

	door for progressively longer periods. Use reward system with child to provide motivation.
<b>Trained Nighttime Crying (Inappropriate Sleep Associations)</b>	
Child typically falls asleep in place other than own bed (e.g., rocking chair or parent's bed) and is brought to own bed while asleep; on awakening, cries until usual routine is instituted (e.g., rocking).	Put child in own bed when awake. If possible, arrange sleeping area separate from other family members. When child is crying, check at progressively longer intervals each night; reassure child but do not resume usual routine.
<b>Nighttime Fears</b>	
Child resists going to bed or wakes during the night because of fears. Child seeks parent's physical presence and falls asleep easily with parent nearby unless fear is overwhelming.	Evaluate if hour of sleep is too early (child may fantasize when nothing to do but think in dark room). Calmly reassure the frightened child; keeping a night light on may be helpful. Use reward system with child to provide motivation to deal with fears. Avoid patterns that can lead to additional problems (e.g., sleeping with child or taking child to parent's room). If child's fear is overwhelming, consider desensitization (e.g., progressively spending longer periods of time alone; consult professional help for protracted fears). Distinguish between nightmares and sleep terrors (confused partial arousals).

Modified from Ferber R: Behavioral "insomnia" in the child, *Psychiatr Clin North Am* 10(4):641-653, 1987.

Concerns regarding sleep are common during infancy. Sometimes these concerns are as basic as parents' questioning whether the infant needs additional sleep. In this case, it is best to investigate the reason for their concern, stressing the individual needs of each child. Infants who are active during wakeful periods and growing normally are sleeping a sufficient amount of time.

Sleep problems in infants have been positively correlated with higher maternal depression scores ([Gress-Smith, Luecken, Lemery-Chalfant, et al, 2012](#); [Muscat, Obst, Cockshaw, et al, 2014](#)). Therefore, nurses must discuss infant sleep problems with the mother (and family) in addition to other developmental aspects of newborn care.

When a sleeping problem is presented, a careful assessment is essential. Charting sleep habits both before and after interventions is also an important strategy. Questions regarding the frequency and duration of waking, the usual bedtime routine, the number of nighttime feedings, the perceived problem (e.g., how much