

Establishing Healthy Sleep Habits: Infants, Toddlers & Preschoolers

DR. NICKY COHEN, CLINICAL PSYCHOLOGIST



South Leaside Monday Group

April 8, 2013

Presentation Outline

Theory

Sleep classification: Adults, young children & newborn
How sleep changes with age

Practical information

Recommended sleep in young children
Establishing healthy sleep habits
Common causes of sleep problems
Sleep training – What it is
Guidelines for napping
Safe sleep practices
Medical problems and sleep

Classification of Sleep: Adult & Older Infant (6 mos.+)

Two major sleep states:

1. REM – “dreaming” sleep

2. Non-REM: 3 stages

Stage 1 – feel drowsy, start to fall asleep

Stage 2 – more easily woken, but clearly asleep

Stage 3 – deep sleep, most restorative, harder to wake

REM=Rapid Eye Movement

Classification of Young Infant Sleep

Young infants (0-6 months):

- Do not have 3 stages of non-REM sleep
- Sleep classified as “active” (50%) or “quiet” (50%)

Between 3-6 months:

- Decrease in active sleep, increase in quiet sleep

By ~6 months: 3 stages of non-REM sleep exist

- REM=30% of sleep, non-REM=70% (like adult sleep)

Developmental Aspects of Sleep

Infants have many sleep periods

- Throughout day/night
- Day/night reversal
- Increasingly more sleep at night with age

Great variability in infant sleep patterns in first few months

Adding cereal to bottle

– not effective in improving sleep

Infants can start to learn to fall asleep independently at 12 weeks of age

Earlier bedtime: 3-4 months

Recommended Sleep by Age

Age	Night	Day	Total
0-3 months	unpredictable, varies widely		
3-6 months	11-12 hrs	3-4 hrs	14-16 hrs
6-9 months	11-12 hrs	2-3¼ hrs	13-15¼ hrs
9-12 months	11-12 hrs	2-3 hrs	13-15 hrs

Source: modified from The Sleepeasy Solution, 2007

Recommended Sleep by Age cont.

Age	Night	Day	Total
12-18 months	11-12 hrs	1½ -3 hrs	12½-15 hrs
1.5-3 years	11 hrs	1½-3 hrs	12½-14 hrs
3-5 years	11-12 hrs*	0-2 hrs	11-13 hrs

*Children may sleep longer at night after they drop their nap

Source: modified from The Sleepeasy Solution, 2007

Establishing Healthy Sleep Habits

Start early!

By 3-4 months:

Develop regular sleep & wake schedule

- Bedtime: ~7:00-8:00pm

Sleep routines important

- Bedtime routine, briefer nap routine

Encourage falling asleep independently

- Put to bed “drowsy but awake”
- Start with nighttime sleep-onset

Healthy Sleep Habits cont.

By 3-4 months:

Night wakings: “walk – don’t run”

Transition to crib by 3 months of age

Make crib area all about sleep

- No toys or mobiles, no music playing

Maintain comfortable sleeping environment

- Little to no light & noise, temperature on the ‘cool side of comfortable’

Common Causes of Sleep Problems

Main 2 causes:

1) Not falling asleep independently

- “Positive” vs. “negative” sleep-onset associations
- Need same or similar conditions when wake
- Pacifier use: helpful or problematic?
 - Usually depends on age of child

2) Inappropriate or inconsistent responding

- On-demand feeding, continued night feeds, co-sleeping

Causes of Sleep Problems cont.

Greater cognitive awareness

- Common for problems to develop or worsen between 3-6 months

Reaching new milestones

- Rolling, standing, walking, verbal development

Poor sleep schedule

- Mis-timed sleep periods
- Late bedtime, late nap, too many naps, too much day sleep

Sleep Training 101

What is Sleep Training?

Learning how to fall asleep independently

- Falling asleep truly independently (self-soothing to sleep) for all sleep periods
- Under same conditions as child wakes during the night

Appropriate and consistent responding

- Bedtime and following night wakings
- Naps important

Also Important in a Sleep Plan...

Age appropriate & well-timed sleep schedule

Bedtime/naptime routine

- Calming & predictable (cue for sleep)
- Last part in child's bedroom, low lighting
- No 'dozing' during bedtime routine

Security object

- Small breathable "blankies", avoid toys

Environment: dark, quiet, & cool

White noise

- constant and even sound, on all night

Napping Guidelines

Nap in same environment as night sleep (by 4-5 months)

Napping by age:

- 4-6 months 3 naps/day
- 6-9 months drop 3rd nap, earlier bedtime
- 13-16 months drop 2nd nap, earlier bedtime
- 3-4 years drop final nap, bedtime ~7:00pm

Common causes of poor napping:

- 'Negative' sleep-onset associations, frequent naps, hidden cat-naps, naps too close together

Ensure daytime wakeful windows are appropriate

- See handout

Sleep Training Outcomes

Nights:

Usually very quick to resolve

- 4-7 nights significant improvement (infants)
- 1-3 weeks (toddlers & preschoolers)

Naps:

May take 1-3 weeks to consistently improve

Depriving young children of naps – not effective

Sleep begets sleep

Very beneficial

- Longer attention spans, less fussy, better mood

Staying on Track

Falling asleep independently

Returning to sleep on own

Avoid co-sleeping and room-sharing

Eliminate nighttime feeds by ~6 months

- Unless failure to gain weight as expected

Maintain environment conducive to sleep

- Avoid too much light in child's room
- Single source of low-level lighting is fine

Safe Sleep Practices: Health Canada & CPS* guidelines:

Back to Sleep Campaign

- Place child on back to sleep on firm flat surface until 12 months
- Reduced risk of Sudden Infant Death Syndrome (SIDS)
- Tummy time when awake to avoid a flat head

Avoid soft, non-breathable materials in crib

- Including loose blankets, bumper pads, stuffed animals, pillows
- Can prevent air circulation around face
- Sleep-sack/wearable-blanket recommended for cooler months

Avoid overheating

- Keep room temperature on cool side of comfortable
- Do not overdress

* CPS - Canadian Paediatric Society handout for parents (www.cps.ca – see Caring for Kids – Pregnancy & Babies: “Safe Sleep for Babies”)

Safe Sleep Practices cont.

Room-sharing recommended, may protect against SIDS

Bed-sharing: Adult bed “not safest place for a baby to sleep”

- Can become trapped, can fall off bed, suffocated by adult
- Soft bedding: overheating (SIDS), suffocation
- High-risk groups: alcohol consumption, sedating drugs, sleep deprived = less responsive

Medical Problems and Sleep

Consult child's physician

Ensure no medical cause for sleep disruption

Medical problems that disturb sleep

- Reflux: common cause of sleep problems
- Pain: ear infections, teething
- Sleep Apnoea: snoring, pauses in breathing during sleep

Recommended Readings

The Sleepy Solution: The Exhausted Parent's Guide to Getting Your Child to Sleep – from Birth to Age 5. (Jennifer Waldburger & Jill Spivak, 2007)

Sleeping Through the Night: How Infants, Toddlers, and Their Parents Can Get a Good Night's Sleep (Revised Edition). (Jodi A. Mindell, 2005)

For Further Information:

Canadian Paediatric Society - www.cps.ca

Canadian Sleep Society - www.css.to

National Sleep Foundation - www.sleepfoundation.org



PLEASANT DREAMS!
DR. NICKY COHEN