

Parenting your Child to Sleep: Sleep problems in children How common are they and what parents can do

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Parental reports of sleep problems in young children are very common. Research shows that approximately 30% of infants, toddlers and preschoolers experience sleep problems. Other findings suggest that these problems are even more common. Several years ago, the National Sleep Foundation's *Sleep in America* poll investigated sleep habits of children (infants to 10 year-olds) and their parents/caregivers. They found that 46% and 36% of toddlers and preschoolers, respectively, still wake at night and that 43% of toddlers and preschoolers fall asleep with a parent (or other adult) in the room at least a few nights a week. It is not surprising that 76% of parents surveyed reported that they would like to change something about their child's sleep.

Reports of children's sleep problems are not new. Documentation from as far back as the 16th century by Thomas Phairst details sleep problems during childhood and their implications for the family. In the first English textbook of paediatrics (1545), Phairst describes 39 paediatric "maladies" (illnesses or disorders) that he believed to be particularly common in children - 4 of which were problems related to sleeping.

Sleep problems in children are not only very common, they are also often the cause of significant distress to the child and parents. They can negatively affect family life and are a source of parental concern, stress and conflict. Consequences of inadequate quantity or quality of sleep are numerous – both for the child and parents. Poor sleep can cause a variety of mood, behaviour, cognitive, and physical changes. If sleep problems persist, these changes can intensify as sleep debt accumulates (increases) over time.

Since the scientific study of children's sleep problems began in the 1980's, much information of practical value has emerged. Unfortunately, this knowledge is not sufficiently well known to the general public or by many health care professionals. The result is that many opportunities for helping parents with their child's sleep problems are missed or inadequately addressed.

Many parents are also unaware that sleep problems in their children can often be prevented or effectively treated, even in cases where the problems seem serious or persistent. In addition, a common but incorrect assumption is that not much can be done to address sleep problems in children.

Behavioural interventions for bedtime stalling and resistance, problems falling asleep independently, night wakings, early morning wakings, and daytime sleep difficulties exist. These treatments have been shown to be very effective, sometimes with surprisingly quick results, even when the problems have been long-standing in nature.

Before a treatment plan is implemented, a detailed assessment of the problem should be done to identify the underlying cause(s) and contributing factors. Although medical causes of sleep problems are uncommon, it is suggested that parents speak with their child's physician before implementing a sleep training program.

It is recommended that specific behavioural interventions be combined with principles of good sleep hygiene. This should include discussion of an age appropriate bedtime and naptime routine, falling asleep independently, nighttime feeds (if necessary or if weaning is required), safe sleep practices, recommended hours of sleep, and a well-timed sleep schedule (depending on the age of the child). As well, the rationale and specific guidelines for implementing a sleep training program should be outlined.

Sleep training programs differ from child-to-child and depend on the age of the child and the presenting problems. However, the focus of many treatment plans address bedtime routines, ways in which a child is falling asleep, and how they are being responded to at bedtime and during the night.

Sleep training methods are highly effective if both 1) an appropriate plan has been developed (e.g., the right choice of treatment is made, all factors that are contributing to the problem are addressed) and 2) the plan is carried out properly. The effectiveness of such methods should be evaluated only after such a plan is fully implemented. It is not uncommon for parents to feel that they have carried out a similar treatment plan, however with careful inquiry, the wrong choice of treatment was made, or the plan was not carried out properly.

While a common myth is that sleep problems are inevitable in the first few years of life, the fact is that good sleep habits can be encouraged from an early age and that most babies can learn to sleep well starting from a few months of age. Regardless of the age of your child, it is never too late to make positive changes!

Pleasant dreams!

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