

Sleep Problems

A number of sleep problems occur in small children. The two major categories are the **dyssomnias**: the child has trouble either falling or staying asleep at night or has difficulty staying awake during the day. The second category, **parasomnias**, is characterized as confusional arousals, sleepwalking, sleep terrors, nightmares, and rhythmic movement disorders. These typically occur in children 3 to 13 years old and often spontaneously resolve in adolescence (Carter, Hathaway, and Lettieri, 2014). This discussion focuses on minor sleep issues in infants, such as refusal to go to sleep and frequent waking during the night (Table 10-1). Other sleep disturbances, such as obstructive sleep and sleep terrors, are discussed in Chapters 12 and 21.

TABLE 10-1
Selected Sleep Disturbances During Infancy and Early Childhood

Disorder and Description	Management
Nighttime Feeding	
Child has a prolonged need for middle-of-night bottle or breastfeeding. Child goes to sleep at breast or with a bottle. Awakenings are frequent (may be hourly). Child returns to sleep after feeding; other comfort measures (e.g., rocking or holding) are usually ineffective.	Increase daytime feeding intervals to 4 hours or more (may need to be done gradually). Offer last feeding as late as possible at night; may need to gradually reduce amount of formula or length of breastfeeding. Offer no bottles in bed. Put to bed awake. When child is crying, check at progressively longer intervals each night; reassure child but do not hold, rock, take to parent's bed, or give bottle or pacifier.
Developmental Nighttime Crying	
Child 6 to 12 months old with undisturbed nighttime sleep now wakes abruptly; may be accompanied by nightmares.	Reassure parents that this phase is temporary. Enter room immediately to check on child but keep reassurances brief. Avoid feeding, rocking, taking to parent's bed, or any other routine that may initiate trained nighttime crying.
Refusal to Go to Sleep	
Child resists bedtime and comes out of room repeatedly. Nighttime sleep may be continuous, but frequent awakenings and refusal to return to sleep may occur and become a problem if parent allows child to deviate from usual sleep pattern.	Evaluate if hour of sleep is too early (child may resist sleep if not tired). Assist parents in establishing consistent before-bedtime routine and enforcing consistent limits regarding child's bedtime behavior. If child persists in leaving bedroom, close