

Childhood Insomnia and Sleep Problems

Do your kids frequently wake you up at night because they can't sleep? Are they restless around bedtime? With these tips, you can help your kids fall and stay asleep (and get some relief yourself!).



Understanding sleep problems in children

If you reflect back on your own childhood, you probably can remember times when you felt frustrated about having a bedtime, woke up in the night, or tossed and turned to no avail. Indeed, sleep problems are common among young children. Some children may not feel tired at their designated bedtime, have trouble falling asleep without a caregiver present, or experience sleepwalking. While it's frustrating to deal with a fussy toddler or rush around in the morning because your child struggles to wake up, help is available. Many sleep

problems are linked to bedtime habits and daytime behavior that you can work with your child to change. The good news is, with a little patience and discipline, you can get them on track to more restful nights.

How much sleep do children need?

Before you determine if your child has a sleep problem or disorder, it will help to understand children's unique sleep needs. To function at their best, children and teens typically need more sleep than adults. The chart below outlines the recommended hours that developing kids should spend in slumber.

How many hours of sleep do kids need?

Age group	Recommended sleep time
Infants (4 to 12 months)	12 to 16 hours (including naps)
Toddlers (1 to 2 years)	11 to 14 hours (including naps)
Children (3 to 5 years)	10 to 13 hours (including naps)
Children (6 to 12 years)	9 to 12 hours
Teens (13 to 18 years)	8 to 12 hours

Signs that your child isn't getting enough sleep

Children, just like adults, have trouble controlling their moods when they're sleep deprived. Sleep, or lack thereof, affects much of our behavior and state of mind. Sometimes the symptoms of insufficient sleep can even mimic those of ADHD. Ask yourself, does your child:

- Often seem cranky, irritable, or over-emotional?
- Have trouble concentrating at school or at home? Has a teacher informed you of this problem?
- Fall asleep while riding in the car?
- Appear to have trouble following conversations? Do they seem to "space out" a lot?
- Have trouble waking up or fall back asleep after you've gotten them up for the day?
- Often "crash" much earlier than their regular bedtime?

If this sounds like your child, you may have a troubled sleeper on your hands. Sleep problems in children are often not cause for concern. Just like you have to teach them how to eat and use the toilet, you also need to train young children how to get proper rest. If your child wakes up often in the night, or has trouble settling down, it could mean they're

struggling with insomnia, one of the biggest sleep issues among kids.

Insomnia in children

[Insomnia](#) is the inability to fall asleep or stay asleep at night, resulting in unrefreshing or non-restorative sleep. Often, the issue resolves itself over time. But if the incidents occur more than three times per week, continue for at least three months, and significantly impair daytime functioning (for both the child and the parent), it may point to a sleep disorder. If children can't sleep, it's usually a result of daytime habits or how they spend their time right before bed. Younger children usually can't make this connection, so you'll have to act as their sleep detective. Here are some reasons why your child can't fall or stay asleep:

- **Stress.** Yes, they are young, but children also experience stress. Ask them how school is going and how things are with their friends. Is someone [bullying](#) them? Also consider any changes to their living environment. Sleep disturbances could result from parents' [marital problems](#), the arrival of a new baby, or a change in sleeping arrangements that now require a child to share a bedroom with a sibling, parent, or grandparent.
- **Caffeine.** Many sodas and energy drinks contain caffeine, so limit your child's consumption past lunchtime. Better yet, try to cut out these [types of drinks](#) as much as possible.
- **Side effects of medications.** Some drugs, such as those used to treat attention deficit hyperactivity disorder (ADHD) and antidepressants, also cause insomnia.
- **Other medical issues.** Sometimes insomnia is linked to another medical issue. It could be sleep related, such as [sleep apnea](#) or [restless leg syndrome](#), or perhaps it's triggered by a stuffy nose from allergies, growing pains, or itchy skin from eczema. Make sure your child is receiving regular health exams to identify any issues that could interfere with sleep.

Bedtime rituals that support better sleep

Other reasons for your child's insomnia might lie with their bedtime routine. Do you have any rituals such as rocking, feeding or holding your child until they fall asleep? If so, they may have learned to associate sleep only with these actions. Don't stop your nightly routine; instead, try putting your child to bed while they are drowsy but still awake. After a while, they will stop associating the onset of sleep with being held or rocked.

Does your child resist going to bed or insist that they're not tired around bedtime? If so, ask

yourself whether you consistently set and enforce a regular bedtime. If you're not sure, it might help to start writing down the time you start preparing your child for bed.

Setting the mood

To get your child ready for sleep, start establishing a relaxing, pre-bedtime routine. This should last about 20-45 minutes and include three to four soothing activities. One example could be having your child take a bath, reading them a story, and singing a lullaby. Make sure the routine doesn't involve television, a smartphone, or other electronics. The blue light emitted from these devices disrupts the body's sleep/wake cycle and makes it more difficult to fall asleep. If your child connects certain behavior with bed at a consistent time, it will prepare their body and mind for rest. Set a pattern where you're not in the room when they fall asleep, so they don't associate your presence with the onset of sleep.

Enforcing the limits

If you start establishing a routine where previously there was none, don't be surprised if your child resists. Rather than leaving your child to "cry it out", however, you can gradually wean them of your presence. This way your child will learn to soothe themselves rather than always relying on you. If your kid has trouble falling asleep when you're not in the room, wait progressively longer before checking on them. If they're still awake, reassure them, but don't stay longer than a couple of minutes. You can give them a hug or a kiss to comfort them but try to keep contact brief rather than prolonged. If the child is old enough to climb out of bed, try closing the door or tell them that you'll check on them only if they remain in bed. Avoid giving them too much attention when they complain about going to bed or other resistant behavior.

Positive reinforcement

For older children, preschool aged and up, setting up a reward system, like a sticker chart, might provide an incentive for good sleep behavior. It's most effective if they can earn a small reward immediately, like a sticker first thing in the morning. More frequent smaller rewards also generally encourage better results than fewer larger ones. Goals must be attainable, with more challenging benchmarks implemented over time. For example, you might start giving a child a sticker just for sleeping in their own bed all night, even if it takes several attempts to get them settled in.

Insomnia caused by too much “time in bed.”

While this isn't a formal type of insomnia, you may find that the sleep time you allot for your child exceeds their need for rest. In these cases, your child could fight bedtime, wake up in the night or early in the morning. To find an ideal bedtime, pay attention to when your child starts to become drowsy in the evening. That's the time they should be going to bed, so start their bedtime routine around 45 minutes before. If they're awake much longer, they may start to get a second wind, and then become more difficult to handle.

Building daytime habits that support nighttime rest

In some cases, a child's inability to fall and stay asleep is related to daytime behavior. This is mostly the case with adolescents and teens. Setting good lifestyle habits help ensure a restful night at any age.

- **Make sure your child uses the bed only for sleep.** Does your child do homework or use the computer in bed? Try to encourage them use the bed only for sleep or a pre-bedtime ritual (reading a book, for example). Otherwise, the brain will subconsciously start to associate the bed with other activities.
- **Try to keep the same sleep schedule, even on weekends.** This will make it easier for your child to wake up and fall asleep naturally. Adolescents should not need to sleep much more than an hour past their usual wakeup time on the weekends. If they do, this indicates that they aren't getting enough sleep during the week.
- **Keep your child from going to bed too hungry or full.** A light snack (such as warm milk and a banana) before bed is a good idea. However, heavy meals within an hour or two of bedtime may keep kids awake.
- **Avoid giving kids caffeinated products, especially in the afternoon or evening.** These include soda, coffee, tea, or chocolate. Some chamomile tea, however, could help the body relax.
- **Encourage an active lifestyle.** Regular exercise prevents restlessness at night. An hour every day is the recommended amount. However, try to keep your kids from vigorous activity within three hours of bedtime.
- **Make sure the room is comfortable.** Is the room quiet? If a child is afraid of the dark, a low-level nightlight is acceptable. Most people sleep best in a slightly cool room (around 65 degrees). Make sure your child's bed is not overloaded with toys, as that can become distracting at bedtime. One or two is fine.
- **Don't use your child's bedroom for time-out.** They will learn to associate it with

punishment rather than rest and relaxation.

- **Encourage natural light exposure first thing in the morning.** Opening a window helps us wake up and signifies the start of the day.
- **Pay attention to napping.** Children typically need at least four hours between sleep periods before they are tired enough to doze off again. Although nap needs may vary, make sure your child is not asleep for too long or too close to bedtime.
- **Set limits with electronics.** Teens and children won't feel the temptation to use their devices during sleep hours if they are stored outside the bedroom. This includes phones, tablets, television, video games, and computers.
- **Spend quality time together.** Some kids want to stay up later because they're craving more attention from their parents. If both parents work during the day, evenings are when they're available. Even just asking kids about their friends or interests can go a long way. For babies, spend a few minutes singing to them, making eye contact, or interacting in a gentle way as they wind down for the night.

Daytime habits contribute to other sleep issues besides insomnia. Nightmares, night terrors, sleepwalking and bedwetting are other sleep problems that kids often struggle with. The good news is, most grow out of them or they resolve themselves with time. Although children have no control over the incidents as they're happening, they can cause distress and make kids feel scared to go to bed. Here are some ways to deal with these other obstacles to restorative sleep.

Nightmares

When kids get to preschool age, fear of the dark tends to set in, and so do more frequent nightmares. Many kids have vivid imaginations, so make sure they avoid scary or intense TV shows or stories before bed. Like in adults, issues and feelings that kids are working through manifest themselves in dreams. Has anything changed in your child's life? Has the family moved recently? Have they started a new school or gotten a new sibling? Talking to your child about these changes will help them process the new events and hopefully reduce some uncertainty.

If your child wakes you up after a nightmare, reassure them that it's not real. Use your imagination. You can use "fairy dust" to get rid of monsters or wave a magic wand to scare away any ghosts. Putting a night light in their room may help comfort them and take away some of the fear of the dark. Don't dwell too much on the scary dream, just focus on getting your child ready for sleep again.

Night terrors

The first time you see your child having a night terror, you might feel unsettled. However, unlike nightmares, kids have no idea that it's happening. Having night terrors usually doesn't mean your child has a serious psychological issue or medical problem, so don't worry. More likely, night terrors are a byproduct of stress, lack of sleep, new medication, or changes in the sleep environment, all of which are adjustable.

Symptoms of night terrors

- Thrashing around in bed, kicking covers off
- Screaming in distress
- Breathing heavily and a high heart rate
- Sweating
- Sitting upright in bed
- Moving around the house (night terrors can happen in conjunction with sleepwalking).

Since attempting to wake the child might cause them more distress, gently guide them back to bed or wait out the night terror until they fall back asleep. You can reassure them with a pat on the back or by squeezing their hand. Although not usually lasting for more than a few minutes, some episodes can last up to 45 minutes. If your child moves around during a sleep terror, make sure doors leading outside the home are locked and place a safety gate at the top of the stairs. Also remove any dangerous or breakable objects from the immediate vicinity.

Preventing night terrors

Unfortunately, there is no real "cure" for night terrors. Taking preventive measures is the best course of action. Does your child seem stressed for any reason? If so, work with them to identify their triggers and reduce any tension in their life. If you haven't already, start implementing a bedtime routine that encourages relaxation. Make sure your child is getting enough sleep and avoiding drinks with caffeine late in the afternoon. If you notice the incidents taking place around the same time every night, try waking them up about 15-30 minutes before and see if that helps.

Sleepwalking

Sleepwalking doesn't include just getting out of bed; many sleepwalkers also talk, sit up in

bed, and make repetitive movements such as fumbling with clothing or rubbing their eyes. Although their eyes are open, they may have a glassy appearance. The sleepwalker is still asleep and don't see the same way they do when they're awake. While their behavior may alarm you, they aren't aware of it and most likely won't remember it the next morning.

Causes of sleepwalking

Some influencing factors may include a lack of sleep, an irregular sleep schedule, illness, stress, or some medications. There's usually no need to see a doctor unless the incidents are very regular, involve risky behavior, or result in your child feeling sleepy the next day. Sticking to a sleep schedule and making sure your child is getting enough rest is often enough to resolve many sleep issues. To reduce stress levels, engage your child in relaxing activities before bedtime. Also have them go to the bathroom before winding down, as a full bladder can also contribute to sleepwalking.

Sleepwalking and safety

Don't try to wake a sleepwalker, as this might frighten them. Instead, gently guide them back to their own bed. Make sure windows and doors are locked and consider installing a safety gate outside your child's bedroom and at the top of the stairs. Remove sharp or breakable objects from around their bed and clear out any clutter or toys that they could trip on in the night. If your child shares a room with a sibling, don't let them sleep in the top bunk of a bunk bed. Although sleepwalking usually stops by the teen years, keep car keys away from kids who are old enough to drive.

Bedwetting

Bedwetting is sometimes part of the toilet training process. Although they are able to use the bathroom correctly during the day, some young children may struggle with bladder control issues at night. They usually grow out of it, but in the meantime, there are several ways you can help the process along, without humiliating your child or causing them undue stress.

Causes of bedwetting

Bedwetting usually occurs in children 2-4 years of age. However, it can continue with school-aged children as well. If both parents wet the bed when they were young, it's likely that their child will as well. Here are other possible causes of bedwetting:

- Your child's bladder has not developed enough to hold urine for an entire night. Similarly, communication between their brain and bladder may not have fully formed.
- It is a response to stress, changes at home, a minor illness, or exhaustion.
- Your child is a deep sleeper and a full bladder fails to awaken them.
- Your child is constipated. Full bowels put pressure on the bladder.
- The body is producing too much urine at night.

Helping your child cope

Even though your child knows they're not at fault, bedwetting often makes them feel significant embarrassment and guilt. They may feel reluctant about sleeping over at a friend's house or going to camp. Reassure them that you don't blame them for it and instate a 'no-teasing' rule in your house. If you or another family member was also a bedwetter, it might make your child feel better to know about it. Here are some other ways to manage the situation:

- **Put a plastic cover** over the mattress.
- **Let your child help change the sheets.** Explain that this isn't a punishment. It helps teach responsibility.
- **Set up a reward system.** Give your child stickers for "dry nights" with a small reward after a certain number.
- **Avoid lots of fluids before bedtime.** Remind your child to use the bathroom again before bed.
- **Set a bedwetting alarm.** If the problem persists, consider asking your child's doctor about an alarm. These detect wetness and will wake the child up to use the toilet. This could be helpful for deep sleepers.

When to see a doctor

If your child is completely toilet trained for at least six months, and then starts suddenly wetting the bed, it could point to a medical problem. If bedwetting starts occurring along with other bodily changes, it might also indicate another issue. Call the doctor if your child:

- Complains of pain or a burning sensation while urinating.
- Has cloudy or pink bloodstains on their underwear.
- Starts wetting their pants during the day.
- Shows swelling of their feet or ankles.
- Continues to wet the bed at seven years of age or older.

Continued bedwetting, especially if the child has outgrown it, or is past the age that they should have, is also a [sign of sexual abuse](#). If you suspect that this is occurring, it's important to investigate any possible situations and report it.



Get more help

[National Sleep Foundation](#) - Resource for more restorative sleep.

[American Academy of Pediatrics](#) - Provides information on children's health issues.

[Sleep Education](#) - How to cope with various sleep disorders. A resource provided by the American Academy of Sleep Medicine.

[Child Mind Institute](#) - Helps navigate different aspects of childhood and adolescence.

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