



## Children's bedtime routines: Sound sleeping advice

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Sleep is an important part of your child's daily routine. Regular and adequate sleep not only gives your child energy and motivation for the day ahead, but also can enhance his or her learning abilities and decrease many behavioral problems.

On the flip side, lack of sleep can have a serious effect on concentration, memory, physical performance and decision making. Sleep gives the body a chance to slow down and repair itself. Therefore, helping your child develop good sleeping habits will serve him or her well both now and into adulthood.

### Creating a bedtime routine

Setting the scene for your child's bedtime is almost as important as going to bed itself. Instead of putting your child to bed only after he or she has run out of gas, so to speak, establish a routine that your child can expect and rely upon. To ease bedtime battles and to help your child fall asleep, you may want to try the following bedtime tips:

- **Have a winding-down period before your child goes to bed.** After a long day of play, your child will likely need to calm down before he or she is ready for bed. A warm bath, story time or quiet talk about the day's events will help ease your child into sleeping mode. Late-evening TV shows and video games sometimes give tired children a second wind, so it's a good idea to establish a cutoff time for these forms of entertainment well before bedtime.
- **Follow a set bedtime schedule.** It's important that your child knows when he or she is expected to be in bed and go to sleep.
- **Let your child take a soothing object to bed.** A favorite object such as a special blanket, pillow or other soft toy may help your child go to sleep. Make sure your child's comfort object takes up only a little space in the bed - no giant teddy bears - and is free of long ribbons, loose buttons and other parts that could cause strangling or choking.
- **Sleep in a separate bed from your child.** Although it's a cultural norm in some societies for parents and children to share a bed, such cosleeping has its drawbacks. As a rule, small children benefit from being able to fall asleep independently and alone. If they share their parents' bed, they may not learn how to relax into sleep without their parents' comfort - not just when they initially fall asleep, but every time they wake in the course of the night. In this situation, no one gets a good night's sleep, and parental tensions may develop. It's easier for all concerned if the baby - particularly in the newborn stage - sleeps in the parents' room but in his or her own crib.
- **Make sure your child is comfy and cozy before you leave the room.** An important part of the bedtime routine should be to take care of anything that might prompt your child to summon you back - thirst, noise or an uncomfortable room temperature, for example. Remember newborns and infants should sleep on their backs until they're able to roll over by themselves.
- **Try not to respond immediately to your child's every call.** If your child knows that you will always respond, he or she will continue to call on you and bargain to stay up later.

Each child is different and has his or her own way of approaching sleep. Some take longer than others to fall asleep, while others wake more often during the night. You know your child's personal habits best, so with a little trial and error, you should succeed in finding a schedule and routine that suits your family.

## How to deal with common sleep problems

As more children become overextended by busy schedules at earlier ages, childhood sleep problems have become more common. Daytime sleepiness, difficulty falling asleep, nighttime waking, nightmares, night terrors, sleepwalking, sleep talking and bed-wetting can all develop or persist throughout childhood. Here are some simple suggestions for solving these problems:

**Daytime sleepiness.** Children who frequently doze off during the day are probably not getting enough zzz's at night. Try gradually rolling your child's bedtime back by an hour or so over several nights. After adjusting to an earlier bedtime, he or she should have no trouble staying awake during the day. Certain medications may also cause your child to be tired and groggy during the day. For example, drugs such as methylphenidate (Concerta, Ritalin, others), dextroamphetamine (Dexedrine, Dextrostat, others) or atomoxetine (Strattera), given for attention-deficit/hyperactivity disorder, and albuterol (Proventil, Ventolin, others), given for asthma, may interfere with nighttime sleep and so cause daytime drowsiness. Over-the-counter cold medications containing pseudoephedrine (Aleve Cold and Sinus, Claritin, others) may have a similar effect. Consult your doctor if you think your child's medication is causing drowsiness.

**Difficulty falling asleep.** Even adults associate certain objects and rituals with falling asleep. Some, for instance, are unable to settle down for the night without a favorite pillow or a few minutes of reading. Children are no different, except that they can't readily retrieve a lost comfort object and their falling-asleep rituals usually involve parents. If you're having problems because your child can't fall asleep without the comfort of a pacifier or your presence or both, try to break the habit a little bit at a time. By 15 months of age, at least, a baby should be able to enter the crib awake and relax and fall asleep there, without having to be put to sleep in another location first.

**Nighttime waking.** Waking during the night is normal for everyone, including adults. It becomes a problem when children depend completely on specific objects or conditions to fall asleep. To keep your child from developing a nighttime-waking problem, make sure the things he or she needs to fall asleep will be accessible throughout the night.

**Nightmares.** If your child suddenly wakes up and cries out loudly, he or she has probably had a nightmare. Offer comfort and reassurance without making light of your child's fears. Then try to get him or her to go back to sleep as soon as possible.

**Night terrors.** These episodes of disturbed sleep are most common between the ages of 3 and 5. Generally harmless, night terrors don't actually waken your child but can be distressing for a parent to witness. A child experiencing an episode of night terrors often acts confused and frightened, screaming and sitting up in the bed. This behavior can last for several minutes. Unless awakened - and often needlessly frightened by the reactions of others - the child typically returns to peaceful sleep and has no memory of the event. The best response to a night terror usually is to let it run its course. Nightmares and night terrors are generally not caused by mental or physical illness. Nightmares may occur during a stressful period, but usually go away in time. Severe night terrors are associated with sleepwalking and, occurring after age 5, may be a sign of nocturnal frontal lobe seizures for which a pediatric neurologist may be consulted.

**Sleepwalking.** Sleepwalking can occur at any age, but is most common between the ages of 5 and 12. Some of the signs of sleepwalking include:

- Partial waking
- Open eyes
- Dazed expression
- Sitting up in bed, walking or other activities
- Confusion or disorientation if awakened

If your child sleepwalks, don't get too worried. It's usually not a sign of emotional problems. The most important thing to do is to safeguard your child from injuries and falls. Keep doors and windows closed and locked. Remove dangerous objects that might cause your child to trip and fall. If you find your child sleepwalking, gently guide him or her back to bed, where sleep will most likely continue without interruption. There's no need to wake a sleepwalking child. Keep in mind that sleepwalking is unintentional, so it doesn't warrant punishment. Most children outgrow it by age 15.

**Sleeptalking.** Children and adults sometimes mutter things while they're sleeping. This chatter usually lasts only a short time - 30 seconds or less. Most sleeptalking requires no medical attention or treatment. If your child begins to sleepwalk and sleeptalk at the same time however, you may want to talk to your doctor.

**Bed-wetting (enuresis).** Some children under age 5 haven't yet achieved bladder control, so don't worry about treating the problem before then. If it persists, it is involuntary and your child doesn't always remember it happening. For those reasons, avoid punishing your child for bed-wetting, and likewise don't reward dry nights. The cause of bed-wetting is unclear, but usually it's not related to an emotional problem. More likely the cause is a simple developmental difference that keeps some children from holding urine for a long time or makes them release urine at night. Genetics may be a factor in bed-wetting, as it tends to run in families.

Most of the time, children grow out of their bed-wetting woes without treatment. But if bed-wetting becomes a problem, talk to your doctor. He or she can help you come up with the right treatment. This might include a special pad with a moisture-activated alarm that awakens your child when he or she begins urinating. Having the child urinate every two hours during the day may lessen the problem. Other types of treatment that may be prescribed are bladder-stretching exercises. These exercises may help your child hold more urine in the bladder from one urination to the next. As a last resort, your doctor may prescribe medication. Use of medications for bed-wetting is controversial, as some doctors believe that bed-wetting medications have more risks than benefits. When bed-wetting persists after age 10, medications have more acceptance and appeal. Bed-wetting can be very upsetting to a young person, so parents need to be patient, supportive and understanding.

Potentially more serious sleep disorders include narcolepsy, a condition that causes overwhelming sleepiness or sleep attacks during the day, and sleep apnea, a disorder that causes breathing to stop and start during sleep. Talk to your doctor if you suspect that your child has narcolepsy or sleep apnea. Both these disorders are treatable.

### **When sleep problems persist**

If any sleep problem persists past your comfort level, don't hesitate to contact your doctor. It's very likely that he or she has seen these problems quite frequently and can help you come up with appropriate ways of solving them. Keeping a sleep diary may be a helpful tool in understanding your child's sleep problems. Things to record in your child's sleep diary include:

- Where, when and how much your child sleeps each night
- Bedtime and morning waking schedules
- Sleep associations that your child uses
- Nighttime awakenings, the methods you use to get your child to fall back asleep and how long it takes
- Daytime sleeping habits or schedules
- Traumatic or unusual events

Developing good sleep habits and dealing with sleep problems can be trying and time-consuming for you as a parent. Realize that your feelings of frustration are normal and that you are not alone. In the meantime, try to stay calm and collected as you and your child work through bedtime struggles and sleep problems.

Last update : 9/23/2003

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