

NIGHT AWAKENINGS FROM FEEDING UNTIL ASLEEP (TRAINED NIGHT FEEDER)

DEFINITION

- Your child is over 4 months old and wakes up and cries one or more times at night to be fed.
- Your child wakes up to be fed most nights.
- Your child is bottle-fed or breast-fed until asleep.
- Your child has awakened to be fed at night since birth.
- The child's parents are tired, but the child is not.

Note: From birth to the age of 2 months, most babies awaken twice each night for feedings. Between the ages of 2 and 3 months, most babies need one feeding in the middle of the night. By 4 months of age, most bottle-fed babies sleep more than 7 hours without feeding. Most breast-fed babies can sleep through by 5 months of age. Normal children of this age do not need calories during the night to stay healthy.

Causes

1. **Nursing or bottle-feeding the baby until asleep.** If the last memory before sleep is sucking the breast or bottle, the bottle or breast becomes the baby's security object. The child does not learn to comfort herself and fall asleep without the breast or bottle. Therefore, when the child normally wakes up at night, she has the habit of not being able to go back to sleep without feeding. Being brought to the parents' bed for a feeding makes the problem far worse.
2. **Leaving a bottle in the bed.** Periodically during the night the child sucks on a bottle. When it becomes empty, the child awakens fully and cries for a refill. Bottles in bed, unless they contain only water, also can lead to severe tooth decay.
3. **Feeding often during the day.** Some mothers misinterpret "demand feedings" to mean that they should feed the baby every time she cries. This misunderstanding can lead to feeding the baby every 30 to 60 minutes. The baby becomes used to being fed small amounts often instead of waiting at least 2 hours between feedings following birth and at least 4 hours between feedings at the age of 4 months. A pattern of feeding every hour or so is called "grazing." This problem occurs more often in breast-fed babies if nursing is used as a pacifier. Bottle dependency leads to the bad habit of carrying a bottle around during the day. Also, giving a child a lot of liquid at night means your child will wake up more often because her diapers are soaked.

Expected Outcome

If you try the following recommendations, your child's behavior will probably improve in 2 weeks. The older your child is, the harder it will be to change your child's habits. Children over 1 year old will fight sleep even when they are tired. They will vigorously

protest any change and may cry for hours. However, if you don't take these steps, your child won't start sleeping through the night until 3 or 4 years of age, when busy daytime schedules finally exhaust your child.

HELPING A TRAINED NIGHT FEEDER

1. **Gradually lengthen the time between daytime feedings to 3 or 4 hours.** You can't lengthen the time between nighttime feedings if the time between daytime feedings is short. If a baby is used to frequent feedings during the day, she will get hungry during the night. Grazing often happens to mothers who don't separate holding from nursing. For every time you nurse your baby, there should be four or five times that you snuggle your baby *without* nursing.
Gradually postpone daytime feeding times until they are more normal for your baby's age. If you currently feed your baby hourly, increase the time between feedings to 1½ hours. When your baby accepts the new schedule, go to 2 hours between feedings. When your baby cries, cuddle her or give her a pacifier. Your goal for a formula-fed baby is to give her four bottles a day by 4 months of age. Breast-fed babies often need five feedings each day until they are 6 months old, when solid foods are added to their diet. If your child is over 6 months old, also introduce cup feedings.
2. **At naps and bedtime, place your baby in the crib drowsy but awake.** When your baby starts to act sleepy, place her in the crib. If your baby is very fussy, rock her until she settles down or is almost asleep, but stop before she's fully asleep. If your baby falls asleep at the breast or bottle, it is best to wake her up. To help your baby not think of feeding at bedtime, consider feeding her 1 hour before bedtime or before a nap. Your baby's last waking memory needs to be of the crib and mattress, not of the breast or bottle. She needs to learn to put herself to sleep. Your baby needs to develop this skill so she can put herself to sleep when she wakes up at night.
3. **If your baby is crying at bedtime or naptime, visit your baby briefly every 5 to 15 minutes.** Visit your baby before she becomes too upset. You may need to check babies younger than 1 year or more sensitive babies every 5 minutes. Gradually lengthen the time between your visits. Make your visits brief and boring but supportive. Don't stay in the room longer than 1 minute. Don't turn on the lights. Act sleepy. Whisper, "Shhh, everyone's sleeping." Do not remove your child from the crib. Do not feed, rock, or play with your baby, or bring her to your bed. This brief contact will not reward your baby enough for her to want to continue the behavior.
4. **For crying during the middle of the night, temporarily hold your baby until asleep.** Until

NIGHT AWAKENINGS FROM HOLDING UNTIL ASLEEP (TRAINED NIGHT CRIER)

DEFINITION

- Your child is over 4 months old and wakes up and cries one or more times a night.
- The crying occurs most nights.
- Your child is held, rocked, or walked until asleep.
- Your child doesn't need to be fed in the middle of the night. (Until the age of 2 or 3 months, most babies need to be fed during the night.)
- Your child has awakened and cried at night since birth.
- The child's parents are tired, but the child is not.

Causes

1. **Holding or rocking your baby until asleep.** All children normally wake up four or five times each night after dreams. Because they usually do not wake up fully at these times, most children can get back to sleep by themselves. However, children who have not learned how to comfort and quiet themselves cry for a parent. If your custom at naps and bedtime is to hold, rock, or lie down with your baby until asleep, your child will not learn how to go back to sleep without your help. Babies who are not usually placed in their cribs while they are still awake expect their mothers to help them go back to sleep when they wake up at night. Because they usually fall asleep away from their cribs, they don't learn to associate the crib and mattress with sleep. This is called poor sleep-onset association.
2. **Providing entertainment during the night.** Children may awaken and cry more frequently if they realize they gain from it, for example, if they are walked, rocked, or played with, or enjoy other lengthy contact with their parents. Being brought to the parents' bed makes the problem far worse.
Trained night crying can also begin after situations that required the parents to give more nighttime attention to their baby for a while. Examples of such problems are colds, discomfort during hot summer nights, or traveling. Many babies quickly settle back into their previous sleep patterns after such situations. However, some enjoy the nighttime contact so much that they begin to demand it.
3. **Believing any crying is harmful.** All young children cry when confronted with a change in their schedule or environment (called normal protest crying). Crying is their only way to communicate before they are able to talk. Crying for brief periods is not physically or psychologically harmful. The thousands of hours of attention and affection you have given your child will easily offset any unhappiness that may result from changing a bad sleep pattern.

Expected Outcome

If you try the following recommendations, your child's behavior will probably improve in 2 weeks. The older your child is, the harder it will be to change

your child's habits. Children over 1 year old will fight sleep even when they are tired. They will vigorously protest any change and may cry for hours. However, if you don't take these steps, your child won't start sleeping through the night until 3 or 4 years of age, when busy daytime schedules finally exhaust your child.

HELPING A TRAINED NIGHT CRIER

1. **Place your baby in the crib when he is drowsy but awake for naps and bedtime.** It's good to hold babies and to provide pleasant bedtime rituals. However, when your baby starts to look drowsy, place him in the crib. Your child's last waking memory needs to be of the crib and mattress, not of you. If your baby is very fussy, rock him until he settles down or is almost asleep, but stop before he's fully asleep. He needs to learn to put himself to sleep. Your baby needs to develop this skill so he can put himself back to sleep when he normally wakes up at night.
2. **If your baby is crying at bedtime or naptime, visit your baby briefly every 5 to 15 minutes.** Visit your baby before he becomes too upset. You may need to check younger or more sensitive babies every 5 minutes. You be the judge. Gradually lengthen the time between your visits. Babies cannot learn how to comfort themselves without some crying. This crying is not harmful.
3. **Make the visits brief and boring but supportive.** Don't stay in your child's room longer than 1 minute. Don't turn on the lights. Keep the visit supportive and reassuring. Act sleepy. Whisper, "Shhh, everyone's sleeping." Add something positive, such as "You're a wonderful baby," or "You're almost asleep." Never show your anger or punish your baby during these visits. If you hug him, he probably won't let go. Touch your baby gently and help him find his security object, such as a doll, stuffed animal, or blanket.
4. **Do not remove your child from the crib.** Do not rock or play with your baby or bring him to your bed. Brief contact will not reward your baby enough for him to want to continue the behavior. Most young babies cry for 30 to 90 minutes and then fall asleep.
5. **For crying during the middle of the night, temporarily hold your baby until asleep.** Until your child learns how to put himself to sleep at naps and bedtime, make the middle-of-the-night awakenings as easy as possible for everyone. If he doesn't fuss for more than 5 or 10 minutes, respond as you do at bedtime. Otherwise, take your crying child out of the crib and hold him until he falls asleep. Don't turn on the lights or take him out of the room. Try not to talk to him very much. Often this goes better if Dad goes in.
6. **Help your child attach to a security object.** A security (transitional) object is something that helps

SLEEPING WITH THE PARENTS (BED SHARING)

PROS AND CONS

In general, bed sharing is not recommended. Although it's not harmful for your children to sleep with you, it's unnecessary and it may cause problems for you. Once begun, it's a rather hard habit to undo; so don't start until you have all the facts.

1. **Your child doesn't need this arrangement to be secure and happy.** Children's fears and insecurities can be dealt with during the day. Children can turn out fine either way. The majority of children in the United States sleep happily in their own bed. In poor countries, families sleep together by necessity.
2. **Bed sharing is not quality time.** If your child is asleep in your bed, it is neutral time. If your child is crying and keeping you awake, it is aggravating time. So there is really no quality time here.
3. **Neither parents nor child get a good night's sleep.** Several studies have shown that over 50% of children who sleep with parents resist going to bed and awaken several times at night. Most parents who bed-share have to lie down with their child for 30 to 60 minutes to get them to sleep. Most of these parents also do not get a good night's sleep and become sleep deprived. Sleeping with your child is a bad choice if you are a light sleeper and also need your sleep because you work outside the home.
4. **Bed sharing is never a long-term solution to sleep problems.** Your child will not learn to sleep well in your bed and then decide on his own to start sleeping in his bed. With every passing month, the habit becomes harder to change. Your child can no longer sleep alone.
5. **There is no evidence that bed sharing produces children who are more spoiled or dependent.**

PREVENTION OF BED SHARING

- During infancy, place your child in the crib when he is drowsy but awake. In this way he will learn to put himself back to sleep following normal awakenings.
- Make middle-of-the-night feedings brief and boring. This is hard to do if you are sleeping with your child.

- Put your child in his own room by 3 or 4 months of age. Have a rule that he does not leave the crib at night, and after 2 years old, that he does not leave the bedroom. Most children in the United States follow these guidelines and do just fine.
- If you must sleep in the same room with your infant, don't allow him to see you during his normal awakenings. If he does, it's an invitation to wake you to play. Instead, cover the side of his crib with something (e.g., a firmly attached blanket).
- After 6 months of age, encourage a soft toy or stuffed animal as a security object. Otherwise he may select you as his security object.

PUTTING AN END TO BED SHARING

If you are sleeping with your child and want to stop it, here are some suggestions:

- Tell your child the new rule. "You are too old to sleep with us anymore. You have your bed, and we have our bed. Starting tonight, we want you to stay in your bed during the night."
- For being a "good sleeper" who sleeps in his bedroom all night, give him a treat with breakfast.
- If your child leaves the bedroom, return him immediately. If he does it again, close the door until he's in his bed.
- If your child crawls into your bed during the night, order him back to his own bed using a stern voice. If he doesn't move, escort him back immediately without any conversation.
- If you are asleep when your child crawls into your bed, return him as soon as you discover him. If he attempts to come out again, temporarily close his door. If you are a deep sleeper, consider using some signaling device that will awaken you if your child enters your bedroom (such as a chair placed against your door or a loud bell attached to your doorknob). Some parents simply lock their bedroom door. Remind your child that "it is not polite to wake people who are sleeping unless it's an emergency."
- Expect some crying. Young children normally cry when they don't get their way. But continue to be firm and you will win back the privacy of your bed.

NIGHTMARES

DEFINITION

Nightmares are scary dreams that awaken a child. Occasional bad dreams are normal at all ages after about 6 months of age. When infants have a nightmare, they cry and scream until someone comes to them. When preschoolers have a nightmare, they usually cry and run into their parents' bedroom. Older children begin to understand what a nightmare is and put themselves back to sleep without waking their parents.

Cause

Everyone dreams four or five times each night. Some dreams are good, and some are bad. Dreams help the mind process complicated events or information. The content of nightmares usually relates to developmental challenges: Toddlers have nightmares about separation from their parents; preschoolers, about monsters or the dark; and school-age children, about death or real dangers. Frequent nightmares may be caused by violent television shows or movies.

DEALING WITH NIGHTMARES

1. **Reassure and cuddle your child.** Explain to your child that she was having a bad dream. Sit on the bed until your child is calm. Offer to leave the bedroom door open (never close the door on a fearful child). Provide a night-light, especially if your child has fears of the dark. Most children return to sleep fairly quickly.
2. **Help your child talk about the bad dreams during the day.** Your child may not remember what the dream was about unless you can remind her of something she said about it when she woke up. If your child was dreaming about falling or

being chased, reassure her that lots of children dream about that. If your child has the same bad dream over and over again, help her imagine a good ending to the bad dream. Encourage your child to use a strong person or a magic weapon to help her overcome the bad person or event in the dream. You may want to help your child draw pictures or write stories about the new happier ending for the dream. Working through a bad fear often takes several conversations about it.

3. **Protect your child against frightening movies and television shows.** For many children, violent or horror movies cause bedtime fears and nightmares. These fears can persist for months or years. Absolutely forbid these movies before 13 years of age. Between 13 and 17 years, the maturity and sensitivity of your child must be considered carefully in deciding when she is ready to deal with the uncut versions of R-rated movies. Be vigilant about slumber parties or Halloween parties. Tell your child to call you if the family she is visiting is showing scary movies.



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During regular hours if

- The nightmares become worse.
- The nightmares are not minimal after using this approach for 2 weeks.
- The fear interferes with daytime activities.
- Your child has several fears.
- You have other concerns or questions.

DEFINITION

- Your child is agitated and restless but cannot be awakened or comforted.
- Your child may sit up or run helplessly about, possibly screaming or talking wildly.
- Although your child appears to be anxious, he doesn't mention any specific fears.
- Your child doesn't appear to realize that you are there. Although the eyes are wide open and staring, your child looks right through you.
- Your child may mistake objects or persons in the room for dangers.
- The episode begins 1 to 2 hours after going to sleep.
- The episode lasts from 10 to 30 minutes.
- Your child cannot remember the episode in the morning (amnesia).
- The child is usually 1 to 8 years old.
- This diagnosis must be confirmed by a physician.

Cause

Night terrors are an inherited disorder in which a child tends to have dreams during deep sleep from which it is difficult to awaken. They occur in 2% of children and usually are not caused by psychological stress. Being overtired can trigger night terrors.

Expected Course

Night terrors usually occur within 2 hours of bedtime. Night terrors are harmless and each episode will end of its own accord in deep sleep. The problem usually disappears by 12 years of age or sooner.

DEALING WITH NIGHT TERRORS

1. **Try to help your child return to normal sleep.** Your goal is to help your child go from agitated sleep to a calm sleep. You won't be able to awaken your child, so don't try. Turn on the lights so that your child is less confused by shadows. Make soothing comments such as "You are all right. You are home in your own bed. You can rest now." Speak calmly and repetitively. Such comments are usually better than silence and may help your child refocus. Some children like to have their hand held during this time, but most will pull away. Hold your child only if it seems to help him feel better. There is no way to abruptly shorten the episode. Shaking your child or shouting at him will just cause the child to become more agitated and will prolong the attack.
2. **Protect your child against injury.** During a night terror, a child can fall down a stairway, run into a

wall, or break a window. Try to gently direct your child back to bed.

3. **Prepare babysitters or overnight leaders for these episodes.** Explain to people who care for your child what a night terror is and what to do if one happens. Understanding this will prevent them from overreacting if your child has a night terror.

PREVENTION OF NIGHT TERRORS

1. **Keep your child from becoming overtired.** Sleep deprivation is the most common trigger for night terrors. For preschoolers, restore the afternoon nap. If your child refuses the nap, encourage a 1-hour "quiet time." Also avoid late bedtimes because they may trigger a night terror. If your child needs to be awakened in the morning, that means he needs an earlier bedtime. Move lights-out time to 15 minutes earlier each night until your child can self-awaken in the morning.
2. **Use prompted awakenings for frequent night terrors.** If your child has frequent night terrors, Dr. B. Lask of London has found a new way to eliminate this distressing sleep pattern in 90% of children. For several nights, note how many minutes elapse from falling asleep to the onset of the night terror. Then awaken your child 15 minutes before the expected time of onset. (Remind your child at bedtime that when you do this, his job is "to wake up fast." Keep your child fully awake and out of bed for 5 minutes. Carry out these prompted awakenings for seven consecutive nights. If the night terrors return, repeat this seven-night training program.



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During regular hours if

- Any drooling, jerking, or stiffening occurs.
- The episodes occur two or more times per week after doing the seven prompted awakenings.
- Episodes last longer than 30 minutes.
- Your child does something dangerous during an episode.
- Episodes occur during the second half of the night.
- Your child has several daytime fears.
- You feel family stress may be a factor.
- You have other questions or concerns.

SLEEPWALKING

DEFINITION

- Your child walks while asleep.
- Your child's eyes are open but blank.
- Your child is not as well coordinated as when awake.
- Your child may perform semipurposeful acts such as dressing and undressing, opening and closing doors, or turning lights on and off.
- The episode begins 1 to 2 hours after going to sleep.
- The episode may last 5 to 20 minutes.
- During this time your child cannot be awakened no matter what the parent does.
- The child is usually 4 to 15 years old.

Cause

Sleepwalking is an inherited tendency to wander during deep sleep. About 15% of normal children sleepwalk.

Expected Course

Sleepwalking usually occurs within 2 hours of bedtime. Children stop sleepwalking during adolescence.

DEALING WITH SLEEPWALKING

1. **Gently lead your child back to bed.** First, steer your child into the bathroom because she may be looking for a place to urinate. Then guide her to

her bedroom. The episode may end once she's in bed. Don't expect to awaken her, however, before she returns to normal sleep.

2. **Protect your child from accidents.** Although accidents are rare, they do happen, especially if the child wanders outside. Sleepwalkers can be hit by a car or bitten by a dog, or they may become lost. Put gates on your stairways and special locks on your outside doors (above your child's reach). Do not let your child sleep in a bunk bed.
3. **Help your child avoid exhaustion.** Fatigue and a lack of sleep can lead to more frequent sleepwalking. So be sure your child goes to bed at a reasonable hour, especially when ill or exhausted. If your child needs to be awakened in the morning, that means she needs an earlier bedtime. Move lights-out time to 15 minutes earlier each night until your child can self-awaken in the morning.
4. **Try prompted awakenings to prevent sleepwalking.** If your child has frequent sleepwalking, try to eliminate this distressing sleep pattern. For several nights, note how many minutes elapse from falling asleep to the onset of the sleepwalking. Then awaken your child 15 minutes before the expected time of onset. Remind your child at bedtime that when you do this, her job is "to wake up fast." Keep your child fully awake for 5 minutes. Carry out these prompted awakenings for 7 consecutive nights. If the sleepwalking returns, repeat this seven-night training program.

Some children awaken before their parents do, usually between 5 and 6 AM. These 1 to 3 year olds are well rested and raring to go. They come out of their room or call out from the crib and want everyone to wake up. They are excited about the new day and want to share it with you. If people don't respond, they make a racket. Such a child is a morning person.

Causes

Most of these children have received plenty of sleep. They are no longer tired. They are not awakening early on purpose. Most of them were put to bed too early the night before, had too many naps, or had naps that were too long. (Note: Early morning naps that begin within 2 hours after breakfast also contribute to early morning awakening.) Some of them have a reduced sleep requirement—one that is below the average of 10 to 12 hours per night that most children 1 to 10 years old need. This is a genetic trait. Such children often have a parent who only needs 6 hours or so of sleep at night. Other children may begin awakening early in the springtime because of sunlight streaming through their window. (This scenario is easily remedied with dark shades or curtains.) Finally, those children who are given a bottle in their crib, fed an early breakfast, or allowed to come into their parents' bed early in the morning may develop a bad habit that persists after the original cause (e.g., too much nap time) is removed.

HELPING YOUR CHILD SLEEP LATER

1. **Reduce naps.** Assume your child is getting too much sleep during the day. Many children over 1 year of age and most over 18 months of age need only one nap (unless they are sick). If your child needs two naps, be sure the first nap doesn't begin before 9 AM. If cutting back to one 2-hour nap after lunch doesn't help, shorten the nap to 1½ hours maximum. Also make sure your child gets plenty of exercise after his nap, so he'll be tired at night.
2. **Delay bedtime until 8 or 9 PM.** These two steps should cure your child unless he has a below-average sleep requirement. In that case, proceed with the following limit-setting suggestions.
3. **Establish a rule.** "You can't leave your bedroom until your parents are up. You can play quietly in your bedroom until breakfast." Also, tell your child, "It's not polite to wake up someone who is sleeping. Your parents need their sleep."
4. **If your child is in a crib, leave him there until 6 AM.** Put some toys in a bag in his crib the night before (but not ones he can stand on). If you put them in before he goes to sleep, he may play with them for a while, fall asleep later, and sleep longer.

If he cries, go in once to reassure him and remind him of the toys. Don't include any surprises or treats in his toy bag or he'll awaken early as children do on holiday mornings. If he makes loud noises with the toys, remove those particular toys. If he cries, ignore it. If crying continues, visit him briefly every 15 minutes to reassure him that all is well and most people are sleeping. Don't turn on the lights, talk much, give him a bottle, remove him from the crib, or stay more than 1 minute.

5. **If your child is in a floor-level bed, keep him in his bedroom until 6 AM.** Get him a clock radio and set it for 6 AM. Tell him he can't leave his bedroom until the music comes on. Tell him he can play quietly until then. Help him put out special toys or books the night before. If he comes out of his room, put up a gate or close the door. Tell him that you'll be happy to open the door as soon as he is back in his bed. If this is a chronic problem, put up the gate the night before.
6. **If you meet strong resistance from your child, change his wake-up time gradually.** Some children protest a great deal about the new rule, especially if they have been coming into your bed in the morning. In that case, move ahead a little more gradually. If he's been awakening at 5 AM, help him to wait until 5:15 for 3 days. Set the clock radio for that time. After your child has adjusted to 5:15, change the clock radio to 5:30. Move the wake-up time forward every 3 or 4 days.
7. **Praise your child for not waking other people in the morning.** A star chart or special treat at breakfast may help your child wait more cooperatively.
8. **Change your tactics for weekends.** Many parents want their child to sleep in on Saturday and Sunday mornings. If this is your preference, keep your early morning riser up an hour later the night before. If you are using a clock radio with your program, turn it off or reset the times for an hour later. As a last resort, put a breakfast together for your child the night before and allow him to watch a preselected videotape.



CALL OUR OFFICE

During regular hours if

- Your child's sleep doesn't improve after trying this approach for 4 weeks.
- Your child has several other behavior problems.
- You have other questions or concerns.