



Dr. Bill Moorcroft

# Your Child's Sleep Habits

- *Tips to help your child sleep well – so you can!*
- *Five important trouble signs to watch for*
- *Eight key sleep problems and how to overcome them*

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**E**very living creature needs to sleep. It is the primary activity of the brain during early development. The daily sleep-wake cycle is regulated by light and dark, but this rhythm takes time to develop. Newborns may have irregular sleep schedules until their sleep patterns develop, at about six weeks. By three to six months, most infants have a regular sleep-wake cycle.

Sleep is especially important for children as it directly impacts mental and physical development. By the age of two, most children have spent more time asleep than awake and overall, children will spend 40 percent of their childhood asleep.

Two alternating types of sleep are critical for your child's growth and development. During **Non-Rapid Eye Movement (NREM)** or "quiet" sleep, blood supply to the muscles is increased

and energy is restored. Tissue growth and repair occur, and important hormones are released for growth and development. In **Rapid Eye Movement (REM)** or "active" sleep, our brains are active, growing, and dreaming occurs. Our bodies become immobile, breathing and heart rates are irregular.

*'Sleep directly impacts mental and physical development ...'*

Newborn babies spend 50 percent of their sleep time in each of these states, with a sleep cycle about 50 minutes long. At about six months of age, REM sleep comprises about 30 percent of sleep; by the time your child reaches preschool age, their sleep cycle is about every 90 minutes.

The "right" amount of sleep changes as your child grows. These descriptions of various ages of development will help you know what to expect, and how to help your child sleep well.

## Tips to Help Your Child Sleep Well

### *Sleep and Newborns (1-2 months)*

**S**leep for newborns occurs around the clock, interacting with the need to be fed, changed, and nurtured during wake cycles. Newborns sleep a total of 10.5 to 18 hours a day, alternating sleep with periods of one to three hours spent awake. The sleep period may last a few minutes to several hours and is often irregular. During sleep, newborns are often active, twitching their arms and legs, smiling, sucking, and generally appearing restless.

Babies express their need to sleep in different ways. Some fuss, cry, rub their eyes, or indicate this need with individual gestures. They are more likely to fall asleep quickly and eventually learn how to get themselves to sleep. Newborns can be encouraged to sleep less during the day by exposing them

**Sleep Tips for Newborns**

- **Observe your baby's sleep patterns and identify signs of sleepiness.**
- **Place babies to sleep on their backs with face and head clear of blankets and other soft items.**
- **Encourage nighttime sleep.**



to light and noise, and by playing more with them in the daytime. As evening approaches, adjust their environment so it is quieter and dimmer, with less activity.

## *Sleep and Infants (3-11 months)*

**B**y six months of age, many infants sleep through the night. Seventy to 80 percent will sleep through by nine months of age. Infants typically sleep nine to 12 hours during the night and take 30-minute to two-hour naps, one to four times a day – fewer as they reach age one.

After two to four months of age, it is best to put babies to bed when they are sleepy, but not asleep. When infants are put to bed drowsy but not asleep, they are more likely to become “self-soothers” which enables them to fall asleep independently at bedtime and put them selves back to sleep during the night. Those who have become accustomed to parental assistance at bedtime often become “signalers” and cry for their parents to help them return to sleep during the night.

### **Sleep Tips for Infants:**

- **Develop regular daytime and bedtime schedules.**
- **Create a consistent and enjoyable bedtime routine.**
- **Establish a regular “sleep friendly” environment.**
- **Put baby into the crib when drowsy, but not yet asleep.**
- **Encourage baby to fall asleep independently and to become a “self-soother.”**

Social and developmental issues can also affect sleep. Secure infants who are attached to their caregivers may have fewer sleep problems, but some may also be reluctant to give up this engagement for sleep. During the second half of the year, infants may also experience separation anxiety. Illness and increased motor development may also disrupt sleep.

## *Sleep and Toddlers (1-3 years)*

**T**oddlers need about 12-14 hours of sleep in a 24-hour period. When they reach about 18 months of age, their nap times will decrease to once a day, lasting about one to three hours. Many toddlers experience sleep problems including resisting going to bed and nighttime awakenings. Nighttime fears and nightmares are also common. Naps should not occur too close to bedtime as they may delay sleep at night.

Many factors can lead to sleep problems. Toddlers’ drive for independence, and an increase in their motor, cognitive and social abilities can interfere with sleep. In addition, their ability to get out of bed, separation anxiety, the need for autonomy, and the development of the child’s imagination can lead to sleep problems. Daytime sleepiness and behavior problems

### **Sleep Tips For Toddlers:**

- **Maintain a daily sleep schedule and consistent bedtime routine.**
- **Make the bedroom environment the same every night and throughout the night.**
- **Set limits that are consistent, communicated and enforced.**
- **Encourage use of a security object such as a blanket or stuffed animal.**

may signal poor sleep or a sleep problem.

## *Sleep and Preschoolers (3-5 years)*

**P**reschoolers typically sleep 11-13 hours each night and most do not nap after the age of five. As with toddlers, difficulty falling asleep and waking up during the night are common. With further development of imagination, preschoolers commonly experience nighttime fears and nightmares. In addition, sleepwalking and sleep terrors peak during preschool years.

### **Sleep Tips for Preschoolers:**

- **Maintain a regular and consistent sleep schedule.**
- **Have a relaxing bedtime routine that ends in the room where your child sleeps.**
- **Your child should sleep in the same sleeping environment every night, in a room that is cool, quiet and dark – and without a TV.**

## *Sleep and School-aged Children (5-12 years)*

**C**hildren aged five to 12 need 10-11 hours of sleep each night. At this age, there is an increasing demand on their time from school, homework, sports and other extracurricular and social activities. They also become more interested in TV, computers, the media, and Internet as well as caffeine products (many soft drinks contain significant amounts of caffeine) – all of which can lead to difficulty falling asleep, nightmares and disruptions to their sleep.

In particular, watching TV close to bedtime has been associated with bedtime resistance, difficulty falling asleep, anxiety around sleep, and sleeping fewer hours. Sleep problems and disorders are prevalent at this age. Poor or inadequate sleep can lead to mood swings, behavioral problems such as hyperactivity, and cognitive problems that impact on their ability to learn in school.

### Sleep Tips for School-Aged Children

- Teach children about health sleep habits.
- Regular and consistent sleep schedule and bedtime routine are important.
- Keep the hour before bedtime as quiet time, without high-energy activities or stimulating things such as computer games.
- Make your child's bedroom conducive to sleep – dark, cool and quiet. Keep TV and computers out of the bedroom.
- Avoid caffeine.

## Five Important Signs of Trouble

Talk to your child's health care provider if any of these symptoms is observed:

- Your newborn or infant is extremely and consistently fussy.
- Your child is having problems breathing or breathing is noisy.
- Your child snores, especially if snoring is loud.
- Your child experiences unusual nighttime awakenings.
- Your child has difficulty falling asleep and maintaining sleep, especially if you see daytime sleepiness and/or behavioral problems.

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### Information Sources

**The National Sleep Foundation:** An independent nonprofit organization dedicated to improving public health and safety by achieving public understanding of sleep and sleep disorders, and by supporting public education, sleep-related research, and advocacy. NSF is based in Washington, DC. Visit its Web site: [www.sleepfoundation.org](http://www.sleepfoundation.org), for more information on the 2004 Sleep in America poll.

**Dr. Bill Moorcroft, Ph.D., Director, Northern Colorado Sleep Consultants, LLC:** For over 30 years, an educator, researcher and book author on sleep and its disorders, Dr. Moorcroft welcomes referrals for children's sleep problems, as well as insomnia, nightmares and other sleep disorders. He has offices in Fort Collins, Loveland, Boulder and Greeley, Colorado, and works with patients by phone. For more information call 970/308-4495 or visit his Web site: [www.sleeplessincolorado.com](http://www.sleeplessincolorado.com).



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**Insomnia • Children's Sleep Problems**

**Nightmares • Sleepiness in the Workplace**

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# Eight Key Children's Sleep Problems And How to Deal With Them

**A**lmost 70 percent of children 10 and under experience some type of sleep problem, according to the National Sleep Foundation's (NSF) 2004 Sleep in America poll. These are some of the most common problems:

- **Insomnia** – difficulty falling asleep, remaining asleep, and/or experiencing early morning awakenings. Insomnia can be short-term due to stress, pain, or a medical or psychiatric condition. It can become long-term if the underlying cause is not addressed or healthy sleep practices are not employed. Treat underlying conditions, develop good sleep practices and maintain a consistent sleep schedule to improve your child's ability to fall asleep and stay asleep. Check with your child's health care provider to rule out health problems if insomnia persists.
- **Nightmares** – frightening dreams that occur during REM sleep and awaken a child. They usually occur in the later part of the night, and can be upsetting. Your child will need reassurance when they occur. They can result from a scary event, stress, a difficult time, or change in a child's routine. Use of a nightlight or security object is often helpful. Most children have at least one nightmare during childhood. Three percent of preschool and school-aged children experience frequent nightmares, according to National Sleep Foundation's 2004 Sleep in America poll.
- **Sleep terrors** – occur early in the night. Your child may scream out and be distressed, although not awake or aware. Sleep terrors may be caused by not getting enough sleep, an irregular sleep schedule, stress, or sleeping in a new environment. Increasing sleep time will help reduce the likelihood of a sleep terror.
- **Sleepwalking** – experienced by as many as 40 percent of children, usually between ages three and seven. Sleepwalking usually occur an hour or two after sleep onset and may last five to 20 minutes. Sleep deprivation often contributes to sleepwalking. Move your child's bedtime earlier to alleviate this problem.
- **Sleeptalking** – talking, laughing or crying out during sleep. As with sleep terrors, your child is unaware and has no memory of the incident the next day. There is usually no need to treat sleeptalking.
- **Snoring** – a partial blockage in the airway that causes a noise due to the vibration of the back of the throat. About 10-12 percent of normal children habitually snore. Snoring can be caused by nasal congestion or enlarged adenoids or tonsils that block the airway. Some children who snore may have sleep apnea.
- **Sleep apnea** – loud snoring when the child is having difficulty breathing. This may be a sign of obstructive sleep apnea, a serious disorder. Sleep apnea is characterized by pauses in breathing during sleep caused by blocked airway passages, resulting in repeated arousals from sleep. Sleep apnea has been associated with daytime sleepiness, academic problems, and hyperactivity. Treatment for sleep apnea is available; consult your child's health care provider for more information.
- **Restless Legs Syndrome (RLS)** – uncomfortable and unpleasant feelings such as crawly, tingly or itchy sensations in the legs, causing an overwhelming urge to move. These feelings make it difficult to fall asleep. RLS can be treated with changes in bedtime routines, increased iron, and possibly medications.

*Check with your child's health care provider if your child complains of these symptoms.*



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