KIDS AND SLEEP
http://sleephygiene.web.unc.edu/
Recognizing Poor Sleep Hygiene in Children

- Poor sleep hygiene is a common problem in children and adolescents.
- Some children may stall by making excuses to avoid going to bed.
- Parents may notice children snoring or noisy breathing which may cause excessive daytime sleepiness.
- Another common issue is, children may go to bed, but do not stay there or may stay awake late at night and have difficulty waking up in the mornings.
- Poor sleep hygiene in children can cause poor sleep hygiene in parents.
SYMPTOMS OF POOR SLEEP HYGIENE IN CHILDREN

- Nighttime fears
- Mood changes
- Behavior problems
- Cognitive dysfunction
- Daydreaming
- Headaches
- Difficulty returning to sleep without help from parents
- Excessive daytime sleepiness, falls asleep at inappropriate times
- A need for frequent naps
- Bedwetting
- Frequent nighttime awakenings
What are the effects of poor sleep hygiene in children?

- Poor grades in school
- Poor self esteem
- Depression
- Weight gain
- Poor appetite
- Underweight
- Headaches and migraines

- Growth
- Hyperactive behavior
- Poor impulse control
- Difficulties with attention
- More prone to injuries
- Consequences with cognitive and social development
HOW MUCH SLEEP SHOULD YOUR CHILD GET?

1-4 Weeks Old: 15-16 hours per day
- At this stage there is no biological clock, so there is no pattern to their sleep

1-4 Months Old: 14-15 hours per day
- You may begin to notice a more regular sleep pattern, the longest periods lasting 4-6 hours usually at night

4-12 Months Old: 14-15 hours per day
- This is the time to begin establishing good sleep hygiene.
- Your child should be sleeping through the night as their biological clock sets.
- Typically 2-3 naps per day.
  - Sample schedule: 1 hour at 9am, 1.5 hours at 1pm, and 2 hours at 3pm
HOW MUCH SLEEP (CON’T)

- 1-3 Years Old: 12-14 hours per day
  - At this stage your child will only need one nap daily with a 1-3 hour duration.
  - Bedtime between 7 and 9pm
  - Wake time between 6 and 8am

- 3-6 Years Old: 10-12 hours per day
  - Bedtime between 7 and 9pm
  - Wake time between 6 and 8am
  - Naps gradually become shorter and around 5 years, most children no longer need a nap
HOW MUCH SLEEP (CON’T)

- 7-12 Years Old: 10-11 hours per day
  - Bedtime becomes later, usually between 7:30 and 10pm
  - Wake time is usually dictated by school

- 12-18 Years Old: 8-9.5 hours per day
  - It is important to encourage proper sleep hygiene at this age when social norms discourage it
  - Teenagers may need more sleep, because their bodies are growing and growth hormone is produced during sleep
THE PROPER SLEEP ENVIRONMENT

- Establish a good sleep environment is imperative.
- A comfortable mattress and sheets are important. Remember mattresses are an investment, your child will spend up to 2/3 of their day in bed!
- A cooler temperature at night encourages sleep. Typically between 65-75 degrees.
SLEEP ENVIRONMENT (CON’T)

- Remove the TV and computer from the bedroom.
  The activate your child’s brain. Light signals the brain that it is time to wake up.
- Use blackout curtains to keep outside light out.
  Light activates the brain even through closed eyes.
- Keep quiet! A quiet environment promotes sleep.
SLEEP ENVIRONMENT (con’t)

- Provide comfortable pajamas. Something that will not cause them to get hot during the night.
- Use the bed for sleeping. Try to avoid using the bed for playing or eating. This makes them recognize that it is bedtime when they lie down.
- If your child is afraid of the dark, provide them with a dim nightlight.
HOW TO IMPROVE YOUR CHILD’S SLEEP

- Establish the proper sleep environment
- Establish a sleep schedule. Know how much sleep your child needs and establish a schedule accordingly. Be consistent!
- Establish a bedtime routine that helps your child relax and prepare for bed. A warm bath and reading a bedtime story are often effective. Again be consistent, if you do the same thing nightly, your child will recognize that it is time to go to sleep.
IMPROVING YOUR CHILD’S SLEEP (CON’T)

- Begin wind down 1 hour before bedtime, give your child time to relax.
- If you find it difficult to get your child to go to sleep at night at the desired time, evaluate your nap time schedule, decreasing nap time or changing the time of the nap may help you achieve your desired bedtime.
- Avoid stimulants, such as caffeine and stimulating medications, at least 4 hours before bed.
IMPROVING YOUR CHILD’S SLEEP (CON’T)

- Don’t send them to bed hungry, but avoid late meals at least 3 hours before bed
- Avoid sugar 4 hours before bed
- Encourage daily active play and exercise
- Avoid high energy activities at least 3 hours before bed
IMPROVING YOUR CHILD’S SLEEP (CON’T)

- Allow children to fall asleep alone. Read your child a bedtime story to encourage sleep
- Avoid bright lights for 1 hour before bed. This includes TV, computer, and other technology use, bright light activates the brain
- Do not use your child’s bedroom for punishment, because this will give make them feel negative when they try to go to bed
COMMON SLEEP DISORDERS IN CHILDREN (A BRIEF OVERVIEW)

- **Sleep walking** - Sleepwalking is occurs during Non-REM sleep. Although your child is walking they are not awake nor are they aware of what they are doing. Be sure that your child can't hurt themselves and calmly assist them back to their bed. If sleepwalking occurs on a frequent basis and you are worried about your child's safety, talk to your doctor and maintain a safe environment for the child.
**Sleep Disorders (Con’t)**

- **Nightmares** - Children have dreams during REM sleep. Dreams can be frightening enough to wake the child. Nightmares typically occur around the age of three years old and more frequent at this age until 8 years old. Children typically recall nightmares upon awakenings and next morning
Sleep disorders (con’t)

- **Sleep terrors** - Sleep terrors are not nightmares and typically occur 1-2 hours after sleep onset. The episode may last for minutes to an hour. Children experiencing sleep terrors may have their eyes open and become agitated and confused. They may scream out and behave strangely. They do not recall the episode.
SLEEP DISORDERS (CON’T)

- **Teeth grinding**- or Bruxism is common in babies, children, and adolescents. Teeth grinding can occur in any stage of sleep.

- **Narcolepsy**- Narcolepsy is a chronic neurologic disorder that is characterized by an overwhelming feeling of sleepiness. It affects boys and girls typically around the age of puberty. If you suspect your child has this condition, talk to their doctor.
Sleep Disorders (Con’t)

- **Delayed Sleep Phase Syndrome** is a disorder in which the person’s sleep–wake cycle is delayed by 2 or more hours. This disorder is typically seen in adolescents, but may start at an early age.

- **Insomnia** refers to difficulties with falling asleep or maintaining sleep but is typically due to frequent naps throughout the day. This disorder can typically be improved by taking less nap throughout the day.
Sleep disorders (cont’)

- **Obstructive Sleep Apnea** - An obstruction in the upper airway, such as enlarged tonsils and adenoids, may cause your child to stop breathing or have decreased breathing when they sleep. Allergies or infection can also contribute to their obstructed breathing. Sleep apnea is a serious sleep disorder. If you suspect your child has sleep apnea treatments are available, so talk to their doctor about your concerns.
GOOD SLEEP HYGIENE & STILL SLEEPY?

- You should speak with your doctor about a sleep study for your child if:
  - If you believe your child is getting enough sleep and you notice symptoms of daytime sleepiness and poor sleep talk with your doctor to be sure your child doesn’t have a sleep disorder.
  - If you recognize symptoms from a sleep disorder, such as witnessed apnea or waking screaming during the night with no recall of the event.
REFERENCES