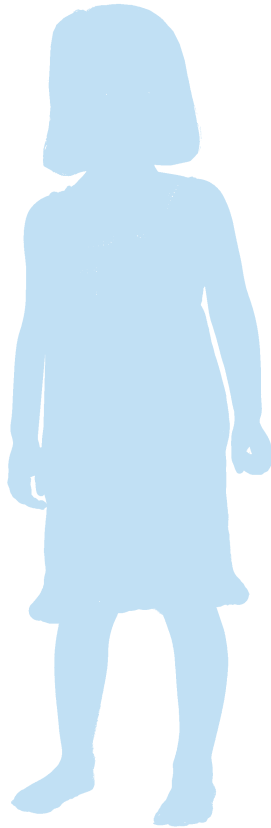
- reduces tantrums or “meltdowns” by better regulating a child's emotions
- better adjustment to preschool setting
- lower levels of aggression

Immune System

- boosts the immune system and helps fight off illness

Physical Growth and Development

- gives the growing body more energy
- improves coordination for physical activity
- allows release of growth hormones
- lack of sleep linked to obesity and diabetes



HOW MUCH SLEEP IS RECOMMENDED?

There is no one-size-fits-all answer regarding how much sleep a child needs. The following guide provides some estimates based on reported averages from large groups of children. Actual length of sleep will vary for an individual child and over time.

Sleep needs by age

| | |
|---------------------------------------|---|
| Birth to 6 months | About 16 to 20 total hours of sleep per day. Younger infants tend to sleep on and off around the clock, waking every two or three hours to eat. As they approach 4 months of age, sleep rhythms become more established. Most infants sleep 10 to 12 hours at night, usually with an interruption for feeding, and average three to five hours of sleep during the day (usually grouped into two or three naps). |
| 6 to 12 months | About 11 hours at night, plus two daytime naps totaling three to four hours. At this age, most infants do not need to wake at night to feed, but may begin to experience separation anxiety, which can contribute to sleep disturbances. |
| Toddlers (1 to 3 years) | 10 to 13 hours of sleep, plus an afternoon nap of one to three hours. Young toddlers may still take two naps in a day. Naps taken too close to bedtime will make it harder for them to fall asleep at night. |
| Preschoolers (3 to 5 years) | 10 to 12 hours at night, plus an afternoon nap. Most preschoolers give up this nap by 5 years of age. |
| School-age (5 to 12 years) | 10 to 12 hours at night. Some 5-year-olds might still need a nap, and if a regular nap is not possible, they might need an earlier bedtime. |

Signs of insufficient sleep

Sleep is an important factor in a child's well-being. Most parents underestimate the amount of sleep their child needs. The link between a lack of sleep and a child's behavior is not always noticeable. When adults do not get enough rest, they commonly feel tired and irritable; but children may appear tired or become hyperactive, quiet or disagreeable, and show other extremes in behavior. Older children who do not get enough sleep may experience problems with schoolwork. Some questions to think about:

- Does my child act sleepy during the day?
- Does my child get cranky and irritable in the late afternoon?
- Is it a battle to get my child out of bed in the morning?
- Is my child distracted, irritable, hyperactive, or aggressive?
- Does my child have trouble focusing on schoolwork and other tasks?

If you answered yes to any of these questions, consider adjusting your child's sleep or nap schedule. Naps can provide much-needed rest for growth and rejuvenation, but can make it harder to fall asleep at night. It may take several weeks to find the right balance for your child.



WHAT ARE COMMON SLEEP PROBLEMS?

Each child differs in their sleep needs and nighttime routines. It may be encouraging to know that all children, no matter the age, wake briefly throughout the night. But some sleep problems may require further attention.

Night Wakenings

- These arousals can occur between four to six times per night. The problem is rarely the waking during the night, but rather why the child is unable to return to sleep on his or her own.
- “Self-soothers” — children who are able to soothe themselves back to sleep — awaken briefly throughout the night, but their parents are unaware of these arousals.
- “Signalers” — opposite of “self-soothers” — alert their parents by crying or going into the parent’s bedroom upon awakening. Many of these “signaler” children have developed inappropriate sleep-onset associations and have difficulty self-soothing.

HELPFUL HINTS

- Set a regular time for bed and establish a simple bedtime routine.
- Shut off the TV at least one hour prior bedtime. **Children who watch TV at bedtime tend to delay sleep for at least an additional half hour.**
- If a night-light is used, choose one with a low wattage (15 watts or less) or leave a hall light on. A standard light on in the room will delay onset of sleep and may inhibit restful sleep.

Nightmares

- These troubling dreams are associated with feelings of anxiety and fear. They may be caused by upsetting events the previous day, or sometimes, for no apparent reason. Children may wake up upset and scared after a nightmare.
- Nightmares most commonly occur in children ages 3 to 6 years and tend to take place in the early morning.
- Some children may experience nightmares monthly, but may be more frequent.
- Usually, children calm down as soon as their parent appears.

HELPFUL HINTS

- Let your child know that they are safe in their own home and bed.
- Let them know that what happens in a nightmare is not real and cannot hurt them.
- Do not talk about things in their nightmare as if they are real (e.g., do not say you chased the monster away, they will fear its return. Instead, tell them the monster is not real).
- Have your child take some deep breaths and close their eyes to help relax.
- Leave a low wattage night-light on.
- Objects like stuffed animals and blankets also can help children feel safe.
- If fearful of the return of a nightmare, talk about a few pleasant things that happened during the day or talk about what they will do the next day.
- Avoid scary stories prior to sleep.

Night Terrors

- Terrors — a fearful reaction without an associated dream — occur more often during preschool years.
- Terrors are more likely to appear in the first few hours of sleep (*i.e.*, before midnight), and can occur after a high fever, or a very busy or stressful day.
- Night terrors tend to happen less frequently (*i.e.*, once every few months) than nightmares.
- It is difficult to wake a child during a night terror. A child may call out or talk and have open eyes, but actually be asleep and not responsive.
- Terrors are usually over quickly, but some may last up to 15 minutes and can include: loud screaming, flailing of arms and legs, rapid heartbeat and breathing, and sweating. This can be very frightening for parents to watch.
- There is little a parent can do for a night terror until it is over, as children do not respond to efforts to comfort them.

HELPFUL HINTS

- Let the child sleep; do not try to waken them from a night terror.
- If terrors are recurrent: try waking the child briefly a couple hours after falling asleep for a few nights to disrupt the pattern.

WHAT CONTRIBUTES TO DIFFICULTY FALLING ASLEEP?

Sometimes parents accidentally encourage poor sleep habits. You may put your child to bed, read a story and say good night. When trying to leave, the child cries, and you come back to their room and try to soothe them. The child learns that their crying brings you back and can delay their sleep.

For some, this pattern may not be a problem at bedtime, but it can lead to difficulties during the night when the child wakes up and then requires soothing behaviors, such as rocking or singing, to fall back to sleep.

Establishing simple bedtime routines and allowing a child to learn to self-soothe will help the parent and child get restful sleep.



When your child won't stay in bed:

- Return your child to their own bed right away.
- If your child protests, wait a few minutes prior to checking on them.
- If your child continues to cry or call for you after you check in, wait a little longer each time before you go back to check.
- Remind your child that it's time to go to sleep, and that if he or she stays quiet, you will come back to check in a few minutes.

WHAT CAN YOU DO TO HELP YOUR CHILD GO TO SLEEP?

Prepare ahead of time.

- Let your child know about 30 minutes ahead of time they will be going to bed soon.
- Encourage quiet activities like reading during this last half hour.
- Limit active play and activities that would likely cause conflict for your child (e.g., picking out clothes for school, organizing schoolwork, cleaning up toys).

Set a reasonable time for bedtime and establish a routine, such as:

- Have your child go to the bathroom, wash face and hands, and brush his or her teeth.
- Read a book with your child.
- Limit nighttime drinking to less than 2 ounces.
- Remind your child to stay quiet and in their own bed.

Create a good sleeping environment:

- Make sure your child's room is a comfortable temperature and well ventilated.
- Turn on a low wattage night-light, if desired.
- Don't allow TV, video games or other screen time.

Before your child goes to bed, make sure everything has been done by asking:

- Did you brush your teeth?
- Did you say good night to everyone?
- Did you have a drink?
- Did you use the toilet?

Now you are ready for sleep; say good night and leave the room. In the morning, praise your child for staying in bed.



WHEN SHOULD YOU SEEK HELP?

For infants, teething is a common reason for sleep problems and the doctor may be able to suggest some ways to relieve your child's discomfort.

Call the doctor if your infant cannot be comforted or seems to be irritable day after day because of interrupted sleep. There may be an illness involving no other symptoms besides sleeplessness, or maybe your doctor can help you find ways to enhance your nighttime routine with your child.

Good to Know:

- Although there is not one sure way to raise a good sleeper, most children have the ability to sleep well and work through any sleeping problems. The key is to try from early on to establish healthy bedtime habits.
- Remember, sleep in infants and toddlers can become disrupted for several nights before and after the onset of a major developmental milestone, such as teething or walking.
- If you have ruled out external reasons for sleep problems and are still worried about your child's sleeping patterns, talk with your child's doctor.



The following can be helpful tools to complete and share with your child's doctor.

TRACKING THE BEDTIME ROUTINE

Child's Name: _____

Child's Age: _____ Started getting ready for bed at: ____: ____ p.m.

Then we...

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Fell asleep by ____: ____ p.m.

SLEEP CHART: WEEK ONE

The following chart can help you track your child's sleep routine during the day and at night. This tool can help identify whether a sleep problem exists and strategies that may help make it easier for them to develop better sleep habits.

| | Example | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|----------------------------------|------------------------------|--------|--------|---------|-----------|----------|--------|----------|
| DAYTIME SLEEP | | | | | | | | |
| Nap 1 (Time went to sleep) | 1:10 p.m. | | | | | | | |
| Nap 1 (Time woke up) | 2:50 p.m. | | | | | | | |
| Nap 2 (Time went to sleep) | None | | | | | | | |
| Nap 2 (Time woke up) | None | | | | | | | |
| DAYTIME TOTAL TIME ASLEEP | 1 hr 40 min | | | | | | | |
| Comments | Slept well and woke up happy | | | | | | | |

Directions: Mark the time of day the child sleeps as well as the frequency of their behaviors. Also, feel free to include short comments. The chart records day and night sleep over one week.

| | Example | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--|---|--------|--------|---------|-----------|----------|--------|----------|
| NIGHTTIME SLEEP | | | | | | | | |
| Time in bed | 7:05 p.m. | | | | | | | |
| Cry/Call out/Exit bed | 3 (1 cry, 2 call outs) | | | | | | | |
| Time fell asleep | 7:45 p.m. | | | | | | | |
| Episode of night waking, nightmare or night terror | Woke once for 30 minutes, cried until soothed | | | | | | | |
| Time woke up in morning | 6:15 a.m. | | | | | | | |
| NIGHTTIME TOTAL TIME ASLEEP | 10 hrs 30 min | | | | | | | |
| Comments | Stuffed bunny fell on floor | | | | | | | |

SLEEP CHART: WEEK TWO *(if needed)*

The following chart can help you track your child's sleep routine during the day and at night. This tool can help identify whether a sleep problem exists and strategies that may help make it easier for them to develop better sleep habits.

| | Example | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|----------------------------------|------------------------------|--------|--------|---------|-----------|----------|--------|----------|
| DAYTIME SLEEP | | | | | | | | |
| Nap 1 (Time went to sleep) | 1:10 p.m. | | | | | | | |
| Nap 1 (Time woke up) | 2:50 p.m. | | | | | | | |
| Nap 2 (Time went to sleep) | None | | | | | | | |
| Nap 2 (Time woke up) | None | | | | | | | |
| DAYTIME TOTAL TIME ASLEEP | 1 hr 40 min | | | | | | | |
| Comments | Slept well and woke up happy | | | | | | | |

Directions: Mark the time of day the child sleeps as well as the frequency of their behaviors. Also, feel free to include short comments. The chart records day and night sleep over one week.

| | Example | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--|---|--------|--------|---------|-----------|----------|--------|----------|
| NIGHTTIME SLEEP | | | | | | | | |
| Time in bed | 7:05 p.m. | | | | | | | |
| Cry/Call out/Exit bed | 3 (1 cry, 2 call outs) | | | | | | | |
| Time fell asleep | 7:45 p.m. | | | | | | | |
| Episode of night waking, nightmare or night terror | Woke once for 30 minutes, cried until soothed | | | | | | | |
| Time woke up in morning | 6:15 a.m. | | | | | | | |
| NIGHTTIME TOTAL TIME ASLEEP | 10 hrs 30 min | | | | | | | |
| Comments | Stuffed bunny fell on floor | | | | | | | |

Nemours is one of the nation's leading pediatric health systems, dedicated to advancing higher standards in children's health. We've made a promise to do whatever it takes to prevent and treat even the most disabling childhood conditions — a promise of specialty medical care, advanced hospitalization, applied research, and advocacy integrated with health information, prevention and a continuous process of teaching and learning.

Affiliated with respected community and academic partners, Nemours cares directly for more than 250,000 children annually, treating every child as our own. A uniquely enhanced electronic health record system prompts caregivers to link Nemours specialists with the patients and families and referring physicians across time, geography, and condition to achieve optimal results for each child.

KidsHealth.org is the most-visited site on the Web for information about health, behavior, and development from before birth through the teen years. On a typical weekday, KidsHealth.org gets more than 700,000 visits. For information you can trust about kids and teens that is free of “doctor speak,” KidsHealth.org is the right place. One of the things that makes this site so special is that it is really four sites in one: with sections for parents, for kids, for teens and for educators.



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