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Bedtime habits for infants and children

Sleep patterns are often learned as children. When these patterns are repeated, they become habits. Helping your child learn good bedtime habits may help make going to bed a pleasant routine for you and your child.

Information

YOUR NEW BABY (LESS THAN 2 MONTHS) AND SLEEP

At first, your new baby is on a 24-hour feeding and sleep-wake cycle. Newborns may sleep between 14 and 17 hours a day. They stay awake only 1 to 3 hours at a time.

Signs that your baby is becoming sleepy include:

- Crying
- Eye rubbing
- Fussiness

Try putting your baby to bed sleepy, but not yet asleep.

To encourage your newborn to sleep more at night rather than during the day:

- Expose your newborn to light and noise during the daytime
- As evening or bedtime approaches, dim the lights, keep things quiet, and reduce the amount of activity around your baby
- When your baby wakes up at night to eat, keep the room dark and quiet.

Sleeping with a baby younger than 12 months may increase the risk for sudden infant death syndrome (SIDS).

YOUR INFANT (3 TO 12 MONTHS) AND SLEEP

By age 4 months, your child might sleep for up to 8 to 9 hours at a time. Between ages 6 and 9 months, most children will sleep for 10 to 12 hours. During the first year of life, it is common for babies to take 1 to 4 naps a day, each lasting 30 minutes to 2 hours.

When putting an infant to bed, make the bedtime routine consistent and pleasant.

- Give the last nighttime feeding shortly before putting the baby to bed. Never put your baby to bed with a bottle, as it can cause baby bottle tooth decay.
- Spend quiet time with your child by rocking, walking, or simple cuddling.
- Put your child in bed before they are deeply asleep. This will teach your child to go to sleep on their own.

Your baby may cry when you lay them in their bed, because they fear being away from you. This is called separation anxiety. Simply go in, speak in a calm voice, and rub your baby's back or head. Don't take your baby out of the bed. Once they have calmed down, leave the room. Your child will soon learn that you are simply in another room.

If your baby awakens in the night for feeding, don't turn on the lights.

- Keep the room dark and quiet. Use night lights, if needed.
- Keep the feeding as brief and low-key as possible. Don't entertain your baby.
- When your baby has been fed, burped, and calmed, return them to bed. If you maintain this routine, your baby will become used to it and go to sleep on their own.

By age 9 months, if not sooner, most infants are able to sleep for at least 8 to 10 hours without needing a nighttime feeding. Infants will still wake up during the night. However, over time, your infant will learn to self-soothe and fall back asleep.

Sleeping with a baby younger than 12 months of age may increase the risk for SIDS.

YOUR TODDLER (1 TO 3 YEARS) AND SLEEP:

A toddler will most often sleep for 11 to 14 hours a day. By around 18 months, children only need one nap each day. The nap should not be close to bedtime.

Make the bedtime routine pleasant and predictable.

- Keep activities such as taking a bath, brushing teeth, reading stories, saying prayers, and so forth in the same order every night.
- Choose activities that are calming, such as taking a bath, reading, or giving a gentle massage.
- Keep the routine to a set amount of time each night. Give your child a warning when it is almost time for lights-out and sleep.
- A stuffed animal or special blanket may give your child some security after the lights are turned out.
- Before you turn out the light, ask if your child needs anything else. Meeting a simple request is OK. Once the door has been closed, it is best to ignore further requests.

Some other tips are:

- Establish a rule that your child cannot leave the bedroom.
- If your child starts screaming, shut the door to their bedroom and say, "I am sorry, but I have to shut your door. I will open it when you are quiet."
- If your child comes out of their room, avoid lecturing them. Using good eye contact, tell your child that you will open the door again when they are in bed. If your child says they are in bed, open the door.

- If your child tries to climb into your bed at night, unless they are afraid, return them to their bed as soon as you discover their presence. Avoid lectures or sweet conversation. If your child simply cannot sleep, tell them they may read or look at books in their room, but they are not to disturb other people in the family.

Praise your child for learning to self-soothe and fall asleep alone.

Remember that bedtime habits can be disrupted by changes or stresses, such as moving to a new home or gaining a new brother or sister. It may take time to reestablish previous bedtime practices.

Alternative Names

Infants - bedtime habits; Children - bedtime habits; Sleep - bedtime habits; Well child care - bedtime habits

References

Mindell JA, Williamson AA. Benefits of a bedtime routine in young children: sleep, development, and beyond. *Sleep Med Rev*. 2018;40:93-108. PMID: 29195725
pubmed.ncbi.nlm.nih.gov/29195725/ [https://pubmed.ncbi.nlm.nih.gov/29195725/].

Owens JA, Gueye-Ndiaye S. Sleep medicine. In: Kliegman RM, St. Geme JW, Blum NJ, et al, eds. *Nelson Textbook of Pediatrics*. 22nd ed. Philadelphia, PA: Elsevier; 2025:chap 31.

Sheldon SH. Development of sleep in infants and children. In: Sheldon SH, Kryger M, Gozal D, Canapari C, Oyegbile-Chidi TO, eds. *Principles and Practice of Pediatric Sleep Medicine*. 3rd ed. Philadelphia, PA: Elsevier; 2025:chap 2.

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