Sleepless Nights

Good sleep is vital for a child's healthy growth and development.

Children who develop sleep problems are prone to mood disorders, anti-social behaviour, growth delays and learning problems.

Children respond positively to regular bedtimes, a comfortable and secure bedroom environment and a relaxed and happy pre-bedtime routine.

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Sleep Health
in toddlers & preschoolers

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Good sleep is vital for a child's growth, learning and development, particularly in the toddler (12 months to 3 years) and preschooler (3-5 years old) age groups.

Sleep problems are common in these age groups. They can be physical problems disturbing sleep, behavioural problems or a mixture of both.

Sleep disturbance in these age groups impacts not only the child, but also their parents and sometimes their siblings. The entire family can become sleep deprived. The flow-on effects include poor learning, abnormal moods and behaviours, damaged family relationships and elevated stress levels.

Paradoxically, sleep-deprived toddlers and preschoolers tend not to be lethargic and sleepy, but rather become hyperactive in their behaviour.

On average, a toddler should sleep 11-13 hours per 24-hour period. This includes their daytime nap. Most children stop napping some time between their third and fourth birthdays. Preschoolers, on average, sleep 10-11 hours per night. However, there is a wide range that is considered normal.

Sleep problems occur when children have trouble getting to sleep and/or have trouble staying asleep. Both of these reduce a child's sleep opportunity, resulting in sleep deprivation.

Below are some examples of common physical and behavioural sleep problems in these age groups.

NIGHT TERRORS (NT)

Sometimes called Sleep Terrors, NTs are sudden episodes of inconsolable screaming and apparent fear that usually occur about 1-2 hours into night sleep. Originally thought to be due to "devil possession", we now know that NTs are physically based. They are not psychological or behavioural. Children are asleep throughout an episode and unlike nightmares, have no memory of an episode. However, as a parent, it may be distressing as a child does not respond to reassurance, cuddles and so on (because they are not awake!). They seem distressed and in pain (though they are not). In fact, sometimes trying to help makes the NT longer and louder!

The strategies to reduce NTs include regular bedtimes, avoiding touching your child during an episode and ensuring that the bedroom environment is not too hot. Be reassured that your child is not in pain or any type of distress.

Almost all children with NTs grow out of them by school-starting age.

SNORING

Snoring on a regular basis may be a sign of Obstructive Sleep Apnea (OSA). OSA occurs when part of the upper air tube blocks oxygen flow intermittently during deep sleep. The resultant drop in oxygen levels disrupts deep sleep and results in poor sleep quality. Most often OSA in this age group is caused by enlargement of the tonsils and/or adenoids. Other symptoms to look for include mouth breathing during sleep, short pauses in breathing, gasping sounds, drooling of saliva onto the pillow, waking during the night and dry lips each morning.

Snoring and OSA often run in families and OSA is not dangerous in this age group.

As a parent, it is difficult to determine whether a child has simple snoring which doesn't need treatment or OSA which definitely does require fixing.

So, if your child snores regularly, bring them along to the Woolcock Paediatric Sleep Clinic for expert assessment by one of our paediatric sleep specialists. Sleep Studies, known as polysomnograms (PSGs), are often helpful in the diagnosis of OSA. Treatment options for children with OSA include medical therapy or surgical removal of adenoids and/or tonsils.

PROBLEMS GETTING TO SLEEP AND STAYING ASLEEP

Most self-respecting toddlers and preschoolers, if given a choice, would prefer to sleep cuddled up with their parents rather than alone. For children who sleep well, this is not a big issue, but for those who have some trouble getting off to sleep the need for a parent to stay nearby is often strong. Such trouble with sleep is classified under the broad umbrella of insomnia. Insomnia often has both physical and behavioural components at its core. It is strongly genetic and most often at least one parent has a history of insomnia.

Most young children with insomnia develop what we call "sleep onset dependencies" – that is, they can only get to sleep at bedtime with the aid of a nearby parent, a drink of milk, cuddles and so on. So when these children wake during the night, they need the same bedtime dependencies in order to get back to sleep. Many end up co-sleeping with parents which may sleep deprive the entire family.

Many such young children do not know that they can get to sleep without dependencies simply because they have never done it alone.

The key treatment of insomnia is to gradually reduce dependencies in order to achieve what we call "independent sleep". There are no good drug treatments for insomnia.

At the Woolcock Paediatric Sleep Clinic, our doctors can design specific therapies, help with the timing of treatment and support parents and children through the process.

THE WOOLCOCK IS HERE TO HELP

We can help with many other sleep problems including sleepwalking, sleep talking, bruxism (teeth grinding), early morning waking, nightmares, nap scheduling, head banging, body rocking, partial confused arousals (momentary waking with confusion) and circadian (body clock) abnormalities.

Essentially, if your child has any sort of sleep problem that is concerning you or them, ask your family doctor for a referral and come along to our clinic.

Most sleep problems can be treated and either cured or managed by a doctor or sleep specialist.

To find out more, go to www.woolcock.org.au/clinic.