

Sleep Problems In Children

ALMOST all children, sooner or later, present some sleep problem. The most common age at which sleep problems begin is nine to 12 months, but parents may be worried by a baby's lack of sleep long before then.

1. Lack of appreciation of the normal variations :

From birth onwards, children differ widely in their sleep requirements. Premature babies sleep the large part of the day and the night. The amount of sleep, in the case of the full term baby, depends on a variety of factors—his maturity and to some extent bound up with that his intelligence and his personality. The more mature baby sleeps less than the less mature one. There is some association between maturity and intelligence—in general, the more intelligent child needing less sleep than the less intelligent one. There are many exceptions to this but it is obvious to all that the mentally subnormal baby sleeps a great deal more than the normal child of the same age. Personality and constitutional factors are important; many fat, placid children sleep much more than thin, active, wiry types. And so it is in later months; some need much more sleep than others. Perhaps, to some extent, the amount of sleep needed depends on habit.

2. Parental anxiety about the child: Many mothers are constantly worried as to whether their child is getting enough sleep. They do not know that in fact nearly all children do get all the sleep they require—especially babies. It is true that the older child who has too little sleep is apt to be irritable and bad-tempered the next day but babies and young children almost always sleep as much as they need.

Mothers may be concerned about the child for many reasons; perhaps because he is the only one they have, because he is of the desired sex, because he is handicapped—physically or mentally—because he was prematurely born, or delicate, or had a serious illness or because the husband has died.

Mothers are often worried not only about the quantity of their child's sleep, but about its quality. They complain that the child is "restless" in his sleep, turning over frequently. This is of no importance whatsoever.

3. The child's love for his mother : The child who screams when put to bed or calls out for his mother at night is not being naughty. He loves his mother and wants her with him.

4. Habit formation : The wise mother, in the early weeks picks her baby up when he cries and

gives him the comfort which he needs. But when he is older, it is easy to create a bad habit by picking the baby up when he cries as he is put to bed, or by picking him up later in the evening or night whenever he cries. The principal age at which serious sleep problems begin is about nine months. Then the baby discovers that as soon as he cries out, he will be picked up, and probably taken into the sitting room. Later in the evening he finds that if he cries he will be taken into his parent's bed. Or else he finds that if he is awkward about going to sleep, his mother will sit with him, read to him, play games with him or even lie at his side. He is delighted with this and demands it every night. Obviously, it pays him to scream, and if he has any sense, he will do so. It is far better not to start these bad habits. It is difficult to break them once started and firmly established.

Many older children are given a warm drink whenever they call out in the evening—which is therefore every night. It is unwise to start this habit.

The habit in the toddler or young child will have to be broken, in the interests not only of the child, but of the parents. When it is firmly established, the habit is best broken by chloral in suitable dosage given half an hour before he goes to bed. Sufficient is given to make him so sleepy that he cannot stay awake if he tries. It should only be given for a week, long enough to break the habit. There is no place for drugs otherwise. Barbiturates should never be given for the purpose. The regular administration of drugs is an admission of failure; they are apt to be prescribed by the doctor as a substitute for counselling for giving time to discuss the problem with the parents.

Otherwise the child must be left to cry. He should certainly be seen immediately if he emits a sudden, high-pitched shriek. He may have had a nightmare or have been sick or be ill. (Some babies have the annoying habit of making themselves sick if they are left to cry.) He must otherwise be left to discover that he will gain nothing from crying; he will then stop. The problem is not an easy one if there is an unkind neighbour or mother-in-law who complains as soon as the baby cries; the mother has to try to make him go to sleep, and so he stops awake.

5. The ego and negativism : From six months or so, children begin to assert their individuality. They love to create a fuss and attract attention. If they can get the whole house revolving around their going to sleep, they will love it. From about 12 months, all children are nonconformists, in the stage of negativism, and determined efforts to make the child go to sleep, eat, use the pottie or do anything else will inevitably lead to the opposite of the effect desired. It is particularly stupid to say "go to sleep like a good little boy", or to have a fight with him when he leaps up like a jack-in-the-box as soon as he is laid down. He will love it.

6. **Disturbance of sleep prevention of sleep :** Many mothers just will not give their child a chance to go to sleep. They repeatedly go and visit him to see if he is still breathing, and the child soon comes to know that if he stays awake, he can expect a visit from his mother. There is no need for the mother to keep visiting the child. Whenever a mother complains that her child is restless in his sleep, I always ask "How do you know?" The wise mother says good night to the child after tucking him in and does not see him again until the morning, unless he screams with a nightmare or other trouble.

Babies sleep less deeply as they mature. Hence, after they have stopped demanding a night feed (usually by 10 weeks), they should be in their own room, if possible—certainly not at their parents' side. If they share the parent's room, they are readily awakened by their parents' snores, coughs, arguments or other activities. Furthermore, if they awaken, they know that their parents are there, and demand attention.

Sleep may be disturbed or prevented by teething, by excessive heat or cold, by an itch, a loud noise, hunger or colic. It is convenient to blame teething for one's baby's bad behaviour when friends visit, but most crying ascribed to teething is in fact due to bad habit formation, as described above. Excess heat or cold or an itching skin condition, may certainly awaken a child. There is no excuse for allowing the child to be too hot or cold, and hunger is easily prevented and remedied. Evening colic is a problem of the first three months only. If the diagnosis is correct, it will be prevented by a teaspoonful of dicyclomine hydrochloride syrup (Merbentyl) before the early evening feed.

Older children may stay awake because of insecurity, some worry at home or school, or because of fear of the dark, of shadows cast on the wall or of the curtains billowing in the wind. A night-light should then be provided.

7. **Insufficient fatigue :** Mothers commonly enjoy a welcome rest from the toddler when he sleeps from 2 p.m. to 5 p.m., and then expect him to go to sleep for the night when put to bed at 6 p.m. It is not reasonable to expect a child to go to sleep unless he is really tired. It is because of this that there can be no rigid bed-time. It must depend on the child's personality, sleep needs, afternoon nap, amount of activity and other variables.

8. **Excessive fatigue :** If a child goes to bed too tired, he may sleep badly, or awaken after a short nap and cry out. It pays to put such a child to bed earlier.

9. **Lack of discipline :** One cannot expect to teach much discipline in the first two years and only a little by the third birthday. Thereafter, if the child is of average intelligence, he can be brought to understand in no uncertain way that he must not call out for his parents during the evening or night unless he is ill, and that if he awakens early in the morning, he must not awaken his parents.

10. **Variations in sleep rhythm :** The really troublesome and common problem is the early morning awakening. Many a toddler awakens at 5 a.m. and thinks that the day had begun. He walks in to see his parents, and cannot understand why they are not as pleased to see him as he is to see them. There is nothing that can be done about this until he is old enough to understand that he must not disturb his parents when he awakens.

11. **Nightmares, sleep walking, sleep talking :** Most children have an occasional nightmare, especially after a late meal, or when starting with an infection or when awakened by a loud noise. Frequent nightmares every night are usually related to insecurity. Sleep walking may follow a late meal and is often a family characteristic. Sleep walkers rarely hurt themselves. Sleep talking is of no importance.

Conclusion

It is important to be fully aware of the many causes of sleep disturbance, in order that appropriate treatment can be arranged. Bad habit formation is the most common cause, and doctors and nurses can do much to prevent it by giving the relevant advice. A long-established sleep problem is difficult to treat. It is much better not to allow such a problem to develop, and wise management can prevent such problems.

(Courtesy Nursing Mirror)



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