



To Sleep—

Perchance To Dream

by Hilary Feldman

What can parents do to promote sleep? Most babies and children thrive with consistent routines for naps and bedtime.

Sadie's infant daughter Leslie was surprisingly hard to settle. After a month or two of typical newborn behaviour, Leslie started sleeping for shorter and shorter periods. Far from being well-rested through frequent catnaps, she became restless and often inconsolable. No sooner had she woken than she was being fed, changed, and soothed back to sleep. The cycle was exhausting for everyone, including her parents and grandparents. Now three-years-old, Leslie still requires a lot of calming at bedtime and she may waken several times each night.

Few topics generate the anxiety surrounding young children's sleep habits. Some parents have sound sleepers who sleep through the night as babies and as small children say they are tired and want to go to bed. Other children may be more challenging—to the point where the whole family is sleep-deprived and unable to cope. In fact, as many as a third of calls to the Newborn Hotline, run by the Vancouver Coastal Health Authority, are about sleep problems.

While usually meant to be helpful, friendly advice often assumes that the problem lies solely with parents and sleep routines. However, recent research published in *Pediatrics* showed children's sleep needs can vary enormously. Additionally, up to 20–30 per cent of children have actual sleep problems—starting as young as six months. The same study concluded that there is no single optimal sleep time. In fact, each person has an individual need for sleep from

infancy, and the level stays relatively stable. So while duration declines with age, high sleep-need babies still need more sleep in later childhood, while catnappers may always sleep less.

So what should parents expect? First of all, over the early years, sleep patterns will change. Young babies sleep in chunks, some in the daytime and others at night, broken up by needing to feed. Completely driven by the basics, crying communicates genuine hunger, real tiredness, and truly wet or poopy diapers. While total newborn sleep time may be 15 hours or more (per day/night cycle), it may be broken up frequently.

Somewhere between two and twelve months, babies start sleeping longer at night. A typical pattern might be five hours of daytime napping and up to ten hours of night sleep. By 12 months, night sleeping may be 11–12 hours, with two daily naps totaling about two or three hours. However, while babies are sleeping long periods at night, don't imagine that these are uninterrupted. According to Wendy Hall, an Associate Professor in the School of Nursing at UBC, infants and young children sleep in roughly one-hour deep cycles, experiencing five to seven brief episodes of semi-wakefulness at night. During lighter phases, babies may even open their eyes and look around, perhaps making a little noise (if you are listening via a monitor). If the environment is unchanged, sleeping is quickly resumed. However, if



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something has changed (mom left the room or the light is off), babies may waken more. And, if a parent rushes in at the first sound, this attentive intervention may interrupt the normal cycle back into a deeper state, leading to fragmented sleep.

Parents should know about another, apparently paradoxical, fact—one that many of us learn the hard way. Overtired babies and children have more difficulty going to sleep, and any sleep will be more disrupted. Exhausted parents can collapse into bed and sleep like drooling logs until forced to face the morning. But similarly tired babies will refuse to sleep, cry, and wake their parents uncountable times during the night. Even older children have this problem—while nothing would be more welcome than sleep, they may be too emotional or wired to relax into slumber. This is one reason that naps are essential from infancy and often into the preschool years. It just isn't possible for babies to sleep their full requirement at one go—they need food, diaper changes, and chances to interact.

How much sleep is necessary? At one year, babies sleep up to 12 hours at night with two to three hours of daytime naps. By two, toddlers sleep about 13 hours, with one or two naps providing two hours of the total. At three and four years, 12 hours is typical—and naps are phasing out altogether. Morning naps tend to go first. To help children transition, Hall suggests encouraging a nap every other day. Otherwise, night sleep may be disrupted by fatigue and overstimulation. By five years, naps are usually a distant memory and 11 hours of sleep is normal. Don't forget that children vary in these durations.

Why is sleep so important? Apart from giving the body that much-needed chance to rest, grow, and repair, sleep is essential for both emotional and intellectual well-being. Babies and children who get insufficient sleep have an increased chance of behavioural problems and lower cognitive performance. A recent Australian study found that young children who slept less than eleven hours per night had dramatically

higher scores for impulsivity and equal decreases in vocabulary and other measures.

A crucial part of sleep is learning how to do it. Hall emphasizes that when infants learn how to soothe themselves and fall asleep, it develops their capacity to calm and regulate their own behaviour. This ability forms the basis of later skills such as self-discipline and self-confidence. It is never too early to start sleep routines and develop what is now called “good sleep hygiene.”

What can parents do to promote sleep? Most babies and children thrive with consistent routines for naps and bedtime. This is particularly true for intense children, who may find it difficult to slow down and let go unless they have a set ritual to welcome sleep. Hall recommends that babies should not be fed directly before being put down to sleep, otherwise they associate a full tummy with falling asleep and will demand a feed every time they awaken. If you typically feed your baby right beforehand, try waiting 20 minutes and incorporating a story or song into the routine. If your baby always falls asleep while feeding, changing his diaper afterwards will cause enough mild rousing to break the connection between food and sleep.

Bedrooms should be peaceful places for resting. Ideally, the bed should be used only for rest, rather than play or time-outs. A dark, cool, quiet bedroom is conducive to sleep. Calm evening activities are also important. Hall suggests that older children should limit caffeine intake before bedtime—and this means chocolate as well as soft drinks and tea. In addition, during the two hours prior to bedtime, avoid stimulating activities—including active play, exercise, television, and computer games. This may be a challenging recommendation as children age; parents must resist the urge to wire bedrooms with personal electronics. Although television and computer time is associated with being sedentary (think couch potato), research has shown that these media actually stimulate the eye's retina, causing it to reset—potentially stimulating hormones that make falling asleep more difficult.

What about when babies and children have problems with sleeping? It is important to know that it is parents who define certain sleep behaviour as problems. For instance, some things are not abnormal, including children who characteristically fall asleep and waken early. These “larks” often have a parent who also follows this pattern. Other children may have a “night owl” schedule, either naturally and/or encouraged by parental routine. However, some situations plague parents and children. Dysomnias occur when a baby or child has trouble falling asleep or staying asleep. They may waken multiple times and

take a long time to resettle. The main reasons for sleep disruptions and fatigue, these conditions often result from bedtime associations.

Be careful not to set up routines that babies cannot recreate for themselves. By rocking, feeding, or cuddling your child to sleep, as loving and soothing as that is, you establish a pattern. No wonder junior screams for you in the middle of the night—you're an essential sleep aid. If frequent waking is a problem to you, these cues need to be changed. Remove one sleep association at a time. Hall recommends keeping a sleep diary since tired parents may not have a clear picture of subtle shifts. Take feeding out of the immediate process. Don't worry—after about six months, babies no longer require nutritional night feeds. Provide a white noise source for light sleepers: quiet radio static, a dehumidifier, or small fan may do the trick. Put your baby down while still awake, preferably before the six-month stage when routines will get harder to change.

Hall is a proponent of controlled comforting. This involves offering various forms of comfort, but diminishing the quantity and quality over time. For instance, hold the baby but don't rock him, and avoid eye contact. Move to putting her down to sleep while awake, but gently stroke her arm or back. Try sitting on a chair nearby, with no physical contact, gradually moving further away over successive nights until the chair (and its occupant) leaves the room.

Babies may respond in various ways as you remove yourself from the sleep routine. Some may grizzle for a while and then sleep. Others may scream angrily, to test your response, but then settle down. Still others may progress to genuine distressed crying; at that point they are unlikely to calm themselves, and parents should offer comfort (but don't give in completely from sheer desperation). Remember that a baby under six months doesn't understand you are behind the door—he has not figured out that an object can be present but hidden.

Slightly older children demonstrate different sleep problems. As a general rule of thumb, it shouldn't take longer than 20 minutes to settle at night. A child may make concerted efforts to avoid sleep, from refusing to get ready to requesting innumerable drinks or stories. Hall recommends a consistent bedtime routine with clear limits. Praise cooperative behaviour. Some preschoolers and school-aged children may respond to a chart with fun activities to reward a number of successful nights. Keeping reactions low-key is important for parents—even if a child becomes demanding or gets worked up enough to vomit (surprisingly not so rare). Stay calm, clean up, and resume the sleep routine.

While uncommon in infants, up to 11–12 per cent of older children may have parasomnias. These are developmental events characterized by interruptions during sleep cycles, especially when a child is stressed or overtired. Examples include sleepwalking, night terrors, rhythmic movements, and teeth-grinding (bruxism). Children usually grow out of parasomnias. If your child shows any of these patterns, remember that he or she is still asleep. Guide the child back to bed and ensure the environment is safe (gate the stairs, lock the front door, move any hard objects, and so on).

Some legitimate medical conditions may lead to sleep disruptions. Ear infections, teething, allergies, eczema, and gastroesophageal reflux can all affect sleep. See your doctor or health nurse to ensure these are not the source of sleep issues. If your young child tends to snort, snore, or periodically gasp for breath while sleeping, make sure you see a health professional. While sleep apnea is rare, affecting only three to six per cent of preschoolers, it requires specialist treatment.

Having a baby or child with a sleep problem can be very isolating. Unfortunately, parenting seems to be a competitive sport these days, and some parents may proudly declare that their child has always slept through the night. Perhaps, they imply, it is some moral inadequacy on your part? Books often offer conflicting advice. Even health care professionals may be unable to help, as sleep—especially in children—is not covered during training. Parents are left to flounder with little place to turn. British Columbia—and Canada—lack the dedicated sleep centres that are found in other countries.

Hall has been examining sleep in young children and piloting an intervention program that has led to parents experiencing better sleep, decreased fatigue, and improved mood and outlook. She hopes further studies will lead to a more systematic approach to sleep problems. Certainly, the parents I know would welcome more professional support and informed suggestions. After all, sleep is a delicious luxury that we all want for ourselves—and our children. 📖

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