my child can't SLEEP

Learning techniques for a lifetime of good sleep habits

a wellness booklet from
the American Academy of Sleep Medicine

Dear Reader–

Sleep isn't just "time out" from daily life. It is an active state important for renewing our mental and physical health each day. More than 100 million Americans of all ages, however, regularly fail to get a good night's sleep.

At least 84 disorders of sleeping and waking lead to a lowered quality of life and reduced personal health. They endanger public safety by contributing to traffic and industrial accidents. These disorders can lead to problems falling asleep and staying asleep, difficulties staying awake or staying with a regular sleep/wake cycle, sleepwalking, bedwetting, nightmares, and other problems that interfere with sleep. Some sleep disorders can be life-threatening.

Sleep disorders are diagnosed and treated by many different healthcare professionals, including general practitioners and specialists in neurology, pulmonary medicine, psychiatry, psychology, pediatrics, and other fields. As part of its mission, the American Academy of Sleep Medicine (AASM) strives to increase awareness of sleep disorders in public and professional communities. The AASM is the major national organization in the field of sleep medicine. We represent several thousand clinicians and researchers in sleep disorders medicine.

For more information about sleep disorders, contact your healthcare professional. For a list of accredited member sleep disorders centers near you, write to us or visit our web site.

Sincerely,

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Visit our website: www.aasmnet.org

"THE VALUE OF SLEEP CAN BE MEASURED BY YOUR CHILD'S SMILING FACE, HAPPY NATURE, AND NATURAL ENERGY."

Sleep is a precious thing. The value of sleep can be measured by your child's smiling face, happy nature, and natural energy. A child who doesn't sleep well can turn an entire family's life into a bad dream. Your tired child may experience development or behavior problems and, in turn, you and the other members of your family may suffer unnecessary stress.

Whether your child sleeps alone, shares a room with other siblings or parents, or sleeps in the same bed with someone, it is important to establish a pattern that promotes quality sleep at night, and during daytime naps. Any of these arrangements for sleeping can work. What's most important is recognizing problems in your child's sleep so that you can start to solve them.

Children's sleep is a subject that puzzles many parents. You may not know, for example, how long your child should sleep at night or during naps. Did you know that as early as six months of age, a child can learn to sleep at least nine hours at night—without interruption? Some children sleep different lengths of time—shorter or longer—but most have the potential to sleep through the night regardless of the exact number of hours they sleep. If your child has a problem with sleeping, this may be an issue that you should be aware of and discuss with your child's pediatrician. We hope this booklet will help you pinpoint your child's sleep problems and take the first steps toward correcting those problems.

Signs of a problem with your child's sleep:

- You spend too much time "helping" your child fall asleep.
- Your child wakes up repeatedly throughout the night.
- Your child's behavior and mood are affected by poor sleep.
- You lose sleep as a result of your child's nighttime patterns.
- Your child's poor sleep causes your relationship with your child to suffer.

Common sleep problems that can occur in children can be corrected quickly once they are identified and treated. Usually, a little guidance and some common sense can solve the problem. Sometimes talking with other parents or your pediatrician will provide some useful tips. Occasionally, consulting with a sleep specialist is recommended.

"COMMON SLEEP PROBLEMS THAT CAN OCCUR IN CHILDREN CAN BE CORRECTED QUICKLY ONCE THEY ARE IDENTIFIED AND TREATED."

Bedtime Routine

Preparing your child for bed may mean separating him or her from you, and this can be a source of anxiety for both of you.

Parents naturally want to comfort their children. Yet, bedtime routines can be one of the richest ways for you and your children to spend time together.

When you plan a bedtime routine, it is important to set aside 10 to 30 minutes to do something special with your child before he or she goes to sleep. The activity should not be over-exciting (avoid jumping, running, or wrestling), nor should you tell scary stories. Your child needs to know the time limits of this special time and that you will not exceed them. Giving in to requests for extra juice or for another story will teach your child that bedtime can always be put off. Without established routines, the evening is more likely to be filled with tension, anxiety, and arguments.

> "WITHOUT ESTABLISHED ROUTINES, THE EVENING IS MORE LIKELY TO BE FILLED WITH TENSION, ANXIETY, AND ARGUMENTS."

Three Common Sleep Problems in Young Children

1. Sleep-onset association

All of us wake up briefly a number of times during the night, especially during dream sleep (known as REM, or rapid eye movement, sleep). We are usually not aware of these awakenings and return to sleep quickly.

> "PARENTS NATURALLY ATTEMPT TO COMFORT THE YOUNG CHILD WHO APPEARS ANXIOUS AND CALLS FOR THEIR ATTENTION."

Yet, young children respond differently. They may cry or feel great insecurity during awakenings. Parents naturally attempt to comfort the young child who appears anxious and calls for their attention. They may feel they need to "help" their child return to sleep by feeding, rocking, holding, or lying down with him or her. But by doing so often, they teach their child that this "help" pattern will occur regularly. Many young children who experience this become unable to fall asleep without their parents' help, instead of learning to comfort themselves or connect with, and find security in, objects in the crib or bed, such as a favorite blanket or stuffed animal. If this or the following descriptions apply to your child, he or she is probably experiencing a problem with sleep-onset association.

"I'm exhausted. I have to rock my child to sleep every night and for every nap. If she wakes up during the night, she won't fall asleep again until I rock her again."

This child is probably connecting the action of falling asleep with something else (such as being rocked, nursed, and/or held while falling asleep). When that other action, person, or object is missing, your child is unable to fall asleep.

"The only place my child can nap is in the car. I drive around town after he has fallen asleep for an hour or two, because if I bring him inside he will not be able to sleep."

When a child cannot sleep in his or her own crib, but for some reason can sleep perfectly in a moving vehicle, stroller, or baby swing, the child has learned to associate falling asleep with some sort of movement.

HOW Do I Correct My Child's Sleep Problem?

First of all, parents should be aware that a baby can learn to fall asleep without their help. Once an infant or young child begins to associate falling asleep with being rocked or held, the child does not have any idea how to return to sleep on his/her own, so the child starts to cry once he/she's awake. If the child is picked up readily every time the child cries and falls back to sleep in a parent's arms, the association of being held while falling asleep is only strengthened, and it will be hard for the child to learn how to do it alone. This can create stress for the parents, who naturally wants to comfort their baby, but at the same time also want him or her to learn to sleep well by themselves. It is important for parents to know that children can and will learn to fall asleep on their own once they are given the chance to do so.

We are not suggesting that you ignore your baby's cries. You must always make sure your child is safe and not hungry, sick, or wearing a soiled diaper. The technique described below will help your child learn to fall asleep more easily and naturally without feeling abandoned or alarmed.

To correct your child's sleep problem, you must teach him or her to fall asleep during all sleep periods—naptime, nighttime, and after awakenings at night—with a new set of associations that do not require a response from you. It is best to begin the relearning process at night, but some parents choose to do it during naptime.

During the relearning process you should expect your child to cry at first. However, you must keep in mind that you are not abandoning your child. With an organized process of encouragement and reassurance, your child can learn to fall asleep without your help. If you choose to use a pacifier to comfort your child, keep in mind that using it as an "object of association" (an object the child will begin to link with falling asleep) is discouraged after five to six months of age because it is sure to fall out repeatedly during the night. The use of a blanket or stuffed animal usually does not create a major problem, as these items should still be in the crib or bed when the child wakes up.

A Technique that Works

This technique will help a six-month- to three-year-old child learn to sleep without a parent's help. The child should be placed awake or drowsy in the crib or bed after a quiet bedtime routine. Say "goodnight" and leave the room, making sure to allow a little light into the room. If your child is still crying after two minutes, return to the room. Don't turn on lights or lift your child from the crib or bed, and don't hug your child or give in to new requests (for juice, another story, or for you to lie down next to him). You can comfort your child with words and/or by placing your hand on his or her back to show that he or she is safe. Leave promptly; don't stay in the room longer than one or two minutes.

Typical Schedule for returning to room for sleep-onset association problems

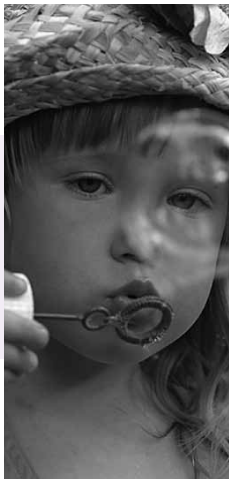
Wait Periods	*1st*	*2nd*	*3rd*	*4th +*
Night 1	2min	5min	10min	15min
Night 2	5min	10min	15min	20min
Night 3	10min	15min	20min	25min
Night 4	15min	20min	25min	30min
Night 5	20min	25min	30min	30min

+ same times for all additional awakenings if they occur

If your child continues to call out or cry, begin to wait a little longer before returning (see schedule above) to the room. Counting the minutes while a child cries can be heart-wrenching and nerve-wracking to parents. In fact, this process is likely to be far more trying for you than it is for your child. It is the key, however, to helping your child make relearn a healthy sleep pattern. By not removing your child from the crib or bed, you are helping him or her learn to fall asleep alone.

When this plan is followed consistently, significant improvement is usually seen after three nights. If improvement is not seen after five nights of this routine, you should make sure that you and/or other caretakers are following the instructions consistently. It is also possible that your child just needs more time to fully adjust to the change and that persistence will pay off.

This last possibility is very frustrating and anxiety-producing for the parent. Rather than listening to the child "suffer," many will be tempted to rock or comfort the child somehow, or perhaps "give in" to the pacifier. This will delay the relearning process, however, and keep your child from learning to fall asleep alone.



> "DON'T TURN ON LIGHTS OR LIFT YOUR CHILD FROM THE CRIB OR BED, AND DON'T HUG YOUR CHILD OR GIVE IN TO NEW REQUESTS."

Techniques for Older Children:

Desensitization

Sometimes older children have trouble sleeping because they become frightened. If you have been lying down next to your child to help him or her fall asleep and have decided that it is now time that your child learns to fall asleep on his or her own, the following technique typically works well. This method, called desensitization, should also be used consistently prior to naps and awakenings during the night.

Explain to your child that you will sit in a chair near the bed (rather than in or on the bed) until he or she falls asleep. After several nights of your child falling asleep with you sitting next to the bed, move the chair farther away from the bed and closer to the door. Gradually (over the course of several nights)

move the chair closer and closer to the door. Eventually the chair should be moved out of the room. The door may be left open for a child who does not get out of bed, but a door-closing technique will probably be needed for a child who does.

Depending on the child and how long the previous routine was followed, this relearning may take one to three weeks. For the older child, a positive reinforcement program using rewards, such as star charts or small prizes, may speed up the relearning process. As it is often the goal to have your child sleep alone, it is helpful to praise him or her for excellent behavior.

2. Nighttime eating/drinking disorder

"My child is hungry during the night. I feel like she eats/drinks all night long. I'm exhausted."

This complaint signals excessive nighttime feeding. This is often a problem for infants and young children. "Excessive" can mean several feedings during the night when the child is a few months old, or even one nightly feeding after age six to seven months.

Children who become hungry during the night can wake up often and are unable to fall asleep or return to sleep without being fed. A child who is used to being fed several times during the night may be therefore feel hungry at those times without actually needing nourishment, and the parent's task may be teaching the child to feel hungry at more appropriate times of the day.

A child at least five to six months old who drinks more than eight ounces of fluid during the night is probably taking in more fluid than necessary. This is also true of a child who nurses more than once or twice, or for longer than two to three minutes at a time. A quick way to tell if your child is

taking in more fluid than necessary is to check his or her diaper. If your child has a soaked diaper whenever he or she awakens during the night, he or she could have a nighttime eating/drinking disorder.

To eliminate the habit of nighttime feedings, start by gradually reducing the number and frequency of feedings. This technique is better than suddenly stopping nursing at night. For an infant feeding every hour and a half at night, the parent should wait a minimum of two hours between feedings the first night, then two and a half hours the second night, increasing the between-feeding times gradually until all nighttime feedings are eliminated. This process may take one to two weeks. If your child is bottle-fed, you can also try decreasing the quantity offered at each feeding by one ounce per night.

3. Limit-setting problems

Limit-setting problems usually begin after age two. When your child refuses to go to bed, stalls, or makes it difficult for you to leave the bedside, he or she probably has a limit-setting problem. Limit-setting problems can occur at bedtime, naptime, or when your child wakes up during the night.

Parents must appreciate that it is their responsibility to know when it is time for bed, even if their child disagrees and seems active and alert. Children can get very creative with their requests—for one more hug, a tissue, a drink of water, to have the light turned off or on, to "tell you something important . . ."—and it can be hard to know what is real and what is simply a delay tactic. A firm and consistent approach to these delays will help avoid strengthening those behaviors. Parents need to give their children well-defined limits.

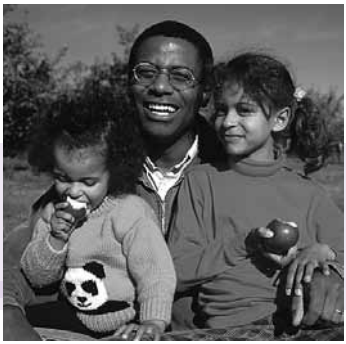
"PARENTS MUST APPRECIATE THAT IT IS THEIR RESPONSIBILITY TO KNOW WHEN IT IS TIME FOR BED, EVEN IF THEIR CHILD DISAGREES AND SEEMS ACTIVE AND ALERT."

For an older child who sleeps in a bed instead of a crib, the sleep problem may involve the child getting out of bed repeatedly (rather than crying for the parent). In this case, a gate can be placed in the doorway or the door can be closed until you are sure your child is staying in the room. You can tell your child that you will gladly open the door again when he or she stops trying to leave the bedroom.

For a child who has learned to climb over a gate, the parent should consider using a better gate, two gates, or the bedroom door. The gate or door should be kept closed all night. You should avoid going into the room to comfort your child, but should stand on the other side of the gate, or outside the closed door, and speak to your child at regular intervals in a calm voice. The intervals should become progressively longer. If you are using a gate, you should be out of sight of your child. A child will sometimes fall asleep on the floor near the gate or door during this relearning process.

Gates are preferable until your child is too big. For older children, a warning that you will close the door may motivate him or her to stay in bed, provided you follow through with your warning. When using the door method, the intervals are shorter, just a few seconds at the beginning progressing slowly up to one to three minutes. The purpose of this technique is to teach your child a new way to fall asleep, not to scare him or her.

It is important for parents to believe and understand the importance of limit-setting during the day or night. A gate or the door-closing technique should be used for a child who won't stay in bed. A reward system may also help. It is also important to discuss bedtime routine with babysitters and other caregivers, so that the established routine remains in place consistently.



Recommendations for helping your child sleep soundly:

—Follow a consistent routine.

—Establish a relaxing setting at bedtime.

—Do not substitute television-watching or videos for personal interaction at bedtime.

—Screen television programs, videos, and computer games for age-appropriate material.

—Avoid letting your child fall asleep with a bottle or while nursing, being held, or rocked.

—Avoid giving your child food and drinks containing caffeine (chocolate, sodas, etc.) and other stimulants (over-the-counter cough medicines and decongestants) at bedtime.

It is important that you understand that most sleep problems in children do not reflect poor parenting, nor do they mean that there is something seriously physically or mentally wrong with your child.

We hope that these suggestions will help you to understand and correct your child's sleep problems. However, if your child continues to have problems, or if you have questions not addressed in this booklet, consult your pediatrician or healthcare professional.

Remember: A child who sleeps well will fall asleep easily and wake rarely during the night, and is more likely to be cheerful during the day. The better the child sleeps, the happier the entire family is likely to be.

Further Reading

Ferber R. *Solve Your Child's Sleep Problems*. New York: Simon and Schuster, 1985.

Cuthbertson J, Schevill S. *Helping your child sleep through the night: a guide for parents of children from infancy to age five.* New York: Doubleday, 1985.

Mindell, J. A. *Sleeping through the night: How infants, toddlers, and their parents can get a good night's sleep.* New York: HarperCollins, 1997.

Weissbluth, M. (1999). *Healthy sleep habits, happy child*. New York: Fawcett Books.

Web Resources

sleepfoundation.org

parentcenter.com

babycenter.com

parents.com

Wellness booklets available through the **American Academy of Sleep Medicine**

Circadian Rhythms
Coping with Shift Work
Insomnia
"My Child Can't Sleep"
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Narcolepsy
Obstructive Sleep Apnea and Snoring
Overnight Sleep Studies
Parasomnias
Positive Airway Pressure Therapy for Sleep Apnea
Restless Legs Syndrome & Periodic Limb Movement Disorder
Sleep and Depression
Sleep and Health
Sleep as We Grow Older
Sleep Hygiene
Sleep in Women
Treatment Options for Obstructive Sleep Apnea Syndrome

The American Academy of Sleep Medicine (AASM) is proud to provide these wellness booklets about sleep habits and sleep disorders to the public.

Please send one business-size self-addressed stamped envelope *per booklet* to the AASM, along with a request specifying which booklet you would like to receive.

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Most wellness booklets include reading lists for additional information.