



SLEEP HABITS

Healthy sleep habits are **not automatic**, they are nurtured. Infants are not born with the ability of sleeping through the night. Sleep periods are spread evenly through the day and night. By 3 months most of the sleep should be at night. However, 25% - 40% of children older than 6 months have a problem with night waking. Babies through adulthood have to learn how to settle down to sleep instead of “crashing” (falling asleep when totally exhausted and fatigued).

It is an important goal to get children to learn how to **sleep optimally** so that they can be ready to learn and play when they are alert. Children when they are tired have a “wired” behavior, or are irritable, and have difficulty in processing their environment.

Habits and expectations associated with sleep

During the **newborn period** parents often find themselves *rocking, back rubbing, nursing and replacing the pacifier*. However, at around 3 - 4 months your little infant needs to learn how **to settle themselves** down to sleep without parental help.

Parents often complain of frequent **night awakenings** and difficulty in getting their infants back to sleep without their help. **Normal sleep cycles** at all ages include brief night awakenings, and as you go between light sleep and dreaming, arousals are common.

It is **suggested** that when you put your infant down to sleep you let them settle themselves down so if there are brief night awakenings, they have learnt the skill of going back to sleep by themselves.

Night time feedings

If large volumes of food are given during the night the infant becomes used to being hungry at these times and awakening to eat. A normal full-term infant at 6 months can definitely fulfill his/her nutritional needs during the day. By continuing to feed your child during the night the child is unable to develop a **mature circadian pattern** but continues on the

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intestinal/endocrine/sleep wake cycles. Circadian rhythm starts at about 6 weeks to 3 months.

To help with this, nighttime feedings can be gradually **phased out** during 1-2 weeks by decreasing the amount of milk or juice, or limited nursing time, and increasing the time between feedings. If your child takes formula decrease by 1 oz each night in the bottle. Once you are down to 1 oz, go to water then the pacifier.

Limit setting

If your child is out of a crib and **constantly delaying bed time**, getting out of bed, wants water, going to the potty, has one more story that can go on for hours, or your child wakes up & calls you or comes to your bed frequently during the night, you need to **manage** this with consistent and persistent parenting.

We recommend a **bedtime routine** with a definite endpoint. Half an hour before bedtime start winding down activities, washing up, brushing teeth, getting into pajamas and then story time. You should discuss with your child ahead of time how many stories there will be. Avoid scary TV and roughhousing near bedtime.

Boundaries help your child feel more secure especially if you are consistent. If your child refuses to stay in his room a gate or hook on the door will make his bedroom into a crib. **Remove** items in his room to prevent injuries. You can also **close the door** (not as punishment but as limit setting). Start with 30 seconds, then double the time. Stay close by. Use **positive reinforcement**.

Co-sleeping

This is a personal and cultural choice and if it is working well i.e. both parents and the child are well rested and both parents feel their needs taken care of, it's okay to continue. We **do not recommend co-sleeping** for infants, a separate cradle or basinet next to the parent's bed is a safer choice.

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If it is not working for you (i.e. your child is sleeping like a king, but you and your spouse are exhausted or sleeping in the toddler's bed), then you will need to **change the situation**. This may require the parent, after the normal bedtime routine, sitting in the child's room in a chair for reassurance for a limited period of time (20 minutes).

This often helps calm and reassure the child to allow them to fall asleep. While sitting in the room we recommend no talking or interaction, just your physical presence.

Nighttime fears

With our daytime distractions, worries can escalate out of control at night and your child will have difficulty settling down to sleep. It is important to work through the worries during the day, and try not to alter the bedtime routine.

Monsters

These are irrational fears and your child may not be able to understand her feelings of anxiety. Therefore, she uses her **imagination** to come up with an explanation for the fear which she attributes to monsters. The best thing to do is **reassure** her that nothing bad will happen and you will **protect** and keep her safe.

Dark

Use a **night light**, or keep the door ajar.

True fear and panic

If your child has **true panic** you will notice sweating and heart racing. They will do anything to stay up or be in their parent's room even if punished. This may occur in a well-adjusted child and family, with no apparent problems with friends, school or parents. If this occurs, this may need counseling over a few months.

To help your child sleep at night a regular daily routine is needed.

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The development of **stable sleep/wake rhythms** depend on an interaction of the child's biology with that of his environment. The parent learns when to expect their child to be hungry and sleepy, and the child learns when to expect to be fed and to be put down for sleep.

We understand the difficulty in hectic schedules, and in households with more than one child's needs to be taken care of. **Daytime naps** are important for your child to rest and regroup. If you have an easygoing child, or children, they can adapt to your routine or a slightly varying one.

However, if you find that your child becomes **irritable and wired** and has difficulty falling asleep even though he seems exhausted, you may need to protect his nap and sleep routine.

At about 6 months of age babies have a regular nap structure of 2 - 3 naps per day until they are approximately 15 - 18 months. Then often it transitions to 1 nap per day. This is usually after lunch for 1-2 hours. Children usually outgrow their naps by 4 years.

The difference between owls and larks

An owl likes to stay up until midnight and is difficult to awaken in the morning; he is often grouchy and miserable in the morning. The lark is ready for bed at 5 PM - 6 PM but is happily ready to start the day at 5 AM, if you are lucky.

To adjust the sleep routine, you have to slowly adjust in 10 – 15 minute periods a new time frame, so that his body's daily (circadian) rhythm can alter accordingly. A child usually falls asleep during the downswing of the body temperature curve and awakens with the upswing. Put the owl to sleep 15 minutes earlier, and if previously allowed to sleep in until he needed to in the morning, then awaken 15 minutes earlier, until the desired bed and awakening times are achieved. **Don't allow additional napping.**

For the lark, advance the bed time by 15 minutes and similar delay of mealtimes and naps. Adjustment to the morning awakening will have a lag time of a week or more.

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Nightmares (NM) versus Night Terrors (NT)

Nightmares

Night Terrors

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What is it?	A scary dream. It takes place within REM sleep and is followed by full waking.	A partial arousal from very deep (Stage IV, non REM) non-dreaming sleep.
When do you become aware your child had or is having one?	After the dream is over and he wakes and cries or calls. Not during the nightmare itself.	During the terror itself, as he screams and thrashes. Afterwards he is calm.
Time of occurrence	In the second half of the night, when dreams are most intense.	Usually 1 to 4 hours after falling asleep, when non-dreaming sleep is deepest.
The child's appearance and behavior	Crying in younger children, fright in all. These persist even though the child is awake.	Initially the child may sit up, thrash, or run in a bizarre manner, with eyes bulging, heart racing, and profuse sweating. He may cry, scream, talk, or moan. There is apparent fright, anger, and/or obvious confusion, which <i>disappear</i> when he is fully awake.
Responsiveness	Child is aware of and reassured by your presence; he may be comforted by you and hold you tightly.	Child is not aware of your presence, is not comforted by you, and may push you away and scream and thrash more if you try to hold or restrain him.
Return to sleep	May be considerably delayed because of persistent fear	Usually rapid
Description of a dream at the time or on waking in the morning	Yes (if old enough)	No memory of a dream or yelling or thrashing.

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