

### Infection prevention & control message

Please keeping your hands clean:

- Use the hand sanitiser where available.
- Wash your hands well at every opportunity



**Buckinghamshire Healthcare**  
NHS Trust

## Where are we?

We are based at the following addresses:

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# Positive Thinking about Sleep Management in Children

## Patient information leaflet

If you require a translation or an alternative format  
of this leaflet please call the Community Nurses  
Team on 01296 566016

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# Introduction

## Getting enough sleep

Getting enough sleep is essential for our physical, emotional and mental well-being. Sleep deprivation can affect our attention, concentration, memory, behaviour, makes us feel anxious, irritable, overactive, aggressive and depressed. Looking after your child who has a sleep problem can be exhausting and have a significant impact on them and your whole family. Your Community Nurse is there to help you through this by:

## Assessing your child's sleep pattern :

This helps us identify reasons for the problem and agree some appropriate strategies for you to try.

## We use:

- a sleep history - a detailed assessment which we complete with parents/carers to establish what the problem is, how long it has been going on and present management.
- a sleep diary - completed by parents/cares over a short period of time to provide an accurate picture of your child's present sleep pattern. This can also be used to identify positive changes.

If you require more information or advice and your child has a learning disability, ask a professional who knows you to refer to the Community nurses team children with a learning disability. For contact details please see the back page of this booklet.



## Average amount of sleep children need:

1 - 2 years old - 13 hours

2 - 5 years old - 11 hours

5 - 9 years old - 10 ½ hours

10 -14 years old - 10 hours

14 -18 years old - 8 ½ hours

Research shows children and young people with 'additional needs' are more likely to have problems with sleep because of:

- physical discomfort
- medical reasons
- sensory issues
- inability to settle themselves
- behavioural problems
- frequent stays in hospital

## Getting enough sleep

### 3 stages of sleep:

- **NREM** - transition from waking to sleeping. This starts with falling into a light sleep, then moving to a deep sleep where it is difficult to wake.

**REM** - active dream sleep phase where our eyes move rapidly whilst we sleep. REM sleep is crucial for memory and learning.

**Partial waking** - following REM sleep we wake and fall back into NREM sleep. This is when some children may wake fully.

We move through these stages several times throughout the night.

## Bedtime Routines

- ✓ Are important because they help your child to 'wind down' and know what is expected.
- ✓ Should be short, e.g. around 20 - 30 minutes.
- ✓ The activities should be relaxing to prepare your child that it is time to go to bed.
- ✓ Should have a definite end point so your child can associate this with falling asleep, e.g. 'time to go to sleep', 'Good night.'

## Good sleep habits:

- ✓ Establish a good and regular bedtime and routine.
- ✓ Eat a balanced diet. Limit fat and sugar intake and avoid additives.

## Resources

### Cerebra

Cerebra is a UK charity working with children with brain conditions and learning disabilities. They have a team of sleep practitioners who can offer help and advice on sleep issues. This includes 1:1 advice over the phone on your child's specific sleep problem as well as sleep workshops for parent groups. Their site has a number of downloadable guides and cards available:

<https://www.cerebra.org.uk>

### The Sleep Council

The Sleep Council is an impartial, advisory organisation that promotes the importance of good sleep in all ages. They provide helpful advice, leaflets and tips on how to improve sleep quality and create the perfect sleep environment:

<https://www.sleepcouncil.org.uk/>

## Fading:

- Put your child to bed at the time they fall asleep, so they go to sleep more easily.
- Gradually move the time of bedtime back by e.g. 5,10,15 minutes until you reach the time you want them to be going to sleep.

**Melatonin** is a hormone that occurs naturally in our bodies, It is produced at night to help us sleep.

- Darkness helps promote the production of Melatonin. To help wake your child in the mornings, open the curtains or turn a light on 30-60 minutes before you want them to get up,
- A medication form of Melatonin can be prescribed for children who have difficulty settling to sleep.
- Children with visual impairment, autism, ADHD may also benefit from taking Melatonin but you will need to discuss this further with your GP or Paediatrician.

✓ Ensure your child has plenty of exercise during the day. This can help children sleep but if they exercise too close to their bedtime, they may find it harder to sleep.

✓ Try to phase out day time naps as your child reaches their 3<sup>rd</sup> birthday.

## Establishing a good bedtime routine:

✓ Choose a time when life is settled. Holidays are not the best time.

✓ Your child may resist the routine initially as it is new, so their sleep pattern may worsen.

✓ Try the routine for at least 2 weeks.

✓ Be realistic about what can be achieved. Make small, feasible changes.

✓ Be consistent.

## Communication Strategies:

### Examples of activities for your child:

- ✓ Have a bath at least 30 minutes before bedtime to regulate their body temperature. If baths are over stimulating or stressful for your child, they should be avoided.
- ✓ Hand/eye coordination activities can be relaxing, e.g. puzzles, colouring.
- ✓ Having a milky drink, yoghurt. Calcium based foods can help sleep.
- ✓ Reading a story/listening to a story, either from a book or CD, for a set length of time.
- ✓ Hugs and kisses with a clear boundary for how long they will last.

### Things to avoid:

- ✗ Drinks/foods containing caffeine, e.g. coffee, tea, coke, chocolate.
- ✗ Some squashes can act as a diuretic, e.g. blackcurrant. If your child is urinating frequently you may want to change the squash they have.

## Night Waking:

- If your child is used to falling asleep with you, try increasing your distance or gradual extinction.
- Weighted blankets, particularly for children with autism, (seek advice from an Occupational Therapist),
- They may kick their bedding off and wake because they are cold/hot. Try a sleeping bag, tucking their duvet/sheets around them, having a double duvet, sleep suits.
- If your child gets out of bed, take them back with minimal interaction.
- Try to avoid taking them to the toilet/going downstairs/giving them a drink, as they may learn to expect this each time they wake.
- Use a lamp/timer to indicate when it is OK for your child to get up.
- Move their bedtime to later. Some children do not need as much sleep as others.
- If your child wakes at the same time each night, stir them 30 minutes before, (do not wake them fully) and let them go back to sleep. Continue this every night until they sleep right through and then try a night where you do not wake them.

## Strategies to enable sleep

### Reward good bedtime behaviour:

- With rewards that are immediate and motivating, e.g. verbal praise, signs, pictures, reward charts, hugs.
- Keep rewards consistent until the behaviour is well-established.
- Ignore the behaviour you do not want.
- Try to stay positive.

### Increasing your distance:

- Sit beside your child when they are in bed. Do not interact with them. Stay with them until they fall asleep.
- Gradually increase the distance between you and your child each night until you are able to leave the room.

### Gradual extinction:

- If your child cries or throws a tantrum when left, leave them for a set amount of time e.g. 3 minutes.
- Go in, check they are alright, put them back into bed, say it is time to go to sleep and leave.
- Gradually increase the time you leave them for or have a set time e.g. go in every 20 minutes.

✗ Stimulating activities, e.g. television, computers, mobile phones, I-pads, for an hour before bedtime.

✗ Bringing your child back to the living area once their bedtime routine has finished or allowing them to fall asleep elsewhere and then transfer them to their bed.

✗ Sending them to their bedroom as a punishment. It needs to be a calm and happy place for your child to feel relaxed in.

## Factors affecting Sleep

### Physical factors:

- Could your child be hungry/thirsty/have a full stomach? They could have a snack mid-afternoon and their evening meal moved later.
- Day and night. Some children need help to learn when it is day time and time to sleep. A day/night light or clock can help.
- Pain - this can be discussed with your doctor. Sleep systems can help with postural management.

## Environmental factors:

- Ideally room temperature should be between 16-20 degrees.
- Noises inside or outside, e.g. boiler, busy road. Children with sensory issues, e.g. autism, can be particularly sensitive to noise.
- Light - having a street lamp outside, is the room dark enough? Black out blinds can help.
- Too many toys in their bedroom can be over stimulating before bedtime or if they wake during the night.
- Is their bed comfortable?

## Medical factors:

- Medication - ask your doctor if any of the medication your child is taking can impact sleep. If they have it during their sleep this may disturb them.
- Asthma, eczema, epilepsy, diabetes
- Chronic illness leading to stays in hospital where the environment is busy and well lit.

## Obstructive Sleep Apnoea (OSA):

- Children with Down Syndrome are prone to OSA. Signs are: loud snoring, coughing, choking noises, restless sleep, sleeping with head tipped back, unusual sleeping positions, repeatedly interrupted breathing, excessive sweating and possibly bed wetting.

- Sleep studies help to diagnose and establish the severity of the problem.
- OSA can affect a child during the day by excessive sleepiness, behaviour changes, impaired concentration and poor memory.

## Anxieties

- Afraid of the dark or do not feel relaxed in their bedroom. Night lights can help.
- Worried when sleeping in new environments, (particularly children with autism). Taking familiar things with you when you go away can help.
- Have nightmares so worry about falling asleep.
- Feeling anxious about something that has happened/going to happen. Where appropriate talk to your child about this.
- Do not want to be left on their own. You could try keeping their bedroom door open.
- Need a comforter or non-stimulating toy, e.g. a teddy, an item of your clothing, a recording of your voice, a photograph
- Need relaxing music, aromatherapy oils or massage to help them relax. (Please seek expert advice before using oils.)
- Try to stay as calm as possible.