



Children's SLEEP

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SLEEP IN CHILDREN

Healthy sleep improves the memory and attention of children, so they are better able to learn. Well rested children are less irritable and impulsive, so they are better able to self-regulate and have improved mood. They are also more physically active, so they are in better overall health.

Sleep is important for both physical and cognitive growth in children. Both the quality and quantity of your child's sleep is important.

Sleep problems are one of the most common concerns for parents. In fact, sleep problems have been estimated to affect 30% of children.

There are many different family styles in which children are raised, which can affect when, where and how your child sleeps. No matter which style your family chooses, it is important for parents to learn what healthy sleep patterns are in children, how to establish good sleep habits, and how to recognize and start to improve your child's sleep if a problem exists. It is also important to recognize common sleep problems in children and adolescents.

WHAT ARE THE CONSEQUENCES OF INADEQUATE SLEEP?

Poor or insufficient sleep can affect your child's mood and behavior, put him or her at higher risk for emotional and behavioral problems, and negatively affect his or her ability to pay attention, learn and be successful in school.

It can also affect your child's physical health, increase the risk for chronic diseases such as obesity and cardio-metabolic problems and make him or her more prone to accidents. In addition, children who do not develop good sleep habits may become adults with poor sleep.



WHAT HAPPENS WHEN MY CHILD SLEEPS?



- At all ages, there are two different types of sleep states at night and we cycle in a predictable way through the types from bedtime to morning.
- These two types of sleep states are called REM (rapid eye movement) or dreaming sleep, and NREM (non-rapid eye movement, which includes deep restorative sleep). All humans need both types of sleep to be healthy and well-rested each day.
- When children and adults move from one cycle of sleep to the next, there is a brief period of semi-awakening or arousal. These arousals occur between 5-7 times through the night and you are not usually aware of these awakenings but return quickly to sleep. During these arousal periods, children who have learned to “self-soothe” can usually go back to sleep without any parental help, while children who have not learned this skill often become more awake and need help to go back to sleep.
- This means that everyone wakes up during the night. The difference between ‘good sleepers’ and ‘poor sleepers’ is related to their ability to go back to sleep fast and in an independent fashion.
- As children grow and develop, the amount of sleep needed changes. The time spent in sleep decreases from 16-20 hours per 24 hours in newborns, to 10-11 hours for pre-school and school-aged children. Teenagers continue to need approximately 9 hours of sleep. Therefore, it is equally important to make sure your teenager gets enough sleep, as it is for your toddler.
- Another thing that changes as children grow and develop is the way in which sleep is distributed across the day and night: daytime napping gradually declines (most children stop napping between 3 and 5 years of age) and sleep becomes consolidated into a single nighttime period.

THINGS I CAN DO TO HELP MY CHILD LEARN GOOD SLEEP HABITS

ENVIRONMENT: By following some simple steps, you can help your child's biological clock work properly, ensuring that he or she has the ability to fall asleep easily at night and be awake and alert in the morning.

How to help your child learn how to fall asleep by himself/herself:

FAMILY HABITS: After about 4-6 months of age, children can learn to fall asleep on their own, without mother or father rocking, feeding or soothing them to sleep.

It is important that the conditions under which your child falls asleep at bedtime are also available when your child wakes up during the night.

Your child should fall asleep in the same location where he/she will sleep throughout the night. Some children are comforted by a transitional object (e.g., familiar blanket or teddy bear).

Examples of problematic bedtime habits would be if your child needs you to help him/her fall asleep by rocking, driving in a car, or with music or television while falling asleep.

BEDTIME ROUTINE: A quiet soothing, predictable short (15-30 minute) routine will help your child to make the transition from daytime activities to bedtime.

How to help your child's biological clock work properly?

HEALTHY EXPOSURE TO LIGHT: In the **evening**, help your child's brain know it is nighttime by ensuring that the bedroom is quiet and dark (no television, music or electronic devices). If you use a night light, it should remain at the same low level throughout the night. In the **morning**, help your child's brain know it is morning time by exposing him/her to natural sunlight and encouraging him or her to be active.

CONSISTENT SLEEP AND WAKE SCHEDULE: Bedtime and waking time should be similar every day and not vary by 30 minutes between the weekday and weekend.

MEALS: Make sure your child eats breakfast every morning. In the evening, a light carbohydrate snack at bedtime (e.g., cheese and crackers) can be helpful to fall asleep.

EXERCISE: Moderate to vigorous exercise during the day is important to a healthy sleep regiment.



THINGS TO AVOID TO HELP MY CHILD LEARN GOOD SLEEP HABITS

NO CAFFEINE: It is best for children to stay away from caffeine altogether, but particularly within 6 hours of bedtime. This includes chocolate, cola beverages, tea and coffee. You need to check the ingredients, especially of soda pop that may contain caffeine.

NO VIGOROUS EXERCISE AT NIGHT: Strenuous exercise should be avoided within 3 hours of bedtime. This is because vigorous exercise increases arousal and may make it more difficult to fall asleep.

NO ELECTRONIC DEVICES: Children should avoid exposure to electronic devices, including tablets, phones, computers and gaming consoles in their bedroom. Having these devices in the bedroom may delay your child's bedtime. In addition, the light exposure (from the devices) may stimulate brain activity making it more difficult to fall asleep.

NO NAPPING PAST THE AGE OF 5: As a child ages, sleep becomes more consolidated, and instead of small intervals of sleep/naps being needed, one stretch is sufficient to ensure that he or she is well rested. Many children and adults will take occasional naps, but children who get adequate sleep do not need to nap after the age of 5.

TEMPERATURE: Bedroom should be maintained at a comfortable cool temperature.

WHAT ARE SOME COMMON SLEEP PROBLEMS?

The following are examples of disorders that can cause difficulty falling asleep or staying asleep.

SLEEP ASSOCIATION DISORDER: This problem is common in infants, toddlers and young children. The problem occurs when a child has to have certain conditions when falling asleep that a caregiver has to provide. Following arousals that occur during the night, your child cannot get back to sleep without these conditions being present. The conditions may include things like: rocking your child, feeding him/her, rubbing his/her back, and lying in bed with him/her. When you do these things, your child falls asleep quickly, but during the night you have to repeat the same habits to get him/her to fall back asleep.

DELAYED SLEEP PHASE SYNDROME: This is a common sleep problem in older children and teenagers but can occur at any age.

Teenagers with delayed sleep phase are “night owls” and prefer to go to bed very late, wake up late (especially on weekends) and skip breakfast routinely. If you let him/her sleep on their own schedule, he/she

will get enough sleep, but this will likely conflict with other daytime responsibilities, especially school.

Some teenagers can cope with this routine but others will have trouble falling asleep at a reasonable hour and waking in the morning.

PARASOMNIAS: These are unusual behaviors or experiences during the night such as **sleep walking and sleep terrors**. Both of these sleep problems happen primarily in the preschool and early school-age years but can occur in older children, teenagers and adults.

- Your child may wake up 1-3 hours after falling asleep looking frightened, sweaty and may scream.
- When you try to console him/her, s/he looks right through you.
- In the morning s/he will not remember this episode.
- The majority of this sleep state is in the first third of the night, and that is why people who have night terrors have them within a few hours of falling asleep.

ANSWERS TO COMMON QUESTIONS

HOW DO I KNOW IF MY CHILD IS GETTING ENOUGH SLEEP?

Children are not always like adults when they are tired, and your child may show his or her fatigue in different ways.

Sometimes children who do not get enough good quality sleep do not look tired. They might even be hyperactive/overactive. They may have poor behavior, be aggressive or show short attention spans.

Children who are difficult to

awaken in the morning and slow to become alert may not be getting enough sleep or might have poor-quality sleep. Conversely, if your child wakes up naturally and appears well rested, it is likely that he or she is getting sufficient good quality sleep.

WHAT SHOULD I DO IF I RECOGNIZE THESE PROBLEMS IN MY CHILD?

If you recognize these or other worrisome sleep problems, you may find help in self-help books available on children’s sleep in

your library or bookstore. If the problem persists, you should speak to your doctor or health care provider.

Some other symptoms of sleep disorders that you may want to discuss with your doctor include, but are not limited to:

**Nighttime bedwetting • Snoring
Restlessness at night • Frequent
nightmares • Problems with
falling asleep/staying asleep
• Waking too early • Unusual
nighttime behaviors**

WHO SHOULD YOU CONTACT FOR HELP REGARDING YOUR CHILD'S SLEEP DISORDER?

The best way to help your child is to consult with a health professional who is accredited by a national professional organization.

TYPES OF SLEEP MEDICINE PROFESSIONALS

There are different types of health care providers who can help you to address your child's sleep problems. Below is a list of types of professionals that can help in Canada and information on adequate qualifications as outlined by the Canadian Sleep Society.

PEDIATRICIAN OR FAMILY DOCTORS – These are medical doctors who are trained to care for children. They might or might not have specialized training related to sleep. They can assist or refer you to a specialist.

SLEEP PHYSICIANS – These are medical doctors who are trained in sleep medicine.

License for this expertise is provided by one or more of the following organizations:

- Royal College of Physicians and Surgeons of Canada Sleep Medicine Diploma or Diploma of the American Board of Sleep Medicine
- American Board of Medical Specialties, Certified in Sleep Medicine

CLINICAL PSYCHOLOGISTS – These are mental health experts. Some clinical psychologists have special expertise in behavioral interventions for sleep disorders.

License for this expertise:

A Clinical Psychologist must be fully licensed for autonomous practice and have documentation of training and is expected to have credentials in Sleep Medicine.

MUST: License from a provincial or territorial regulatory body:
<https://cpa.ca/public/whatisapsychologist/regulatorybodies/>

DESIRED: Clinical training and experience in providing evidence-based sleep treatments.

DESIRED: Training specifically in Cognitive Behavioral Therapy (CBT) for Insomnia or a CBT Diplomate Certification.

REGISTERED NURSES – These are professionals who provide nursing care, supportive counseling and life skills programming to patients in hospitals, mental health clinics, long-term care and community-based settings.

License for this expertise:

MUST: Nurses who have passed either the Canadian Registered Nurse Examination or the Quebec examination (examen professionnel de l'OIIQ) and have registered with their provincial or territorial regulatory body.

DESIRED: Training and experience in providing evidence-based sleep treatments for youth.

PEDIATRIC SLEEP LABORATORIES – These are specialized medical facilities that perform polysomnography, which is a sleep study that measures brain waves, oxygen levels, heart rate, breathing and movement. They diagnose and treat sleep apnea, as well as other medical conditions and disorders. The main goal of sleep laboratories is to provide a medical diagnosis. They do not usually have the professionals that offer behavioral sleep interventions for children.

The sleep laboratory is required to have a Medical Director with formal credentials in Sleep Medicine and provincial accreditation by Provincial College of Physicians and Surgeons, or Hospital Accreditation. Patients are seen by a Physician.

A WORD OF WARNING FROM THE CSS:

Please note that certifications from institutes or organizations that are not part of a professional society are usually not regulated.

Some individuals that offer evaluation or treatment of sleep disorders may not hold a professional license to practice as a health care provider.

HEALTHY SLEEP FOR HEALTHY CANADIANS

The Canadian Sleep Society (CSS) is a national organization committed to improving sleep for all Canadians through support for research, promotion of high-quality clinical care, education of professionals and the public, and advocacy for sleep and sleep disorders medicine.

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For more information visit www.canadiansleepsociety.com or email, info@css-scs.ca

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