

# Sleep Sheet

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## CHILDREN NEED AND THRIVE ON ROUTINE

*The #1 tip for good sleeping habits in children is to follow a nightly routine. A bedtime ritual makes it easier for your child to relax, fall asleep and sleep through the night.*

### **A Typical Bedtime Routine:**

- 1) *Have a light snack.*
- 2) *Take a bath.*
- 3) *Put on pajamas.*
- 4) *Brush teeth.*
- 5) *Read a story.*
- 6) *Make sure the room is quiet and at a comfortable temperature.*
- 7) *Put your child to bed.*
- 8) *Say goodnight and **leave**.*

## CHILDREN AND SLEEP

### HELPING YOUR CHILD DEVELOP HEALTHY SLEEP HABITS

Sleep is a vital need, essential to a child's health and growth. Sleep promotes alertness, memory and performance. Children who get enough sleep are more likely to function better and are less prone to behavioral problems and moodiness. That is why it is important for parents to start early and help their children develop good sleep habits.

Each child is different and has different sleep needs. This chart presents *suggested* hours of sleep that includes *naps* for children up to five years of age.

#### How much sleep should my child get?

AGE	HOURS OF SLEEP
0-3 mos.	15-17
3 mos. - 18 mos.	13-15
18 mos. - 3yrs.	11-13
5yrs. - 12yrs.	10

### ■ Helpful Tips:

- Make bedtime the same time every night.
- Make bedtime a positive and relaxing experience without TV or videos. According to one recent study, TV viewing prior to bed can lead to difficulty falling and staying asleep. Save your child's favorite relaxing, non-stimulating activities until last and have them occur in the child's bedroom.
- Keep the bedtime environment (e.g. light, temperature) the same all night long.

## ■ Encourage children to fall asleep on their own.

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Have your child form positive associations with sleeping. A child should not need a parent to help him/her fall asleep. One recent study demonstrated that having your child sleep in your bed puts them at risk for suffocation or strangulation. The child who falls asleep on his or her own will be better able to return to sleep during normal nighttime awakenings and sleep throughout the night.

## ■ Discourage nighttime awakenings.

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When you go to your child's room every time he or she wakes during the night, you are strengthening the connection between you and sleep for your child. Even babies who are held and cuddled when they wake in the middle of the night soon learn to expect this and do not learn to go back to sleep on their own. Except during conditions when the child is sick, has been injured or clearly requires your assistance, it is important to give your child a consistent message that they are expected to fall asleep on their own.

## ■ Some Common Facts and Myths About Children and Sleep

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### **MYTH #1:** *Put children asleep on their stomachs.*

Babies should be put to sleep on their backs. According to the "Back to Sleep" program, this lowers the risk of dying from Sudden Infant Death Syndrome (SIDS). The American Academy of Pediatrics also recommends that parents should avoid placing young children to sleep on a water bed, sofa, pillow, soft mattress or other soft surfaces.

### **MYTH #2:** *Parents should wait until a child is fully asleep before putting a child to bed.*

Children should be put to bed when they are drowsy, but awake.

### **MYTH #3:** *Children will sleep longer at night if they do not take a nap.*

For young children, nap and nighttime sleep are both necessary and independent of each other. Children who nap well are usually less cranky and sleep better at night. Although children differ, after six months of age, naps of 1/2 to two hours duration are expected and are generally discontinued between ages 2-5 years. Daytime sleepiness or the need for a nap after this age should be investigated further.

## ■ Which sleep problems/disorders should I watch for in children?

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**Nightmares** often occur at times of transition, stress or change in a child's routine. They usually occur *later* in the night and are remembered the next day. Fortunately, nightmares tend to go away naturally. Encouraging your child to talk about the nightmare, discussing comforting images before bedtime and avoiding television immediately before bedtime are strategies that assist in alleviating nightmares.

**Sleep Terrors/Sleep Walking** occur most frequently from 4-8 years of age. These sleep disruptions occur during the *early* part of the night. The child is both asleep and awake at the same time and often has no memory of the event the next day. Waking or comforting the child is usually not helpful as it prolongs the event. Be sure your child's room and your house is safe. Most important, encourage him/her to get enough sleep.

**Sleep Apnea** is a serious disorder in which there are pauses in breathing during sleep. Children with sleep apnea may snore loudly, experience restless sleep and be sleepy during the day. Enlarged tonsils or adenoids, allergies, weight problems and other medical problems may contribute to sleep apnea. There are many ways to treat apnea, so it is important to see your doctor or visit a sleep center for a diagnosis and treatment.

**Narcolepsy** is often first noticed in puberty, but may occur as early as ten years of age. Children with narcolepsy experience excessive daytime sleepiness and uncontrollable "sleep attacks," even when they get enough sleep. Children with narcolepsy should be diagnosed by a doctor.

Studies show that 37% of children, kindergarten through fourth grade, suffer from at least one sleep-related problem. If your child experiences any of these sleep problems or is very sleepy during the day, be sure to consult with your child's physician.